DIRECTIONS

Technology in Special Education

Vol. 3 , No. 10 **May 1997**

Augmentataive Communication

AAC Intervention: "Field of Dreams"
by Gail VanTatenhove, M.S., CCC-SLP
The Prentke Romich Company

It was a beautiful fall day. I was on my way to an Individual Education Plan (IEP) meeting for Megan, a lively kindergartner and Liberator with Minspeak user. I expected a table full of people at this meeting - Megan's mom, the kindergarten teacher, Megan's aide, the speech therapist, the occupational therapist, the physical therapist, and district staffing specialist. Megan was the first physically impaired AAC user integrated into this elementary school and everyone, especially the teacher and speech-language therapist, was anxious. They were entering unfamiliar waters and hired me to navigate them through some of the rocks and reefs. As I drove along, I was anticipating the dynamics of what I would find. I expected that the speech-language therapist would be responsible for over 100 students and would have had no experience with AAC. She, to say the least, would be terrified and overwhelmed. The teacher would have at least 20 other wild rug rats to keep in line and would probably feel that Megan was not a problem in her class. Cute little girls who don't talk or walk rarely cause much trouble. The aide would be doing the bulk of the actual teaching and all the basic care. And Megan's mom would want all the services possible, including speech, occupational, and physical therapies on a one-on-one and daily basis.

The meeting focused on discussion of everyone's problems, concerns, and goals. An action plan was taking shape and the bulk of the responsibility for teaching use of the Liberator and Minspeak seemed to be falling on the shoulders of the speech-language therapist -Miss Bailey.

How will Megan learn the names of the pictures? *Miss Bailey will teach her!*

How will Megan learn what vocabulary is in her program? *Miss Bailey will teach her!*

How will Megan learn the commands on her overlay? *Miss Bailey will teach her!*

How will Megan learn her icon sequences? *Miss Bailey will teach her!*

It's no wonder that Miss Bailey started to look dazzled and frazzled! With nothing but therapy groups to accommodate a hundred students on her caseload, where would she find the time to work with Megan?

Please see AAC on page 6

Inside

Dear Friends 5/97

Spring is finally here, and another school year is winding down. Most kids (and educational staff) are anxiously awaiting the lazy and sometimes crazy days of summer. Yet some teachers and educational professionals are getting geared up for the weeks of summer programming that a good number of children with special needs require. These dedicated individuals don't get the summer months to re-group and re- charge like most of their counterparts in "regular" education... And I'm sure that those of you in the field of education know very well how important and necessary that re-charging is . the school year is long, and working with the kids (especially kids with special needs) all year can be quite taxing!

I wonder how many of us as parents of kids with special needs take the time to thank our children's teachers, therapists and staff for the excellent job that they are doing with our kids? Do we ever make a special point of just saying "thank you" for the extra effort that is required each day? Do we let them know that what they do day-in and day-out is truly appreciated by us? Do we let them know that we feel so lucky to leave our kids in such competent hands?

I know that I myself sometimes get so caught up in the zoo of my own hectic life that I forget to show the appreciation that I truly feel... and let the months go by without so much as a quick note or phone call just to say *thanks.* Well, I'm going to be sure to write that note this week... but just in case the zoo gets any crazier *Thank you* Mrs. Beane and Mrs. Disbro and Mrs. Jay and all of the staff at Northeast Elementary that help to make Matthew the best that he can be. You're doing a super job, and Matthew is a very lucky little boy to have such a talented and caring group of individuals around him all day long!

Till next month as always, my kindest regards,

Janet

Please see AL on page 10

DIRECTIONS

Technology in Special Education

155N: 1079-607X

Editor / Publisher
Janet P. Hosmer

Technical Editor
Chester D. Hosmer, Jr.

Administrative Assistant
Kathy Knight

Educational Consultant
Donna M. Eno

Contributors
Lorianne Hoenninger

DREAMMS FOR KIDS, INC.
273 Ringwood Road
Freeville, NY 13068-9618
VOICE: 607.539.3027
FAX: 607-539-9930

Greetings@dreamms.org
www.dreamms.org

DIRECTIONS: Technology in Special Education is published monthly (except July) by DREAMMS for Kids, Inc., (Developmental Research for the Effective Advancement of Memory and Motor Skills), a non-profit service agency and AT information clearinghouse. Annual home delivery subscription rate is $14.95 U.S., $17.95 Canadian, and $29.95 Int'l. (U.S.$). Single copies are available in the U.S. for $2.50. Add $1.00 for postage outside U.S.

Authors - We welcome editorial submissions. Please include name, address and phone. Submission will be returned with self addressed stamped envelope, if desired.

Vendors - We welcome product news. Please include pricing and contact name with press releases.

Check out www.dragonflytoys.com or call 1-800-308-2208 to get your FREE Dragon Fly (special play needs) Toy Catalog

FATIC '97 Update

The Florida Assistive Technology Impact Conference (FATIC) celebrates its sixth year with a new venue, a new agenda and a totally new perspective. FATIC '97 will be held October 16-19, 1997 at the Sheraton World Resort in Orlando, Florida. The conference started in 1992 with 457 participants from the State of Florida and included 62 informative sessions. By 1996, the conference had grown to an attendance of 3,613 participants from around the world with 197 sessions and hands-on workshops. This year, FATIC promises to exceed all expectations due to an unprecedented collaboration between the Florida Federation Council for Exceptional Children, the Florida Federation Technology and Media Division of CEC, the Florida Society for Augmentative and Alternative Communication (FSAAC), the Florida Association for the Gifted (FLAG) and DREAMMS for Kids, Inc.

The Dream Goes On!
From Vision to Reality
Sheraton World Resort
Orlando, Florida
October 16-19, 1997

This will be a major event! Be a part of it!

FATIC '97 will focus on research, implications and uses of assistive technology to facilitate the inclusion of at risk children, vocational rehabilitation, sensory, physical, mental, speech and language, and emotional impairments.

FATIC '97 will target teachers, parents, consumers, rehabilitation agencies, researchers, administrators, and other decision-making groups, and will:

- provide for staff development in the effective and appropriate uses of adaptive and assistive devices
- provide for the establishment and use of existing networks for the exchange of information related to the uses of adaptive/assistive technology and associated research
- provide for the promotion of partnerships with supportive business, industries and other organizations
- have manufacturers of adaptive and assistive devices and software represented at the Hands-On Expo

SPECIAL INVITED SPEAKER

"DEVELOPING A SPEECH RECOGNITION SYSTEM FOR CHRISTOPHER REEVE"

A TELECOMMUNICATION PRESENTATION

Andrew Meshulam of AM Technologies, Inc. has been training Christopher Reeve on DragonDictate, which allows him to operate his computer independently to utilize on-line services, write and communicate by e-mail with his family overseas. They are currently exploring the teleconferencing capabilities of the system. FATIC will be the first venue to offer this exciting telecommunication presentation. ***This workshop will be included with full conference registration, however, seating is limited and youmust reserve a seat. Make your reservation early!***

To receive a registration form or Exhibitors Contract, call 813-781-1239, e-mail:104325.74@compuserve.com, or visit the FATIC homepage at http://ourworld.compuserve.com/homepages/FATIC and print out the forms provided.

ATFSCP Notes

The Assistive Technology Funding and systems Change Project

MEDICARE AS A FUNDING SOURCE

Medicare can help people pay for assistive technology devices. This booklet offers a general introduction to Medicare, with information on eligibility, enrollment and costs, and specific information on coverage for assistive technology devices.

Assistive Technology -What is it?

" Assistive technology" is the key to helping many people with disabilities make use of their abilities.

An "assistive technology device" is any item or piece of equipment used to maintain or improve the functional capabilities of a person with a disability. Some examples of assistive technology devices:

*Manual and motorized wheelchairs - including custom-made models

*Augmentative communication devices - including talking computers for persons unable to speak

*Home modifications- including ramps, lifts, stair glides, bathroom grab bars, and environmental control units

*Aids for daily living - including seat lift mechanisms, hospital beds or oxygen.

*Medicare does not use the term "assistive technology device but covers many of these devices as "durable medical equipment" (DME). Medicare automatically covers some of these devices, denies others and covers some only after an appeal or fair hearing.

What is Medicare and what does it cover?

Medicare is a federal health insurance program for seniors (individuals 65 and older) and people with disabilities (receiving Social Security Disability Income). Medicare covers most reasonable and necessary health care services, but does not cover most long term care needs, dental services, experimental procedures, routine exams or most prescription drugs. Medicare is divided into two parts. Part A is hospital insurance, which covers inpatient hospital, skilled nursing facility, home health and hospice services. Part B is supplemental medical insurance, which covers physician services, durable medical equipment, laboratory tests, therapy services, outpatient hospital services, ambulance services and other medical supplies and services.

Who is eligible?

You are automatically eligible for Medicare, regardless of income, if you meet) one or more of the following criteria:

You are 65 or older and eligible for Social Security or Railroad Retirement benefits; you have received Social Security Disability Income for at least 24 months; or you have End Stage Renal Disease.

If you are 65 or older, but are not automatically eligible, you may voluntarily enroll provided that you are either a United States citizen or a permanent legal resident who has resided in the United States continuously for five or more years.

Contact the local Social Security office to file an application to enroll in Medicare and to learn more about enrollment.

What does Medicare cost?

Medicare Part A is free if you are automatically eligible for the benefit. You must pay for deductibles and coinsurance. If you are a permanent legal resident or a citizen who is not automatically eligible, you must pay a monthly Medicare Part A premium. Anyone who enrolls in Medicare Part B must pay a monthly premium ($42.50 in 1996). If you do not enroll when initially eligible and do not qualify for "special enrollment", you may have to pay a 10% premium penalty for each year you delay enrollment.

Under Part B, you must meet an annual deductible of $100 and pay co-insurance of at least 20 percent of the Medicare approved amount for the device you receive.

When does Medicare cover Assistive Technology devices?

Medicare covers assistive technology devices which meet its definition of"durable medical equipment" (DME) or a "prosthesis" if (l) provided by a supplier with a Medicare billing number (called DMEPOs) and (2) either are reasonable and necessary for the treatment of an illness or injury; or improve the functioning of a "malformed" or malfunctioning body part or organ system.

Medicare defines DME as equipment which (1) can withstand repeated use, (2) is primarily used to

serve a medical purpose, (3) is generally not useful to someone who is not ill or injured, and (4) is appropriate for use in the home. Your home includes your own house or apartment, a relative's home and most institutional settings except for hospitals and skilled nursing facilities.

Some assistive technology is covered as prosthetic and orthotic devices which Medicare defines as (1) devices that replace all or part of an internal body organ, 92) leg, arm, back and neck braces and 93) artificial legs, arms and eyes.

What Assitive Technology devices are generally covered?

Manual and motorized wheelchairs, walkers, hospital beds, seat lift mechanisms, oxygen equipment, artificial limbs, braces and ostomy supplies are some of the items covered.

What devices are clearly not covered?

Eyeglasses, hearing aids, assistive listening devices (e.g., personal FM systems) and telecommunication devices (e.g., TTYs) are not covered. Environmental control devices, home modifications and vehicle modifications, even when shown to be medically necessary, are not covered because they are classified as convenience items. The Medicare denial will state that the item is either (1) not used primarily to serve a medical purpose, 92) can be used by someone who is not ill or injured or (3) cannot be used in the home.

How do you get Assistive Technology devices under Medicare?

You obtain a certificate of medical necessity (CMN) for the device from your doctor. You then buy the equipment from a supplier with a Medicare billing number, who submits a claim to Medicare for reimbursement. Because assistive technology devices are classified as durable medical equipment, your Medicare claims are processed and reviewed by one of four private Durable Medical Equipment Regional Carriers (DMERCs) who have a lot of discretion in administering Medicare. The DMERCs will send you an Explanation of Medicare Benefits (EOMB) within 2 to 6 weeks which details how they processed the claim.

Your local or state government has no role in the Medicare review or decision process. You can call your regional DMERC (listed in the Medicare Handbook) to determine their particular procedures.

What is the Certificate of Medical Necessity (CMN)?

For most assistive technology devices, you need to have your doctor's prescription for the equipment, which is called a Certificate of Medical Necessity (CMN).

This certificate must state your diagnosis, prognosis, the reason the device is required and an estimate of how long you will need the item. Suppliers present the CMN and a claim for the device they have already supplied to you to the DMERC for processing. You cannot be charged, by your doctor or the supplier, for the CMN or for processing paperwork.

NOTE: You will need "prior approval" from the DMERC only for seat-lift mechanisms, power-operated vehicles/ motorized scooters (POV) and electrical nerve stimulator units. To obtain prior approval, you may have to submit a special CMN. Check with your DMERC.

How exactly does Medicare pay?

After you have met your annual $100 deductible, because DME is covered under Medicare Part B, Medicare pays 80% of its "approved amount" for the device, listed on the EOMB you receive from the DMERC. The "approved amount" is the actual charge for the device or the amount listed on Medicare' s fee schedule, whichever is lower.

Frequently, the Medicare approved amount is the fee schedule amount, which is much lower than the actual cost charged to you by the supplier. If you believe that the approved amount is too low, you can appeal Medicare's determination.

Many suppliers accept Medicare. Some suppliers also accept "assignment", which means they agree to accept the Medicare approved amount as payment in full for the device. If your supplier accepts assignment, you must pay only the remaining 20% of the "approved amount."

If your supplier does not accept assignment, you must pay the 20% plus any amount the supplier charges you above the Medicare approved amount. There are no limits on what suppliers who do not accept assignment can charge you. Call the DMERC to get a list of suppliers who accept assignment, or to find out the Medicare "approved amount" for a device before you buy it. In all cases, your supplier must have a Medicare billing number in order for Medicare to approve payment.

Please see ATFSCP on Page 8

That is a very valid question and one which must be addressed as more and more children using AAC are included into mainstream education programs. First, what kind of students are on Miss Bailey's caseload? She has her share of students with articulation problems, but the majority of her caseload are students who have language needs.

What are the language needs of Miss Bailey's students? They need help in (1) vocabulary development, organization, and retrieval; (2) building sentences; (3) organizing their thoughts; (5) listening to the language of others; and (6) engaging in conversation. How does Miss Bailey help students with these language needs? Miss Bailey uses all sorts of creative, fun methods to help all of her students learn better language skills. She is a good language therapist.

What is my point in all of this? Simply this: that Megan's needs are not all that different from any other student who has language needs. The ultimate goal of AAC intervention is to help the student develop vocabulary, language and communication skills. If you teach language and language proficiency, use of the communication aid will come. Megan is different from all the other students on Miss Bailey's caseload in that she uses a tool (that is the Liberator with Minspeak) to express herself, while all the other students use speech. But, she has much more in common with them in terms of her language needs.

Communication Oriented Goals

Too often the IEP goals for a student like Megan have the wrong focus. People think that if Megan learns how to use the Liberator and can find all the stored vocabulary, that their work is done. Unfortunately, that is not true, nor is it natural. Imagine a room of speaking students using Language Masters to practice saying sentences. Wouldn't you just scream if you saw the following goal written on an IEP: "Tom will learn to put cards in and out of the Language Master." Yet, we constantly write this type of goal for students using AAC systems.

From the list presented below, find Megan's goals which are communication oriented versus tool oriented.

1. Megan will learn the codes for the names often people.

2. If Megan is not going to ride the bus, she will tell her teacher who is going to pick her up after school by saying the name of the person.

3. Megan will learn ten sentences related to social conversation.

4. When Megan meets her friends from the first grade class, she will say good morning to them and ask them how they are.

5. Megan will learn ten sentences to use in class.

6. If Megan is having trouble with her worksheet, she will ask for help.

7. Megan will learn the codes for five songs.

8. During music class, Megan will sing a solo during "favorite song" time.

9. Megan will match the icons in the book with the icons on her overlay.

10. During story time, Megan will read one story to her friends and ask them questions related to the book.

I hope you noticed that all the even numbered goals are communication oriented. The others are not. Goals 2,4,6, 8, and 10 focus on answering questions, appropriate social conversation, knowing what to say when you have a problem, and social interaction. Any of those goals can be worked on and mastered in the natural communication setting with the people who are the natural communication partners.

If Megan is using her Liberator in her natural setting, what could she be doing in speech therapy? Well, what do all the other students with language needs do in speech therapy? In group therapy, you (1) do what you would do with speaking language-impaired kids and (2) develop language lessons around the icons and vocabulary of her Liberator with Minspeak.

Regular Language Therapy

Miss Bailey informed me that she has a group of kindergartners who are working on vocabulary using commercial game boards (e.g., "Vocabulary Venture: A Communication Safari" from Academic Communication Associates). If enrolled in this group, Megan would be using her Liberator (specifically the Minspeak word codes) to make comparisons, describe word relationships, give explanations, and identify errors in word usage as she tries to escape dangerous jungle animals. Of course, it would require the appropriate vocabulary to be in Megan' s device and assistance in learning the Minspeak associations and icon sequence codes. However, the focus would be on language development and not just Liberator use.

Liberator/Minspeak Language Therapy

Megan has approximately 100 pictures on her overlay. Some of these pictures represent objects, actions, and ideas which are not currently part of her life experiences. For example, she has a picture of a map. Has she ever seen a real map?

Has she ever used a map? If she doesn't have the language and life experiences of "mapness," how can we expect her to code language with it.

A wonderful language experience would be to hide a treasure somewhere in the school and given all the students in the language group a treasure map. The assignment would be to find the treasure. Then, use a city map and mark the address of all the students in the group, their favorite places; etc. Get a state map and mark Orlando. Find other places the students have been in Florida and find those on the map. Each of these activities helped Megan learn the vocabulary coded with the map with little specific training. Teaching the vocabulary was part of the language activity. Teaching many ideas from this one picture is Minspeak.

Specific AAC Intervention

Of course, the student using an AAC system has some unique needs, specific to learning how to use that tool mechanically and interactively. If Megan couldn't use her switch to scan through her pictures, she would be a frustrated Liberator user. There is a place for some training on the mechanics of the Liberator, but it must not be the main focus of intervention. Providing specific Liberator and Minspeak training to Megan required a creative look at the service delivery models used. Some initial, intensive intervention was provided using a transdisciplinary approach. Both the occupational and physical therapist assisted in teaching switch use and scanning.

As Megan progresses, the need for specific AAC intervention will need to be addressed. She may need to learn strategies for accelerating message production, confirming listener responses, and repairing miscommunication. However, she will have a strong language foundation upon which to build those strategies.

Minspeak as the Only Natural Intervention Approach

Every child in Megan's language therapy group is expected to look at a stimulus picture and answer a variety of questions about the picture: "What is it?" "What do you do with it?" "What other things are like it?" "What goes with it?" "How is it the same or different from this?" Therapy focusing on word practice assists children in word retrieval skills and assists them in storing and organizing language. Minspeak is the only vocabulary organization strategy used in the field of AAC which supports and encourages language and word retrieval development. The Liberator was chosen for Megan first because of the Minspeak software and then for its other features.

Using Minspeak principles, Megan communicates all shoe-related ideas using the shoe icon. She does not communicate these related words with a separate picture for each word. She does not have to navigate between levels or screens to find a new picture for a related idea. A separate picture for each word would be unnatural and counterproductive to her language development.

Minspeak is the only way to provide and organize vocabulary which encourages and stimulates language and word retrieval abilities. The job of a speech-language therapist is to teach language and Minspeak is the way to do it!

Applications to Other Populations

Is maintaining focus on Language

Please see AAC on Page 11

ATFSCP Continued from Page 5

Do you buy or rent?

Customized devices and motorized wheelchairs must be purchased. Devices requiring frequent and substantial servicing (e.g., ventilators, aspirators, etc.) must be rented. Otherwise, you can decide whether you want to buy or rent the device. If you decide to buy, you pay your portion of the cost and you become the owner of the device.

If you decide to rent, Medicare will make rental payments for up to 15 months. After 15 months, the supplier must continue to supply the device to you and can only charge you for repairs and maintenance, but not for any more rent. The supplier continues to own the device.

NOTE: Certain pieces of DME are called "capped rental items". You must rent these items for 10 months before you have the option to buy. If you choose to buy, the supplier must transfer ownership of the device to you after the 13th month.

Are delivery and training covered?

Whether you rent or buy, the Medicare payment includes delivery charges as well as training and education from the ; supplier about the use of the device. The supplier is not allowed to charge you separately for these services. However, be sure that the CMN or original supplier's bill to Medicare reflect these services when the claim is submitted to the DMERC.

ARE MAINTENANCE AND REPAIR COVERED?

In all cases, Medicare pays only if there is no warranty in effect.

For rented items, repair and maintenance charges are included in the monthly rental amount. When rental payments stop after a total of 15 months, Medicare pays 80% and you pay 20% of a supplier's service and maintenance fee every six months, whether or not the equipment is actually serviced.

For purchased items, Medicare pays 80% and you pay 20% of the cost of reasonable repairs and maintenance that require the skills of authorized technicians, each time the device is actually serviced. Routine maintenance (such as cleaning, testing and regular check-ups) is not covered.

Can Medicare pay to replace a device?

A replacement device is covered if there has been irreparable damage, wear or tear, or a change in your condition which requires a new device. In cases of wear, and tear, or change in your condition, your doctor must submit a new Certificate of Medical Necessit(CMN).

How are customized items and "deluxe" features covered?

Custom-made items and "deluxe" features will be paid for only if they can be shown to be medically necessary . If documentation does not support the medical necessity of a customized wheelchair or other item, payment will be made for the least costly alternative. For example, if you purchase a motorized wheelchair and are denied coverage for it, Medicare may reimburse you the cost of a manual wheelchair.

Are there special requirements for some items?

Medicare imposes some additional requirements for coverage of certain DME items. For example:

Manual Wheelchair: Covered if the individual would be confined to bed or, chair without it. Wheelchair base customization features are covered only if they are medically necessary and not available in an already manufactured base. Lightweight and heavy duty models can be covered if medically necessary for weaker or heavier patients, respectively (e.g., narrow wheelchair to accommodate the narrow doorways of a home or a person with a slender build).

Wheelchair options and accessories (e.g., special arms, seats, footrests): Covered if shown to be necessary for functioning in the home, or performing activities of daily living.

Motorized wheelchair: Covered if an individual is unable to operate a manual wheelchair and is capable of safely operating the motorized controls. If a manual wheelchair can be operated in the home, Medicare will not pay for a motorized wheelchair for use outside the home. Lightweight motorized wheelchairs are usually denied as not medically necessary for home use.

Power operated vehicle/motorized scooter (POV): Covered if an individual cannot operate a manual wheelchair, is capable of operating the controls for the POV and can transfer into and out of, and ride safely in, the POV. The certificate of medical necessity must be completed by a specialist in physical medicine, orthopedic surgery, neurology or rheumatology, if one is available. Prior approval through the DMERC is required. POVs only necessary for use outside the home are NOT covered.

If Medicare denies coverage, are you required to pay the supplier?

Usually, when Medicare denies coverage you are liable for payment to the supplier. However, if Medicare denies coverage for DME as medically unnecessary or unreasonable, and your supplier knew, or should have known that, but did not inform you prior to submitting the claim, the supplier is liable and cannot charge you for the item.

The supplier can require you to sign a "waiver of liability" before supplying an item. The waiver notifies you that Medicare may deny coverage, and in that event, requires you to pay for the item. Before signing a waiver, call your DMERC to ask (1) if the supplier has a Medicare billing number and is in good standing and (2) what part of the cost Medicare will cover.

Can you receive a refund?

You may be able to receive a refund of payments you made to a supplier if:

your claim is denied because the supplier does not have a Medicare billing number; the supplier engaged in abusive marketing practices; or your prior approval was denied. If you encounter any of these situations, call your DMERC or one of the organizations listed at the end of this booklet for advice on what actions to take.

Can I appeal Medicare denials?

Yes, never assume that Medicare does not cover an item, even if Medicare or a supplier states that it is not covered. All suppliers with Medicare billing numbers are required to submit a claim to Medicare even if they do not accept assignment. If Medicare denies the prior approval or claim, seek a review.

It is important to tell suppliers to promptly share with you any communication they receive from Medicare or the DMBRC.

How do I appeal Medicare denials of coverage?

First, call your doctor or supplier to confirm that the claim was filed correctly. If not, they should resubmit the claim. If the claim was filed correctly, follow the appeal instructions on the BOMB. Generally, to seek a review, send a copy of the BOMB containing the denial back to Medicare within six months with a signed note asking for a review. There is a good chance that Medicare will reverse its decision. If you lose the review, you can request a fair hearing within six months.

The review and fair hearing are conducted by officials at the DMBRC. DMBRCs most often deny payment for one of two reasons: (1) the DMB is not considered medically necessary or (2) it is not expected to make a meaningful contribution to your condition. f you lose the fair hearing, you can request a hearing with an administrative law judge (ALJ), an official of the Social Security Administration, within 60 days. It usually takes at least a year to reach the ALJ level. Ultimately, you may be able to have your case heard in federal court.

What items have been covered on appeal?

Although augmentativecommunication devices are usually denied by the DMBRC as convenience items, they have been approved at the ALJ hearing stage. Under Medicare rules, ALJ decisions cannot be used to obtain coverage in other cases, but they do demonstrate that Medicare coverage may be won on appeal for previously denied items. Remember: you may have to pay the full cost of the item and may wait more than a year for Medicare reimbursement.

What documents and resources can help?

At all levels of appeal, you should submit any documents which demonstrate the medical necessity or usefulness of the item. Get letters of support, second opinions, medical journal articles, brochures and testimonials, from doctors and other health professionals, the supplier, appropriate advocacy organizations or similarly placed Medicare patients using the item. You can represent yourself at all levels of appeal but you may want to seek the assistance of paid or free experienced advocates. You may be able to obtain free legal help through Legal Aid or a Protection and Advocacy office in your area.

Is there other insurance which can help pay?

Medicare supplemental insurance (Medigap) policies cover Medicare's deductibles and coinsurance ($100 a year and 20% per item, respectively), as well as provide additional benefits. Medigap insurance companies do not have their own approval process; their coverage is automatic once Medicare approves an item.

Group health coverage through your own or your spouse's current employment, might pay for the equipment entirely without regard to

Medicare or may at least pay the Medicare coinsurance. Check with the employer.

If you are in a Medicare Health Maintenance Organization (HMO), the HMO is required to cover DME but can have its own suppliers and coverage approval procedure. Check with your HMO before buying any DME.

Does Medicare work with Medicaid?

Coordination of Medicare and Medicaid benefits can be difficult. Consult with one of the organizations listed at the end of this booklet. Usually, if you have both Medicaid and Medicare, Medicare pays its 80% first, and Medicaid must pay the remaining 20% of the Medicare approved amount. When only Medicaid provides coverage for an item, it pays according to the regular Medicaid process and rate.

Does Medicare have any programs for low income people who cannot qualify for Medicaid?

If you do not qualify for Medicaid but have a low income, you may qualify for the Qualified Medicare Beneficiary (QMB) or Specified Low Income Medicare Beneficiary (SLMB) programs. These help pay some Medicare premium and coinsurance costs. To find out more about Medicaid, QMB and SLMB, call your local Social Services office.

For Assistance and More Information:

Call 1-800-772-1213 to find out about Medicare entitlement, enrollment and getting a new card. Call 1-800-638-6833 to request a Medicare Handbook containing lists of counseling hotlines and regional DMERCs, and The Guide to Health Insurance for People with Medicare.

This content was prepared by the Medicare Rights Center, a non-profit organization dedicated to ensuring that people with disabilities and seniors on Medicare have access to affordable, quality health care.

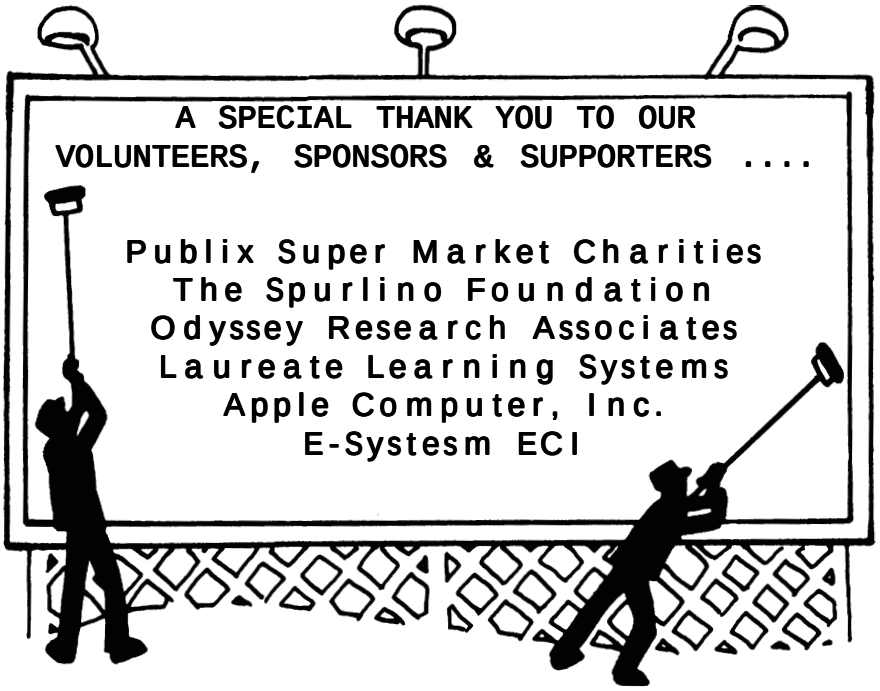
The TRAID Project is funded under Public Law 100-407, by the National Institute on Disability and Rehabilitation Research, U .S. Department of Education.

The opinions expressed herein do not necessarily reflect the position or the policy of the US. Department of Education, and no official endorsement by the us. Department of Education of the opinions expressed herein should be inferred. §

Software Pick

CAUSE & EFFECT CARNIVAL
by Judy Lynn Software
278 Dunhams Corner Rd.
East Brunswick, NY 08816
908-390-8845
http://www.castle.net/~judylynn

Cause & *Effect Carnival* is a wonderful early-learning switch activated program geared towards children with cognitive age level of approximately 9 months through 5 years. It is designed to incorporate simplified game participation while covering cause & effect, tracking and improving attention span. The program uses themes that adolescent as well as younger children will enjoy. The use of a sound card, though optional, enhances the program with sound effects that will captivate the child's attention. The program automatically advances from game to game without any extra keystrokes. Contact Judy Lynn Software for a free catalog and additional information. §



AAC Continued from Page 7

Development appropriate only for children? No, the same focus is appropriate with anyone with significant language and life experience problems. Physically impaired adults who have lived in sheltered environments need language therapy and exposure to new world information. They need help in learning new vocabulary, organizing it, and retrieving it.

Adolescents in mainstream programs have secondary language needs and similar language and vocabulary issues. For all these populations, Minspeak is the only vocabulary organization method which promotes language development in a natural way.

Wrap-Up

Speech-language therapists, regardless of the area in which they choose to practice (e.g., school-based, stuttering, voice, AAC), are all trained in providing language intervention. Miss Bailey decided to become a speech-language therapist because she wanted to teach language and communication. She never wanted to teach "talking computers." I went into speech-language therapy because I love the process of teaching communication. I also love using AAC systems as tools for communication. But, hopefully, I have not lost my first and true devotion, language and communication.

It's now late winter and time to assess Megan's progress. She participates in group language therapy three days a week using her Liberator with Minspeak and over the past seven months her language has blossomed. For each icon on her overlay, she makes multiple associations and uses them in two- and three-part icon sequences. As a result, she spontaneously asks questions, cracks jokes, teases her aide, and plays with friends using language. Focusing on language has worked for her. We taught her language and communication came!

Contact Prentke Romich at 1022 Heyl Road, Wooster, OH 44691,1-800-262-1984 for more information on Minspeak, and their other quality products and services. You can also visit their web page at http://dialup.oar.net/Pprco/index.html §

CONFERENCES & EVENTS

Date: May 19-24, 1997
Event: CSUN Leadership & Technology Management
Location: San Francisco, CA
Information: 818-885-2578

Date: May 21, 1997
Event: Assistive Technology '97
Location: Boston, MA
Information: 617-355-7820

Date: May 22, 1997
Event: 5th Annual Conference on Serving Adults with Learning Disabilities
Location: Farmington, CT
Information: 860-486-0273

Date: May 30- June 1, 1997
Event: Abilities Expo
Location: Edison, NJ
Information: 203-256-4700

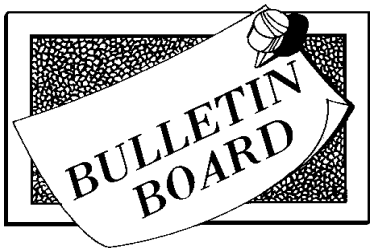
Date: June 7-12, 1997
Event: RESNA Annual Conference
Location: Salt Lake City, UT
Information: 703-524-6686

DynaMyte AugComm Device

PITTSBURGH, PA-Sentient Systems Technology, Inc. announces the release of the *DynaMyte* augmentative communication device-the first full-featured device designed for ambulatory communicators. *DynaMyte* is a smaller version of Dyna Vox 2 communication devices, which are used by thousands of individuals around the world.

"*DynaMyte* is the first full-featured dynamic display communication Solution for ambulatory individuals." said Tilden Bennett, president of Sentient Systems." *DynaMyte* has all the features of Dyna Vox 2 at half its weight and size, which means ambulatory communicators can now have powerful, easy-to-carry communication."Weighing only 3.2 pounds, *DynaMyte* communicators can use the device's handle or shoulder strap for easy transport.

Sentient Systems Technology, Inc.
2100 Wharton Street
Pittsburgh, P A 15203
800-344-1778
www.sentient-sys.com



New Switches from TASH

AJAX, ONTARIO-TASH, Inc., the makers of the infamous Buddy Buttons (the switch with a personality) are introducing two new switches: *Hands-on-Buddy* and the *The Proximity Switch.* The *Hands-on-Buddy* is activated by pressing anywhere on the top surface. It provides both tactile and auditory feedback and can be securely fastened on popular mountings. It connects to switch-accessible devices. *The Proximity Switch* is a "no-hands" or customizable switch, using adjustable sensitivity, that connects to switch-accessible devices like toys and communication aids.

TASH International, Inc.
Unit 1-91 *Station Street*
Ajax, Ontario, Canada L1 S 3H2
800-463-5685
Email: tashcan@aol.com

Edmark Titles in Spanish

REDMOND, WA-Edmark Corporation, an IBM Company and leading developer of educational software for children, today released four of its award-winning Software titles *Millie's Math House, Sammy's Science House, Trudy's Time* & *Place House* and *Thinkin' Things Collection 1* in Castillian Spanish. These classic Edmark favorites will introduce preschool to fourth grade bilingual and English as a Second Language students to the exciting world of beginning math, science, social studies and thinking skills. The products can also be used for Spanish language instruction. The Spanish language versions are available on CD-ROM for Macintosh, Windows 95 and Windows 3.1 computers. The products were field-tested at schools in many states with very positive results. The Castillian Spanish version products satisfied the need for high-quality educational software for bilingual and ESL classrooms.

Edmark Corporation
6727185thAve., NE
Redmond, WA 98073
800-426-0856
juliee@edmark.com

DREAMMS for kids, Inc.
Assistive Technology Solutions
273 Ringwood Road • Freeville, NY 13068-9618

NON-PROFIT ORG.
U.S. POSTAGE
PAID
PERMIT NO. 13
FREEVILLE, NY