

Building better outcomes

Application, denial. Appeal, denial.

[Red Clay School District](#) speech-language pathologist Mary Anne Terzaghi was used to having her students' applications for augmentative and alternative communication (AAC) devices denied. AAC devices, operated by hand, eye or other body part, enable people with complex communication needs to be understood. However, Medicaid managed care organizations (MCOs), which serve as agents of Delaware Medicaid, often don't approve requests.

Elizabeth Bortz, a speech-language pathologist who works for an AAC vendor and helps prepare applications for Medicaid funding, says, "It's almost [the MCOs' policy] to deny the first application. And in many cases the denials don't make sense." Sehaj Kaur's six-year old eyegaze device was unreliable; for example, when she attempted to tell her mom she had to go to the bathroom, the device wrongly said she wanted to go for a walk. Her application was turned down.

Convinced her students qualified for support under Delaware's Medicaid policy, Terzaghi turned to [CDS Director Beth Mineo](#). Mineo pointed out the conflicts between Medicaid's AAC policy and the MCOs' practices, and suggested engaging the state's Protection and Advocacy organization, the [Disabilities Law Program \(DLP\)](#). With help from Mineo and [CDS AAC Specialist Dick Lytton](#), DLP lawyers Brian Eng and Bill Molchen crafted a strategy to represent two students, including Kaur, at a new appeal held in front of a state officer from the [Department of Health and Social Services](#). The officer approved Kaur's appeal. The other case didn't even get that far – the managed care organization's representatives stopped the proceedings halfway and reversed their position. Manjeet Kaur, Sehaj's mother, says the decision thrilled her daughter. "She's all excited," Kaur says. "With the new device, she's learning more, communicating better."

Mineo hopes to build on these outcomes by raising awareness of the policy – and how it impacts access and use of AAC devices – among clinicians and MCO decision-makers. She is also hoping to expand Medicaid coverage to less expensive alternatives, such as iPads and tablets.

Bortz has already seen the cases bear fruit. Two other eyegaze applications she facilitated were approved on the first try – no appeal necessary.



Mary Anne Terzaghi (left) watches Sehaj Kaur access her new eyegaze device, acquired through the intervention of [CDS](#), Terzaghi and the Disabilities Law Program.