





Chapt.2:	
Documenting	
Current Status & Need	
iveed	
Chapt.3: Sharing	
What you Know	
Chapt.4: Sharing	_
the Impact of	
Features Needed	
Chapt.5: Sharing	
what was	
Considered and	
Tried	
Chapt.6: Justify,	_
Justify, Justify	
Chapt.7: Goal	
Planning	



Chapt.8:			
Concluding Your			
Story			
Story			
Key Take Aways	•		
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Assembling a Funding	Package		
Check with your	Determine the guidelines for a complete funding package in your state		
AAC Consultant	and for your client/student's funding source.		
Checklist (in Tools Handout)	Use to track what documents are being worked on, by whom, and when		
-	they are completed and submitted.		
Main Components	1. AAC Evaluation Report-		
	2. Device Selection Sheet-		
	3. Keyguard or Touchguide Selection Sheet (if needed)-		
	4. Mounting Selection Sheet (if needed)-		
	5. Certificate of Medical Necessity/Prescription-		
	6. Client Information Sheet-		
	7. Assignment of Benefits-		
	8. Copy of Insurance Card(s)-		
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Additional Pieces:	State Specific Documents:		
	Medicare Specific Documents:		
Key Take Aways	•		
Submitting a Complet	e Funding Package		
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How to Submit:	Fax to the Funding Dept PROCESSING (2000) 2002 5040		
	o PRC-Saltillo (330)202-5840		
	Upload to Secure Server		
	o <u>www.aacfunding.com</u>		
	Finalize and Submit through the AAC Funding Toolkit online		
Missing	 Get any missing information to the funding team as-soon-as- 		
Information	possible		
follow-ups			
What you can do	 Copying your AAC Consultant on any email correspondence to the 		
during the funding	funding department.		
process and	Be patient, but persistent. Don't hesitate to check with your AAC		
submission:	Consultant on the status.		
Approvals, Deferrals	s, Denials		
Approval	Def: When insurance approves the purchase of the device and accessories. •		
Deferral	Def: When the health insurance company holds off on making a decision on authorizing the request for a speech generating device because it needs more information. •		
Denial	Def: When the health insurance company makes the decision NOT to authorize payment for the requested speech generating device. The family and/or SLP should have received a written/official denial from the health insurance provider. •		



Additional Notes:	