

## COMMUNICATION AIDS

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**This section must be read in conjunction with the General Information Section.**

## 1. CATEGORIES OF COMMUNICATION AIDS

Approved categories of communication aids are:

- Artificial Larynges
- Speech Generating Devices
  - Static display
  - Dynamic display
  - Spelling based
- Communication Software (*currently being trialled*)- *not including software programs for the sole purpose of producing AAC resources e.g. Boardmaker*
- Voice Amplification Devices

MASS will not provide subsidy assistance towards more than one of the above categories of communication aids within any five year period unless an aid needs replacing due to functional change or growth. In this case, the replaced aid must be returned to MASS in exchange for the new subsidised device.

For advice or discussion regarding communication aids available through MASS contact the MASS Communication Aids Service at the Brisbane or Mackay service centres.

## 2. APPLICATION FORM

Refer *Sub Section 'Communication Aids – Designated Prescriber Chart'* at the end of this Procedures.

The *MASS 21 Communication Aids Application Form* is used for all MASS applications for communication aids and must be submitted with one of the following four MASS 21 appendices:

- *MASS 21 App AL* – for all artificial larynx applications
- *MASS 21 App SGD* – for all speech generating device applications
- *MASS 21 App VAD* – for all voice amplification device applications
- *MASS 21 App CS* – for all communication software applications.

## 3. ARTIFICIAL LARYNGES

### 3.1 Funding

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Subsidy Funding'* for generic subsidy funding and co-payment information, which must be read in conjunction with this section.

MASS will contribute a maximum of \$1,200 towards the cost of a basic artificial larynx for a minimum period of 5 years. This is provided that a suitable artificial larynx is not available from MASS stock, in which case the stock item will be supplied.

Within the MASS subsidy of \$1,200, MASS will fund an oral adaptor for artificial larynges if clinically justified and approved:

- carry bag
- battery charger
- rechargeable batteries
- oral adaptor

### **3.2 Co-payment**

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Co-payment'* which must be read in conjunction with this section.

Where an applicant wishes to purchase an approved aid that exceeds the maximum subsidy funding, a co-payment arrangement may be entered into with MASS. MASS does not subsidise an aid whose primary function is outside the scope of the scheme e.g. short term post acute, community access, employment support.

### **3.3 Prescriber Role**

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Prescriber Role'* for generic prescriber responsibilities, which must be read in conjunction with this section.

#### **3.3.1 Trial of Aids**

Prescribers are required to conduct an appropriate trial of the artificial larynx.

The following guidelines may assist prescribers with carrying out an effective trial:

1. **Communication goals and objectives** – identify communication goals of the applicant and family/carer for primary or secondary use of the artificial larynx.
2. **Trial objectives** – the prescriber will need to determine objectives of the trial including what will be measured and what will be documented. Need to consider both operational skills and functional use of the device during the trial (see below).
3. **Operational skills** – these underpin the successful use of the device including achievement of overall speech intelligibility e.g. placement, articulatory precision, on/off voicing control, phrasing/rate, etc.
4. **Functional use** –
  - How frequently the device will be used?
  - In what communication situations the device will be used:
    - Where? i.e. the communication environments/settings the device will be used in.
    - Who with? i.e. range of communication partners.
    - What for? i.e. range of communication functions/purposes.
  - Level of communication success (i.e. how independent was the user and what specific supports were required? Has communication improved? If so, how?)
  - Level of applicant/family/carer satisfaction?

5. **Trial Outcomes** – how successful/reliable has the device been to meet communication objectives/goals?

### **3.3.2 Allocation of Aids**

Prescribers advise the applicant/carer that:

- they will be notified by MASS in writing of the outcome of the application, and
- if approved, the conditions of co-payment arrangements e.g. statutory declaration requirement for co-payment, if applicable, and
- when funds are available and, if applicable, signed co-payment statutory declaration (witnessed by a Justice of the Peace) has been received by MASS, an order will be issued to the supplier/manufacturer for supply directly to the prescribing speech pathologist, or
- if a suitable aid is held in MASS stock, MASS will arrange delivery directly to the prescribing speech pathologist,
- they will be contacted when the device is received and is ready to be set-up/programmed and delivered to the client.

### **3.3.3 Post Delivery Follow-up**

Prescribers:

- arrange for the setting-up, programming and delivery of the device to the client
- arrange for training of the client/carer in the effective use of the device
- provide the client/carer with information on how to arrange repairs and maintenance
- provide information to assist the client/carer to pre-plan alternative arrangements for occasions when they may be without their communication aid e.g. when it is being repaired
- explain that the client/carer is responsible for the daily care, correct usage and maintenance of the aid
- advise the client/carer to read, retain, and apply information provided by MASS or the manufacturer/supplier
- assist the client/carer to use the manufacturer/supplier's operational manual/information for any new aid.

## **3.4 Clinical Eligibility**

The purpose of MASS subsidy funding artificial larynges is to provide a functional level of communication within the home environment.

Eligibility criteria for recommendation of an artificial larynx are that an applicant needs to:

- be able to successfully use an artificial larynx as their main (primary) means of communication

OR

- successfully use the artificial larynx as a secondary system to other methods of communication, for example a tracheo-oesophageal puncture and voice prosthesis. The artificial larynx would enable the applicant to communicate in situations where the other method of communication was not functional, for example on the phone or

to enable access to assistance in emergency situations. In these circumstances, a recycled artificial larynx is supplied.

### **3.5 Provision of Secondary Artificial Larynges**

MASS may provide a pre-used artificial larynx for applicants to use as a secondary means of communication if needed to access emergency facilities. This is on the proviso that the speech pathologist prescriber provides written justification that a secondary device is required to ensure the safety of the applicant, and that MASS has an appropriate pre-used item available in its stock.

If there is no suitable artificial larynx available in MASS stock of pre-used artificial larynges, the client's name will be placed on a waiting list for an appropriate pre-used item. However, the priority for allocation of MASS stock is to supply clients who require an artificial larynx as their primary means of communication.

### **3.6 Ownership of Artificial Larynges**

MASS retains ownership of artificial larynges. MASS provides an artificial larynx to an applicant on a permanent loan basis.

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Permanent Loan Aids'* for further information, which must be read in conjunction with this section.

### **3.7 Repairs of Artificial Larynges**

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Repairs and Maintenance - Permanent Loan Aids'* for generic repair information, which must be read in conjunction with this section.

Clients who receive a MASS subsidised artificial larynx on permanent loan are responsible for the daily care and maintenance of the device.

MASS will pay for the cost of all reasonable repairs to artificial larynges including replacement rechargeable batteries if required. Rechargeable batteries should not need replacing more than once per year.

MASS will provide all new clients of electrolarynges with a *MASS 87 Electrolarynx Care Information Sheet* to assist them to carry out their care and maintenance responsibilities.

## **4. SPEECH GENERATING DEVICES**

### **4.1 Funding**

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Subsidy Funding'* for generic subsidy funding and co-payment information, which must be read in conjunction with this section.

MASS will contribute a maximum of \$5,000 to each applicant for one application / prescription during each five year period for a speech generating device. This is provided that a suitable speech generating device is not available from MASS stock, in which case the stock item will be supplied.

In addition, MASS will fund minimal **basic accessories** as follows:

- |  |                 |
|--|-----------------|
| • carry case                           | fully funded    |
| • 2 x switchskins/moisture guards      | fully funded    |
| • 2 x basic accessing devices/switches | max. \$160 each |

## 4.2 Co-payment

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Co-payment'* which must be read in conjunction with this section.

Where an applicant wishes to purchase an approved aid that exceeds the maximum subsidy funding, a co-payment arrangement may be entered into with MASS. MASS does not subsidise an aid whose primary function is outside the scope of the scheme e.g. short term post acute, community access, employment support.

## 4.3 Prescriber Role

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Prescriber Role'* for generic prescriber responsibilities, which must be read in conjunction with this section.

### 4.3.1 Trial of Aids

Prescribers are required to conduct an appropriate trial of the speech generating device..

A *MASS Communication Aids Trials Information and Proforma* is available on the MASS website to assist and guide prescribers with documentation of the trial objectives / outcomes.

The following guidelines may assist prescribers with carrying out an effective trial:

1. **Low –tech communication systems** – it is strongly recommended that the applicant has in place and maintains a low-tech communication system (e.g. communication book/board) as a foundation and a secondary system for any high-tech communication system that is introduced.
2. **Communication goals and objectives** – identify communication goals of the applicant and family/carer.
3. **Team membership** – the prescribing minimum team membership should include the applicant, family/carer, speech pathologist prescriber and occupational therapist. Each member of the team should have clearly established roles and responsibilities that outline each member's involvement in the trial process.

Where the application includes a request for Specialised Accessories, it is necessary for an Occupational Therapist to complete the relevant sections of the application form.

4. **Assessment of aids and, if applicable, accessory equipment for trial** – prescribers should consider:
  - assessment of applicant's abilities including communication, cognitive, sensory and physical access skills

- applicant's personal information (e.g. age, gender, culture, interests, preferences, etc.) and environmental factors (e.g. communication environments, supports, funding, etc.)
  - current and future communicative needs (the device should accommodate the applicant's changing needs for at least five years)
  - features of the aid that will meet the applicant's needs, skills and preferences remembering that choice of the device must also involve the applicant and family/carer
  - identify devices that accommodate some or all of these features
  - trials of speech generating devices should involve a variety of devices that may meet the goals/needs of the applicant
  - many organisations are available to support the prescriber in choosing suitable aids for trial. Contact the Principal Clinical Advisor MASS Communication Aids Service in the Brisbane service centre for further information.
5. **Appropriate length of trial** – will vary considerably between applicants however should be a minimum of two weeks and preferably four weeks or more. The applicant must have sufficient time to demonstrate ability to use the key features of the device and, if applicable, additional accessory equipment. The trial should also be conducted across a range of environments and with a range of communication partners.
6. **Planning and preparation** – planning of the trial should include identifying tasks that need to be completed prior to the arrival of the device to ensure sufficient time remains for the applicant to trial the device adequately. The device and accessory equipment will need to be prepared for the trial, for example personalising vocabulary, adapting access features, etc. Each member is to undertake the tasks assigned to them accordingly.
7. **Trial objectives** – the prescribing team will need to determine objectives of the trial including what will be measured and what will be documented. For example:
- How frequently the device and accessory equipment will be used?
  - In what communication situations the device will be used:
    - Where? i.e. the communication environments/settings the device will be used in.
    - Who with? i.e. range of communication partners.
    - What for? i.e. range of communication functions/purposes.
  - Level of communication success (i.e. how independent was the user and what specific supports were required? Has communication improved? If so, how?).
  - Level of applicant/family/carer satisfaction?
8. **Support and training during the trial** – the applicant and family/carer will need support and training to use a trial device and, if applicable, additional accessory equipment. The equipment may also need to be adapted during the trial, for example changing personalised vocabulary, further adapting access features, etc.
9. **Trial Outcomes** – outcomes of the trial from the perspectives of the applicant and communication partners should be documented. This documentation should include the team's evaluation/review of the trial, adaptation of the environment and equipment to meet the communication needs of the applicant and an assessment of

the applicant's level of independence in the use of the device. This information should provide the team with direction for further trials if appropriate. This trial process will need to be repeated for each speech generating device trialled.

#### **4.3.2 Quotation for Aids and Accessory Equipment**

Prescribers of speech generating devices and, if applicable, additional accessory equipment are required to:

- provide an itemised quotation for the cost of the aid and accessory equipment prescribed
- request that the manufacturer/supplier provide full details of the aid and accessory equipment on the quotation, including accessories, model number/s, cost, and their full contact details
- attach the quotation/s to the completed MASS Communication Aids Application Form (MASS 21).

#### **4.3.3 Allocation of Aids**

Prescribers advise the applicant/carer that:

- they will be notified by MASS in writing of the outcome of the application, and
- if approved, the conditions of co-payment arrangements e.g. statutory declaration requirement for co-payment, if applicable, and
- when funds are available and, if applicable, signed co-payment statutory declaration (witnessed by a Justice of the Peace) has been received by MASS, an order will be issued to the supplier/manufacturer for supply directly to the prescribing speech pathologist, or
- if a suitable aid is held in MASS stock, MASS will arrange delivery directly to the prescribing speech pathologist,
- they will be contacted when the device is received and is ready to be set-up/programmed and delivered to the client.

#### **4.3.4 Post Delivery Follow-up**

Prescribers:

- arrange for the setting-up, programming and delivery of the device and accessory equipment to the client
- arrange for training of the client/carer in the effective use of the device and accessory equipment
- provide the client/carer with information on how to arrange repairs and maintenance
- provide information to assist the client/carer to pre-plan alternative arrangements for occasions when they may be without their communication aid e.g. when it is being repaired
- explain that the client/carer is responsible for the daily care, correct usage and maintenance of the aid and accessory equipment
- advise the client/carer to read, retain, and apply information provided by MASS or the manufacturer/supplier

- assist the client/carer to use the manufacturer/supplier's operational manual/information for any new aid.

#### **4.4 Clinical Eligibility**

The purpose of MASS subsidy funding speech generating devices is to provide a functional level of communication.

Whilst appreciating that a speech generating device will be used for social and other activities outside the home, the device must be the primary means of communication within the home, which can include communicating with family, visitors and medical services.

#### **4.5 Ownership of Speech Generating Devices**

For speech generating devices, MASS may offer the applicant a choice of:

Either

- Deeming ownership of the device to MASS. MASS will subsidise the cost of ongoing reasonable repairs and maintenance of the device, as per MASS permanent loan conditions.

Or

- Accepting private ownership of the device and be responsible for the cost of ongoing repairs and maintenance. The applicant will have the right to dispose of the device (as per manufacturers' instructions) or to donate the device when it is no longer required. MASS will not normally replace the device within five years for any reason other than functional change or growth. In this case, the aid must be returned to MASS in exchange for the new subsidised device.

Ownership considerations as described in the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Taking over Ownership of an Aid'* apply.

#### **4.6 Repairs of Speech Generating Devices**

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Repairs and Maintenance - Permanent Loan Aids'* for generic repairs and maintenance information, which must be read in conjunction with this section.

Clients who receive a MASS subsidised speech generating device are responsible for the daily care and maintenance of the device.

If private ownership is chosen by the applicant/carer, the applicant/carer is responsible for the costs of all repairs and maintenance of the aid/s.

If MASS retains ownership, MASS will fund the cost of all reasonable repairs to the speech generating device.

MASS will provide all new clients of speech generating devices with a *MASS 88 Speech Generating Device Care Information Sheet* to assist them to carry out their care and maintenance responsibilities.

## 5. COMMUNICATION SOFTWARE

*(Note: MASS subsidy funding of communication software is on trial until further advised. Feedback on the trial of communication software can be provided by contacting the MASS Communication Aids Service in Brisbane or Mackay service centres.)*

### 5.1 Funding

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Subsidy Funding'* for generic subsidy funding and co-payment information, which must be read in conjunction with this section.

MASS will contribute a maximum of \$750 to each applicant for one application / prescription during each five year period for communication software.

Please note that this funding is intended to subsidise software programs that allow a client to communicate with voice output using displays of symbols, words, a keyboard or a combination of these items. MASS will not subsidise software programs for the sole purpose of producing AAC resources e.g. Boardmaker

In addition to the subsidy of \$750, MASS will subsidy fund the following minimal accessories if justified and approved:

- 2 x accessing device/switch (excluding computer mouse) max. \$160

MASS will not provide subsidy assistance towards communication software and a second communication aid within any five year period unless the second aid is replacing the original due to functional change or growth.

MASS will not provide subsidy assistance towards associated charges with communication software such as installation, technical support, licensing, repairs, software upgrades, computer hardware, hardware upgrades, switch mounts, key guards, wrist supports or any additional software such as antivirus, operating systems, word processing, internet access/fees, etc.

### 5.2 Co-payment

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Co-payment'* which must be read in conjunction with this section.

Where an applicant wishes to purchase an approved aid that exceeds the maximum subsidy funding, a co-payment arrangement may be entered into with MASS. MASS does not subsidise an aid whose primary function is outside the scope of the scheme e.g. short term post acute, community access, employment support.

### 5.3 Prescriber Role

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Prescriber Role'* for generic prescriber responsibilities, which must be read in conjunction with this section.

It is strongly suggested that the following be considered when investigating software for the applicant's primary communication use. It is especially important to consider these points when comparing the features and functions of communication software on a computer to the use of a dedicated speech generating device:

- availability of a dedicated and reliable computer for the sole use of the applicant
- durability of the computer system, especially whilst being used during transit and other daily activities
- mounting and security of the computer
- portability
- compatibility with operating system
- ease of set-up and use
- battery life (e.g. will the battery provide enough power for communication throughout the day?)
- speaker volume (additional external speakers may be required)
- intelligibility of speech output (e.g. gender, accent, quality)
- level of computer technology support available
- accessing issues (e.g. use of alternative access methods and necessary peripherals such as switch interface, touch screen sensitivity and ability to modify).

Those people for whom communication software might be an appropriate option for their communication system might include:

- individuals who already predominantly use a computer/laptop (e.g. someone who uses it a lot for work or business purposes and would prefer to use this same system for personal communication rather than another dedicated communication device)
- individuals who may want to use other computer applications and quickly switch between these and their communication software (please note that various dynamic display speech generating devices are able to do this also).

### **5.3.1 Trial of Aids**

Prescribers are required to conduct an appropriate trial of the communication software on the applicant's computer or similar with associated peripherals.

A *MASS Communication Aids Trials Information and Proforma* is available on the MASS website to assist and guide prescribers with documentation of the trial objectives / outcomes.

The following guidelines may assist prescribers with carrying out an effective trial:

1. **Low –tech communication systems** – it is strongly recommended that the applicant has in place and maintains a low-tech communication system (e.g. communication book/board) as a foundation and a secondary system for any high-tech communication system that is introduced.
2. **Communication goals and objectives** – identify communication goals of the applicant and family/carer.
3. **Team membership** – the prescribing minimum team membership should include the applicant, family/carer, speech pathologist prescriber and occupational

therapist. Each member of the team should have clearly established roles and responsibilities that outline each member's involvement in the trial process.

4. **Assessment of system for trial** – prescribers should consider:
  - assessment of applicant's abilities including communication, cognitive, sensory and physical access skills
  - applicant's personal information (e.g. age, gender, culture, interests, preferences, etc.) and environmental factors (e.g. communication environments, supports, funding, etc.)
  - current and future communicative needs (the device should accommodate the applicant's changing needs for at least five years)
  - features of the system that will meet the applicant's needs, skills and preferences remembering that choice of the device must also involve the applicant and family/carer
  - identify software and systems that accommodate some or all of these features
  - explore a variety of communication software that may meet the goals/needs of the applicant
  - many organisations are available to support the prescriber in choosing suitable systems for trial. Contact the Principal Clinical Advisor, MASS Communication Aids Service in the Brisbane service centre for further information.
5. **Appropriate length of trial** – will vary considerably between applicants however should be a minimum of two weeks and preferably four weeks or more. The applicant must have sufficient time to demonstrate ability to use the key features of the communication software on the computer system. The trial should also be conducted across a range of environments and with a range of communication partners.
6. **Planning and preparation** – planning of the trial should include identifying tasks that need to be completed prior to the trial to ensure sufficient time remains for the applicant to use the system adequately. The system will need to be prepared for the trial, for example personalising vocabulary, adapting access features, etc. Each member is to undertake the tasks assigned to them accordingly.
7. **Trial objectives** – the prescribing team will need to determine objectives of the trial including what will be measured and what will be documented. For example:
  - How frequently the communication software will be used?
  - In what communication situations the communication software will be used:
    - Where? i.e. the communication environments/settings the communication software will be used in.
    - Who with? i.e. range of communication partners.
    - What for? i.e. range of communication functions/purposes.
  - Level of communication success (i.e. how independent was the user and what specific supports were required? Has communication improved? If so, how?).
  - Level of applicant/family/carer satisfaction?
8. **Support and training during the trial** – the applicant and family/carer will need support and training to use the trial communication software and system. The

communication software and system may also need to be adapted during the trial, for example changing personalised vocabulary, further adapting access features, etc.

9. ***Trial Outcomes*** – outcomes of the trial from the perspectives of the applicant and communication partners should be documented. This documentation should include the team's evaluation/review of the trial, adaptation of the environment and equipment to meet the communication needs of the applicant and an assessment of the applicant's level of independence in the use of the communication software and system. This information should provide the team with direction for further trials if appropriate. This trial process will need to be repeated for each communication software and system trialled.

### **5.3.2 Quotation for Aids**

Prescribers of communication software are required to:

- provide an itemised quotation for the cost of the software prescribed
- request that the manufacturer/supplier provide full details of the software on the quotation, including additional components, model number/s, cost, and their full contact details
- attach the quotation to the completed MASS Communication Aids Application Form (MASS 21).

### **5.3.3 Allocation of Aids**

Prescribers advise the applicant/carer that:

- they will be notified by MASS in writing of the outcome of the application, and
- if approved, the conditions of co-payment arrangements e.g. statutory declaration requirement for co-payment, if applicable, and
- when funds are available and, if applicable, signed co-payment statutory declaration (witnessed by a Justice of the Peace) has been received by MASS, an order will be issued to the supplier/manufacturer for supply directly to the prescribing speech pathologist
- they will be contacted when the software is received and is ready to be delivered to the client.

### **5.3.4 Post Delivery Follow-up**

Prescribers:

- arrange for delivery of the software to the client and installation/set-up
- arrange for training/support of the client/carer in the effective use of the software
- provide the client/carer with information on how to arrange repairs/upgrades
- provide information to assist the client/carer to pre-plan alternative arrangements for occasions when they may be without their communication software e.g. when it is being repaired or upgraded
- explain that the client/carer is responsible for the correct usage of the software
- advise the client/carer to read, retain, and apply information provided by MASS or the manufacturer/supplier

- assist the client/carer to use the manufacturer/supplier's user manual/information for any new software program.

## 5.4 Clinical Eligibility

The purpose of MASS subsidy funding communication software is to provide a functional level of communication.

Whilst appreciating that communication software may be used for social and other activities outside the home, the software must be the primary means of communication within the home, which can include communicating with family, visitors and medical services.

## 5.5 Ownership and Repairs of Communication Software

MASS will deem ownership of all communication software to the applicant.

The owner will be responsible for the cost of ongoing repairs and maintenance and also be responsible for the cost of any future add-ons/upgrades. The owner will have the right to dispose of or donate the software when it is no longer required. MASS will not normally replace the communication software within five years for any reason other than functional change or growth.

# 6. VOICE AMPLIFICATION DEVICES

## 6.1 Funding

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Subsidy Funding'* for generic subsidy funding and co-payment information, which must be read in conjunction with this section.

MASS will contribute a maximum of \$475 to each applicant for one application / prescription during each five year period for a voice amplification device.

**Within** the MASS subsidy of \$475, MASS will fund the following accessories for voice amplification devices if clinically justified and approved.

- rechargeable batteries
- microphones (headset, lapel, collar, etc.)
- windscreens for microphones
- waistband
- travel/storage case

MASS will not provide subsidy assistance towards a voice amplification device and a second communication aid within a five year period unless the second aid is replacing the original due to functional change or growth.

## 6.2 Co-payment

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Co-payment'* which must be read in conjunction with this section.

Where an applicant wishes to purchase an approved aid that exceeds the maximum subsidy funding, a co-payment arrangement may be entered into with MASS. MASS does not subsidise an aid whose primary function is outside the scope of the scheme e.g. short term post acute, community access, employment support.

### 6.3 Prescriber Role

Refer to the *MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Prescriber Role'* for generic prescriber responsibilities, which must be read in conjunction with this section.

#### 6.3.1 Trial of Aids

Prescribers are required to conduct an appropriate trial of the voice amplification device .

A *MASS Communication Aids Trial Proforma* is available on the MASS website to assist and guide prescribers with documentation of the trial objectives / outcomes

The following guidelines may assist prescribers with carrying out an effective trial:

1. **Communication goals and objectives** – identify communication goals of the applicant and family/carer
2. **Trial objectives** – the prescriber will need to determine objectives of the trial including what will be measured and what will be documented eg:
  - How frequently the device will be used?
  - In what communication situations the device will be used:
    - Where? i.e. the communication environments/settings the device will be used in eg phone, noisy environment
    - Who with? i.e. range of communication partners.
    - What for? i.e. range of communication functions/purposes.
  - How well does the equipment fit? Eg headset/microphone, suitable placement of amplifier, etc
  - Level of independence in the use of the equipment eg applicant's ability to learn to use equipment, monitoring of volume, physically fit and maintain the equipment.
  - Level of communication success eg has sound quality and communication improved? If so, how?
  - Level of applicant/family/carer satisfaction eg comfort and fit of components, appearance, ease of use, quality of voice amplification?

3. **Trial Outcomes** – how successful/reliable has the device been to meet communication objectives/goals?

#### 6.3.2 Quotation for Aids

Prescribers of voice amplification devices are required to:

- provide an itemised quotation for the cost of the aid prescribed
- request that the manufacturer/supplier provide full details of the aid on the quotation, including accessories, model number/s, cost, and their full contact details

- attach the quotation to the completed MASS Communication Aids Application Form (MASS 21).

### **6.3.3 Allocation of Aids**

Prescribers advise the applicant/carer that:

- they will be notified by MASS in writing of the outcome of the application, and
- if approved, the conditions of co-payment arrangements e.g. statutory declaration requirement for co-payment, if applicable, and
- when funds are available and, if applicable, signed co-payment statutory declaration (witnessed by a Justice of the Peace) has been received by MASS, an order will be issued to the supplier/manufacturer for supply directly to the prescribing speech pathologist
- they will be contacted when the device is received and is ready to be delivered to the client.

### **6.3.4 Post Delivery Follow-up**

Prescribers:

- arrange for the setting-up and delivery of the device to the client
- arrange for training of the client/carer in the effective use of the device
- provide the client/carer with information on how to arrange repairs and maintenance
- provide information to assist the client/carer to pre-plan alternative arrangements for occasions when they may be without their communication aid e.g. when it is being repaired
- explain that the client/carer is responsible for the daily care, correct usage, repairs and maintenance of the aid
- advise the client/carer to read, retain, and apply information provided by MASS or the manufacturer/supplier
- assist the client/carer to use the manufacturer/supplier's operational manual/information for any new aid.

## **6.4 Clinical Eligibility**

The purpose of MASS subsidy funding voice amplification devices is to provide a functional level of communication within the home. This is achieved by amplifying the vocal volume of people with permanent voice impairments and those who rely on an electronic speech aid, voice prosthesis or use oesophageal speech.

## **6.5 Ownership and Repairs of Voice Amplification Devices**

MASS will deem ownership of all voice amplification devices to the applicant.

The owner will be responsible for the cost of ongoing repairs and maintenance and also be responsible for the cost of any future accessories, including batteries. The owner will have the right to dispose of the device (as per manufacturers' instructions) or to donate the device when it is no longer required. MASS will not normally replace the voice amplification device within five years for any reason other than functional change or

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growth. In this case, the device must be returned to MASS in exchange for the new subsidised aid

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**COMMUNICATION AIDS - DESIGNATED PRESCRIBER CHART**

<b>Communication Applications</b>	<b>Designated Prescribers</b>	<b>Rural and Remote Prescribers</b>	<b>Standing Offer Arrangement (SOA)</b>	<b>Forms Required</b>
Artificial Larynges	Speech Pathologist	Speech Pathologist	No SOA applies	MASS 21, MASS 21 App AL
Speech Generating Devices	Speech Pathologist	Speech Pathologist	No SOA applies	MASS 21, MASS 21 App SGD, Manufacturer/supplier's quotation
Communication Software	Speech Pathologist	Speech Pathologist	No SOA applies	MASS 21, MASS 21 App CS, Manufacturer/supplier's quotation
Voice Amplification Devices	Speech Pathologist	Speech Pathologist	No SOA applies	MASS 21, MASS 21 App VAD, Manufacturer/supplier's quotation