**Federal Communications Commission**

**Washington, D.C. 20554**

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| In the Matters of  Misuse of Internet Protocol (IP) Captioned Telephone Service  Telecommunications Relay Services and Speech-to-Speech Services for Individuals with Hearing and Speech Disabilities  IP CTS Modernization and Reform | )  )  )  )  )  )  )  )  )  ) | CG Docket No. 13-24  CG Docket No. 03-123  FCC Docket No. 18-79 |
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**COMMENTS OF MISSOURI ASSISTIVE TECHNOLOGY REGARDING THE IP CTS PORTION OF THE TRS PROGRAM**

For ease of understanding which paragraphs of the June 8, 2018, Order Missouri Assistive Technology is responding to, a citation of the paragraph will be provided, followed by a response.

***Paragraph 39: “We amend our rules to prohibit IP CTS providers from linking the volume control and captioning functions of an IP CTS device or software application...”***

MoAT disagree with prohibition of IP CTS providers related to linking the volume control and captioning functions of an IP CTS device or software application. There are situations where an individual can have “good” and “bad” days, as example those with Meniere’s. Furthermore, there can be considerable variation in what ranges some individuals hear well and what ranges they do not hear well. An individual with a steep drop of hearing from mild to profound loss may be able to hear individuals with a deep voice while not being able to hear the higher frequency sounds of their grandchildren or a female friend. We feel individuals should be trained to turn on and off captions for those they can and cannot hear.

Overall, however, MoAT feels that IP CTS devices should not be allowed to be amplified.

***Paragraph 40: “To allow manufacturers and service providers a reasonable period of time to reconfigure existing devices (such as those currently in the warehouse), we set the compliance deadline for making this change at six months after release of this Report and Order.”***

MoAT supports the provision to allow manufacturers and service provider a reasonable period of time to reconfigure existing devices as outlined in notice of proposed rulemaking.

***Paragraph 41: “We amend our rules to require IP CTS providers to include both of the following factual notifications in a clear and prominent location on their advertising brochures, websites, user manuals, and other informational materials and websites:***

* ***IP captioned telephone service may user a live operator. The operator generates captions of what the other party to the call says. These captions are then sent to your phone.***
* ***There is a cost for each minute of captions generated, paid from a federally administered fund.***

MoAT supports the provision to amend the rules to require IP CTS providers to provide factual notifications in a clear and prominent location on their advertising brochures, websites, users manuals, etc. We feel strongly that this should be an on-going message that providers provide and that it needs to be in plain language, understandable to all users. It has been noted in the “Third Party” verification forms that the language used regarding the notification requirements is too complicated for most individuals to understand.

***Paragraph 44: “We amend our rules to adopt a general prohibition against providing IP CTS to consumers who do not genuinely need the service, by modifying the current prohibition on VRS providers engaging in fraudulent, abusive, and wasteful practices to include IP CTS providers.”***

MoAT agrees that there are many individuals who do not genuinely need the service and we support prohibitions against providing IP CTS to consumers who do not genuinely need the service. Our experience is that there are many individuals who are receiving IP CTS equipment, when what they really need is amplification or other equipment. We are also aware that many individuals are unaware that the calls go through Relay, that there is a cost for captions, and that there are programs that provide amplified phones, which are often a more appropriate alternative.

MoAT is also aware that Hearing Health Professionals who have been heavily marketed to are not aware of the information outlined above and that the device they are allowed to offer only work on internet based phones.

***Paragraph 111: “We seek further comments on whether certified state TRS programs should be allowed or required to take a more active role in the administration of IP CTS. Under section 225(c) of the Act, common carriers may fulfill their obligations to offer TRS throughout the areas in which they offer telephone services “individually, through designees, through a competitively selected vendor, or in concert with other carriers,” or by complying with the requirements of state TRS programs certified by the Commission. Currently, all 50 states plus six U.S. territories have TRS programs certified by the Commission that offer the two forms of TRS currently required for state program certification: TTY – voice and speech-to-speech TRS. Additionally, all TRS state program offer, oversee, and support a non-IP version of CTS on a voluntary basis.***

MoAT would like to see TRS continue to provide services related to IPCTS, but caution the actual details of administering the IPCTS without a better understanding of what administering the program entails and how this combats waste, fraud and abuse.

MoAT would like to have a better understanding of if IPCTS fraud, waste and abuse is only found on hardware devices or includes software related issues. It is feasible that any changes made to the hardware could result in an influx of consumers going to the software based avenues, such as apps, to receive services, especially when the software is currently free. It’s been stated that consumers have to log into the service each time they use the app, but again, this is not always a deterrent to consumers.

***Paragraph 112: “at least some commenters responding to the 2013 IP CTS Reform NPRM question whether it would be desirable for states to take on IP CTS funding and administration before issues related to user eligibility, uncontrolled growth of IP CTS demand, and standards of service have been addressed at the federal level”***

MoAT supports the Commission that administration of IPCTS services should not be brought down onto the state without identifying areas of waste, abuse and fraud. In more specific terms, MoAT has no ideas how many IPCTS devices have been put in the field for individuals who have hearing loss, but can benefit from amplified telephones. There is no idea of expected costs to states to take on the role of administrator, and there is no timeframe given to allow stats an opportunity to buffer their TRS funds to ensure they could assume the cost of IPCTS.

### *Paragraph 119: “we therefore propose that assessments of IP CTS user need must be specifically focused on the consumer’s ability to hear and understand speech over the telephone and on whether the consumer’s communications needs can be met by other assistive technologies.[[1]](#footnote-1) We seek comment on this proposal and invite parties to submit documentation or other evidence confirming whether the assessments currently conducted by health professionals for potential IP CTS users actually include these specific elements.*

Per request of the Commission, MoAT is including program experiences received either via Third Party verification form or referral from the TRS’s contracted vendor.

1. While the Third Party Certification was completed, it was only when the consumer did not have internet that the EDP was consulted since the EDP offers the analog version of a captioned phone. In following up with a consumer, the HIS, signed the paperwork for an IPCTS device but the consumer was not only able to hear on the phone with little difficulty, but also has a significant, progressive vision loss. The demonstration with the consumer resulted in obtaining an amplified phone with talking features to fit the vision and hearing loss. November 2017.
2. Consumer had a Third Party Certification completed by an Audiologist. Consumer did have internet but wanted to see the equipment. The demonstration site completed the assessment, but found that consumer could benefit from amplified telephone. She really wanted the captioned phone for memory and struggled to use the IPCTS device. Family ended up going back and forth purchasing amplified devices that had been shown during the demonstration and IPCTS devices and settled on amplified because IPCTS was not a good match and created more confusion between trying to listen and read the text. Consumer family private purchased various devices between November 2017- January 2018
3. Referrals started going directly to outreach coordinator, TAP was consulted if the consumer did not have internet.
   1. Male in rural area, family requested IPCTS, EDP Program Coordinator reviewed requirements for IPCTS and had local demonstration site complete a demonstration of equipment. He was able to use and benefit from an amplified telephone carrying on conversation with little difficulty. Several weeks later, he fell and broke some bones at which point, the TAP Program Coordinator receive an email from the IPCTS stating consumer needed a captioned phone device. The local demonstration site noted that consumer had no change in hearing but that his memory was impaired at the original assessment. The EDP demonstration site is actively working with the consumer to determine if other services are necessary. Consumer received amplified equipment in July 2018.
   2. Female consumer in small city was referred to EDP from IPCTS Outreach. After demo with local demonstration site, consumer was able to benefit from a mid-line range amplified telephone. Received equipment in February 2018.
   3. Female consumer who is legally blind wants IPCTS but no internet. Was provided an amplified telephone specifically for vision loss with large buttons, talking keypad. Consumer and family did not follow up but was made aware that the device she had originally received has had an update in volume. April 2018.
   4. Male consumer who received IPCTS equipment but has very limited, understandable speech. Most individuals cannot understand the individual on the phone or in person. TAP Program Coordinator was unaware of this consumer receiving equipment until we were asked to set up the equipment because the provider was unable to communicate with the consumer who relies on tactile sign language. Consumer uses the 880iB. March 2017.
   5. In September 2018, Southwestern Hearing Centers stated they ONLY refer their patients to the IPCTS equipment. In 2015, Southwestern Hearing Center marketed online that consumers could get a free IPCTS phone through their services. When TAP attempted to follow up to discuss eligibility and how to obtain other amplified equipment, Southwestern Hearing Center stated they will only work with IPCTS provider.
   6. EDP gets referral but consumer does not follow up after outreach from TAP. Sometimes the consumer will self-purchase or family will purchase the internet specifically to obtain IPCTS but TAP has no record of this information or if consumer actually qualifies based on the previous documents from CG Docket Nos. 13-24 and 03-123.

In each of these instances, IPCTS was pushed but was not appropriate for various reasons and in one such case the hearing health professional’s company has a companywide policy to only work directly with IPCTS providers for amplified telephone needs.

***Paragraph 122 “To ensure that screenings specifically assess the need for IP CTS, we further propose that each assessment include a functional assessment of each applicant’s communication needs, including the extent to which the individual would be able to achieve functionally equivalent telephone service by using an amplified telephone or other assistive technology. We seek comment on these proposals and our rationale. In addition, we seek comment on two alternative approaches, set forth below, to achieve our objectives.***

As an EDP, we support the Commission’s position that individuals should receive an independent, functional assessment of their communication needs. There are many facets that EDPs are looking for other than the hearing loss in an assessment. These often include the ability to see the buttons or words, push the buttons on the phone, hold the handset, read, ability to comprehend the instructions given in training, and follow through. If any of these are noted and functionally impairs the individual, EDPs are often quick to problem solve other types of solutions to better use the equipment or to address the need and recommend other less complicated equipment.

***Paragraph 123: Assessments by State Programs:…we seek comment on whether state TRS programs should be required (as a condition of FCC certification under section 225(f)) to fulfill this user eligibility obligation—whether on their own, through state EDPs, or through contracting entities.”***

MoAT opposes TRS overseeing the EDPs and contracting entities.

***Paragraph 124: “Should all such assessments comport with certain standards and practices established by the Commission for nationwide application, or should states each be permitted to establish their own eligibility criteria and processes for IP CTS screenings? We also seek information, if available, on the number of users that each state program likely will be able to screen in a given period of time, such as on a monthly basis. Finally, we seek comment on the current capacity of state programs to take on this task, and what amount of time may be needed to obtain the necessary resources and begin conducting such assessments.”***

MoAT supports the establishment by the Commission of some baseline rules regarding eligibility for IPCTS. We ask that any rules established be flexible enough to allow EDPs who offer IPCTS to work within their own state guidelines. In some cases, flexibility must be exercised in providing appropriate equipment.

While MoAT has some baseline rules, MoAT will allow some flexibility based on additional information found within the hearing loss generally supported in the audiometric evaluation and notes supplied by the hearing health professional. This documentation of hearing loss and word discrimination scores help to ensure that the consumer has a substantial hearing loss that would not likely benefit from amplified telephones. This also helps to ensure that the hearing loss is medical and not conductive in nature such as cerumen build up or manufactured by the consumer. MoAT will also consider a statement of implantation of cochlear implant (CI) or bone anchored hearing aid (BAHA), and in one instance, attendance at a State School for the Deaf where the student received a lot of oral support. Documentation is generally noted in file for future eligibility of CTS/IPCTS.

The TAP Program Coordinator handles both the notification of eligibility with the consumer and demonstration site and will notify both to try at least 1-2 amplified phones in addition to CTS/IPCTS phones in the instance that the amplified phone will meet the consumer needs. TAP Program Coordinator and EDP have also used this opportunity to inform the individual of other technologies that may be better for the consumer including VRS, TTY/HCO/VCO, or accessories such as visual signalers which are not offered by IPCTS providers or TRS typically. TAP has a long term loan agreement that consumers review, sign, and receive a copy of regarding the IPCTS equipment which details: cost of captions, that the equipment is loaned to the consumer and ask that it be retuned when no longer needed, and responsibilities that the equipment is not to be sold or given away, and what to do if the equipment needs service or is stolen/lost/fire to help reduce abuse.

MoAT is able to provide these services because as an EDP, MoAT has its own demonstration sites that have staff who are knowledgeable in providing assessments to consumers with disabilities for equipment, to assist in applying for equipment, and, when necessary, set up equipment for consumers. These demonstration sites are non-profit agencies who report directly to the Program Coordinator and who must attend regularly scheduled trainings for updates on equipment, changes in technology, and issues that have been noted in technology. This has been a staple of service that MoAT has been providing for over 20 years.

In the question posed by the Commission, “what amount of time may be needed to obtain the necessary resources and begin conducting such assessments?” MoAT already does this via demonstration sites. In order to best be able to serve and provide consumer choice, we recommend that all IPCTS providers transfer to the approved EDP sites demonstration equipment at no cost to the EDP. This could easily be done with minimal cost by transferring equipment that is currently in hearing health professional offices to established demonstration sites as approved by the Program Coordinator, as well as providing training to all EDP demonstration persons.

One drawback is that this EDP has an RFP process that limits the providers for equipment. Because of this, it may be in the best interest to have a pilot program where again the EDP receives equipment and training from the providers to allow for consumer choice but still allows MoAT the freedom to provide a variety of options for equipment until such time as the Commission is able to collect data to see if having stated EDPs administer the equipment to help reduce fraud, waste, and abuse.

It is anticipated that with any change an expected influx of consumers seeking equipment may initially be burdensome. Once the initial burden is reduced, it is expected that our program and the demonstration sites could easily keep up with demand for equipment demonstrations. In years past, the program averaged 300 demonstrations and applications throughout the state a month. Due to changes in equipment and individuals obtaining equipment through other avenues, we are currently averaging around 125 demonstrations a month.

***Paragraph 125: “We next ask commenters to share information about the costs and benefits of having state programs assume this function, based on state CTS screenings that have taken place to date. We seek comment on this estimate and the underlying assumptions.”***

MoAT, as an EDP, is able to offer a variety of equipment to consumers to try in a live demonstration. This advantage allows consumer choice but does create a unique situation when you have an individual who has a “cookie cutter” type of hearing loss whether inverse or concave. We can only provide one telephone device to the consumer once every 4 years or if the disability changes. For someone with the unique “cookie cutter” hearing loss, we are not able to offer 2 different devices. It maybe that the individual requires an IPCTS device for those tones they do not hear (example mid tones in the inverse cookie cutter) and would need the IPCTS. They may opt to purchase the IPCTS device because the amplified phone which works for the high and low frequencies, is much more expensive than IPCTS which is free to $75.

As for cost to the program, to demonstrate multiple IPCTS devices, this would be more time consuming than a traditional telephone assessment. Again, a pilot may give better insight into how EDPs are managing day to day functions of their program and reducing waste, fraud, and abuse.

***Paragraph 127: We further seek comment on whether a share of the costs of providing these assessments, proportionate to the interstate minutes of use by each state’s residents, should be reimbursed to the states by the TRS Fund.***

It would be beneficial to provide some compensation for demonstration of the IPCTS equipment assessment. There are questions, however, to how this would work without more detail of if the compensation would be for every demonstration regardless of whether IPCTS was provided, only for individuals who receive IPCTS, or only on those demonstrations where IPCTS was considered but the consumer choose amplified telephone. Then one has to consider how this information is provided for reimbursement request. If the consumer chooses IPCTS via mobile devices where apps are necessary, if the demonstrator does a demo, it doesn’t seem likely a reimbursement would be provided as the apps go through TRS and can be downloaded at no cost to anyone who pushes the right buttons or ignores the IPCTS self-certification.

To properly assess individuals for equipment, it is important to train both the EDP and consumer. The EDP is then expected to complete paperwork and an application. These demonstrations often take one (1) hour or more. Occasionally, home visits are required to meet with the consumer as they are confined to a nursing home, have other health care needs, etc. These factors should be considered in establishing a reimbursement protocol.

***Paragraph 128: we seek comment on how to ensure independent screenings are conducted in nonparticipating states that do not have EDPs.[[2]](#footnote-2) For example, should the Commission enter into contracts with third parties, on a national, regional, or local basis, that have the necessary expertise to fill this gap?[[3]](#footnote-3) If so, what qualifications should such parties possess, in terms of administrative capabilities, professional staffing, and experience?***

The Commission should consider setting up a system similar to NDBEDP for states that may not have an EDP. States that have an EDP who administer equipment should automatically continue to provide services in their usual manner, per state legislative statutes or any new guidelines set forth by the Commission. The Commission should give preference to agencies such as Assistive Technology Programs, non-profit agencies (including Centers for Independent Living), agencies familiar with hearing loss and others that could potentially fill the need for equipment but that the company/agency be independent of relay or manufacturer where there is a potential for conflict of interest.

It is recommended that whoever administers the program should have a general knowledge in hearing loss, vision loss, and other disabilities that may affect the ability to make and receive basic phones call. They should also be aware of how relay works in the event that other forms of relay may be needed including but not limited to: TTY/RTT, VCO, IP Relay, VRS, and VCO VRS.

***Paragraph 130 – 133: Assessment by Third-Party Professionals***

Third Party Certifications have been in use for some time through providers of IPCTS. As has been noted in the Commission’s inquiry of the FNPRM, the historical data cites that there appears to be little happening in the way of curbing waste, fraud and abuse by the providers to the Third Party Certifiers, and if anything it appears to have increased the amount of waste, fraud, and abuse that is occurring.

Most Third Party certifiers, if asked, would not be able to articulate the required points that consumers are to be told concerning that calls go through Relay, that there is a cost for captions, that the individual necessitates the need for captions, and about the registration process which requires high speed internet to access the phone captioning.

We know not every person with hearing loss can benefit from amplified telephones. We also know that not everyone requires a captioned phone. We understand that there may be other disabilities that may impede the ability of the person who has hearing loss that may or may not necessitate the need for captioned phone. What we ask the Commission is for more clarification on what it views as necessary qualifiers for a captioned phone.

While MoAT does not disagree that the suggested Hearing Health Professionals (HHP) should be able to certify the disability of the hearing loss, we oppose that the HHP should be able to determine the actual equipment. HHPs are good for knowing hearing loss and factors related to hearing loss. However, the old adage applies that time is money. It is likely that a HHP is not going to sit down with a consumer for another hour or more to assess the consumer phone needs. They may not know or recognize hidden disabilities that impact a person’s ability to make/receive a telephone call. Demonstrations cut into their billable time. Nor are HHPs going to be providing support, set up, or training to individuals once equipment is received.

If a Third Party Certification form were to be completed, the HHP should be required to attach an audio evaluation or surgical report/statement of implantation or complete specific information on the Third Party Certification form that allows more information related to type of hearing loss, progression of hearing loss, diseases of the ear, damage to ear, implantation date if applicable, etc., so that the entity that is completing a demonstration is aware of the actual hearing loss, what the consumer is able to understand based on hearing, and any other factors that might contribute to the hearing loss. It would also be helpful to know if the individual has a t-coil in their hearing aid/CI/BAHA as many times individuals who can benefit from amplified telephones say they cannot hear on the phone because of poor placement to hearing aids or absent, malfunctioning, improper use of their t-coil which prevents the sound from transferring

MoAT supports the valuable service HHPs provide to their community and are often the first contact that consumers use to find resources to help them. While we agree that HHPs should allow neutrality in regards to equipment, many are still under the guise that they are only allowed to work with one provider for equipment and that all consumers with hearing loss need an amplified captioned phone.

In the proposal it states that an attestation may be necessary. MoAT opposes the use of an attestation. In most states Audiologist, Hearing Instrument Specialists, and Otolaryngologists are licensed in with their state requirements. These same HHPs are also required to follow a Code of Ethics. Therefore, Hearing Health Professionals should not have to make an attestation to the hearing loss of an individual for IPCTs. Individuals who work with a HHP will likely have on file supporting documents for hearing loss. MoAT supports that more education should be provided to HHPs on eligibility, how and where the consumer can obtain equipment via purchase or through EDPs or other entities housed within each state and let the EDP complete the equipment certification.

***Paragraph 134: We further propose that failure to provide such records may result in denial of compensation for minutes incurred by that user, and may be grounds for termination of a provider’s certification to provide IP CTS. Finally, we propose that IP CTS providers be prohibited from disclosing users’ certification information in a personally identifiable form, except upon request of the Commission or the TRS Fund administrator or as otherwise required by law.***

***Paragraph 135: We seek comment on this view and on the costs and benefits of adopting this proposal.***

Missouri and many other states order equipment electronically; it would easy enough to verify that a state ordered equipment by having the provider run a report. Random checks to state EDPs or approving entity could also be made to ensure these items did have documentation. Cost for running such a program would be minimal.

***Paragraph 140: Written Marketing Materials. We seek comment on whether such a requirement would ensure that marketing materials make clear that IP CTS may not be necessary for everyone and that to qualify for IP CTS use, consumers with hearing loss must be able to certify that captioning is needed to enable them to understand telephone conversations. We believe this step can reduce the likelihood that such materials will encourage the inappropriate use of IP CTS.[[4]](#footnote-4) For example, this would prohibit currently advertised statements suggesting that any amount of hearing loss causing any degree of difficulty will qualify consumers for IP CTS.[[5]](#footnote-5) We also seek comment on whether and to what extent this proposed rule change, which may require reprinting of previously produced marketing materials, would impose a significant cost or administrative burden on providers.***

MoAT opposes consumers self-certifying their need for captioned phones. Consumers often inflate their disability or neglect to relate other issues that could impact their ability to use IPCTS equipment including, but not limited to, other physical or sensory disabilities. While the consumer may be aware that they do have hearing loss, they are often led to believe that captioned phones are their only option due to substantial marketing techniques. Further, many individuals not only do not know of amplified telephones but, often require training on placement of phone to hearing aids/CI and how to use the t-coil of their device which may have been the difficulty hearing the phone to begin with.

If the HHP has documented the consumer has hearing loss; there is documentation of some sort on file with the EDP; the documentation meets either the Commission rules or EDP/approved agency requirements; a demonstration of equipment is required; the demonstration site has conducted an objective evaluation of equipment, and there is a confirmation in writing that the consumer understands that there is a relay operator on the call, that there is a cost for relay that is not billed to the consumer but is billed to the FCC, that the individual is unable to benefit from amplified telephone, then a written consumer attestation is not necessary because a checks in balances would have been in place. There would be no additional cost.

***Paragraph 142: Equipment Installer Notifications: To ensure that consumers are given full information about the nature and costs of IP CTS prior to allowing providers to install these devices in their homes, we propose that whenever there is a home installation of an IP CTS device by a provider’s employee, agent, or contractor, such installer must explain to the consumer,* prior to conducting such installation: (1) the manner in which IP CTS works,[[6]](#footnote-6) (2) the per-minute cost of providing captioning on each call (i.e., the applicable rate of provider compensation), and (3) that the cost of captioning is funded through a federal program.**

MoAT supports that installers should be required to explain (1) the manner in which IP CTS works, (2) the per-minute cost of providing captioning on each call (i.e., the applicable rate of provider compensation), and (3) that the cost of captioning is funded through a federal program. MoAT also supports an agreement signed and initialed by the consumer that specifically relates these details, with a copy for the consumer to keep and one for the agency/company that provided equipment. Consumers may feel more empowered to make decisions about their options if they have the facts.

***Paragraph 143:******Incentives to Caretakers and Service Providers for Seniors. We propose to amend our rules to expressly prohibit providers from offering or providing any form of direct or indirect incentives, financial or otherwise, to any person or entity for the purpose of encouraging referrals of potential users, registrations, or use of IP CTS. We seek comment on this proposal.***

As an EDP, we support the prohibition of direct or indirect incentives, financial or otherwise, to any person or entity for the purpose of encouraging referrals of potential users, registrations, or use of IP CTS.

***Paragraph 146:*** ***IP CTS Registration Renewal and Phone Reclamation - We seek comment on what rules are needed to prevent the unauthorized use of a registered user’s IP CTS device after the authorized user ceases to use the service.***

MoAT supports rules to prevent unauthorized use of registered user’s IPCTS. MoAT opposes that the verifications should take place biennially and instead recommends that the verification process take place annually to reduce further fraud and waste by consumers who are picking up such IPCTS equipment in thrift stores, garage sales, estate sales, etc., knowingly or unknowingly racking up thousands of dollars in captioning costs. There should be more education about how to return equipment once no longer needed or when the consumer has died. Because the minutes are live after registration, and because the consumer only has to register the device once, then it easily becomes an issue with anyone being able to use the device with no consequences. The equipment if unable to be verified as belonging to the specified consumer should then immediately be disconnected or restricted or have a software statement that refers the individual to an EDP or approved agency for assistance with obtaining specialized telephone equipment. The Commission would need to determine who should have to follow up with the consumer for this verification process, but seeing as the providers have access to the serial number of the IPCTS device, it is recommended that the provider supply such request and provide data to the Commission This is especially important as consumers often move from the state where equipment was provided to another state.

#### *Paragraph 147: We also seek comment on whether to require IP CTS providers to notify each individual who receives an IP CTS device, at the time of such receipt and initial registration, that the user has an obligation to ensure that the provider is notified if such user discontinues use of the captioning service. At present, we do not see the need to apply these new requirements to web and wireless IP CTS because we believe that the use of log-in credentials (which are necessary to access such services) will reduce the likelihood of unauthorized use of such services upon their discontinuation by consumers who have been registered to use them. We seek comment on this belief.*

MoAT supports the position that IP CTS providers to notify each individual who receives an IP CTS device, at the time of such receipt and initial registration, that the user has an obligation to ensure that the provider is notified if such user discontinues use of the captioning service. MoAT opposes that those who use IPCTS via the web or wireless should be exempt from this obligation. This is related as it is believed that by excluding this avenue, it would be easy to refer consumers from one type of IPCTS to a different type of IPCTS when again the individual may or may not need the service.

#### *Paragraph 148: We seek comment on this view and on the costs and benefits of adopting these proposals as a means of reducing waste and improving the efficiency of IP CTS. We also seek comment on the amount of time that would be needed to effect their implementation.*

#### MoAT support this position.

***Paragraph 151: We seek comment on this view and on the costs and benefits of adopting these proposals as a means of reducing waste and improving the efficiency of IP CTS. We also seek comment on the amount of time that would be needed to effect their implementation.***

MoAT supports the one button to easily turn on and off captions, even during the call, which for some devices appears not to be working once the call is answered.

***Paragraph 152: We also seek comment on additional steps we could take to help prevent waste, fraud, and abuse in the provision of IP CTS.  What other measures could we implement to better ensure that limited program dollars are used to support the use of IP CTS by eligible individuals with hearing loss?***

### It is noted most provisions are based around hardware IPCTS, however it needs to be considered that similar waste, fraud, and abuse occurs while using mobile apps and WebCapTel. In the past a charge of no less than $75 was created to help reduce the fraud, abuse, and waste on IPCTS but this only applied to actual hardware and the cost was $0 if a Third Party certification. Anyone who accesses the IPCTS apps or WebCapTel, receives the service without a cost and no required certification just a confirmation of hearing loss. There are no consequences to accessing services.

There should be little to no extra paperwork for states who are certifying the eligibility. A recommendation may be that IPCTS/CTS, have a very simple database that can be accessed to verify if a consumer has meet eligibility for IPCTS/CTS, creating less work should a consumer move to a different state. Database should only include, name first, last, and middle initial, date of birth, last 4 digits of social, state, and agency who approved.

We have individuals tell us they take their tablet or smartphone to church, where the church has Wi-Fi, have their friend call relay and the friend will leave their phone on the pulpit. The relay calls the consumer as required and for whatever reason, the call is not disconnected and the service is captioned via the app the consumer is using. When we explain that this is not allowed, they just tell us this is what works. We find ourselves having to explain other options for captioning which usually transpires to, well the church cannot afford the other types of technology but captioning is free and will often try it again. It is suggested that if not already in place, that the IPCTS customer assistant, upon becoming aware that the captioning is for something other than a call, that wording is prominently displayed on the screen of the user relating that this violates the terms for captioned calls and call is will be immediately disconnected.

***Paragraph 154: We seek comment on the extent to which alternative communication services and applications, which are not funded through the TRS program, can complement or reduce reliance on IP CTS. For example, to what extent can amplified telephones, high definition VoIP services (HD voice) over wired and wireless networks, video over broadband and cellular networks, noise-canceling techniques, audio personalization, and various forms of text-based communications—for example, realtime text (RTT), e-mail, short messaging services, instant messaging, and online chat sessions—meet the communications needs of people with hearing and speech disabilities? To the extent that these mainstream technologies enable functionally equivalent access to voice telephone services for some individuals, we believe they may reduce reliance on IP CTS and thereby help preserve the TRS Fund for others for whom IP CTS is essential for telephone communication. We seek comment on this belief, and whether there are registered IP CTS users who only use their IP CTS devices in certain situations, but rely on more direct alternatives, such as phone amplification, in other situations. We further seek comment on how we can collect data on the potential markets for these off-the-shelf technologies, as well as their usage by individuals who are current or potential users of IP CTS.***

While these varied and many forms of technology are available and amazing in helping individuals maintain distance communications, there are many limitations in which those with hearing loss may be at a disadvantage, primarily either due to expense, access, or time to receive the message. If these technologies can achieve functionally equivalent access, then yes, these should be considered assuming the consumer has the means to have such technology. However, not every consumer has the same hearing and in some instances, IPCTS is a resolve for some of these issues especially for those with Meniere’s disease, progressive hearing loss, “cookie bite effect” hearing loss, fluctuating hearing loss, etc.

It may be in the best interests of the FCC to create defined and specific requirements of eligibility for IPCTS/CTS equipment regarding the hearing loss, however leaving some room for state EDPs or approved certifiers and equipment providers the flexibility on eligibility. In this, let’s say an individual has provided 3 audiograms that that shows a progressive loss over the last 2 years. Last audio completed 6 months ago shows WRS is rt: 68% and lf: 62% while at 2 years ago WRS in rt: 85%, lf: 80%. This person may still be eligible for IPCTS because of the quick progression of the hearing loss.

Individuals may have a steep drop or climb in hearing loss. Example, consumer has a low frequency loss that is profound but improves to a moderate loss in high frequency. In communications on a daily basis, the consumer speaks mostly with males (deep voiced) who fall into the range of hearing the consumer cannot hear. Amplification will not likely improve this. Consumer may be appropriate for IPCTS but reminded that when speaking with persons who have higher frequency voice to turn off the captions. WRS scores may not reflect accurately on this person.

Another example we see frequently, the person has hearing loss that is classified as severe, Speech Reception Threshold at 70 dB, WRS scores at rt: 68% and lf: 70% but the most comfortable level of hearing is 110 dB. We may try both amplified and IPCTS phones with consumer but also ask questions about who they speak with regularly. This allows us better understanding of how the person communicates and can match equipment to that need.

**Conclusion**

Missouri Assistive Technology, Telecommunication Access Program appreciates the opportunity to comment and requests that the FCC consider the same in deliberating these matters.

Respectfully submitted,

David Baker- Director, Missouri Assistive Technology

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Stacy Brady- Program Coordinator,

Telecommunication Access Program

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2. [↑](#footnote-ref-2)
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