



FUNDING

Your PRC-Salttillo Funding Source

Read Me First – Georgia Medicaid

CERTIFICATION OF MEDICAL NECESSITY FOR SPEECH GENERATING DEVICES AND MOBILE DEVICES USED AS A SPEECH GENERATING DEVICE WITH AAC THERAPY APPLICATION OR SOFTWARE

- Fill out **everything** EXCEPT the Initial and Revised Dates at the top.
- The Model # is the name of the device being recommended (i.e. NovaChat 8 or Via Pro)
- The "Date of Face-to-Face Evaluation" must be within the last 10 months.
- The CMN must be dated within 90 days of submission to GA Medicaid.
- Stamps are not an acceptable form of signature. Must be physically or electronically signed.

IEP OR ATTESTATION LETTER

- For clients of school age (3 up through 21 years old), you must include a current IEP (dated within the last year) or, if they do not attend public school, the SLP can submit a signed & dated Attestation Letter stating that the client does not attend public school and therefore, does not have an IEP.

PEACHSTATE MCO ONLY

- Documentation of a 4-week trial is required in the AAC Evaluation Report; however, no prior auth for trial is required.

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