

Read Me First – NH Medicaid Requirements

- An **AAC Evaluation** written by a licensed speech-language pathologist (SLP) is required for submission. This evaluation should include the following:
 - A description of the client's diagnosis, prognosis, past treatment history, ability to use a speech generating device and physical ability to access the device.
 - $_{\odot}\,$ A list of 3-5 SGD's that have been considered and the reasons that they have been ruled out.
 - This comparison can include low and high-tech devices (i.e. communication boards, PECS Books, E2506, E2508, and E2510)
 - Must include physical signature or electronic signature (to include date and time stamp) of the speech-language pathologist (SLP).
 - Must be dated within 6 months of submission to Medicaid.
- A physician's prescription or certificate of medical necessity (CMN) is required. The prescription Must be dated within 6 months of submission to Medicaid and cannot be signed before the date of the evaluation.
- Office visit notes are required from the office visit with the prescribing physician documenting the need for a speech generating device
- Traditional NH Medicaid requires additional documentation (excludes MCO plans, such as NH Healthy Families and WellSense):
 - Funding Information Form
 - Trial Summary Form
 - Safeguarding Plan

Phone: 800.268.5224