



FUNDING

Your PRC-Salttillo Funding Source

Read Me First – Kentucky Medicaid

Certificate of Medical Necessity (MAP-1000)

- This form is required for clients with Kentucky Medicaid and must be completed by the Physician.
- The date field right underneath section A must be completed and match the date signed at the bottom of the form.
- Date last seen by the prescribing physician on form must be within 60 days of prescription date.
- For repairs, list the specific device to be repaired. Please note, CMN must be signed by a MD or DO.

Speech Language AAC Evaluation

- A 4-week trial of the equipment being recommended is required prior to purchase. The evaluation report must list the specific date range (e.g., XX/XXX to XX/XXX) of the trial period.
- An OT/PT report is not required however it is recommended by Medicaid when additional equipment is requested such as a wheelchair mount or an eye gaze system.

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