

Read Me First – Maine Medicaid Requirements for Prior Auth

1. The augmentative communication and speech evaluation will be reviewed by Medicaid to ensure that it meets their requirements for approval. Please include the following information in the evaluation. (It is recommended that the evaluation be written in Medicare format).

• 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.

• A list of 3-5 SGD's that have been considered and the reasons that they have been ruled out. Be sure to include the manufacturer's pricing of these devices in your comparison.

• This comparison can include low and high-tech devices (i.e. communication boards, PECS Books, E2506, E2508, and E2510)

 \circ $\,$ Must rule out alternative methods of communication, i.e. writing and sign language

• Must rule out a device through Lincare to address the requirement of the SGD provider having an in-state storefront.

• Must include physical signature or electronic signature (to include date and time stamp) of the speech-language pathologist (SLP).

2. **A 4 Week Trial Period** with the recommended device is required and should be documented within the report. (This trial period should be documented within its own section.)

3. A Comprehensive Plan of Care and training plan including:

- The name & qualifications of the person responsible for programming the device.
- Estimated length of time for the programming to be completed (when will the device be
- fully operational for the client).
- The type of training that will be provided.
- The anticipated length of training.

• Must include physical signature or electronic signature (to include date and time stamp) of the SLP.

4. A physician's prescription and LMN (letter of medical necessity) is required. The prescription and LMN should not be combined. Medicaid prefers a RX listing the recommended equipment and a separate LMN indicating the physician's agreement of the recommendations. The physician's prescription needs to indicate a date last seen by the physician that is dated within 6 months of our submission to MaineCare.

5. **InterQual Criteria Sheet (**Speech generating device, synthesized speech): The InterQual Criteria sheet for AAC device must be signed and dated by the referring physician and the SLP. The SLP can complete the necessary sections for each client and forward to the physician for signature.

*No Longer Required: OT/PT Assessment, Sensory Assessment (Audiologist), Intellectual Assessment (Psychologist), Vision Assessment (Ophthalmologist), Letter of Assurance from School)

PRC-Saltillo 1022 Heyl Road Wooster, OH 44691 Phone: 800.268.5224 Fax: 330.202.5840 Email: funding@prc-saltillo.com