

## 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:
  - o 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.
    - o 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).
  - o 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.
- Traditional NH Medicaid requires additional documentation (excludes MCO plans, such as NH Healthy Families and WellSense):
  - AAC Aids Funding Information
  - o Equipment Safeguarding Plan
  - o <u>Trial Summary Form</u>

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