

AL Medicaid Tips and Tricks: A guide to meeting AL Medicaid's criteria requirements

Alabama Medicaid Agency Referral Form

- An EPSDT is required for clients under the age of 21. This requirement can be met with a separate screening or by the appropriate box being selected on the Form 362.
- This form must be completed for all clients with Alabama Medicaid for rental, purchase or repair request.
- Requires the signature of the same treating physician who signs and dates the prescription for the device.
- Stamped or copied signatures will not be accepted.
- Indicate Medicaid number of treating provider if possible.
- Consultant's Information is Tobii Dynavox.

Augmentative Communication Evaluation Team Qualifications

- If other team members contribute their opinions for the ACD evaluation report then their qualifications are required on this form.)

Communication Prosthesis Payment Review Summary

This form must be signed by the Speech Language Pathologist and the treating physician for the patient.

The facility information where the patient is treated by the Speech Language Pathologist must be included.

Manufacturer is Tobi Dynavox and listed under Device Information.

Prescription from Physician

- Include the Physician's National Provider Identification (NPI) number and the Medicaid number.
- The prescription must be dated within 90 days of the date that the request is submitted to Tobii Dynavox.
- The prescription must be signed by the treating physician. Signatures must either be handwritten or through a viable electronic source. Typed Signatures are not accepted.
- Each device/accessory must be listed separately on the prescription form. For example, Tobii Dynavox E2510 I-13 device cannot be listed on the same line as E2599 Eye Gaze Accessory.

Face to Face Notes

- Face to face notes/ chart notes for the patient dated within the last six months must be dated and signed by the treating physician.

Speech Language Pathologist (SLP) CEU's

- The treating SLP completing the evaluation for the patient must include their Certificate(s). Must list courses/workshops attended by treating SLP within the last year

A separate Statement of Non-Affiliation form

- This form is only necessary for the SLP and other team members to complete if a non-conflict statement has not been included on the AAC evaluation for the patient.