



## **Read Me First – Arkansas Medicaid**

### **Prescription and Prior Authorization Request**

- Please complete the physician's information in Section A of this form and the description of items that are requested. Section B of this form must be completed and signed by the Physician. Signatures from a nurse practitioner or a PA is not acceptable.

### **Speech Language AAC Evaluation**

- The AAC Evaluation must be completed by a licensed Speech Language Pathologist (SLP) with their CCC credentials.
- A licensed Occupational Therapist (OT) must be present during the AAC evaluation and sign the evaluation or provide a separate report which includes a statement that the OT was present during the AAC evaluation.
- A licensed Physical Therapist (PT) may be added to the team if there is a need for assistance related to positioning and seating for use of the speech generating device.
- Must indicate that 3 devices were trialed.

### **Current Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Form**

- Required if the recipient is under the age of 21.
- This form or printed office visit notes can be obtained from the physician. The Physician must write "Augmentative Communication Device needed" on the form or office visit notes.
- The form must be dated within 12 months of submission to the provider