# tobiidynavox

## Read Me First – Rhode Island Medicaid

#### **RI Request for Prior Authorization**

• This form is required for children who are Medicaid recipients and must be signed by the physician, parent or guardian, school therapist and the ordering/recommending clinician (SLP, OT, PT).

### **Current Individual Education Plan (IEP)**

• When requesting a device for children in school, a current IEP must be included.

### **Psychologist Report**

• Submit a written report signed by a licensed psychologist.

### **Physician Requirement**

- Medicaid requires that the client have a face-to-face examination with their physician no more than 6 months prior to the written order for the speech generating device (SGD).
- The Physician must document that the client was evaluated and/or treated for a condition that supports the SGD. This documentation (chart notes or office visit notes) must be provided along with the written order for the SGD.