



## FUNDING

Your PRC-Salttillo Funding Source

### **Read Me First – Texas Medicaid and MCO's**

#### **Title XIX DME/Medical Supplier Physician Order Form**

This form must be completed for clients with Texas Medicaid and all Medicaid Managed Care Organizations (MCO) except for Children with Special Health Care Needs (CSHCN). The following must be completed on the form:

- Last office visit date must be within 90 days for the state Medicaid plan. If an MCO, the most recent office visit must be within the last 6 months.
- Physician's NPI and license number must be listed.
- Physician's signature needs to be dated within 90 days

#### **Prescription from Physician and/or Certificate of Medical Necessity:**

- Must be signed by the Medical Doctor and list the specific Speech Generating Device (SGD) and accessories being prescribed. This must match what is listed in the evaluation and on the Title XIX.
- Must be signed by the same Medical Doctor that signs the Title XIX.

#### **Evaluation Requirements:**

- Document the comparison of three (3) Speech Generating Devices (SGD).
- A three (3) month trial is required of the recommended SGD prior to purchase. If a client is eligible for Superior Health Plan, a 4 -week trial is required and must be documented in the evaluation report with the dates (Example:01/01/2023 – 02/01/2023).
- A training plan for the recommended SGD in the AAC Evaluation.

#### **Wheelchair Mount:**

- If a wheelchair mount is requested, include the make, model, and original purchase date of the wheelchair in the AAC Evaluation. \*If you need assistance, please reach out to [mounting@prc-salttillo.com](mailto:mounting@prc-salttillo.com) OR reach out to your local consultant.
- If you are requesting both a wheelchair mount and Floor Stand/ Table Stand. This will need to be listed as an All-Purpose Mount on the above documents.

#### **Children with Special Health Care Needs (MCO):**

- Must complete CSHCN Services Program Prior Authorization Request for Augmentative Communication Devices (ACDs) Form F00052 for clients with this insurance. The Title XIX forms are not needed for this MCO.

#### **Superior Health Plan**

- SMART goals are required within the AAC evaluation.
- The prescribing physician will need to co-sign and date the AAC evaluation. This must be the same physician that signed the CMN and Title XIX

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### **Alternate Funding Sources:**

The [Specialized Telecommunications Assistance Program \(STAP\)](#) is a voucher program that provides financial assistance to Texans with disabilities that interfere with access to the telephone networks for the purchase of specialized assistive equipment or services. The type of devices available under the STAP program are listed on their website at [Vouchers and Values](#). The [STAP Application](#) is available on their website. Please check with your PRC - Saltillo consultant for specific communication devices that qualify for this program.

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