



Read Me First – Kentucky Medicaid

Certificate of Medical Necessity (MAP-1000)

- This form is required for clients with Kentucky Medicaid and must be completed by the Physician.
- The date field right underneath section A must be completed and match the date signed at the bottom of the form.
- Date last seen on form must be within 60 days of prescription date.
- For repairs, list the specific device to be repaired. Please note, must be signed by a MD or DO.

Speech Language AAC Evaluation

- A 4 to 6-week Trial is required prior to purchase and must be documented in the evaluation.
- An OT/PT report must be included with the Speech Language AAC Evaluation.

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***A partnership between PRC and Saltillo to process funding requests for
Medicaid, Medicare and Private Insurance***