

**Request for Consideration of Inclusion of New Tests
in Occupational, Physical, Speech Therapy Medicaid Manual**

The following information must be completed and submitted to the Therapy Workgroup for review and consideration. Please submit the completed form and any supporting documentation to:

Department of Human Services: Medicaid
Attention: Cheryl Freeman
P.O. Box 1437 - Slot 413
Little Rock, Arkansas 72203-1437

Title of Test: _____
Acronym of Test, if applicable: _____
Publisher of Test: _____
Version of Test: _____
Year of Test: _____

Purpose/Objective of Test: _____

Disability Coverage of Test: _____

Age Range Coverage of Test: _____

If the test is included in the Mental Measurement Yearbook (MMY), please complete the following:

Reliability/Validity Factor: _____
Publication Year of MMY: _____

If the test is not included in the Mental Measurement Yearbook (MMY), then provide reliability/validity information from unbiased references which may include College/University research documents, Therapy Association magazines/journals, Medical/Psychological professional journals, etc.

Additional narrative:

Request for Consideration Submitted By:

Name: _____
Address: _____
Phone: _____
E-mail: _____
Discipline: _____