



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care	Collapse All <input type="checkbox"/>															
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Benefit Provided: Medicaid State Plan EPSDT Benefits</td> <td style="width: 50%; border: none;">Source: <input type="text" value="State Plan 1905(a)"/></td> <td style="width: 10%; border: none; text-align: center;"><input type="button" value="Remove"/></td> </tr> <tr> <td style="border: none;">Authorization: <input type="text" value="Other"/></td> <td style="border: none;">Provider Qualifications: <input type="text" value="Medicaid State Plan"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit: <input type="text" value="None"/></td> <td style="border: none;">Duration Limit: <input type="text" value="None"/></td> <td style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: none;">Scope Limit: <input type="text" value="None"/></td> </tr> <tr> <td colspan="3" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="All federally required services in accordance CFR and Statute."/></td> </tr> </table>		Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>		Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>		Scope Limit: <input type="text" value="None"/>			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="All federally required services in accordance CFR and Statute."/>		
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>															
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>															
Scope Limit: <input type="text" value="None"/>																
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="All federally required services in accordance CFR and Statute."/>																
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Benefit Provided: Medicaid State Plan EPSDT Benefits</td> <td style="width: 50%; border: none;">Source: <input type="text" value="State Plan 1905(a)"/></td> <td style="width: 10%; border: none; text-align: center;"><input type="button" value="Remove"/></td> </tr> <tr> <td style="border: none;">Authorization: <input type="text" value="None"/></td> <td style="border: none;">Provider Qualifications: <input type="text" value="Medicaid State Plan"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit: <input type="text" value="None"/></td> <td style="border: none;">Duration Limit: <input type="text" value="None"/></td> <td style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: none;">Scope Limit: <input type="text" value="None"/></td> </tr> <tr> <td colspan="3" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Nursing facility under 21. Rehabilitation Center services provided in nursing facilities located outside of Vermont for the severely disabled such as head injured or ventilator dependent people require authorization prior to admission from the Medicaid Director or a designee. Coverage of this care is limited to one year"/></td> </tr> </table>		Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>		Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>		Scope Limit: <input type="text" value="None"/>			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Nursing facility under 21. Rehabilitation Center services provided in nursing facilities located outside of Vermont for the severely disabled such as head injured or ventilator dependent people require authorization prior to admission from the Medicaid Director or a designee. Coverage of this care is limited to one year"/>		
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>														
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>															
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>															
Scope Limit: <input type="text" value="None"/>																
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Nursing facility under 21. Rehabilitation Center services provided in nursing facilities located outside of Vermont for the severely disabled such as head injured or ventilator dependent people require authorization prior to admission from the Medicaid Director or a designee. Coverage of this care is limited to one year"/>																
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Benefit Provided: <u>Medicaid State Plan EPSDT Benefits</u></td> <td style="width: 50%; border: none;">Source: <input type="text" value="State Plan 1905(a)"/></td> <td style="width: 10%; border: none;"></td> </tr> <tr> <td style="border: none;">Authorization: <input type="text" value="Prior Authorization"/></td> <td style="border: none;">Provider Qualifications: <input type="text" value="Medicaid State Plan"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit: <input type="text" value="None"/></td> <td style="border: none;">Duration Limit: <input type="text" value="None"/></td> <td style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: none;">Scope Limit: <input type="text" value="None"/></td> </tr> </table>		Benefit Provided: <u>Medicaid State Plan EPSDT Benefits</u>	Source: <input type="text" value="State Plan 1905(a)"/>		Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>		Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>		Scope Limit: <input type="text" value="None"/>					
Benefit Provided: <u>Medicaid State Plan EPSDT Benefits</u>	Source: <input type="text" value="State Plan 1905(a)"/>															
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>															
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>															
Scope Limit: <input type="text" value="None"/>																



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Licensed Behavior Analyst Services. Services are limited to those specified in protocols for licensure and reviewed and accepted by the State of Vermont, Director of the Office of Professional Regulation, and are services covered by Medicaid. Licensed Behavior Analysts will oversee the supervision of Board Certified Assistant Behavior Analysts and Behavior Technicians, and shall assume professional responsibility for the services rendered by an unlicensed provider under their supervision. All services must be medically necessary, prior authorized by the Medicaid program, and delivered in accordance with the recipient's treatment plan.

Remove

Add

Draft