



Alternative Benefit Plan

Scope Limit: <input style="width: 90%;" type="text" value="None"/> <input style="float: right;" type="button" value="Remove"/>	
Other: <input style="width: 90%;" type="text" value="No authorization requirement."/>	
Other 1937 Benefit Provided: <input style="width: 90%;" type="text" value="Community Mental Health Center Services"/>	Source: <input style="width: 90%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> <input style="float: right;" type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>
Scope Limit: <input style="width: 90%;" type="text" value="None"/>	
Other: <input style="width: 90%;" type="text" value="No authorization requirement."/>	
<input and="" diagnostic,="" other="" preventive="" rehabilitative="" screening,="" services.\""="" style="width: 90%;" type="text" value="Diagnosis and evaluation; emergency care; psychotherapy; chemotherapy; group therapy; specialized rehabilitation services provided by Mental Health Designated Providers authorized by DMH and required by state law. The benefit category in Vermont's State plan is \"/>	
Other 1937 Benefit Provided: <input style="width: 90%;" type="text" value="Assertive Community Care Services (PNMI)"/>	Source: <input style="width: 90%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> <input style="float: right;" type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>
Scope Limit: <input style="width: 90%;" type="text" value="Persons with functional impairments and/or cognitive disabilities."/>	
Other: <input style="width: 90%;" type="text" value="No authorization requirement."/>	
Other 1937 Benefit Provided: <input style="width: 90%;" type="text" value="Day Health Rehabilitation - Center based"/>	Source: <input style="width: 90%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>



Alternative Benefit Plan

<p>Authorization: <input type="text" value="Prior Authorization"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Excludes residents of nursing home or enhanced residential care facilities."/></p> <p>Other: <input type="text"/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p> <p>Should not exceed seven days per week, 12 hours per day.</p>
<p>Other 1937 Benefit Provided: <input type="text" value="Targeted Case Management (3 targeted groups)"/></p> <p>Authorization: <input type="text"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="No authorization requirement."/> <input type="text" value="Three target groups for persons over 18 years old: (1) Persons with developmental disabilities who are unable to access needed medical, social, educational and other services because of adaptive deficits due to their level of disability, or who lack the active assistance of a family member or other interested person to assist them in accessing needed services; (2) Families whose children are abused or neglected or suspected of being at imminent risk thereof and Families of children receiving post adoption assistance; (3) Pregnant and postpartum women and infants through twelve months of age enrolled in the Vermont Department for Children and Families, Healthy Babies, Kids, and Families Program."/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
<p>Other 1937 Benefit Provided: <input type="text" value="Respiratory Care Services"/></p> <p>Authorization: <input type="text"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>