



Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/> <input type="button" value="Remove"/>	
Other: <input type="text" value="Contact Lens prior authorization; Aids to vision approved when legally blind and will improve at least one ADL or IADL."/>	
Other 1937 Benefit Provided: <input type="text" value="Inpatient Psych. Services for Individuals Under 22"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> <input type="button" value="Remove"/>
Authorization: <input type="text"/>	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: <input type="text" value="No authorization requirement."/>	
Other 1937 Benefit Provided: <input type="text" value="Licensed Dental Hygienist Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> <input type="button" value="Remove"/>
Authorization: <input type="text"/>	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: <input type="text" value="Services provided by licensed dental hygienists are covered when those services are provided by a dental hygienist who is in a collaborative agreement with a dentist license in Vermont. Cover 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."/>	
Other 1937 Benefit Provided: <input type="text" value="Health Home Services for Opioid Dependence"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization: <input type="text"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>



Alternative Benefit Plan

Amount Limit:	Duration Limit:	Remove
<u>None</u>	<u>None</u>	
Scope Limit:	Add	
<u>Health Homes provide coordinated, systemic, whole-person care to Medicaid beneficiaries who receive medication assisted therapy (MAT) for opioid dependence.</u>		
Other:		
<u>Duplication – Health Home services for opioid dependence was amended in order to ensure identical benefits for all beneficiaries in the Medicaid program. No authorization required.</u>		

DRAFT