



# Alternative Benefit Plan

Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment Collapse All

<b>Benefit Provided:</b>	<b>Source:</b>	
Clinic Services - Mental Health Clinic	State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
None	Medicaid State Plan	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
None	None	
<b>Scope Limit:</b>		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Includes group therapy, individual psychotherapy, day hospital, diagnosis and evaluation, emergency care, and chemotherapy.		

<b>Benefit Provided:</b>	<b>Source:</b>	
OLP: Behavioral Health	State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
None	Medicaid State Plan	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
None	None	
<b>Scope Limit:</b>		
Not covered if resident of inpatient hospital or mental health hospital, or concurrently receiving mental health clinic services.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Vermont has five designated hospitals that provided psychiatric services in the general hospital setting with wings of 8 beds or less and are not Institutions for Mental Disease (IMD).		

<b>Benefit Provided:</b>	<b>Source:</b>	
Rehab: Substance Abuse Services Residential Treat	State Plan 1905(a)	
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
<del>None</del> Concurrent review	Medicaid State Plan	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
None	None	



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Scope Limit:			
<input type="text" value="None"/>		<input type="button" value="Remove"/>	
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="Not Institutions for Mental Disease (IMD)."/>			
Benefit Provided:		Source:	
<input type="text" value="Rehab: Substance Abuse Residential Detoxification"/>		<input type="text" value="State Plan 1905(a)"/>	
		<input type="button" value="Remove"/>	
Authorization:		Provider Qualifications:	
<input type="text" value="Authorization required in excess of limitation&lt;br/&gt;Concurrent review"/>		<input type="text" value="Medicaid State Plan"/>	
Amount Limit:		Duration Limit:	
<input type="text" value="7 days per acute episode"/>		<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="Not Institutions for Mental Disease (IMD)."/>			
Benefit Provided:		Source:	
<input type="text" value="Rehab: Substance Abuse Residential Post Detox Serv"/>		<input type="text" value="State Plan 1905(a)"/>	
		<input type="button" value="Remove"/>	
Authorization:		Provider Qualifications:	
<input type="text" value="Authorization required in excess of limitation&lt;br/&gt;Concurrent review"/>		<input type="text" value="Medicaid State Plan"/>	
Amount Limit:		Duration Limit:	
<input type="text" value="30 days per year"/>		<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="Not Institutions for Mental Disease (IMD)."/>			
Benefit Provided:		Source:	
<input type="text" value="Rehab: Substance Abuse Resid. Extended Post Detox"/>		<input type="text" value="State Plan 1905(a)"/>	
Authorization:		Provider Qualifications:	
<input type="text" value="Prior Authorization Concurrent review"/>		<input type="text" value="Medicaid State Plan"/>	