

State: VERMONT

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

7. Home health services.

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided:       No limitations       With limitations\*  
 Not provided.

8. Private duty nursing services.

Provided:       No limitations       With limitations\*  
 Not provided.

\*Description provided on attachment.

TN No. 08-005  
Supersedes  
TN No. 91-12

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