

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. 91-12
Supersedes
TN No. 85-14

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ITEM 6. MEDICAL CARE AND ANY OTHER OF REMEDIAL CARE RECOGNIZED UNDER STATE LAW, FURNISHED BY LICENSED PRACTITIONERS WITHIN THE SCOPE OF THEIR PRACTICE AS DEFINED BY STATE LAW (continued)

D. Other Practitioners' Services

1. Behavioral Health Services:

The services of a licensed psychologist, licensed clinical social worker, licensed mental health counselor or licensed marriage and family therapist practicing independently are covered for psychotherapy.

No reimbursement for this state plan service is allowed if the beneficiary is an inpatient or outpatient of a general hospital, resident in a mental hospital or a patient concurrently receiving services at a community mental health clinic. Beneficiaries eligible for services through the Community Rehabilitation and Treatment Services under 1115 Waiver are ineligible for these state plan services.

2. Opticians' Services:

Vision care services are limited to the coverage of eyeglass-dispensing services.

3. Nurse Practitioner Services:

Services are limited to those covered in the State Plan and as contained in protocols reviewed and accepted by the Vermont State Board of Nursing and the Vermont Board of Medical Practice.

4. High-Tech Nursing Services:

High-tech nursing services are nursing services furnished by licensed registered nurses and licensed practical nurses and are limited to technology-dependent beneficiaries who are receiving care through the Medicaid "High-Tech Program". All services must be prior authorized by the Medicaid Division.

5. Licensed Lay Midwife 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.

ITEM 9. CLINIC SERVICES

- a) Services of medical care clinics, physician group practices or Indian health services are limited in accordance with the limits to Physicians' Services set forth in this plan.
- b) Mental Health clinic services are those services provided by mental health clinics which are facilities, not a part of a hospital, established for the purpose of providing mental health care and services to outpatients. Beneficiaries receiving Community Rehabilitation and Treatment (CRT) services under the 1115 waiver are ineligible for these State Plan services. A mental health clinic eligible for participation under the Plan must meet all of the following conditions:
 - (1) Be an incorporated, non-profit clinic governed by an elected board of directors, who reside in the catchment area of the facility;
 - (2) Have an organized, multi-disciplinary professional staff;
 - (3) Be a clinic which renders services without regard to the patient's ability to pay; and
 - (4) Be a clinic which conforms to the standards for mental health clinics published by the Commissioner of the Department of Developmental and Mental Health Services.

Services eligible for reimbursement under the Plan shall be provided according to an individualized patient treatment plan which shall be prescribed by a physician or formulated with physician participation. The treatment plan or the process of treatment shall be regularly reviewed by the physician. Services shall be provided by the physician or by a qualified mental health professional on the staff of the clinic or other participating home and community based providers considered by the prescribing physician to be a competent therapist or practitioner.

- c. Comprehensive service clinics operated by the Vermont Department of Health may provide all the services of medical care clinics, physician group practices, physical therapy and related services, and any other outpatient service covered in the state plan. All services provided are limited in amount, duration and scope, and qualified provider as set forth in this plan.

All patients of the comprehensive service clinics shall have an individualized patient treatment plan prescribed by a physician or formulated with physician participation. The treatment plan or the process of treatment shall be regularly reviewed by the physician. Clinic services shall be provided by a physician or by another qualified provider. All health care providers used by the clinic that are not enrolled in the Medicaid program must be credentialed by the Vermont Department of Health.

ITEM 11. PHYSICAL THERAPY AND RELATED SERVICES

A, B, & C Physical therapy, occupational therapy and services for individuals with speech, hearing, and language disorders are limited as follows:

- 1) to those provided in the outpatient department of a hospital, nursing facility*or Medicare certified rehabilitation agency; and by staff therapists of a home health agency or comprehensive outpatient rehabilitation facility;
- 2) to four month duration from start of outpatient therapy unless prior authorization is granted for an extended time period;
- 3) no coverage beyond one year unless the service may not be reasonably provided by the patient's support person(s) and the patient undergoes another acute care episode or injury, experiences increased loss of function, or deterioration of the patient's condition requiring therapy is imminent and predictable.
- 4) Services provided by independently practicing speech language therapists are not covered.
- 5) Analog hearing aids are covered for beneficiaries, when medically necessary. Digital hearing aids are covered with prior authorization for beneficiaries under age 21 when they are determined to be medically necessary pursuant to §1905(r) of the Social Security Act. Unless authorized via the procedure for requesting Medicaid coverage of a service or item (M108) found at Attachment 3.1-A Page 60, digital hearing aids are not available for beneficiaries age 21 and older.

* PT, OT, and ST for an inpatient of the facility are covered in the nursing facility per diem.