

State: VERMONT

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

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

b. Optometrists' services.

Provided:  No limitations  With limitations\*  
 Not provided.

c. Chiropractors' services.

Provided:  No limitations  With limitations\*  
 Not provided.

d. Other practitioners' services.

Provided: Identified on attached sheet with description of limitations, if any.  
 Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided:  No limitations  With limitations\*

b. Home health aide services provided by a home health agency.

Provided:  No limitations  With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

TN No. 08-007  
Supersedes  
TN No. 02-021

Approval Date: 06/08/09

Effective Date: 10/12/08

HCFA ID: 7985E

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)

C. Chiropractic Services

Chiropractic services are limited to that manual manipulation of the spine for the correction of a subluxation up to ten treatments in a calendar year. Treatments beyond ten per year may be granted with prior authorization.

Treatments for children under 12 years of age require prior authorization.