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 or nursing facility*; and by staff therapists of a home health agency or comprehensive outpatient rehabilitation facility;

2) to 4 month duration from start of outpatient therapy unless prior authorization is granted for an extended time period;

3) to no coverage beyond 1 year unless there is another episode of acute illness or functional loss is demonstrably greater.

4) Services provided by independently practicing therapists are not covered.

5) Hearing aids are not covered for recipients age 21 or older and are only covered for recipients under age 21 when they are determined to be medically necessary pursuant to §1905 (r) of the Social Security Act.

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

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

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.
[X] Provided: [ ] No limitations [ ] With limitations*
[ ] Not provided.

b. Dentures.
[X] Provided. [ ] No limitations [X] With limitations*
[ ] Not provided.

c. Prosthetic devices.
[X] Provided [ ] No limitations [X] With limitations*
[ ] Not provided.

d. Eyeglasses.
[X] Provided. [ ] No limitations [X] With limitations*
[ ] Not provided.

13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than provided elsewhere in the plan.
[X] Provided. [ ] No limitations [X] With limitations*
[ ] Not provided.

*Description provided on attachment.

ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES, AND EYEGLASSES PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN OPTOMETRIST

b. Dentures

Provided with limitations, EPSDT only.

c. Prosthetic Devices

Prosthetic devices are covered only by prior authorization except for breast prostheses, trusses and prosthetic socks which require only the physician's order.

Hearing aids are not covered for recipients age 21 or older and are only covered for recipients under age 21 when they are determined to be medically necessary pursuant to §1905 (r) of the Social Security Act.

d. Eyeglasses

Eyeglasses are limited per recipient to:

- One pair of eyeglasses every two years.
- Repairs and replacements when necessary.
- Contact lenses by prior authorization except for patients with a diagnosis of aphakia.
- Photosensitive materials incorporated in or applied to lenses after cataract surgery or when prior authorized.
- Exceptions due to proven medical necessity.

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

b. Screening services.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

c. Preventive services.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

d. Rehabilitation services.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

14. Services for individual are 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

[X] Provided: [X] No limitations [ ] With limitations*

[ ] Not provided.

b. Skilled nursing facility services.

[ ] Provided: [ ] No limitations [ ] With limitations*

[X] Not provided.

c. Intermediate care facility services.

[X] Provided: [X] No limitations [ ] With limitations*

[ ] Not provided.

*Description provided on attachment.

ITEM 13. Other diagnostic, screening preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.

2. Substance Abuse Services

Covered substance abuse services include detoxification and rehabilitation services provided in a residential treatment facility approved by the Vermont Office of Alcohol and Drug Abuse Programs. These services may be provided by a physician, psychologist or by a substance abuse counselor certified by the Vermont Office of Alcohol and Drug Abuse Programs.

Professional services provided to residents of approved treatment centers who are in need of detoxification is limited to seven days of service per acute episode.

Professional services provided to residents in need of post-detoxification services is limited to thirty days of service per calendar year.

Professional services provided to non-residents is limited to ninety hours of counseling per episode.

3. Community Mental Health Center Services

Covered services include rehabilitation services provided by qualified professional staff in a community mental health center designated by the Department of Developmental and Mental Health Services. These services may be provided by physicians, psychologists, MSWs, psychiatric nurses, and qualified mental health professionals carrying out a plan of care approved by a licensed physician or licensed psychologist. Services may be provided in any setting; however, services will not be duplicated.

Beneficiaries receiving Community Rehabilitation and Treatment (CRT) services under the 1115 waiver are ineligible for this State Plan service.

OFFICIAL

ITEM 13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.

A. Day Services

Services are composed of a variety of treatment modalities designed to promote the medical, emotional, or psychological change needed to alleviate the effects of mental disorders. In addition, services may have the goal of preventing deterioration of the client's emotional or physical functioning.

B. Diagnosis and Evaluation

A service related to identifying the extent of a patient's (client's) condition. It may take the form of a psychiatric and/or psychological and/or developmental and/or social assessment, including the administration and interpretation of psychometric tests. It may include: an evaluation of the client's attitudes, behavior, emotional state, personality characteristics, motivation, intellectual functioning, memory and orientation; an evaluation of the client's social situation relating to family background, family interaction and current living situation; an evaluation of the client's social performance, community living skills, self-care skills and prevocational skills;and/or an evaluation of strategies, goals and objectives included in the development of a treatment plan, program plan of care consistent with the assessment findings as a whole.

OFFICIAL

NOV 21 94

ITEM 13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.

F. Group Therapy

A method of treatment of mental disorders, using the interaction between a therapist and two or more patients to promote emotional or psychological change to alleviate mental disorders. Group therapy may, in addition, focus on the patient's adaptational skills involving social interaction and emotional reactions to reality situations.

G. Specialized Rehabilitative Services

♦ Basic Living Skills

Restoration of those basic skills necessary to independently function in the community, including food planning and preparation, maintenance of living environment, community awareness and mobility skills.

♦ Social Skills

Redevelopment of those skills necessary to enable and maintain independent living in the community, including communication and socialization skills and techniques.

♦ Counseling

Counseling services directed toward the elimination of psychosocial barriers that impede the development or modification of skills necessary for independent functioning in the community.

OFFICIAL

ITEM 13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.

- Collateral Contact

Meeting, counseling, training or consultation to family, legal guardian, or significant others to ensure effective treatment of the recipient. These services are only provided to, or directed exclusively toward, the treatment of the Medicaid eligible person.

OFFICIAL

ITEM 13 Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in the plan.

4. Private Non Medical Institutions

A. Child Care Services

Covered services are child care services provided by qualified staff to recipients who are in residential child care facilities. These services are psychiatric/psychological services, counseling services, nursing services, physical, occupational, and speech therapy services, and care coordination services.

A residential child care facility is defined as a facility that is maintained and operated for the provision of child care services, as defined in 33VSA 306, and is licensed by the Department of Social and Rehabilitation Services under the "Licensing Regulations for Residential Child Care Facilities".

Services may be provided by physicians, psychologists, R.N.s, L.P.N.s, speech therapists, occupational therapists, physical therapists, licensed substance abuse counselors, Masters degree social workers, and other qualified residential child care facility staff carrying out a plan of care. Such plans of care, or initial assessments of the need for services, must be prescribed by a physician, psychologist, or other licensed practitioner of the healing arts, within the scope of his/her practice under State Law. Covered services also include administrative costs related to the provision of direct services covered by the Medicaid Program.

B. Assistive Community Care Services

Assistive Community Care Services are provided to adults with functional impairments or cognitive disabilities. Services are provided in licensed level III facilities.[1] Services provided to beneficiaries are case management, assistance with the performance of activities of daily living, medication assistance monitoring and administration, 24-hour on-site assistive therapy, restorative nursing, nursing, assessment, health monitoring, and routine nursing tasks. Any services that constitute the practice of nursing under the Vermont Nurse Practice Act will be provided by a licensed registered nurse or will be delegated by a licensed registered nurse in accordance with the procedures of the Board of Nursing.

Individual plans of care are reviewed at least annually by the Department of Aging and Disabilities. The services are furnished by providers who are licensed by and meet the qualifications established by the Department of Aging and Disabilities.

[1] As defined by Bulletin 99-F Policy
Section 2731.31 - residential care home with Assistive

OFFICIAL

ITEM 13. Other diagnostic, screening, preventive and rehabilitative services, i.e., than those provided elsewhere in the plan.

5. School Health Services

School health services are ordered by an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP) for special education students as defined under Part B or Part C of the Individuals with Disabilities Education Act (IDEA). Services are administered by state agencies, or state or local education agencies and must be prescribed by a physician or other licensed practitioner of the healing arts within the scope of his/her practice under state law. Covered services may be provided by employees of the state or local education agencies or by the health professionals under contract with the education agencies, or providers who meet applicable state licensure or certification requirements.

A. Assessment and Evaluation

Included are services for the assessment and evaluation of an existing IEP/IFSP. Services provided for the purposes of evaluating an individual's treatment needs may include medical, psychiatric, psychological, developmental and/or behavioral assessment, including the administration and interpretation of psychological tests. It may be performed by one or more of the following providers: physician, psychiatrist, psychologist, clinical social worker, school nurse, specialized therapist or a licensed or certified mental health practitioner.

B. Medical Consultation

Services provided by a licensed physician whose opinion or advice is requested in the evaluation or treatment of an individual's problem or disability.

C. Durable Medical Equipment

Items of durable medical equipment provided pursuant to an IEP may be covered subject to prior authorization requirements established by the Office of Vermont Health Access.

D. Vision Care Services

Covered services include visual analysis with refraction, and diagnostic and treatment services for diseases of the visual system.