

## Long Term Services Benefit Specifications and Provider Qualifications

For each Long Term Service and Support (home and community-based service) that the State proposes to include in the Demonstration, provide a description of the amount, duration and scope of the service and any authorization requirements under the Demonstration. Also provide the provider specifications and qualifications for the benefit or service.

### Name of Service:

**Scope of Benefit/Service**, including what is provided, what providers can provide the service, to whom it may be provided, how comprehensive the service is, and any other limitations on the benefit's scope:

**Amount of Benefit/Service** – Describe any limitations on the amount of service provided under the demonstration:

Benefit Amount: \_\_\_\_\_ per  Day  Week  Month  Year

Other, describe:

**Duration of Benefit/Service:** Describe any limitations on the duration of the service under the demonstration:

|                          |          |  |
|--------------------------|----------|--|
| <input type="checkbox"/> | Day(s)   |  |
| <input type="checkbox"/> | Week(s)  |  |
| <input type="checkbox"/> | Month(s) |  |
| <input type="checkbox"/> | (Other)  |  |

**Authorization Requirements:** Describe any prior, concurrent or post-authorization requirements, if any:

### Provider Specifications and Qualifications

Provider Category(s):

Individual (list types)  Agency (list types of agencies)

The service may be provided by a:

Legally Responsible Person  Relative/Legal Guardian

Description of allowable providers:

*Specify the types of providers of this benefit or service and their required qualifications:*

1. Provider Type:

License Required:  Yes  No

Certificate Required:  Yes  No  
Describe:

Other Qualifications Required for this Provider Type (please describe):

2. Provider Type:

License Required:  Yes  No

Certificate Required:  Yes  No  
Describe:

Other Qualifications Required for this Provider Type (please describe):

3. Provider Type:

License Required:  Yes  No

Certificate Required:  Yes  No  
Describe:

Other Qualifications Required for this Provider Type (please describe):

4. Provider Type:

License Required:  Yes  No

Certificate Required:  Yes  No  
Describe:

Other Qualifications Required for this Provider Type (please describe):