**Benefit Specifications and Provider Qualifications**

For each benefit or service that the State proposes to provide differently from that described in the State Plan, the State must complete this form by providing a description of the amount, duration and scope of the service under the Demonstration as well as the provider specifications and qualifications for the benefit or service.

**Name of Benefit or 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:*

|  |  |  |
| --- | --- | --- |
|  | Day(s) |  |
|  | Week(s) |
|  | Month(s) |
|  | (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):

1. Provider Type:

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

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

1. Provider Type:

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

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

1. Provider Type:

License Required:  Yes  No

Certificate Required:  Yes  No

Describe:

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