

## **Alternative Benefit Plan**

limits must also be established for rehabilitative habilitative limits are allowed, if these limits can	5(a)(5)(ii)). Further, the state/territory understands tha and habilitative services and devices. Combined rehabilitative based on medical necessity.	bilitative and
Benefit Provided:	Source:	Remove
Adult Day Health Care	State Plan 1915(i)	Treme ve
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	12 months/Re-assessment process	
Scope Limit:		
Recipient must be at least 18 years of age.	more hours per day on a regularly scheduled basis.  ing the specific name of the source plan if it is not the	base
Recipient must meet the needs-based criteria for	i ongrome.	
Benefit Provided:	Source: State Plan 1915(i)	Remove
Benefit Provided:	Source: State Plan 1915(i)	Remove
Benefit Provided:  Day Habilitation	Source:	Remove
Benefit Provided: Day Habilitation Authorization:	Source: State Plan 1915(i) Provider Qualifications:	Remove
Benefit Provided: Day Habilitation  Authorization: Prior Authorization	Source: State Plan 1915(i) Provider Qualifications: Medicaid State Plan	Remove
Benefit Provided: Day Habilitation  Authorization: Prior Authorization  Amount Limit:	Source: State Plan 1915(i) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Day Habilitation  Authorization: Prior Authorization  Amount Limit: No more than 6 hours per day, per week.  Scope Limit:	Source: State Plan 1915(i) Provider Qualifications: Medicaid State Plan Duration Limit:	
Benefit Provided: Day Habilitation  Authorization: Prior Authorization  Amount Limit: No more than 6 hours per day, per week.  Scope Limit: Targeted to individuals who have a TBI (Traudiagnosed by a physician.	Source:  State Plan 1915(i)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  12 months/Re-assessment process	
Benefit Provided: Day Habilitation  Authorization: Prior Authorization  Amount Limit: No more than 6 hours per day, per week.  Scope Limit: Targeted to individuals who have a TBI (Traudiagnosed by a physician.  Other information regarding this benefit, includibenchmark plan:  18 years of age. Meet the needs-based criteria for eligibility.	Source:  State Plan 1915(i)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  12 months/Re-assessment process  matic Brain Injury) or ABI (Acquired Brain Injury) as ing the specific name of the source plan if it is not the the self-help socialization and adaptive skills necessar	base
Benefit Provided:  Day Habilitation  Authorization:  Prior Authorization  Amount Limit:  No more than 6 hours per day, per week.  Scope Limit:  Targeted to individuals who have a TBI (Traudiagnosed by a physician.  Other information regarding this benefit, includ benchmark plan:  18 years of age.  Meet the needs-based criteria for eligibility.  To assist in acquiring, retaining, and improving	Source:  State Plan 1915(i)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  12 months/Re-assessment process  matic Brain Injury) or ABI (Acquired Brain Injury) as ing the specific name of the source plan if it is not the the self-help socialization and adaptive skills necessar	base



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Scope Limit:	
Targeted to individuals who have a TBI (Traumatic I diagnosed by a physician.	Brain Injury) or ABI (Acquired Brain Injury) as
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base

Add