

Alternative Benefit Plan

Scope Limit:		
None		
Other information regarding this benefit, include benchmark plan:	ling the specific name of the source plan if it is not the base	
Coverage is in accordance with Att. 3.1-A Item	11.C.	
Benefit Provided:	Source:	Remove
Prosthetic Devices	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
	ling the specific name of the source plan if it is not the base	
Other information regarding this benefit, include benchmark plan: Coverage is in accordance with Att. 3.1-A Item		
benchmark plan:		Remove
benchmark plan: Coverage is in accordance with Att. 3.1-A Item	12.C.	Remove
benchmark plan: Coverage is in accordance with Att. 3.1-A Item Benefit Provided:	Source:	Remove
benchmark plan: Coverage is in accordance with Att. 3.1-A Item Benefit Provided: Nursing Facility 21 and older; rehab care	Source: State Plan 1905(a)	Remove
benchmark plan: Coverage is in accordance with Att. 3.1-A Item Benefit Provided: Nursing Facility 21 and older; rehab care Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan: Coverage is in accordance with Att. 3.1-A Item Benefit Provided: Nursing Facility 21 and older; rehab care Authorization: Other	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan: Coverage is in accordance with Att. 3.1-A Item Benefit Provided: Nursing Facility 21 and older; rehab care Authorization: Other Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: Coverage is in accordance with Att. 3.1-A Item Benefit Provided: Nursing Facility 21 and older; rehab care Authorization: Other Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: Coverage is in accordance with Att. 3.1-A Item Benefit Provided: Nursing Facility 21 and older; rehab care Authorization: Other Amount Limit: None Scope Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: Coverage is in accordance with Att. 3.1-A Item Benefit Provided: Nursing Facility 21 and older; rehab care Authorization: Other Amount Limit: None Scope Limit: None Other information regarding this benefit, included	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None ling the specific name of the source plan if it is not the base	Remove
benchmark plan: Coverage is in accordance with Att. 3.1-A Item Benefit Provided: Nursing Facility 21 and older; rehab care Authorization: Other Amount Limit: None Scope Limit: None Other information regarding this benefit, include benchmark plan: Requires a physician order. Out of state placem Benefit Provided:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None ling the specific name of the source plan if it is not the base	Remove
benchmark plan: Coverage is in accordance with Att. 3.1-A Item Benefit Provided: Nursing Facility 21 and older; rehab care Authorization: Other Amount Limit: None Scope Limit: None Other information regarding this benefit, include benchmark plan: Requires a physician order. Out of state placem	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None ling the specific name of the source plan if it is not the base ment requires prior authorization.	
benchmark plan: Coverage is in accordance with Att. 3.1-A Item Benefit Provided: Nursing Facility 21 and older; rehab care Authorization: Other Amount Limit: None Scope Limit: None Other information regarding this benefit, include benchmark plan: Requires a physician order. Out of state placem Benefit Provided:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None ling the specific name of the source plan if it is not the base ment requires prior authorization. Source:	