HCBS FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (1/2010)



	NCTIONAL & FINANC					department of human services
EXSPED (Expanded Service Payments for	SPED (Service Payments	MSP-Personal	MSP-Personal	MSP-Personal	Medicaid Waiver for	Technology Dependent
the Elderly & Disabled)	for the Elderly& Disabled)	Care (Level A)	Care (Level B)	Care (Level C)	HCBS (Elderly & Disabled).	Medicaid Waiver
Services	Service	Service	Service	Service	Service	Service
Adult Day Care	Adult Day Care	Personal Care	Personal Care	Personal Care	Adult Day Care	Attendant Care Service
Adult Foster Care	Adult Foster Care	Services	Services	Services	Adult Foster Care	HCBS Case
• Chore	• Chore	BCI VICCS	Services	JOI VICES	Adult Poster Care Adult Residential	Management
Emergency Response	Emergency Response				Chore & ERS Systems	ivianagement
Environmental	Environmental				Environmental Modification	
Modification	Modification				HCBS Case Management	
Family Home Care	Family Home Care				Homemaker	
HCBS Case	HCBS Case Management				Non-Med Transportation	
Management	Homemaker				•	
Homemaker	Non-Medical				Respite Specialized	
Non-Medical	Transportation				· -	
Transportation	Respite				Equipment/Supplies • Supported Employment	
Respite	Personal Care Services				Supported Employment Transitional Care	
	Personal Care Service: Assista	maa with aativitiaa a	f doile living (ADIa)	ovak oa katkina	Extended Personal Care	
	dressing, toileting, transferring,					
	activities of daily living (IADL)				Home Delivered Meals Family Personal Company	
Functional Eligibility	Functional Eligibility	Functional	Functional	1	Family Personal Care Financial Eliministra	172
Not severely impaired in	Impaired in 4 ADLs, OR in at	Eligibility	Eligibility	Functional Eligibility	Functional Eligibility	Functional Eligibility
ADLs: Toileting,	least 5 IADLs, totaling eight	Impaired in 1	Impaired in 1	Impaired in 5	Meet LOC criteria	Meet LOC criteria
Transferring, Eating	(8) or more points or if living	ADL	ADL	ADL's	Age 18 or older	Vent Dependent at
And	alone totaling at least six (6)	Or	Or	And	Choose waiver services	least 20 hrs per day
Impaired in 3 of the 4	points	Impaired in 3 of	Impaired in 3 of	Meet LOC	Receive service on a	Medically stable
following IADLs:	Or	the 4 following	the following 4	criteria	monthly basis	Has an informal
Meal Preparation	If under age 18, meet LOC	IADL's	IADL's	And	Participate in planning	caregiver system for
Housework	screening criteria	 Meal Prep 	Meal Prep	No units	Functional impairment	contingency planning
 Laundry 	And	 Housework 	Housework	allocated to the	cannot be the result of a	 Is competent to participate in planning
Medication Assistance	Impairments must have lasted	 Laundry 	Laundry	tasks of laundry,	mental illness or mental retardation.	If under 65 the
Or	or are expected to last 3	Medication	Medication	shopping, &	If under 65 the disability	disability must meet
Have health, welfare, or	months or more	Assistance	Assistance	housekeeping	must meet Social Security	Social Security criteria
safety needs, requiring			And	And	criteria or determined to be	or determined to be
supervision or structured			Meet LOC	Prior approval	physically disabled by the	physically disabled by
environment			criteria	from the Dept.	state review team	the state review team
				vel of Care Screening		
		Nursing Facility Level of Care Screening- (LOC) Eligibility may include a medical need, example: vent dependent, unstable medical condition, dementia; or an individual may qualify by needing assistance with 2 ADLs 60 % or more of the time. Criteria for LOC Screening - NDAC 75-02-09.				
Financial Eligibility	Financial Eligibility	Financial Eligibility- MSP – Personal Care			Financial Eligibility- Waivers	
Medicaid Eligible	Income & Asset Based	Medicaid Eligible			Medicaid Eligible	
Ū	Sliding Fee Scale					
	Resources \$50,000 or less					
Program Cap	Program Cap		MSP-Personal Care		Program Cap (HCBS Waiver a	nd TD Waiver)
\$1819.00 per month	\$1819.00 per month	Level A-480 units per month (a unit it 15 minutes) Level B- 960 units per month			Limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Dept.	
•		Level C- 1200 units	s per month			-

Individual QSP Rate \$3.92 per/unit (In addition some rates may be daily, one time, half day, and also specific to the service)
Agency QSP Rate \$ 5.47 per/unit