

## What is Basic Care Assistance?

The Basic Care Assistance Program helps qualifying individuals pay a portion of their cost for care while living in a licensed basic care facility.

## Who qualifies for the Basic Care program?

Individuals age 65 or older or an individual age 18 and older who is blind or disabled, who require services, provided by a licensed basic care facility and meet income guidelines.

## How do I apply?

- Apply at your County Social Service Office
- Apply online at [www.nd.gov/dhs/](http://www.nd.gov/dhs/)



## Program Requirements

- ✓ Medicaid eligible
- ✓ Resident of North Dakota
- ✓ All income, minus \$100 per month for personal needs, must be paid to the basic care facility for cost of care
- ✓ Meets functional assessment
- ✓ Need a supervised environment

- ✓ Individuals must be UNABLE to:
  - Prepare meals
  - Do housework or laundry
  - Take medication
- ✓ Individuals must NOT be severely impaired in any activities of daily living such as:
  - Toileting
  - Transferring to or from a bed or chair
  - Eating.



## **Applicant Responsibility**

It is the applicant's or guardian's responsibility to provide information to establish eligibility including a Social Security Number, proof of age, identification, residence, blindness or disability, functional limitation, and financial information.

**NOTE:** *An individual may not qualify for benefits if he or she or the individual's spouse gave away assets or income for less than fair market value within 36 months of the date of application, in order to qualify for the program.*

## **Basic Care payments**

The N.D. Department of Human Services sends payments directly to licensed basic care facilities.

## **Confidentiality**

All applications, information, and records concerning any applicant or recipient of the Basic Care Program are confidential and will not be disclosed or used for any purpose not directly connected with the administration of the program.

## **Discrimination Prohibited**

Anyone who believes they have been discriminated against because of race, color, religion, national origin, age, sex, political beliefs, disability or status with respect to marriage or public assistance, may file a written complaint of the alleged discrimination. Written complaints should be filed with the county social service board, the N.D. Department of Human Services, 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250, or the U.S. Department of Health and Human Services, Washington, D.C. 20201.



N.D. Department of Human Services  
Economic Assistance Policy Division  
600 E. Boulevard Avenue, Dept. 325  
Bismarck, ND 58505-0250

Phone: 1-800-755-2716 Fax: 701-328-1060

ND Relay TTY 1-800-366-6888

**DN 519 (REV 03-15)**

# **BASIC CARE ASSISTANCE PROGRAM**

