MONTHLY RATE WORKSHEET - LIVE IN CARE

ND DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES/HCBS

SFN 1012 (5-2011)

Clear Fields

Client Name:	Case Manager:	Date:
County Name:	Medicaid Number:	DD: ☐ Yes ☐ No
Effective Date:	SPED/ExSPED Number:	

ACTIVITY	POINT VALUE	FHC/FPC	AFFC	SPED PC	TBI Trans
Bathing	20				
Communication	1				
Community Integration	15				
Dress/Undress	15				
Eye Care	10				
Feeding/Eating	20				
Hair Care/Shaving	5				
*Housework	10				
Incontinence	15				
*Laundry	10				
Meal Preparation	20				
Medication Assistance	10				
Mobility	6				
Money Management	1				
Money Management	5				
Nail (Finger) Care	5				
*Shopping	10				
Skin Care	10				
Social Appropriateness	15				
Teeth/Mouth Care	10				
Toileting	20				
Transferring/Turning/Positioning	15				
Transportation	6				
GLOBAL ENDORSEMENTS					
Cognitive/Supervision	20				
Exercises	20				
Hoyer Lift/Mechanized Bath Chairs	10				
Indwelling Cathether	20				
Medical Gases	10				
Prosthesis/Orthotics	10				
Suppository/Bowel Program	25				
Ted Socks	10				
Temp/BP/Pulse/Respiration Rate	1				
CLIENT SPECIFIC ENDORSEMENTS					
Apenea Monitor	10				
Jobst Stockings	10				
Ostomy Care	20				
Postural/Bronchial Drainage	20				
Ric Bed Care	5				
	Total Points	0	0	0	0

COGNITIVE SUPERVISION means the applicant/recipient requires supervision beyond that included within the scope of routine regime of care provided per task. Examples: (A) a recipient with a cognitive functional impairment (Alzheimer) in the wandering stage of the disease may necessitate the recipient requiring supervision/monitoring continuously to prevent/reduce health and safety reisks; (B) a recipient receiving AFFC has behavioral problems requiring the AFFC provider to deliver supervision/monitoring beyond the scope of providing assistance with routine care. **TRANSITIONAL CARE** provides support and training for the recipient to live with greater independence.

Service	Total Points		Factor Mo. Rate Or		Unit Rate		SFY12 Rate
Family Home Care	0	X	5.5	$ 0.00	Divided By 30	$0.00	$0.00
Adult Family Foster Care	0	X	7.0	$ 0.00	Divided By 30	$0.00	$0.00
Personal Care	0	X	8.0	$ 0.00	Divided By 30	$0.00	$0.00
Personal Care Assisted Living	0	X	8.4	$ 0.00	Divided By 30	$0.00	$0.00
TBI Transitional Care	0	X	8.5	$ 0.00	Divided By 30	$0.00	$0.00
Family Personal Care	0	X	7.0	$ 0.00	Divided By 30	$0.00	$0.00

Name of Provider:	Provider Number:
Mailing Address of Provider:	

* When there is more than one recipient receiving **SPED-PC** in a household, these items are to be proportionately reduced for each recipient of the home. (Does not apply to AFFC).

** **If the SFY 12 calculated rate is greater then the service cap, you must use the following capped amounts:

FHC- $32.22 SPED/PC/AL SPED/ExSPED AFFC - $60.98 MW AFFC - $72.17 MW FPC - $57.39

DISTRIBUTION: **Original** - Client's Case File **Copy** - Medical Services/HCBS