

**MEDICAID WAIVERS / STATE PLAN FOR HOME & COMMUNITY BASED SERVICES (2013) CHILDREN SERVICES**

<b>CHILDREN'S HOSPICE WAIVER</b>  <b>PENDING APPROVAL FROM CMS</b>	<b>MEDICIAD STATE PLAN FOR CHILDREN'S HOSPICE</b>  <b>PENDING APPROVAL FROM CMS</b>	<b>MEDICAID WAIVER SELF DIRECTED SUPPORTS FOR MEDICALLY FRAGILE CHILDREN</b>	<b>AUTISM WAIVER</b>  <b>LEGISLATIVE CHANGES WILL BE APPLIED AFTER 1/1/2014.</b>
<b>Service:</b> <ul style="list-style-type: none"> <li>• Home Health Aide- respite</li> <li>• Expressive Therapy</li> <li>• Grief Counseling</li> <li>• Case Management- monitoring</li> <li>• Equipment and Supplies above state plan coverage</li> </ul>	<b>Services:</b> <ul style="list-style-type: none"> <li>• Medicaid State Plan</li> <li>• Hospice enrollment to include curative measures, without the election of Hospice Care.</li> </ul>	<b>Service:</b> <ul style="list-style-type: none"> <li>• In-Home Supports</li> <li>• Institutional Respite</li> <li>• Transportation</li> <li>• Equipment and Supplies</li> <li>• Individual and Family Counseling</li> <li>• Dietary Supplements</li> <li>• Environmental Modifications</li> <li>• Case Management (optional)</li> </ul>	<b>Service:</b> <ul style="list-style-type: none"> <li>• Environmental Modifications</li> <li>• Equipment &amp; Supplies</li> <li>• In-Home Supports</li> <li>• Intervention Coordination               <ul style="list-style-type: none"> <li>– Assessment</li> <li>– Person Centered Service Plan Development</li> <li>– Home Visits</li> <li>– Consultation</li> </ul> </li> </ul>
<b>Functional Eligibility</b> <ul style="list-style-type: none"> <li>• Screened in need of nursing facility level of care (LOC Screening NDAC 75-02-02-09)</li> <li>• Birth to 22<sup>nd</sup> birthday</li> <li>• Life limiting diagnosis of possibly one year of life expectancy</li> <li>• Not eligible or receiving services through another waiver</li> <li>• Needs at least one waiver service quarterly</li> <li>• Child lives with a primary caregiver</li> <li>• Agree with Case Plan</li> </ul>	<b>Functional Eligibility</b> <ul style="list-style-type: none"> <li>• Looks at full family financial eligibility</li> </ul>	<b>Functional Eligibility</b> <ul style="list-style-type: none"> <li>• Screened in need of nursing facility level of care (LOC Screening NDAC 75-02-02-09)</li> <li>• 3 to 18 years of age</li> <li>• Greatest need as determined through a Level of Need ranking process</li> <li>• Not eligible or receiving services through another waiver</li> <li>• Requires support for Health &amp; Safety</li> <li>• Needs at least one waiver service quarterly</li> <li>• Child lives with a primary caregiver capable of self directing services</li> <li>• Agree with Case Plan</li> </ul>	<b>Functional Eligibility</b> <ul style="list-style-type: none"> <li>• Meets ICF/MR Level of Care</li> <li>• Not eligible or receiving services through another waiver</li> <li>• Requires supports for Health &amp; Safety</li> <li>• Has received a validation of diagnosis being on the Autism Spectrum from the DSM-revision IV, by the eligibility assessment team.</li> <li>• Capable of self directing services</li> <li>• Person lives with a primary caregiver who is capable of self directing services</li> </ul>
<b>Financial Eligibility</b> Must be Medicaid Eligible	<b>Financial Eligibility</b> Must be Medicaid Eligible	<b>Financial Eligibility</b> Must be Medicaid Eligible	<b>Financial Eligibility</b> Medicaid Eligible
<b>Program Cap</b> Limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Department.		<b>Program Cap :</b> \$18,996 annually (Cost Limit Lower than Institutional Costs)	<b>Program Caps</b> Age limitation of birth through four. Limited to 30 individuals per year Environmental Mod. – up to \$5,200.00 per year. Equipment & supplies – up to \$5,200.00 per year. In-Home Supports – up to 150 hours per quarter.