

North Dakota Department of Human Services  
Focus Group – 2013 House Bill 1378 - “Build a Waiver” Summary Sheet

MEDICAID WAIVER ID/DD	MEDICAID WAIVER SELF DIRECTED SUPPORTS FOR MEDICALLY FRAGILE CHILDREN	HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER (AGED AND DISABLED)	HB 1378 – PROPOSED WAIVER
<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Adult Day Health</li> <li>• Adult Family Foster Care</li> <li>• Behavioral Consultation</li> <li>• Day Habilitation (<b>day supports</b>)</li> <li>• Equipment &amp; Supplies</li> <li>• Environmental Supports/Modifications</li> <li>• Extended Home Health Care</li> <li>• Extended Services</li> <li>• Family Care Option</li> <li>• Homemaker</li> <li>• Infant Development</li> <li>• In-Home Supports</li> <li>• Parenting Support</li> <li>• Residential Habilitation (waiver group homes, ISLA, SLA, Family Care Option III)</li> <li>• Transportation Costs for Financially Responsible Caregiver</li> </ul>	<p><b>Services:</b></p> <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>	<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Adult Day Care</li> <li>• Adult Foster Care</li> <li>• Adult Residential</li> <li>• Case Management</li> <li>• Chore</li> <li>• Emergency Response System</li> <li>• Environmental Modification</li> <li>• Extended Personal Care</li> <li>• Family Personal Care</li> <li>• HCBS Case Management</li> <li>• Home Delivered Meals</li> <li>• Homemaker</li> <li>• Non-Med Transportation</li> <li>• Respite</li> <li>• Specialized Equipment/Supplies</li> <li>• Supported Employment</li> <li>• Transitional Care</li> </ul>	<p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Medicine administration at school</li> <li>• Transition worker (discuss: transition worker available first year of waiver to assist family with transition)</li> <li>• In-Home Supports including Respite</li> <li>• Institutional Respite</li> <li>• Medical Transportation</li> <li>• Equipment and Supplies</li> <li>• Individual/Family Counseling</li> <li>• Dietary Supplements</li> <li>• Environmental/Vehicle Modification</li> <li>• Case Management (Nursing) – Social Worker with experience</li> <li>• Non-Medical Transportation</li> </ul>
<p><b>Functional Eligibility:</b></p> <ul style="list-style-type: none"> <li>• Meets ICF/ID Level of Care</li> <li>• Not eligible or receiving services through another waiver</li> <li>• Requires supports for Health &amp; Safety</li> <li>• Needs can be met through specific services for individuals with intellectual disabilities</li> <li>• Capable of self directing services</li> <li>• Person lives with a primary caregiver who is capable of self directing services</li> </ul>	<p><b>Functional Eligibility:</b></p> <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> </ul> <p>*Vary by age, needs, and supports. “Critical stage of development.”</p>	<p><b>Functional Eligibility:</b></p> <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>• Age 18 and over and physically disabled as determined by SSA, SRT, or be at least 65 years of age</li> <li>• Agree with care plan</li> <li>• Not eligible or receiving services through another waiver</li> <li>• Receive services on a monthly basis</li> <li>• SS Blue Book Muscular/Skeletal and Immune Deficiency</li> </ul>	<p><b>Functional Eligibility:</b></p> <ul style="list-style-type: none"> <li>• Nursing facility level of care (LOC Screening NDAC 75-02-02-09)</li> <li>• 3 to 22 years of age</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>• Level of need as determined by Committee-developed assessment tool.</li> </ul>
<p><b>Program Cap:</b> Extended Service – no cap. Behavior Consult &amp; Transportation – limited per SFY; Environmental Support/Mod./Equip. and Supplies –\$20,000.00 for the duration of the waiver. In-Home Supports –300 hours per month. Parenting Support –an average of 4 hours of training per week during a quarter.</p>	<p><b>Program Cap:</b> \$18,996 annually (Lower than Institutional Costs)</p>	<p><b>Program Cap:</b> Limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Department</p>	<p><b>Program Cap:</b> Annual cost no greater than highest cost for institutional care.</p>

