EXPLANATION OF CLIENT CHOICE

MEDICAID WAIVER SERVICES FOR THE AGED AND DISABLED

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HCBS
SFN 1597 (10-2016)

Clear Fields

Case Number:			
Name: (Last, First, Middle)			Case Manager:
Residential Address:			County Social Service Board:
City:	State:	Zip Code:	Telephone Number:

This is to inform you that Home and Community Based Services may be available to you in place of admission to a nursing home. An Individual Care Plan was prepared specifically for you. Please review it carefully. If you are eligible for Medical Assistance, you have the choice of receiving the services listed in the Individual Care Plan or receiving care in a nursing home. Should you choose to receive care in a nursing home, the case manager named above can assist you in selecting a facility to meet your needs.

You have the right to consult with whomever you choose before making this decision, including friends, relatives, and advocacy organizations. You may authorize any of these individuals to contact the case manager named above to provide information to assist you in making this decision.

If you choose to receive the services described in the Individual Care Plan, your case will be reviewed to determine that you are eligible for Medicaid reimbursed Home and Community Based Services for the Aged or Disabled. If, for any reason, you are found to be ineligible, you will receive written notice of your ineligibility and an explanation of your appeal rights.

☐ I Wish to Receive the Services Described in the Attached Individual Care Plan Rather Than Receiving Care in a Nursing Home.

☐ I Do Not Wish to Receive the Services Described in the Attached Individual Care Plan, and Request Care in a Nursing Home.

Client's Signature:	Date:	OR	Legal Representative's Signature: (Relationship)	Date:

DISTRIBUTION: **ORIGINAL** - Applicant's File at CSSB
COPY - Applicant
COPY - Aging Services Division

Adult Day Care: A program of non-residential activities provided at least three (3) hours per day on a regularly scheduled basis one or more days per week and encompasses both health and social services needed to insure the optimal functioning of the individual.

Adult Family Foster Care: Includes the provision of 24 hour room, board, supervision and possibly other care, to adults who are determined to be unable to function independently and may benefit from a family home environment. The care is provided in a licensed private home.

Case Management Service: HCBS Case Management is the process within the framework of generic social work practice of providing specialized assistance to aged and disabled individuals desiring and needing help in selecting and/or obtaining resources and services.

Chore Service: tasks which would enable the client to remain in the home. These tasks include heavy housework and periodic cleaning, professional extermination, snow removal, and the task must be the responsibility of the client and not the responsibility of the landlord. Emergency response systems (ERS) electronic device enabling the client to secure help in an emergency by activating the "help" button are also available under this service.

Environmental Modification: Physical adaptations to the home necessary to ensure the health, welfare and safety of the client or enables the client to function with greater independence in their home.

Homemaker Service: Provision of non-personal (environmental) care tasks such as light duty housekeeping, laundry, meal planning and preparation, and shopping that enables the individual to maintain independence

Non-Medical Transportation: Transportation that enables individuals to access essential community services such as grocery, pharmacy, banking, post office, laundromat, utility company, and social security office, in order to maintain themselves in their home. Non-Medical Transportation Driver with Vehicle: Driver with vehicle is considered as solely transporting the client. It is taking the client to and from his/her home and points of destination. Non-Medical Transportation Escort: is solely accompanying the client for the purpose of assisting in boarding and exiting as well as during transport in order that the client may complete the activity for which (non-medical) transportation is authorized.

Residential Care: Service provided in a facility in which at least five (5) unrelated adults reside, and in which personal care, therapeutic, social and recreational programming is provided in conjunction with residing in the facility. This service includes 24-hour on-site response staff to meet scheduled and unpredictable needs and to provide supervision, safety, and security.

Respite Care: Temporary relief to the individuals primary caregiver for a specified period of time. The caregiver is relieved of the stress and demands associated with continuous daily care.

Specialized Equipment and Supplies: Specialized equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable recipients to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

Supported Employment Extended Services: Provision of intensive, ongoing support to individuals to perform in a work setting with adaptations, supervision, and training relating to the persons disability. This would not include supervisory or training activities provided in a typical business setting. This service is conducted in a work setting, mainly in a work site in which persons without disabilities are employed.

Transitional Living Service: Provision of training an individual to live with greater independence in the individuals home. This includes training, supervision, or assistance to the individual with self-care, communication skills, socialization, sensory/motor development, reduction/elimination of maladaptive behavior, community living, and mobility.