



SERVICE PAYMENTS FOR ELDERLY AND DISABLED (SPED) PROGRAM POOL DATA

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HOME AND COMMUNITY BASED SERVICES (HCBS)
SFN 1820 (12-2019)

Last Name of Eligible SPED Program Applicant (Please Print)
First Name (Please Print)

Social Security Number

Does the person live alone?

Yes No

The Privacy Act of 1974 requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

ADLs (Point Value: 0, 1, 2, or 3) An impairment is a 2 or 3.

0 = Completely able	1 = Able with aids/difficulty	2 = Able with help	3 = Unable	
Bathing	Eating	Mobility Inside	Transfer Bed/Chair	Dressing
Toileting	Continence			
				<input type="checkbox"/> TOTAL POINTS

IADLs (Point Value: 0, 1, or 2) An impairment is a 1 or 2

0 = Without help	1 = With help	2 = Unable to do at all		
Meal Preparation	Communication	Laundry	Taking Medication	Shopping
Mobility Outside	Transportation	Housework	Management of Money	
				<input type="checkbox"/> TOTAL POINTS

SPED Eligibility: Impaired (score is 2 or 3) in at least two (2) ADLs
OR
Impaired (score is 1 or 2) in at least four (4) IADLs totaling at least four (4) points or if living alone, or six (6) points if living with an able-bodied adult.

Based on your financial assessment of this SPED Program applicant, are his/her assets:

Below \$25,000 Above \$25,000

In an effort to measure the goal of preventing or delaying nursing home placement, please answer the following question:

Based on the comprehensive assessment, would the applicant reasonably meet the LOC screening criteria for nursing home placement? Yes No

For SPED Personal Cares Only: Record the estimated amount of SPED Personal Care Service and provide an explanation why applicant is not medical assistance eligible and seeking Medicaid State Plan Personal Care Service

Estimated Amount of SPED Personal Cares	Explanation
\$	

Case Manager		
County	County Number	Client Participation Fee (must match SFN 676) %