Medicaid Waivers for Home and Community-Based Services

Medicaid Waivers for Home and Community-Based Services (HCBS) were created to offer a variety of services and support that allow people to stay in their homes instead of getting care in a nursing home.

SERVICES PROVIDED:

**Adult Day Care**: Minimum of three hours per day of supervised care in a group setting

**Adult Family Foster Care**: A safe, supervised family-living setting in a state-licensed home

**Adult Residential Services**: Care in a residence focusing on people with memory loss and/or brain injury

**Case Management**: Process that assesses a client’s needs, explores service options, decides if a client qualifies for HCBS services, and provides a link between community resources and qualified service providers

**Chore Service**: Snow removal and heavy cleaning

**Emergency Response System**: Telephone emergency response (Lifeline)

**Environmental Modification**: Select area home remodels to help people live more independently

**Extended Personal Care / Nurse Education**: Education given by a nurse to an enrolled qualified service provider who provides medical care specific to a client’s needs

**Family Personal Care**: Pays a spouse for providing special, personal care

**Home-Delivered Meals**: Healthy meals delivered to a person’s home

**Homemaker Services**: House cleaning, laundry and/or cooking meals

**Non-Medical Transportation**: Provides a ride and, if needed, goes with a person to the post office, bank or grocery store

**Respite Care**: Short-term relief to full-time caregivers

**Specialized Equipment**: Equipment to help people live more independently

**Supported Employment**: Support and training to help people maintain a job

**Transitional Living Services**: Teaches skills to help people live independently in their home
FREQUENTLY ASKED QUESTIONS

Who qualifies for services under the Medicaid waiver?
A person must be on Medicaid. Eligibility for Medicaid is decided by an eligibility worker at your local county office. Also, a case manager will assess how much help you need with activities such as bathing, transferring, toileting, dressing, laundry and housework. The amount of help you need will decide if you qualify for services. Your case manager will need to decide if you meet nursing facility level of care.

What if I do not qualify for Medicaid waiver programs or if the help I need is not available under this program?
Possibly. North Dakota offers Home and Community-Based Services through several programs. Each program has rules that decide if you qualify based on your level of need. Some programs do not require you to be on Medicaid. These programs include:

- Service Payments for the Elderly and Disabled (SPED)
  www.nd.gov/dhs/services/adultsaging/homecare1
- Expanded Service Payments for the Elderly and Disabled (Expanded-SPED)
  www.nd.gov/dhs/services/adultsaging/homecare2
- Medicaid State Plan Personal - Care Services

Who pays for the services?
You may qualify for services to be paid in full by Medicaid or you may have to pay part of the cost. This is called Client Share (Recipient Liability), which is the monthly amount you must pay before the Medicaid program will pay for the care you received. It works like a monthly deductible.

Who provides the services?
Services are provided by a Qualified Service Provider (QSP) who is an agency or an individual such as a family member, neighbor or friend that has met the standards set by the N.D. Department of Human Services (DHS).

Who will pay the QSP?
The QSP will send a bill for the services they provided for you to DHS and they will receive payment from DHS. If you have a Client Share, the QSP will send you a bill for your portion of the cost.

Can I choose my QSP?
Yes. You have the right to choose a QSP that meets your needs.