

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 510-05

Par. 2. **Effective Date** – Changes included in this manual letter are effective on or after July 1, 2023, unless otherwise indicated.

### **Policy Chapter 510-05**

1. 510-05-05, 510-05-35-97, 510-05-90-55, 510-05-90-75, and 510-05-85-45 have been updated with the change in personal needs allowance effective July 1, 2023. Also removed facility names.

### **Definitions 510-05-05**

#### Long term care, (LTC)

Refers to services received in a nursing facility, the State Hospital, ~~the Anne Carlson facility, the Prairie at St. John's center, the Stadter Psychiatric Center, a Psychiatric Residential Treatment Facility (PRTF),~~ an intermediate care facility (IMD), ~~a Psychiatric Residential Treatment Facility (PRTF), an intermediate care facility~~ for the intellectually disabled (ICF-ID), or a swing bed when the individual in the facility is screened or certified as requiring the services provided in the facility.

### **Institutions for Mental Disease (IMD) 510-05-35-97**

An individual under age 65 who is a "patient" in an IMD is not eligible for Medicaid, except as identified in subdivision d and e, unless the individual is under age 21 and is receiving inpatient psychiatric services and meets the certificate of need for admission. An individual who attains age 21 while receiving treatment, and who continues to receive treatment as an inpatient, may continue to be eligible through the month the individual attains the age of 22.

- a. An IMD is a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases. A facility with 16 beds or less is not an

IMD. Whether an institution is an IMD is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of mental diseases. An intermediate care facility for individuals with intellectual disabilities (ICF-ID) is not an IMD.

IMDs include the North Dakota State Hospital, ~~and facilities determined to be a Psychiatric Residential Treatment Facility (PRTF) by the Medical Services Division. Prairie at St. John's, and the Red River Behavioral Health System. Psychiatric Residential Treatment Facilities with more than 16 beds are considered IMDs.~~ For any other facility, contact the Medical Services Division for a determination of whether the facility is an IMD.

## **Budget Procedures for Medically Needy and Poverty Level 510-05-90-55**

2. Recipients screened for and receiving services in a nursing facility, the state hospital, ~~the Prairie at Saint John's, Red River Behavioral Health System,~~ a Psychiatric Residential Treatment Facility (PRTF), or receiving swing bed care in a hospital: The recipient is allowed the ~~\$100\$65~~-nursing care income level. Individuals age 65 and over who have entered an IMD do not require a screening. Those admitted for a temporary stay keep the same living arrangement they had prior to being admitted to the IMD and remain at the same income level for that living arrangement. Those admitted for an indefinite stay are allowed the ~~\$100\$65~~-nursing care level for one.

Recipients residing in an intermediate care facility for the intellectually disabled (ICF-ID): The recipient is allowed the ~~\$135\$100~~ ICF-ID income level.

## **Budgeting Procedures for Continuous Eligibility for Children Under Age 19 510-05-90-75**

2. For a continuously eligible child residing in a nursing facility, the state hospital, ~~the Prairie at Saint John's Center, the Stadter Center,~~ a

Psychiatric Residential Treatment Facility (PRTF), or receiving swing bed care in a hospital: the recipient is allowed the ~~\$100~~~~\$65~~-nursing care income level and excess income becomes client share (recipient liability).

Recipients residing in an intermediate care facility for the intellectually disabled (ICF-ID) (including the Anne Carlsen facility): The recipient is allowed the ~~\$135~~~~\$100~~-ICF-ID income level.

For a single individual under age 19, parental income is not considered available during any full calendar month the recipient is in the facility.

If the individual has no source of income, and is ineligible for SSI, the income of the parents may be deemed in the amount of ~~\$100~~~~\$65~~, (or ~~\$135~~~~\$00~~, if the individuals is in an ICF-ID) to meet the maintenance needs of the individual.

**NOTE:** The premium calculation for Children/Workers with Disabilities is still required.

## **Determining the Appropriate Income Level in Special Circumstances 510-05-85-45**

(N.D.A.C. Sections 75-02-02.1-40 and 75-02-02.1-24.2)

This section applies to individuals who are subject to the Non-ACA Medicaid policies.

5. For an institutionalized spouse with an ineligible [community spouse](#) the ~~sixty-five~~~~\$100~~ dollar income level is effective in the month of entry, during full calendar months, and in the month of discharge. The ineligible community spouse, and any other family members, remaining in the home must be given the community spouse and family member income levels.
7. An individual with no spouse, disabled adult child, or child under age twenty-one at home who enters a nursing facility may receive the medically needy income level for one if a physician certifies that the

individual is likely to return to the individual's home within six months. The six-month period begins with the first full calendar month the individual is in the nursing facility. If, at any time during the six-month period, the individual's status changes and the stay in the nursing facility is expected to exceed the six months, the individual is only allowed the \$~~100~~65 nursing care income level beginning in the month following the month of the status change.

For a married couple, budget one spouse at the medically needy income level and the other as permanent long-term care when:

- a. Both spouses are admitted to a nursing facility for temporary stays, or
- b. One spouse is permanently in a nursing facility and the other spouse requires temporary nursing care level services.

Only one six-month period is allowed per period of institutionalization. If an individual is discharged, then readmitted to the nursing facility, there must be a break of at least one full calendar month between the periods of institutionalization in order for the new stay to be considered a new period of institutionalization.