- Par.1. Material Transmitted and Purpose Transmitted with this Manual Letter are changes to Service Chapter 510
- Par. 2. **Effective Date** Changes included in this manual letter are effective on or after January 1, 2024 unless otherwise indicated.

## **Home and Community Based Services 510-05-15**

1. Updated number of slots for children with Medically Fragile needs. Updated description of PACE. Money Follows the Person Grant updated the HCBS setting and the number of consecutive days in the setting. Also added hospital to list of where the individual resides and is screened for requiring nursing home care. Removed Technology Dependent Medicaid Waiver as this waiver has ended. Autism Spectrum Waiver updated age and number of slots.

## **Home and Community Based Services 510-05-15**

The Medicaid program provides <a href="https://example.com/home and community based services">home and community based services</a> (HCBS) to eligible individuals who have been screened as requiring nursing care services or ICF/ID (intermediate care facility for individuals with intellectual disabilities) level of care but who choose to receive those services in the community. Eligibility for individuals with an ineligible community spouse may be determined using the Spousal Impoverishment Provision found at 05-65. Services may be provided through one of the following waivers:

1. Traditional Waiver for Individuals with Intellectual and Developmental Disabilities: Home and Community Based Services are provided to individuals who meet the eligibility criteria for early intervention services for infants and toddlers under the age of three; individuals who have an intellectual disability and/or meet the criteria for a related condition prior to the age of 22 and who are screened to the ICF-ID (intermediate care facilities for individuals with intellectual disabilities level of care). These individuals generally meet the disability criteria of the Social Security Administration, however, the few who do not may still be eligible for these waivered services. Waiver services include residential services, day services, employment supports, family support services, parenting supports, extended home health care and financial help with the cost of equipment, supplies and environmental modifications. The waiver covers services provided by licensed providers, qualified service providers, and some services can be directed by the waiver recipient. (This waiver began in 1981.)

- 2. Medicaid Waiver for Home and Community Based Services: Services are provided to individuals at least 18 years of age, who meet the disability criteria of the Social Security Administration or are at least 65 years of age who are screened as requiring care in a nursing facility but choose to receive services in the community. As of April 1, 2007, this waiver merged the Waiver for the Aged or Disabled (which began October 1, 1983) and the Waiver for the Traumatic Brain Injured (which began in 1994).
- 3. Waiver for Children with Medically Fragile Needs: Services are provided to children ages to 3 to 18 who have a serious illness or condition which is anticipated to last at least 12 or more months. Eligible children have medically intensive needs and prolonged dependence on medical care or medical technology. The waiver is limited to  $\frac{15}{50}$  children at a time. (the increase in available slots is effective October 1,2023) (This waiver began June 1, 2008.)
- 4. PACE (Program of All-Inclusive Care for the Elderly): PACE is a managed care program providing all-inclusive care to include preventive, primary, and acute care, to its participants to maintain them living independently within their home; and when needed longterm care. To qualify, the individual must be 55 years of age or older, needs a level of care required under the State Medicaid plan for coverage of nursing facility services, reside in a PACE service area, and be determined safe within a community setting at the time of enrollment. A LOC determination is required to initiate waiver services with annual reviews thereafter. PACE is available to Medicaid or Medicare recipients age 55 or older, who are screened as requiring care in a nursing facility. A capitated payment is made to the PACE provider who then provides health and health related services to allow individuals to remain in the community.
- 5. Money Follows the Person Grant: This Grant program assists recipients who are residing in a nursing facility or an ICF/ID who want to transition from an institutional care setting to a HCBS setting with 4 or

<u>less unrelated individuals</u>. Recipients must have been residing in the institutional setting for a period of <u>3 consecutive months 60</u> consecutive days or more, be screened as requiring care in a nursing facility, <u>hospital</u> or ICF/ID, and be Medicaid eligible for at least the last day of receipt of institutionalized service. (Demonstration grant began June 20, 2008.)

- 6. Technology Dependent Medicaid Waiver: Services are provided to individuals who are ventilator dependent for a minimum of 20 hours per day, and who are at least 18 years of age. The goal is to adequately and appropriately sustain individuals in their own homes and communities and to delay or divert institutional care. The waiver is limited to 3 recipients at a time. (This waiver began August 1, 2007.)
- 7. Children's Hospice Program: Provides multiple services to children from birth to their 22nd birthday who have been screened as needing Nursing Home level of care and who have less than a year of life expectancy. The services are designed to assist the family in dealing with the diagnosis and emotions a family needs to deal with when preparing for the possible death of their child. This waiver allows a family to continue to explore curative measures at the same time they are utilizing hospice services. The waiver is limited to 30 recipients in a 12-month period. If the child is 6 months to date of death, we need to use state plan services in addition to waiver services. (This waiver began July 1, 2010.)
- 8. Autism Spectrum Disorder Waiver for Birth to Age 12 18: Provides multiple services to a family with a child from birth to their 11th birthday (through the day prior to the day of their 12 18th birthday) who have a confirmed diagnosis on the Autism Disorder Spectrum and meet the ICF/ID level of care. These services build on existing services available in North Dakota. Children and families will receive service management, and access to respite services to help provide structured activities that focus on communication, behavior, and other individual needs. The waiver also provides financial help with the cost of assistive technology. The waiver is limited to 96 345 recipients in a 12-month period. (the increase in age and slots is effective November 1, 2023) (This waiver began November 1, 2010.)