

Par. 1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 525-05, Home and Community Based Services. New language is in red and underlined and old language is in red and has been struck through.

Par. 2. **Effective Date** – March 1, 2024

Home and Community Based Services Policies and Procedures 525-05

Definitions 525-05-05

(Revised ~~05/01/23~~ 03/01/2024 ML #~~3730-3829~~)

Abuse

The willful act or omission of a caregiver or any other person which results in physical injury, mental anguish, unreasonable confinement, sexual abuse or exploitation, or financial exploitation or of a vulnerable adult.

Activities of Daily Living (ADLs)

Tasks of a personal nature that are performed daily which involves such activities as bathing, dressing, toileting, transferring from bed or chair, continence, eating/feeding, and mobility inside the home.

Adaptive Assessment

An evaluation to identify adaptive devices, equipment, or modifications that enhance the independence and functional capabilities of an individual who may otherwise be unable to remain in the individual's home.

Adaptive Equipment

Equipment and supplies, which enable recipients to increase their abilities to perform ADLs. See also "Specialized Equipment and Supplies".

Adult

All persons eighteen years of age and over are adults. Children who are adults should not be considered the responsibility of their parents, even if living in the same household.

Adult Day Care (ADC) Service

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 Day Care (ADC) Center

An adult day care program operated in a public accessible building. The program shall operate a minimum of three hours per day up to a maximum of ten hours per day.

Adult Day Care (ADC) Home

An adult day care program operated in a private residence. The program shall operate a minimum of three hours per day up to a maximum of ten hours per day. The maximum number of participants in the home at any one time shall be no more than four.

Adult Foster Care (AFC)

The provision of food, shelter, security and safety, guidance, and comfort on a twenty-four-hour per day basis, in the home of the caregiver, to a person age eighteen or older, who is unable, neglects, or refuses to provide for the person's own care.

Adult Foster Home/Facility

An occupied private residence in which Adult Foster Care is regularly provided by the owner or lessee thereof, to four or fewer adults who are not related by blood or marriage to the owner or lessee, for hire or compensation. (For additional Adult Foster Care definitions – see the Adult Foster Care Licensing.)

Adult Residential Care (ARC)

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.

Aged

Means sixty-five years of age or older.

Agency - Qualified Service Provider (QSP)

An agency that enrolls with the department as a Qualified Service Provider, which allows that agency to bill the department for services rendered. Agency providers can include Department of Health and Human Services, Human Service Centers, and County Social Service Boards.

Aging Services Division

A Division within the Department of Health and Human Services (DHHS) within the Program and Policy's organizational structure with administrative and programmatic responsibility for Home and Community Based Services (HCBS).

Aid and Attendance

A financial benefit given to a veteran from the Veterans Administration for assistance with personal care tasks. The amount of the "aid and attendance" must be considered as income in the Service Payments for the Elderly and Disabled (SPED) Program.

Applicant

An individual making application for services. An applicant may have a legal representative seeking services on behalf of the individual.

Assisted Living Facility

For purposes of this Chapter, it means the setting in which daily personal care is provided. It includes the definition at North Dakota Century Code (N.D.C.C.) [50-32-01\(1\)](#): "Assisted living facility" means any building or structure containing a series

of living units operated as one business entity to provide services for five or more individuals who are aged or disabled adults and who are not related by blood or marriage to the owner or manager of the entity and which is kept, used, maintained, advertised, or held out to the public as a place that makes available individualized support services to accommodate an individual's needs and abilities to maintain as much independence as possible.

Assistive Technology

A term that refers to devices, products, or equipment that enhance the ability of an individual with functional impairment(s) to engage in major life activities, actions, and tasks.

Attendant Care Service

Attendant Care Services (ACS) is hands on care, of both a supportive and medical nature, specific to a client who is ventilator dependent for a minimum of 20 hours per day and includes nursing activities that have been delegated by the nurse manager to the ACS provider. ACS is an all-inclusive service that provides direct care to ventilator-dependent individuals to meet their care needs.

- An Attendant Care Service Provider is a QSP or a nurse aide enrolled and in good standing with the North Dakota Department of Health and Human Services. The service is provided under the direction of a licensed nurse who is enrolled with the department as a QSP to provide Nurse Management.
- Nurse Management is an aspect of Attendant Care Services. Nurse Management is the provision of nursing assessment, care planning, delegation of skilled nursing tasks to an Attendant Care Services (ACS) provider, and monitoring of delegated tasks, for clients who are ventilator dependent and receiving ACS.

Balance Due

The amount of fees for which a responsible party is billed and required to pay.

Case Manager (CM)

An agency staff member, who is a Licensed Social Worker (~~LBSW~~) and who is responsible for completing a comprehensive assessment, developing and implementing of client's plan of care for services.

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. This includes coordinating the delivery of the services in order to assist functionally impaired persons remain in the community in the most cost effective manner. The specialized assistance is based on the results of a comprehensive assessment.

Chore Service

The provision of one time, intermittent or occasional home tasks including heavy duty housecleaning, minor home maintenance, and walk maintenance. The service is provided to clients who reside in their own home or rental housing where the rental arrangement does not include these tasks. [Emergency Response Systems](#) (ERS) services are considered as a Chore Service.

Client

An individual who has met the eligibility criteria for services under the provision of this chapter.

Client Share

Monthly amount a SPED client is required to pay towards the cost of the client's services. It works like a monthly deductible. This amount is determined after deducting allowable medical expenses from their countable income. See also "Cost Share" and/or "Service Fee".

Community Support Services

Community supports is formalized training and supports provided to eligible individuals who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community.

Community Transition Services (CTS)

Assists eligible individuals transitioning from an institution or another provider-operated living arrangement (to include skilled nursing facility, adult residential, adult foster care, basic care, and assisted living) to a living arrangement in a

private residence where the client is directly responsible for his/her own living expenses and needs non-recurring set-up expenses.

Companionship Services

Reduces social isolation in older adults and individuals with physical disabilities. Companionship services are non-medical care, supervision and socialization, provided to a waiver recipient who lives alone or with an individual who is not capable or obligated to provide the service.

Competency Level

The skills and abilities required to complete a task or activity to an established standard.

Comprehensive Assessment

Instrument used to record basic demographic and medical information about an individual, including age, date of birth, spoken language, marital status, household members, emergency contacts, medical resources, health care coverage, and source and reason for referral, and to secure measurable information regarding: physical health, cognitive and emotional functioning, activities of daily living, instrumental activities of daily living, informal supports, need for twenty-four hour supervision, social participation, physical environment, financial resources, and other information not recorded elsewhere.

Congenital Disability

A congenital disability is one that exists at birth or shortly thereafter and for this chapter is not attributable to a diagnosis of either intellectual disability or a closely related condition.

Congregate Housing

Congregate housing means housing shared by two or more individuals not related to each other which is not provided in an institution. N.D.C.C. [50-24.5-01\(3\)](#).

Cost Share

Monthly amount a SPED client is required to pay towards the cost of the client's services. It works like a monthly deductible. This amount is determined after

deducting allowable medical expenses from their countable income. See also "Client Share" and/or "Service Fee".

Covered Services

Services specified in the Department's approved Medicaid Waiver (MW) for Home and Community Based Services (HCBS), Service Payments for the Elderly and Disabled (SPED), Expanded Service Payments for the Elderly and Disabled (Ex-SPED), Medicaid State Plan Personal Care Services, and Targeted Case Management (TCM).

Critical Incident Report (CIR)

A critical incident is any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of any client receiving HCBS.

Department

The North Dakota Department of Health and Human Services (DHHS).

Dependent

Any individual who the applicant/client is legally responsible to provide support and care: minor child, spouse, anyone placed in the care of the applicant/client by court order.

Disability Due to Trauma

This is a disability that results from an assault (injury) that occurs externally (e.g. blow to head, accident, fall) or internally within the body (e.g. stroke, heart attack).

Disability That Is Acquired

Means a disability that results from an assault that occurs internally within the body.

Disabled (Expanded SPED)

As defined by the Social Security Administration: the inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve (12) months (or, in the case of a child under the age of 18, if suffering from any medically determinable physical or mental impairment of comparable severity).

Disabled (SPED and Medicaid Waiver)

A person under age sixty-five who has a congenital disability, a disability due to trauma, or an acquired disability. (N.D.A.C. [75-03-23](#))

Disqualifying Transfer

As defined in North Dakota Century Code chapter 50-06.2 means a transfer made at any time before or after an individual makes application for SPED benefits by which the individual or the individual's spouse has made any assignment or transfer of any asset for the purpose of making that individual eligible for benefits. Assignment or transfer includes any action or failure to act that effects a transfer, renunciation, or disclaimer of any asset or interest in an asset that the individual otherwise might assert or have asserted, or which serves to reduce the amount that an individual might otherwise claim from a decedent's estate, a trust or similar device, or another individual obligated by law to furnish support.

Emergency Response System (ERS)

An electronic device enabling the client to secure help in an emergency by activating the "help" button he/she is wearing. The system is connected to the client's phone and programmed to signal a response center once a "help" button is activated.

Endorsements

A task that requires special skills and approval.

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.

Expanded Service Payments for the Elderly and Disabled (Ex-SPED)

A state funded program under which Qualified Service Providers are reimbursed by the Department for the provision of certain services provided to eligible elderly and disabled persons. These services are designed to assist individuals to remain in their own homes and communities.

Ex-SPED Program Pool

The list maintained by the department which contains the names of clients for whom Ex-SPED program funding is available when the clients' names are transferred from the Ex-SPED program pool to Ex-SPED program active status.

Exploitation

The act or process of an individual using the income, assets, or person of another individual for monetary or personal benefit, profit, gain, or gratification.

Extended Personal Care Services (EPCS)

Extended Personal Care Services (EPCS) is to complete tasks that are medical in nature and specific to the needs of an eligible individual. Approval to complete these tasks is provided by the Nurse Educator who has provided training to the EPCS Provider and is enrolled with the Department to provide Nurse Education.

Family Caregiver

A Family Caregiver is a person who lives with or provides daily care to an eligible client and may include a spouse, children, relatives, foster family, or in-laws.

Family Home Care (FHC)

The provision of room, board, supervisory care, and personal services daily, to an eligible elderly or disabled person by a qualified service provider, who meets the definition of a family member as defined in N.D.C.C. [50-06.2-02\(4\)](#), in the home of the client or the home of the qualified service provider.

Family Member

Defined as spouse or by one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew. Current or former spouse refers to in-law relationships.

Family Personal Care (FPC)

Assists individuals to remain with their family members and in their own communities. It provides for the provision of extraordinary care payments to the legal spouse or qualified family member of a recipient for the provision of personal care or similar services. The qualified family member must be one of the relatives as defined in Family Home Care N.D.C.C 50-06.2-02(4), and must be the provider performing the care to the individual. Family Personal Care can be provided by the "spouse or by one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew."

Fee Setting Authority

The North Dakota Department of Health and Human Services.

Full Financial Information

Such information about a family's assets, income, and medical deductions as is necessary and reasonably requested for the purpose of determining the fee to be charged.

Full Service Fee

The usual and customary fee (maximum) per unit charge assigned to a service.

Functional Assessment

An instrument used to record basic demographic and medical information about an individual, including age, date of birth, spoken language, marital status, individuals residing with, emergency contacts, medical resources, health care coverage, and source and reason for referral; and to secure measurable information regarding

- a. Physical health;
- b. Cognitive and emotional functioning;
- c. Activities of daily living (ADLs);
- d. Instrumental activities of daily living (IADLs);
- e. Informal supports;
- f. Need for twenty-four-hour supervision;
- g. Social participation;
- h. Physical environment;
- i. Financial resources;

- j. Adaptive equipment;
- k. Environmental modification; and
- l. Other information about the individual's condition not recorded elsewhere.

Functional Impairment

The inability to perform, either by oneself or with adaptive aids or with human help, specific activities of daily living or instrumental activities of daily living.

HCBS Program Administration

A unit within Adult and Aging Services. HCBS Program Administration includes the programs of Targeted Case Management, Medicaid Waiver Home and Community Based Services, Medicaid State Plan Personal Care, Service Payments for the Elderly and Disabled, and Expanded Service Payments for the Elderly and Disabled.

Home and Community-Based Services (HCBS)

The array of services under the SPED program and Medicaid Waiver defined in the comprehensive human service plan and the other services the department determines to be essential and appropriate to sustain individuals in their homes and in their communities, and to delay or prevent institutional care.

Homemaker

An individual who meets the standards and performs tasks/activities under the provisions of this service chapter.

Homemaker Service (HMK)

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.

Household

When determining SPED financial eligibility, individuals to be included in a household count if residing together, include the recipient/applicant of services, spouse of the recipient/applicant, children and stepchildren under the age of 18 of

the recipient/applicant, and any other individual that has been designated as a ward or dependent person of the applicant/recipient or the spouse by court order.

Income

Total adjusted gross monthly family income.

Individual Care Plan (ICP)

The document developed by a case manager and the client or legal representative specifying the frequency and intensity of each service to be received as an alternative to institutional care. Under the Medicaid Waiver for Home and Community Based Services, an interdisciplinary team will be involved in the development of the Care Plan of clients who receive the services of TBI Residential, TBI Transitional, and Supported Employment Service.

Individual Program Plan (IPP)

An individualized plan, developed by the QSP, that describes the tasks or training that will be done for a client receiving Residential Habilitation, Community Support Services, Transitional Living Services or Community Transitions Services. The IPP demonstrates how the QSP will work toward the client's goals.

Individual – Qualified Service Provider (QSP)

An individual who enrolls with the department as a Qualified Service Provider, which allows that individual to bill the department for services rendered.

Informal Network

Family, neighbors, friends, church, and other private resources available to meet identified needs of a client.

Institution

Institution means an establishment that makes available some treatment or services beyond food or shelter to five or more persons who are not related to the proprietor. N.D.C.C. [50-24.05-01\(8\)](#).

Instrumental Activities of Daily Living (IADLs)

Includes complex life activities routinely performed by an individual such as housework, laundry, meal preparation, taking medication, shopping, outside mobility, transportation, management of money, and use of a telephone.

Legally Responsible Person

Legal spouse or parent of a minor child.

Legal Representative

Someone who has been given power by law to represent another person.

Level-of-Care (LOC) Determination

A medical screening requested to determine eligibility for the Medicaid Waivers, Medicaid State Plan Levels B & C, or to screen children for the SPED program. The Department contracts with a utilization control management team to establish medical need.

Liquid Assets

Any resource that can readily be converted to cash, and includes cash on hand, checking accounts, savings accounts, stocks, bonds, and other negotiable instruments as well as non-contracted crop in storage. Liquid assets include taxable, tax-exempt, and tax-deferred funds. For purposes of this chapter, liquid assets also include the value of residences of the applicant or individual other than their primary residence.

Living Alone

An applicant or individual who lives alone or with a person(s) who is under the age of 18 or incapacitated is considered to be living alone.

Living Independently

Living independently includes living in congregate housing. The term does not include living in an institution.

Long Term Care Need

A need for the services available under the SPED Program, ExSPED Program, Medicaid Waiver Program, or the Medicaid State Plan Personal Care Option that is be anticipated to exceed 30 days.

Medical Services Division

A Division within the department with administrative responsibility to enroll Qualified Services Providers, conduct Qualified Service Provider audits, and set rates for HCBS services.

Medicaid State Plan Personal Care Program (MSP-PC)

Personal care services assist an individual with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), so that the individual is able to live at home. See MSP-PC Policy Manual (535-05).

Medicaid Waiver (MW)

A federal program specifically provided for by Federal law enabling states to deliver, under waiver of several Medicaid requirements, services to aged and disabled persons at risk of institutionalization.

Mental Anguish

Psychological or emotional damage that requires medical treatment or care, or is characterized by behavioral changes, or mental illness.

Monitoring

Overseeing and periodically reviewing the individual's progress, condition, and the quality and quantity of services provided.

Most Integrated Setting

A setting that enables an individual with a disability to interact with non-disabled persons to the fullest extent. The most integrated setting for an individual will usually be a private residence owned or rented by the individual or their family member.

Moving Expenses

Wayne Salter, Commissioner
ND Health and Human Services

Expenses that are necessary to assist an individual to move back to the community under Community Transition Services. See also "One-Time Set-Up Expenses".

Natural Supports

An informal, unpaid caregiver that provides care to an applicant or client.

Neglect

The failure of an individual to provide the goods or services necessary to avoid physical harm, mental anguish, or mental illness.

Non-Medical Transportation (NMT)

Transportation provided to eligible clients which enables them to access essential community resources/services needed in order to maintain themselves in a home and community setting.

Nursing Facility (Long Term Care Facility)

A facility licensed by the North Dakota Department of Health and Human Services and Consolidated Laboratories to provide residential nursing and medical care.

Obligated Family Member

A spouse, parent of a child under the age of 18, or a guardian (if required by the court to provide care).

Olmstead Decision

U.S. Supreme Court decision held under the Americans with Disabilities Act, that qualified individuals have the right to receive supports and services in the community rather than institutions.

One-Time Set-Up Expenses

Expenses that are necessary to assist an individual to move back to the community under Community Transition Services. See also "Moving Expenses".

Parent

A child's adoptive or biological mother, or father, or stepparent who has legal responsibility for a child.

Payment for Care

A financial arrangement between the provider, the Department, and the county social service agency for services.

Personal Care (PC) Service

Provision of services consisting of a range of human assistance, provided to an individual with disabilities or conditions, that will allow the individual to live as independently as possible while delaying or preventing the need for institutionalization. Assistance may be in the form of hands-on assistance or cuing so that the individual can perform a task without direct assistance.

Person-Centered Plan of Care

The Person-Centered Plan of Care is a summary of the needs and service options identified in the assessment process and is an outline of the plan developed by the individual, case manager, and the person-centered planning team. The Person-Centered Plan of Care is completed for all individuals served under home and community-based services including HCBS Medicaid waiver, Medicaid State Plan Personal Care Services, Service Payments for the Elderly and Disabled, and Expanded Service Payments for the Elderly and Disabled.

Physical Injury

Damage to bodily tissue which includes fractures, bruises, lacerations, internal injuries, dislocations, physical pain, illness, or impairment of physical function.

Poor Care

Care that does not meet service standards or care that is not acceptable to the client or department.

Primary Caregiver

The responsible person providing continuous care and supervision to an eligible individual that prevents institutionalization.

Primary Residence

The home owned and occupied by the applicant as his/her main place of residence.

Private Family Dwelling

Dwelling is defined in NDCC 14-02.5-01(8) as any structure or part of a structure that is occupied as, or designed or intended for occupancy as, a residence by one or more families.

Not considered a "private family dwelling" is an institution, motel/hotel room, and other similar arrangements rented by the individual. Congregate/group meals may be available, or meals may be eaten off site.

Qualified Service Provider (QSP)

An individual or agency that has met all of the standards/requirements and has been designated by the department as a provider.

Qualified Service Provider (QSP) Handbook

A handbook outlining the standards and procedures required for agencies and individuals to qualify as a Qualified Service Provider.

Related by Blood or Marriage

An individual in at least one of the following categories: parent or stepparent; spouse, son or daughter, stepson or stepdaughter, grandson or granddaughter.

Resident

Any adult who is receiving foster care, in an Adult Foster Care Home for Adults or Residential Care for compensation on a 24-hour basis.

Residential Care Service

When personal care, therapeutic, social and recreational programming is provided in conjunction with residing in the facility. Includes 24-hour on-site response staff to meet client-resident needs and to provide supervision, safety and security. Resident is responsible for payment of board and room. Residential facilities must be licensed as Basic Care facilities.

Residential Habilitation

Formalized training and supports provided to eligible individuals who require some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community.

Residential Services

Residential services are: state institutional facilities, nursing homes, residential child care facilities, developmental disability facilities, family foster homes and adult (foster) homes licensed by the state of North Dakota.

Respite Care Service

Care to an eligible individual for a specified period of time for the purpose of providing temporary relief to the individual's primary caregiver from the stresses and demands associated with daily care or emergencies.

Respite Care Provider

An individual enrolled as a qualified service provider who provides respite care to a client, whose care is funded by the county or state, in the absence of the provider.

Responsible Party

The individual responsible for paying for services.

Service Fee

Monthly amount a SPED client is required to pay towards the cost of the client's services. It works like a monthly deductible. This amount is determined after deducting allowable medical expenses from their countable income. See also "Client Share" and/or "Cost Share".

Service Payment

The payment issued by the Department to the caregiver/qualified service provider.

Service Payments for the Elderly and Disabled (SPED)

A state program under which Qualified Service Providers are reimbursed by the Department for the provision of certain services provided to eligible elderly and disabled persons. These services are designed to assist individuals to remain in their own homes and communities.

Service Payments for the Elderly and Disabled (SPED) Program Pool

The list maintained by the department which contains the names of clients for whom SPED program funding is available when the clients' names are transferred from the SPED program pool to SPED program active status.

Settings Rule

Centers for Medicare & Medicaid Services (CMS) issued a final rule that requires states to review and evaluate HCBS settings. States are required to ensure all HCBS settings comply with the new federal requirements to ensure that all individuals receiving HCBS are integrated in and have full access to their communities.

Sexual Abuse

Conduct directed against an individual which constitutes any of those sex offenses defined in [N.D.C.C. 12.1-20-02, 12.1-20-03, 12.1-20-04, 12.1-20-05, 12.1-20-06](#).

Sliding Fee Schedule

The document used to determine the SPED service fee to be assessed based on family size and income.

Social History

Components of Social History include: Demographics, Who lives in the Home, Health History, Family Structure, Coping Mechanisms, Support System, Educational and Employment History, Behavior/Psychological/Social Information, Financial Resources, Identification of Service Need, and Outcome of Services Provision.

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.

SPED Personal Care (PC) Service

Provision of services consisting of a range of human assistance, provided to an individual with disabilities or conditions, that will allow the individual to live as independently as possible while delaying or preventing the need for institutionalization. Assistance may be in the form of supervision hands-on assistance or cuing so that the individual can perform a task without direct assistance. While supervision is an allowable task within SPED personal care, it cannot be the sole reason for the care.

Spousal Impoverishment

Spousal Impoverishment applies to the Medicaid Waiver programs only. Allows the spouse at home (the community spouse) to keep additional income and assets so he/she can continue to live independently.

Spousal Support

The income of each spouse is deemed available to the other. When assets are to be considered, all assets of each spouse are deemed available to the other.

Standard

A level of quality or excellence that is accepted as the norm for a specific task.

Structural Changes

Structural changes refer to alterations of the recipient's residence to accommodate specialized equipment or changes in design to facilitate self-care.

Substantial Functional Impairment

A substantial inability, determined through observation, diagnosis, evaluation, or assessment, to live independently or provide self-care resulting from physical limitations.

Substantial Mental Impairment

A substantial disorder of thought, mood, perception, orientation, or memory, which grossly impairs judgment, behavior, or the ability to live independently, or provide for self-care, and which is determined by observation, diagnosis, evaluation, or assessment.

Substitute Caregiver

An individual who meets qualified service provider standards and provides respite care to private pay clients in the absence of the provider.

Supervision

Up to 24 hours of supervision may be provided to eligible individuals who because of their disability need monitoring to assure their continued health and safety.

Supported Employment Services

Provision of intensive, ongoing support to individuals to perform in a work setting with adaptations, supervision, and training relating to the person's 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.

Third Party Payer

An insurance company, Medicare, Medicaid, governmental entity, health maintenance organization (HMO), special education, court, or other resource which is responsible for payment of services.

Transition Coordination

Assists an individual to procure one-time moving costs and/or arrange for all non-Medicaid services necessary to assist the individual with the actual coordination and implementation of their individualized plan to move back to the community.

Transitional Living (TL) Service

Provision of training an individual to live with greater independence in the individual's 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.

Traumatic Brain Injured Residential Care Service

Assistance with retention or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed-making and household chores, eating the preparation of food, and the social, behavior, and adaptive skills necessary to reside in a non-institutional setting.

Vulnerable Adult

An adult who has substantial mental or functional impairment.

Vulnerable Adult Protective Services (VAPS)

Addresses the safety of vulnerable adults who are at-risk of harm due to the presence or threat of abuse, neglect, or exploitation.

Vulnerable Adult Protective Services (VAPS) Report

Any person who reasonably believes that a vulnerable adult has been subjected to abuse or neglect or observes conditions or circumstances that reasonably would result in abuse or neglect must report the information to the department or to an appropriate law enforcement agency.

Waiver Personal Care (WPC)

This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Such assistance may include assistance in performing ADLs (bathing, dressing, toileting, transferring, maintaining continence) and IADLs (more complex life activities, e.g. light housework, laundry, meal preparation, grocery shopping, using the telephone, medication and money management). Such assistance also may include the provider being at the ready to provide personal care services or the supervision of participants as provided in the service plan.

Willfully

Intentionally, knowingly, or recklessly.

Adult Foster Care 525-05-30-15**(Revised ~~05/01/23~~03/01/2024 ML #~~3730~~3829)**Legal AuthorityCode of Federal Regulations 42 CFR 441.301(c)(4)N.D. Century Code 50-11N.D. Century Code 50-25.2N.D. Administrative Code 75-03-21Purpose

The purpose of Adult Foster Care (AFC) is to offer a choice within a continuum of care to adults who could benefit from living in a family environment, as well as to promote independent functioning to the limit of an individual's ability and provide for a safe and secure environment.

The facility must be a specific physical place that can be rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at minimum, the same responsibilities, and protections from eviction that tenants under the landlord/tenant law of the State, county, city, or other designated entity.

All adult foster care individuals must have a signed Service and Rental Agreement according to North Dakota Administrative Code Chapter 75-03-21-12. A copy of the agreement must be maintained in the individual's file. Any changes to this agreement must be sent to the HCBS Case Manager and AFC Program Administrator.

Service Eligibility, Criteria for:

The individual receiving Adult Foster Care will meet the following criteria:

1. Must be eligible for the programs of Medicaid Waiver for Home and Community Based Services, SPED, or ExSPED;
2. Be at least eighteen years of age or older;
3. Not be eligible for or receiving foster care for children;
4. Have needs or a disability that makes a family home environment an appropriate care setting;
5. A licensed Adult Foster Care setting facility is available;
6. Not be related by blood or marriage to the licensed provider;

7. The care required by the individual of Adult Foster Care does not exceed the documented skill in personal care of the available licensed provider; and
8. The care is provided by a licensed Adult Foster Care facility provider.

Service Payment Procedures

1. If public funds are used for payment, the following criteria applies:
 - a. A rate of no more than the current maximum room and board rate per month shall be paid to the licensed provider by the individual for board and room costs.
 - The first source for the board and room cost is from the individual's income.
 - Another potential source of funds could be county general assistance funds.
 - SPED funds, Ex-SPED funds, and Medicaid Waiver funds cannot be used for room and board. Room and Board is the responsibility of the individual and is not included in the provider's daily rate.
 - b. The service payment for Adult Foster Care is a flat daily rate that is set by the Department. determined using the Monthly Rate Worksheet, SFN 1012, and is in addition to the amount for board and room.
 - ~~c. The maximum service payment that may be allowed to an individual of adult foster care is listed in the funding source manuals, Section 05-35.~~
 - ~~d.~~ c. Under the SPED program, other funding (i.e. private pay, county funds) may augment the Adult Foster Care Service payment.
2. If the funding source is self-pay, the following applies:
 - a. The service payment is the amount negotiated between the individual or their representative, and the licensed AFC Adult Foster Care provider.
 - b. Case Management is not a required service.
 - c. The AFC provider is required to notify the HCBS licensor of any individual's receiving AFC in the home, including individual's that are self-pay.
 - d. The HCBS licensor is required to notify the AFC Program Administrator of any changes within the licensed home regarding AFC recipients.

Service Tasks

The service tasks/activities within the scope of this service chapter are identified on the Authorization to Provide Services, otherwise known as the Preauth., ~~and the Monthly Rate Worksheet, SFN 1012. Only tasks indicated as needed on the SFN 1012 can be authorized on the Preauth.~~

To avoid duplication homemaker, chore, emergency response system, residential care, transitional care, attendant care, environmental modification, and non-medical transportation are not allowable service combinations for individuals receiving AFC. Non- medical transportation is a component of AFC and is included in the rate.

Prohibited Activities effective 12/31/2016.

The provision of adult foster care services funder under the waiver, SPED or Ex-SPED must ensure an individual's right of privacy, dignity, and respect. Coercion, seclusion, or restraint of waiver individuals is expressly prohibited in all adult foster care settings.

1. The Code of Federal Regulations 42 CFR 441.301(c)(4) requires that all home and community-based settings meet certain qualifications. These include:
 - a. The setting is integrated in and supports full access to the greater community.
 - b. Is selected by the individual from among setting options.
 - c. Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint.
 - d. Optimizes autonomy and independence in making life choices; and
 - e. Facilitates choice regarding services and who provides them.
 - f. The final rule also includes additional requirements for provider-owned or controlled home and community-based residential settings. These requirements include:
 - g. The individual has a lease or other legally enforceable agreement providing similar protections.
 - h. The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit.
 - i. The individual controls his/her own schedule including access to food at any time.
 - j. The individual can have visitors at any time; and

- k. The setting is physically accessible.
- 2. Any modification to these additional requirements for provider-owned home and community-based residential settings must be supported by a specific assessed need and justified in the person-centered service plan.
- 3. The HCBS Case Manager will monitor all Medicaid individuals residing in an AFC setting during required quarterly visits.
- 4. The first quarterly visit after the initial care plan will include a completion of the Home and Community Based Services (HCBS) Individual Adult Foster Care Setting Experience Interview, SFN 636.
 - a. Any issue identified in the individual experience interview must be reported to HCBS Settings Administrator.
- 5. A copy of the SFN 636 must be sent to the HCBS Settings Administrator by emailing the form to the HCBS email.
 - a. To assure ongoing compliance with HCBS settings rules, the HCBS Program Administrator will review the survey.
 - b. The HCBS Settings Administrator and HCBS Case Manager will then work with the licensed provider to remediate any issues or violations related to the HCBS Settings Rule.
- 6. The HCBS Case Manager will complete an SFN 636 annually thereafter.

Critical Incident Reporting

All critical incidents must be reported according to the Critical Incident Reporting policy (Critical Incident Reporting 525-05-42).

Unauthorized restraints are required to be reported as suspected abuse, neglect, or exploitation per NDCC 50-25.2.

Arranging for Adult Foster Care Service

When arranging for placement, the HCBS Case Manager must consider the following:

1. Care needs of the individual must not be in excess of the capacity of the provider;
2. The physical structure of the facility must allow for the needs of the individual (i.e. individuals who are not independently mobile); and
3. Any physical or mental condition that may deem Adult Foster Care inappropriate.

Service Combinations

Adult Foster Care is an inclusive 24-hour service. Therefore, Respite Care and Extended Personal Care are the only allowable service(s) that can be authorized with the Adult Foster Care Service.

NOTE: There must be more than one QSP identified on the care plan (i.e. there may be two or more licensed providers in the facility) as it is not reasonable to allow one provider to be responsible for 24 hours of care per day. If there is only one licensed AFC provider in the facility, respite must be authorized so that the provider can take necessary breaks away from their caregiving responsibilities.

An individual who is a resident of an Adult Foster Care facility may choose their respite provider and is not required to use a relative of the Adult Foster Care provider for respite. Respite providers must meet the QSP requirements.

When the individual in an Adult Foster Care setting facility receives overnight care in another adult foster care setting facility, the care rate is the same as the adult foster care rate and the procedure code used by the respite substitute Adult Foster Care provider will be the Adult Foster Care procedure code.

Individual Out of Facility with Foster Care Provider

A provider may claim payment for care of the individual when the individual vacations with the foster care provider if the individual has continuously lived with the foster family for a substantial period of time, and the individual made an independent choice to vacation with the family. The provider must report the following to the HCBS Case Manager prior to departure:

1. The dates the individual will be vacationing with the foster family;
2. The telephone number(s) where they can be reached;
3. The names and addresses of individuals they will be visiting, if applicable; and
4. A travel itinerary, if applicable.

The individual must remain in the care of the foster care provider. Care of the individual cannot be transferred to other family, friends, or anyone else during that time.

Providers

Adult Foster Care may **NOT** be provided by the following individual QSP's or employees of a QSP agency:

- Guardian
- Legally Responsible Person - Legal spouse or parent of a minor child.

- Relative within the definition of Family Home Care under subsection 4 of N.D.C.C. 50-06.2-02.

Provider Employment Outside of the Adult Foster Care Setting Facility

Adult foster care is an inclusive 24-hour service. Therefore, employment outside of the facility is generally not allowable. An adult foster care provider may be employed outside the facility if the license to provide adult foster care was issued to more than one individual and at least one of the licensed individuals remains in the facility to provide the care.

The HCBS Case Manager must be informed of outside employment.

- The HCBS Case Manager notifies the AFC Licenser and Licensing Program Administrator to evaluate whether individual care would be negatively impacted.

If an AFC individual is enrolled in a day-program (documented in the individual's plan of care) and is out of the facility, outside employment by the AFC provider may be considered during the hours the AFC recipient client is away. However, individual care cannot be compromised.

~~Employing individuals other than those who meet the definition of a respite provider or substitute caregiver is not permitted.~~ Employing AFC respite care providers or a substitute caregivers to assist in the daily operation of the AFC home adult foster care facility is also prohibited. Respite ~~care and substitute~~ caregivers may provide care only in the absence of the provider.

~~The HCBS Case Manager must be informed of outside employment to evaluate whether individual care would be negatively impacted.~~

Adult Residential Care 525-05-30-16

(Revised ~~04/01/2023~~ 03/01/2024 ML #~~3723~~ 3829)

Legal Authority

Code of Federal Regulations 42 CFR 441.301(c)(4)

N.D. Century Code 50-10.2

N.D. Administrative Code 75-03-23

Purpose

To provide an array of services to an individual in a 24-hr setting. Adult residential care programs specialize in care of individuals with chronic moderate to severe

memory loss or an individual who has a significant emotional, behavioral, or cognitive impairments. It is also a service in which assistance with ADLs/IADLs, therapeutic, social, and recreational programming is provided. Care must be furnished in a way that fosters the maintenance or improvement in independence of the recipient.

The unit or dwelling must be a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity.

For settings in which landlord tenant laws do not apply, the case manager must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

All adult residential care recipients must have a signed lease or other legally enforceable agreement that meets the above standards. A copy of the lease must be maintained in the recipient's file. Any updates to the active lease agreement are required to be kept in the recipient's file. The provider is responsible for notifying the HCBS Case Manager with any changes to the lease agreement. The provider is required to provide a copy of the updated lease agreement for the recipient's file.

Adult Residential Care services cannot be provided in any setting that is:

- Located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or;
- Located in a building on the grounds of, or immediately adjacent to, a public institution.

Service Eligibility, Criteria for

The individual receiving Adult Residential Care service will meet the following criteria:

1. Must be eligible for the Medicaid Waiver for Home and Community Based Services.
2. Be at least age 18.
3. Must not be severely impaired in eating, transferring, or toileting.
4. Does not have medical or behavioral needs that require professional evaluation and management on an ongoing basis.

5. Need the services of, independent living skills training, support and training provided to promote and develop relationships, participate in the social life of the community, and develop workplace task skills including behavioral skill building.
 - Community Integration is provided to enable the individual to promote independence and alleviate social anxiety. Some activities to be considered are community social events (such as fairs, sports leagues, church functions), volunteer or paid employment, educational/vocational activities.
 - Social Appropriateness assists the individual with the development of social skills needed to interact with individuals in the facility or in the community. Such activities include (but are not limited to): respecting others' space and privacy, non-offensive communication, obeying laws and rules, timeliness, safety/risk procedures;

Or

Require protective oversight and supervision in a structured environment that is professionally staffed to monitor, evaluate and accommodate an individual's changing needs.

A rate of no more than the current maximum room and board rate per month shall be paid to the licensed provider by the recipient for board and room costs. Room and Board is the responsibility of the recipient and not included in the provider's daily rate.

Service Tasks

1. This service includes 24-hour, on-site response staff;
2. Transportation may be provided as a component of this service and included in the daily rate paid to providers. Contact a HCBS Program Administrator to determine if transportation has been included in a rate for a specific residential care provider.
3. The Adult Residential Care providers are required to support the recipient with medical coordination.
4. Assistance with ADLs and IADLs within the guidelines of the Basic Care licensure standards;
5. Allowable service tasks as identified on the Preauth.

Limits

Limited to the tasks as in agreement between the Department and the Adult Residential Care facility provider and as authorized by the HCBS Case Manager.

To avoid duplication homemaker, chore, emergency response system, adult day care, adult foster care, respite, transitional care, attendant care, and environmental modification, are not allowable service combinations for individuals receiving Adult Residential Care services.

Adult Residential Care services is an all-inclusive service with the exception of Non-Medical Transportation and Supported Employment Services. Non-Medical Transportation and Supported Employment Services may be combined with Adult Residential care in the following circumstances:

- Non-Medical Transportation (NMT) is allowable as a service combination with adult residential care when NMT is not a component of the ARSC rate.
 - The case manager references the list of adult residential care providers who do not have non-medical transportation (NMT) figured into the daily rate.
- Supported Employment Services for an individual who was determined eligible for Adult Residential Care as a result of a need for the services of, independent living skills training, support and training provided to promote and develop relationships, participate in the social life of the community, and develop workplace task skills including behavioral skill building.

Non-emergency Medical Transportation may also be available and utilized through Medicaid for transportation to medical appointments.

Prohibited Activities effective 12/31/16

The provision of adult residential care services under the waiver must ensure an individual's right of privacy, dignity, and respect. Coercion, and or seclusion, of waiver recipients is expressly prohibit in all service settings. The limited use of restraint in adult residential care service settings is allowable but only as described in NDCC 50-10.2-02 (1).

Adult Residential Care facilities must be licensed as Basic Care facilities in accordance with ND Admin Code 33-03-24.1-03. Adult Residential Care facilities must act in accordance with resident rights which comply with NDCC 50-10.2 and ND Admin Code 33-03-24.1-09 (2) (h).

NDCC 50-10.2-02 (1) (k) states that residents have "The right to be free from mental and physical abuse and the right to be free from physical or chemical restraint except in documented emergencies or when necessary to protect the resident from injury to self or to others". ND Admin Code also dictates that any use of restraints must be authorized and documented by a physician for a limited period of time and, if the restraint is a chemical one, it must be administered by a licensed nurse or physician. Except as provided in this subdivision, drugs or

physical restraints may not be used or threatened to be used for the purposes of punishment, for the convenience of staff, for behavior conditioning, as a substitute for rehabilitation or treatment, or for any other purpose not part of an approved treatment plan.

The HCBS Case Manager ~~will be monitoring~~ all Medicaid individuals residing in an Adult Residential Care (ARC) setting during their required quarterly visits. ~~One of their~~

1. The first quarterly visits following the initial care plan will include a completion of the Home and Community Based Services (HCBS) Adult Residential Care Setting Experience Interview, SFN 639.
 - a. A copy of this review needs to be sent to Adult & Aging Services by emailing the form to the HCBS email.
 - b. To assure ongoing compliance with HCBS settings rules, the HCBS Program Administrator will review the survey.
 - c. Any issue identified in the client experience interview must be reported to Adult & Aging Services, who will then work with the licensed provider to remediate any issues or violations related to the HCBS Settings Rule.
2. The HCBS Case Manager will complete an SFN 639 annually thereafter.

The HCBS Case Manager will monitor all Medicaid individuals residing in an ARC setting during required quarterly visits.

1. The first quarterly visit after the initial care plan will include a completion of the Home and Community Based Services (HCBS) Individual Adult Foster Care Setting Experience Interview, SFN 636.
 - a. Any issue identified in the individual experience interview must be reported to HCBS Settings Administrator.
2. A copy of the SFN 636 must be sent to the HCBS Settings Administrator by emailing the form to the HCBS email.
 - a. To assure ongoing compliance with HCBS settings rules, the HCBS Program Administrator will review the survey.
 - b. The HCBS Settings Administrator and HCBS Case Manager will then work with the licensed provider to remediate any issues or violations related to the HCBS Settings Rule.
3. The HCBS Case Manager will complete an SFN 636 annually thereafter.

Critical Incident Reporting

Before restrictive emergency procedures can be implemented as described in the administrative code it is the responsibility of the case manager to assess and

document the restriction plan on the person-centered plan of care. This plan is reviewed quarterly. The HCBS case manager will document the maladaptive behavior and the identified restriction. Less restrictive methods must be included in the plan and attempted prior to the application of restraint. Previous restriction plans must be identified in the plan. The emergency use of restraints must be developed with the participation of the waiver recipient and/or their legal decision maker who must consent to the plan. The HCBS Program Administrator reviews all plan of care and will approve the plan of care if it contains all of the required information.

Unauthorized restraints are required to be reported as suspected abuse, neglect, or exploitation per NDCC 50-25.2. Waiver participants and/or legal decision makers must approve and agree to the restriction plan on the person-centered plan of care and are made aware that unauthorized use of restraints or restrictive interventions are not allowed and are required by law to be reported. Some Adult Residential Care facilities have a no-restraint policy if a recipient chooses such a facility it must be documented in the plan of care.

The use of all unauthorized restraints (those not written into the individual's plan, or those that do not follow the requirement of NDCC 50-10.2-02 (1) (k)), must be abated or eliminated immediately and meet the criteria of a Serious Event. These situations must be reported according to the Critical Incident Reporting policy (Critical Incident Reporting 525-05-42). The Adult & Aging Services Team will review all incident reports to determine if restraints were used appropriately. If the restraint was used appropriately it will be documented in the recipient's narrative. If it is determined restraints were not used appropriately and in accordance with state law, a formal referral to VAPS and/or ND (licensing entity) will be initiated. VAPS and/or ND Health Facilities Unit will be responsible for independent review and follow up.

The Adult & Aging Services Team consists of the Adult & Aging Services Director, HCBS Program Administrator, Adult & Aging Services Program Administrator licensed as an RN, Vulnerable Adult Protective Services (VAPS) staff, LTC Ombudsmen, and the HCBS Case Manager. The HCBS Case Manager must also review the plan of care on a quarterly basis to assure the safeguards and requirements are met and to assure that the approval of the individual and/or legal decision maker is documented. This information is recorded in the narrative and any noncompliance or needed follow up regarding the use of restraints must be initiated and documented.

Extended Personal Care Service 525-05-30-27

(Revised 023/01/2024 ML #37973829)

View Archives

[Legal Authority](#)

[N.D. Admin. Code 54-05-01](#)

[N.D. Admin. Code 54-05-02](#)

Purpose

The purpose of Extended Personal Care Services (EPCS) is to complete tasks that are medical in nature and specific to the needs of an eligible individual. Approval to complete these tasks is provided by the Nurse Educator who has provided training to the EPCS Provider and is enrolled with the Department to provide Nurse Education. Or, if a necessary medical task is too complex to be taught to an unlicensed provider the nurse may provide the service directly to the individual. Services **that must be** provided by a licensed nurse include but are not limited to nurse assessments, care planning, care coordination, training, periodic review of individual's care needs, medication set up, foot care, feeding tubes, changing, and flushing catheters, bowel programs that include manual removal of waste and bowel stimulation, or the provision of direct care that is too complicated to delegate to an extended personal care provider.

Per [NDAC 54-05-01](#) and [54-05-02](#): The initial or comprehensive nursing assessment shall be completed and implemented by an RN. The RN will develop a nursing plan of care based on **that the** assessment and **medical** diagnoses and can provide education on nursing interventions for which **that the person QSP** has the necessary skills and competence to accomplish safely.

~~The LPN can participate in the development, evaluation, and modification of the nursing plan of care and can also conduct a focused nursing assessment and contribute that information to the nursing plan of care. The LPN can also provide education on nursing interventions for which that QSP provider person that has the necessary skills and competence to accomplish safely.~~

Approval of the Nursing Plan of Care is required by the R.N. Program Administrator, **before** implementing the service.

This service may include nursing care to the extent permitted by state law under NDCC 43-12.1 and NDAC 54-05, that which will maintain the health and well-being of the individual and allow the individual to remain in the community. EPCS are services that an individual without a functional disability would customarily and personally perform without the assistance of a licensed health care provider, such as administration of medications, or wound care.

Service Eligibility, Criteria for:

The individual receiving EPCS must be:

1. Eligible for the Medicaid Waiver for Home and Community Based Services or Service Payments to the Elderly & Disabled.
2. Competent to participate in the education of the Extended Personal Care Service Provider by the Nurse Educator or have a legally responsible representative directly participate in the process.
3. The need for EPCS is limited to individuals who have a cognitive or physical impairment that prevents them from performing extended personal care service activities.
4. Requires skilled or nursing care that requires training by a nurse licensed under NDCC ND-Century Code chapter 43-12.1.
5. Have an informal caregiver support system to provide contingency (~~back-up~~ **backup**) care in case of the absence of EPCS providers.
6. Be competent to actively participate in the development and monitoring of their individual care plan or have a legally responsible party available to participate.

Service Location

Services will be administered in the most integrated setting consistent with the Person-Centered Plan of Care, including (**checked if allowable**):

- ✓ **The individual's home**
- ✓ **Workplace**
- ✓ **Other community service settings**

Authorization for Service

1. The initial Request for Extended Personal Care Services (written request by the HCBS Case Manager), Individual Care Plan, Authorization to Provide Services, and Nursing Plan of Care (NPOC) (including documentation of education provided for tasks, monitoring plan, and instructions for incident reporting) must be pre-approved by the Extended Personal Care Service

(EPCS) RN Program Administrator, Adult & Aging Services Section. The HCBS case manager is responsible to submit/upload the completed documents to the electronic record.

2. The Authorization and NPOC must be updated and reviewed at the six-month level by the Extended Personal Care Service (EPCS) RN Program Administrator, Adult & Aging Services Section. The HCBS case manager is responsible ~~to upload~~ for uploading the completed documents to the electronic record for review and approval by Adult & Aging Services/HCBS. The NPOC must be approved by the Extended Personal Care Service (EPCS) RN Program Administrator before pre-authorizations are entered to provide Extended Personal Care Nurse (S5115-TD) or Extended Personal Care (S5115) into the electronic record.
3. The Individual Care Plan, Authorization, and NPOC must be completed and reviewed every six-months by the Extended Personal Care Service (EPCS) Program Administrator, Adult & Aging Services Section. The HCBS case manager is responsible to submit/upload the completed documents to the electronic record.

Service Delivery

EPCS and Nurse Education are provided in accordance with the nursing plan of care (NPOC), developed by the individual and the RN Nurse Educator, to meet the identified needs of the individual. The Case Manager is responsible to complete the Individual Care Plan and Authorization taking into consideration the needs identified in the NPOC.

The EPCS individual or their legally responsible person is required to identify and oversee their EPCS providers. The individual, with the assistance of the HCBS Case Manager, must develop a contingency plan to assure health, welfare, and safety in the event the individual's care needs change or providers are not available.

The RN Nurse Educator must complete and send the following forms to the HCBS Case Manager

1. Nursing Plan of Care (SFN 807)
 - Completed by RN, initially, and every 6-months while services are in place.
 - Comprehensive assessment must be completed face-to-face with the individual by the RN.
 - Billing service code
 - NPOC and Nurse Educator training: S5108.
 - Nurse completing the medical task: S5115-TD.
 - Non-nurse QSP completing medical task: S5115

2. Extended Personal Care Services (EPCS) Provider Training Procedure Agreement (SFN 576) completed by all trained staff and RN Nurse Educator.
3. If the Nurse Educator is training staff, use NE code S5108 for the training time only.
4. Update NPOC if there are changes in the individual's instructions before the 6-month assessment is due. RN Nurse Educator must send updated NPOC to HCBS Case Manager for EPCS RN Program Administrator approval.

The HCBS Case Manager will upload all forms into the electronic record for the EPCS RN Program Administrator's review.

NPOCs will not be approved until all forms are received accurate and signed by the RN Nurse Educator, if applicable.

Incidents

The Nurse Educator provides written documentation to the Department that shows he or she has provided instructions to the EPCS Provider that outlines the types of situations that are considered reportable incidents, and instructions on who should be contacted, and this may include contacting the individual's primary health care provider for instruction and then contacting the HCBS Case Manager. If the HCBS Case Manager and Nurse Educator determine that the incident is indicative of abuse, neglect, or exploitation, the HCBS Case Manager must immediately report the incident to the Department. The Case Manager must also follow the policy found in HCBS Case Management [525-05-30-05](#), Monitoring for Abuse, Neglect, or Exploitation. The incident plan needs to be updated on an annual basis and a copy provided to the Extended Personal Care Service (EPCS) Program Administrator.

Limits

1. Units for routine assessments for the health and welfare of the individual, incident reporting, assistance with activities of daily living (ADLs) and instrumental activities of daily living are not part of this service.
2. Due to the complexity of the care provided to individuals receiving Extended Personal Care Services, contingency plans are required as a

prerequisite to receive this service to assure that health welfare and safety are maintained if a provider is unavailable to provide the service.

3. The Nursing Plan of Care (NPOC) assessments must be done face to face to assure the health, welfare, and safety needs of the individual are met.
4. Vital signs may **only** be authorized under EPCS if a written order from an outside agency medical practitioner is obtained with the frequency and parameters listed. The HCBS Case Manager must keep a current order for vital signs in the electronic record.
5. Authorized EPCS approvals are **nontransferable** between QSP Agencies or individual QSPs.
6. Virtual Supports Option may only be utilized after approval from a EPCS RN Program Administrator. The EPCS RN Program Administrator will document approval.

Providers

Extended Personal Care Services may be provided by the following individual QSPs or employees of a QSP agency (**checked if allowable**):

- ☐ ☐ Guardian
- ☐ ☐ Legally Responsible Person - Legal spouse or parent of a minor child.
- ✓ **Relative within the definition of Family Home Care under subsection 4 of N.D.C.C. 50-06.2-02.**

Per [NDAC 54-05-01](#) and [54-05-02](#): The initial or comprehensive nursing assessment shall be completed and implemented by an RN.

1. The RN will develop a nursing plan of care based on ~~that the~~ assessment and diagnoses. ~~and can~~
2. The RN provides education on nursing interventions ~~for which~~ that ~~person-the QSP provider~~ has the necessary skills and competence to accomplish safely.

The LPN can

1. ~~Pp~~participate in the development, evaluation, and modification of the nursing plan of care. ~~and can also~~
2. ~~Ce~~conduct a focused nursing assessment and contribute that information to the nursing plan of care. ~~The LPN can also~~
3. ~~Pp~~provide education on nursing interventions for which that ~~person-that QSP provider~~ has the necessary skills and competence to accomplish safely. **The NPOC must be signed by an RN.**

Service Activities, Authorized and Limits

1. Documentation outlining the tasks the nurse has trained the Extended Personal Care Service Provider on are maintained by the Nurse and a copy is sent to the HCBS Case Manager. A copy of the training documentation form is also given to the trained Extended Personal Care Provider listing the tasks to be completed. The Case Manager notes the units authorized by the EPCS Program Administrator.
2. If a necessary medical task is too complex to be taught to an unlicensed provider, the nurse may be paid to provide the service directly to the individual. Services provided by a licensed nurse include but are not limited to nurse assessments, care planning, training, periodic review of individual care needs, care coordination, medication set up, foot care, feeding tubes, changing, and flushing catheters, bowel programs that include manual removal of waste and bowel stimulation, or the provision of direct care that is too complicated to delegate to an extended personal care provider.
3. The nurse educator will provide at a minimum, a review of the individual's needs every six months to determine if additional training and or tasks are required.
4. If the nurse educator fails to provide six-month NPOC service documents a ~~six-month NPOC service documents~~, ~~attempts will be made by~~ the HCBS Case Manager and EPCS Nurse Program Administrator will ~~to~~ re-educate the EPCS nurse educator. If the documents ~~is~~ are not provided to the Department after re-education attempts to follow up with a ~~has been provided to the~~ Nurse Educator, a Qualified Service Provider (QSP) complaint will be filed with the QSP Complaints Program Administrator.
5. Nurse education service may be provided remotely through virtual supports as determined necessary to ensure services are delivered while considering participant choice, compliance with CMS requirements and identified in the participant's person-centered plan.

If the participant requires hands on assistance for a specific task, then virtual supports service delivery cannot be an option for that task but may be utilized for other tasks that do not need hands on support.

Examples of when Nurse Education, virtual supports **MAY** be used:

- o Toenail Care
- o Vitals when ordered by a physician
- o Bowel program
- o Compression Wraps
- o Nebulizers
- o Topical prescriptions

Examples of when Nurse Education, virtual supports may **NOT** be used:

- o Medication Set-up – Required by the Nurse
- o Tubes, wounds and suctioning tasks
- o Lab work
- o Colostomy Care
- o Injections

Requirements for utilizations of Nurse Education – Virtual Supports

- o Virtual Supports require the initial NPOC has been completed in person with the provider, individual and other team members during the person-centered planning process.
 1. The NPOC will ensure that the planning process has considered service needs and if these needs can be met by using a virtual supports method of service delivery.
 2. The NPOC includes a Virtual Support Checklist will be required to be completed by the Nurse Educator and the team during the person-centered planning process.
 3. This checklist will act as a safeguard to ensure virtual supports can help meet the needs of the participant in a way that protects the right to privacy, dignity, respect, and freedom from coercion.
 4. Any issues will be addressed prior to the implementation of remote supports. The checklist will ensure that the planning process has considered service needs and if these needs can be met by using a virtual supports method of service delivery.
 5. The Virtual Support Checklist will include consideration of the estimated hours/visits that virtual supports delivery will be utilized.
- o The risk assessment and service plan require the team to develop a plan to address health, safety, and behavioral needs while remote supports are utilized so appropriate assistance can be provided.
- o In virtual supports, the use of cameras in bathrooms or bedrooms impacting the participant's dignity and privacy is not permitted.
- o Virtual supports reinforce community integration by encouraging the participant to engage in community life as independently as possible and to be able to safely engage in activities in his or her home or in the community without relying on the physical presence of staff to accomplish those activities.
- o The participant's services may not be delivered via virtual support 100% of the time.

- o The participant must always have the option to request in-person services. The amount of time chosen shall be determined during the person-centered planning process and outlined in the Individual Program Plan (IPP).
- o Provider must use a HIPAA compliant service delivery method (e.g. Microsoft Teams, Zoom for Healthcare). HIPAA rules apply to all covered entities regarding HIPAA Privacy and Security.
- o Participant will be given education and support on the use of virtual supports by their chosen provider. Virtual supports are not a system to provide surveillance or for staff convenience.

Definitions:

~~limited to medical coordination provided by RN; this service task must be in combination with another extended personal care task.~~

Family Home Care 525-05-30-30

(Revised ~~05/01/23~~ 03/01/2024 ML #~~3730-3829~~)

Purpose

The purpose of family home care is to assist individuals to remain with their family members and in their own communities. It provides an option for an individual who is experiencing functional impairments which contribute to his/her inability to accomplish activities of daily living.

Service Eligibility, Criteria for

The individual receiving Family Home Care will meet the following criteria:

1. Must be eligible for the SPED or ExSPED program.
2. The individual and the family member must reside in the same residence.
3. The individual and the family member must mutually agree to the arrangement.
4. QUALIFIED SERVICE PROVIDER (QSP) SERVICE AGREEMENT - LIVE IN PAID CAREGIVERS, SFN 1654, is required for all Family Home Care providers.

5. The family member must be one of the relatives as defined in Family Home Care N.D.C.C 50-06.2-02(4), and must be the provider performing the care to the individual. Family Home Care can be provided by the "spouse or by one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew."
6. The need for services must fall within the scope of tasks that includes bathing, communication, dressing/undressing, eye care, feeding/eating, hair care/shaving, housework, incontinence, laundry, meal preparation, medication assistance, mobility, money management, fingernail care, shopping, skin care, teeth/mouth care, toileting, transferring/turning/positioning, supervision, exercises, hoist lift/mechanized bath chairs, indwelling catheter, medical gases, prosthesis/orthotics, suppository/bowel program, TED socks, temp/bp/pulse/respiration rate, apnea monitor, jobst stockings, ostomy care, postural/bronchial drainage, and RIK bed care. The identified tasks for the individual are listed on the service authorization. identified on the SFN 1012, Monthly Rate Worksheet—Live-In Care, Authorization to Provide Services.
 - a. The FHC provider is not required to have global endorsements or client specific endorsements.
 - b. The FHC provider may be authorized for medication administration even if the individual is not able to self-direct their medications.
7. The individual must have a daily personal care and/or supervision need that is provided by the FHC provider.
8. The provider for FHC must provide a minimum total of one (1) hour of care to the eligible individual per day. The one hour per day includes the daily personal care or supervision need and any other allowable task under FHC.
 - a. The one hour of care per day may include homemaker tasks within the limits allowable under SPED. that is included in the Monthly Rate Worksheet.
9. The number of reimbursable hours of care for this service cannot exceed 10 hours per day.
10. The individual does not qualify for Family Personal Care (FPC). If an individual receives or would be eligible for Medicaid and meets level of care screening, FPC must be sought as opposed to Family Home Care (FHC).
Exception: If authorizing FPC would be detrimental to the household and FHC is preferred, contact Program Administrator for consideration.
Note: A provider who is on Medicaid is not allowed to request a lower rate than what is calculated based on the service recipient's needs. Per Medicaid guidelines: if a provider is on Medicaid, all income available to that provider must be considered and counted.

- If a provider on Medicaid has questions about how payment will affect their eligibility, they should refer to their eligibility worker.
- If a provider receiving other financial assistance such as TANF, SNAP, housing assistance, SSI, etc. has questions about how payment will affect their eligibility, they should refer to the authorizing entity.

Note: If FHC is preferred, FPC does not need to be sought if:

The cost of FHC services is less than \$~~273~~ 311 a month.

Note: If FHC is preferred, FPC does not need to be sought if:

The individual's Medicaid was closed due to not meeting recipient liability, or it is clear they would not meet recipient liability (after summing the medical expenses, plus the case management, plus Medicaid waiver services).

A flat rate of no more than the current maximum room and board rate per month has been established for room and board. The individual is responsible for paying the Qualified Service Provider (QSP) directly for room and board IF the individual lives in the provider's home.

Service Tasks/Activities - Family Home Care

~~The service tasks/activities within the scope of this service chapter are identified on the Authorization to Provide Services, and only those listed on the SFN-1012, Monthly Rate Worksheet (MRW), can be approved and authorized.~~

Tasks of laundry, shopping, housekeeping, meal preparation, money management, and communication are allowed only when the service activity benefits the individual. The service of family home care is not intended to be used primarily for environmental tasks. The individual must have a daily personal care and/or supervision need to qualify for this service.

The department may pay a provider for homemaker tasks that would otherwise be considered the individual's share of the responsibility to complete the task. An example of this would be authorizing housekeeping for the individual's personal private space OR their shared responsibility of cleaning the common living space.

Family Home Care Limitation, Under 18 Years of Age

In addition to the eligibility criteria set forth above, the following conditions must be met by the under 18 year old potential recipient of family home care AND caregiver/qualified service provider. If the conditions cannot be met, the individual under 18 years of age is NOT eligible for Family Home Care:

1. The provider must be either the parent or spouse of the individual who is under the age of 18.

2. The caregiver/qualified service provider provides continuous care to the child. That is, the individual's/child's disability prohibits his/her participation in programs and/or activities outside the home; the child is unable to regularly attend school OR is severely limited in the amount of time at school. (The relationship to school attendance applies even when school is not in session; would the child be able to attend school and to what extent if it were in session.) If it appears that the child may be eligible for DD services, an application must be made to the DD Division to make this determination prior to consideration of SPED. There must be documentation that application was made for DD services, and a copy of the denial letter be placed in the individual's file. A letter saying the applicant/child is not receiving DD services is not sufficient.

Service Location

Services will be administered in the most integrated setting consistent with the Person Centered Plan of Care, including (**checked if allowable**):

- ✓ **The individual's home**
- ✓ **Workplace**
- ✓ **Other community service settings**

Out of Home Care

Payment can be made for days the individual is receiving the SAME care from the SAME caregiver-QSP although not in the home they otherwise mutually share. For care out of state, prior approval must be granted by the HCBS Program Administrator. No payment is allowed for individuals out of state with the exception of individuals seeking medical care out of state. No payment is allowed for care provided outside of the country.

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~~For care out of state, prior approval must be granted from the HCBS Program Administrator.—~~

Provider Need Not be Present in the Home on a 24-Hour Basis

This provision within the Family Home Care service is appropriate for individuals who can be left alone for routine temporary periods of time (e.g. part-time employment of the qualified family member) without adverse impact to the individual's welfare and safety. The individual must agree to be left alone.

- This provision does NOT allow for the qualified family member to hire a provider to provide care for the individual during routine absences from the home.
- This provision does not allow a provider to work full time unless the arrangement has been approved by an HCBS Program Administrator and assures the individual's continued health and safety.

Service Combinations

Family home care is an inclusive 24-hour service. Therefore, respite care service along with family home care is acceptable as described under the following circumstances:

1. There is full-time family home care service provided by a qualified family member. When the family member provides less than 24-hour per day care on a routine basis, respite care is only appropriate when the qualified family member's absence occurs outside the routine scheduled absences, for example, to attend a wedding.
2. If individuals cannot be safely left alone so that the provider can take necessary breaks away from their caregiving responsibilities respite must be authorized.

If supervision is an authorized task on the MRW, respite care must be an authorized service, as it is not reasonable to allow one provider to be responsible for 24 hours of care per day.

- Respite care must be authorized because FHC providers cannot delegate their care to another individual if the individual cannot be safely left alone.
 - If informal respite is in place and of benefit to the individual and the family home care provider, the case manager must document that formal respite care was offered and declined.
- 3. Emergency response is acceptable if a safety risk (i.e. potential fall risk or sudden illness) has been identified during the FHC provider's short term absence. ERS is not acceptable for individuals who require supervision for cognitive or health related reasons. Contact the HCBS Program Administrator in writing to obtain approval for the combination of FHC and ERS service.
- 4. For some situations, it may be appropriate for two Family Home Care providers to be authorized to provide care to one individual if both providers meet the Family Home Care definition. However, both Family Home Care Providers cannot bill for the service on the same day.
- 5. Under unusual or unique circumstances other HCBS service combinations may be appropriate. In such cases, contact the HCBS Program Administrator in writing to obtain approval.

Providers

Family Home Care may be provided by the following individuals (**checked if allowable**):

- ✓ **Guardian**
- ✓ **Legally Responsible Person - Legal spouse or parent of a minor child.**
- ✓ **Relative within the definition of Family Home Care under subsection 4 of N.D.C.C. 50-06.2-02. (Required)**

Limits

If the provider is a live-in provider and meets the criteria for FHC, the individual is not eligible for SPED PC Daily Rate.

The number of reimbursable hours of care for FHC cannot exceed 10 hours per day.

1. The provider may provide more care than 10 hours, but the State is not obligated to pay because that care is being provided because of their close personal relationship and that they share a household with the eligible individual.

Family Personal Care 525-05-30-32

(Revised ~~05/01/23~~ 03/01/2024 ML #~~3730~~3829)

Purpose

The purpose of family personal care (FPC) is to assist individuals to remain with their family members and in their own communities by allowing individuals who want to choose their spouse or one of the following family members as defined under N.D.C.C. 50.06.2-02; parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew, as their family personal care service provider.

Service Eligibility, Criteria for

The individual receiving Family Personal Care will meet the following criteria:

1. Must be eligible for the HCBS Medicaid Waiver program.
2. The individual and qualified provider (who is a qualified family member and is enrolled as a personal care provider) must reside in the same residence.
 - a. The qualified family member must be one of the relatives as defined in Family Home Care N.D.C.C 50-06.2-02(4), and must be the provider performing the care to the individual. Family Personal Care can be provided by the "spouse or by one of the following relatives, or the current or former spouse of one of the following

relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew."

3. Before a legally responsible individual who has decision making authority over an individual can be enrolled as a qualified service provider for Family Personal Care, the Case manager must approve the choice of provider. The case manager is responsible to forward to the HCBS Program Administrator a copy of the narrative that explains why the legally responsible person acting as the family personal care provider is in the best interest of the individual. A legally responsible individual would include a Legal Spouse or Guardian.
4. The individual and qualified provider must mutually agree to the arrangement. The provider indicates their agreement with the care plan by signing the Person-Centered Plan of Care.
 - a. In addition to the FPC providers signature on the care plan the Qualified Service Provider (QSP) Service Agreement - Live In Paid Caregiver, SFN 1654, is required for all Family Personal Care Providers.
5. The individual must have a daily personal care and/or supervision need that is provided by the family personal care provider.
 - a. When determining whether the individual has a daily personal care or supervision need, **do not include** homemaker tasks such as assistance with meal prep, laundry, shopping, housework, money management, or communication as part of the daily need.
6. The provider for FPC must provide a minimum total of three (3) hours of care to the eligible individual per day. The three (3) hours per day includes the daily personal care or supervision need and any other allowable task under FPC.
 - a. The three hour of care per day may include homemaker tasks within the limits allowable under Medicaid Waiver.
 - b. If family member is providing less than 3 hours of care per day, (including homemaker tasks allowable under the service cap) live-in care is to be provided under MSP-PC, T1020 with a provider agreement as long as the provider is eligible for MSP-PC.
 1. Three (3) hours per day may be calculated by taking the total number of units required per month x 12, divided by 365.
7. The number of reimbursable hours of care for this service cannot exceed 10 hours per day.
8. The need for services must fall within the scope of tasks identified on the ~~SFN 1012, Monthly Rate Worksheet—Live-In Care (MRW)~~, and Authorization to Provide Services, otherwise known as the Preauth.

9. ~~The individual must have a daily need. Individuals with Live in Providers (except for Spouses or legal Guardians) may choose to have their services Under Medicaid State Plan Personal Care – Daily Rate (T1020). MSP-PC Note that T1020 does not include reimbursement for the task of supervision, but does reimburse for personal cares.~~

Service Tasks/Activities

The service tasks/activities within the scope of this service chapter are all inclusive identified on the Preauth, and only those tasks/activities listed on the SFN 1012, Monthly Rate Worksheet, can be approved and authorized., including personal care, cog/supervision, and homemaker.

1. Family personal care tasks include bathing, communication, dressing/undressing, eye care, feeding/eating, hair care/shaving, housework, incontinence, laundry, meal preparation, medication assistance, mobility, money management, fingernail care, shopping, skin care, teeth/mouth care, toileting, transferring/turning/positioning, supervision, exercises, hoier lift/mechanized bath chairs, indwelling catheter, medical gases, prosthesis/orthotics, suppository/bowel program, TED socks, temp/bp/pulse/respiration rate, apnea monitor, jobst stockings, ostomy care, postural/bronchial drainage, and RIK bed care. The identified tasks for the individual are listed on the service authorization.
 - a. The FPC provider must have global endorsements in order to be authorized for supervision, exercises, hoier lift/mechanized bath chairs, indwelling catheter, medical gases, prosthesis/orthotics, suppository/bowel program, TED socks, and temp/bp/pulse/respiration rate.
 - b. The FPC provider must have client specific endorsements in order to be authorized for apnea monitor, jobst stockings, ostomy care, postural/bronchial drainage, and RIK bed care.
 - c. The FPC provider may be authorized for medication administration even if the individual is not able to self-direct their medications.
2. Homemaker t~~Tasks~~ Tasks of laundry, shopping, housekeeping, meal preparation, money management, and communication are allowed only when the service activity benefits the individual.
 - a. The service of family personal care is not intended to be used primarily for environmental tasks. The individual must have a daily personal care and/or supervision need to qualify for this service.

- b.** The Department may pay a provider for homemaker tasks that would otherwise be considered the individual's share of the responsibility to complete the task. An example of this would be authorizing housekeeping for the individual's personal private space OR their shared responsibility of cleaning the common living space.

Service Location

Services will be administered in the most integrated setting consistent with the Person Centered Plan of Care, including (**checked if allowable**):

✓ **The individual's home**

□ Workplace

✓ **Other community service settings**

Out-of-Home Care

Payment can be made for days the individual is receiving the SAME care from the SAME caregiver-QSP although not in the home they otherwise mutually share. ~~No payment is allowed for individuals out of state with the exception of individuals seeking medical care out of state.~~

1. For care out of state, prior approval must be granted by the HCBS Program Administrator for each instance of out of state care.
2. No payment is allowed for care provided outside of the United States.

~~For care out of state, prior approval must be granted from the HCBS Program Administrator.~~

Provider need not be Present in the Home on a 24-Hour Basis

This provision within the Family Personal Care service is appropriate for individuals who can be left alone for routine temporary periods of time (e.g. part-time employment of the qualified family member) without adverse impact to the individual's welfare and safety. The individual must agree to be left alone.

- This provision does NOT allow for the qualified family member to hire a provider to provide care for the individual during routine absences from the home.

Limitations

Family Personal Care cannot be combined with adult residential care, adult foster care, ~~extended personal care~~, and transitional living.

1. The number of reimbursable hours of care cannot exceed 10 hours per day.

- The provider may provide more care than 10 hours, but the State is not obligated to pay because that care is being provided because of their close personal relationship and that they share a household with the eligible individual.

2. Under FPC, the tasks of housework, laundry, meal prep, shopping, money management, and community are considered homemaker tasks and are limited to the maximum monthly amount set by the Department.

Providers

Family Personal Care is provided by the live-in qualified family member. The family member may also have the following relationship to the eligible individual (**checked if allowable**):

✓ **Guardian**

✓ **Legally Responsible Person - Legal spouse or parent of a minor child.**

Note: A provider who is on Medicaid is not allowed to request a lower rate than what is calculated based on the service recipient's needs. Per Medicaid guidelines: if a provider is on Medicaid, all income available to that provider must be considered and counted.

- If a provider on Medicaid has questions about how payment will affect their eligibility, they should refer to their eligibility worker.
- If a provider receiving other financial assistance such as TANF, SNAP, housing assistance, SSI, etc. has questions about how payment will affect their eligibility, they should refer to the authorizing entity.

Service Combinations

Family Personal Care is an all-inclusive 24-hour service. Therefore, respite care service and Emergency Response System (ERS) along with Family Personal Care is acceptable only as described under the following circumstances:

1. The individual meets the eligibility criteria for Respite Care Services or when the qualified family member provides less than 24-hour per day care on a routine basis, and the individual can be left alone safely for brief periods of time, respite care is appropriate only when the qualified family member will be gone for an extended period of time, for example, to attend a wedding.

If individual cannot be safely left alone or supervision is an authorized task on the MRW respite care must be authorized so the

qualified family member can take necessary breaks away from their caregiving responsibilities.

- Respite care must be authorized because FPC providers cannot delegate their care to another individual if an individual cannot be safely left alone.
 - If informal respite is in place and of benefit to the individual, the case manager must document that formal respite care was offered and declined.
2. Emergency response is acceptable if a safety risk (i.e. potential fall risk or sudden illness) has been identified during the FPC provider's short term absence. ERS is not acceptable for individuals who require supervision for cognitive or health related reasons.
 3. For some situations, it may be appropriate for two Family Personal Care providers to be authorized to provide care to one individual if both providers meet the Family Personal Care definition. However, both Family Personal providers cannot bill for the service on the same day.
 4. Under unusual or unique circumstances other HCBS service combinations may be appropriate. In such cases, contact the HCBS Program Administrator in writing to obtain approval.

SPED Personal Care Service 525-05-30-45

(Revised ~~11/1/21~~ 03/01/2024 ML #~~36403829~~)

Purpose

The philosophy of the Department is that SPED personal care should be provided so as to assist the eligible individual with as many activities of daily living and instrumental activities of daily living as needed and as permitted in order to maintain independence and self-reliance to the greatest degree possible. ~~Care, if appropriate, should be provided when, and as long as, the individual needs it, up to 24-hour care if necessary.~~ The individual or legally responsible person must direct the care provided and should be involved in training and monitoring the SPED personal care QSP as much as possible and when appropriate.

1. SPED Personal Care ~~provided up to 24 hours per day,~~ differs from adult foster care in that personal care is provided in the individual's home, and adult foster care is provided in the service provider's home. If a non-relative is caring for the individual on a 24-hr live in basis in the provider's home, the service must be Adult Foster Care. It cannot be SPED Personal Care service.
2. Live-in personal cares (daily care) are all inclusive with the exception of Respite Care.

3. Personal care differs from respite care in that respite care is provided to relieve the primary, live-in caregiver, whereas the primary purpose of personal care is to provide the care an individual needs and not to relieve the caregiver.

Service Eligibility, Criteria for

The individual receiving SPED Personal Care service will meet the following criteria:

1. Must be eligible for the SPED program and not eligible to receive Personal Cares under the Medicaid State Plan, Waiver Personal Care, Family Personal Care or Family Home Care;
 - a. Individuals who require less than an average of 1 hours of care per day are not eligible for SPED personal care live-in.
2. Be at least age 18;
3. The care needs of the individual must fall within the scope of personal care service as described in this service chapter. The care needs may include a combination of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Either the individual must have the ADLs and IADLs needs performed for him/her OR an individual with cognitive impairment may be able to complete the activity ONLY with supervision, guidance, or prompting.
 - a. The task of supervision is allowed between other personal care tasks, if the individual requires supervision/oversight due to physical or cognitive impairment, up to the SPED program cap. Under SPED , the tasks of cog/supervision is considered a personal care and is billed at the same rate/code as the other personal cares authorized. While supervision is an allowable task within SPED personal care, it cannot be the sole reason for the care.
 - b. The tasks that may be included in SPED unit personal cares are as follows: bathing, dressing/undressing, eye care, feeding/eating, hair care/shaving, incontinence, medication assistance, mobility, fingernail care, skin care, teeth/mouth care, toileting, transferring/turning/positioning, cog/supervision, exercises, hooyer lift/mechanized bath chairs, indwelling catheter, medical gases, prosthesis/orthotics, suppository/bowel program, TED socks, temp/bp/pulse/respiration rate, apnea monitor, jobst stockings, ostomy care, postural/bronchial drainage, and RIK bed care. The identified tasks for the individual are listed on the service authorization.

4. SPED Daily Personal Cares live-in must be authorized if the non-relative provider and the individual live in the same residence and personal care is needed on a daily basis under SPED. See section on "Limits" for further details.
- a. SPED Daily Personal Care is an all-inclusive service and can only be combined with Respite Care. For unusual or unique circumstances, prior approval from the HCBS Program Administrator must be obtained. The tasks that may be included in SPED daily personal cares live in are as follows: bathing, communication, dressing/undressing, eye care, feeding/eating, hair care/shaving, housework, incontinence, laundry, meal preparation, medication assistance, mobility, money management, fingernail care, shopping, skin care, teeth/mouth care, toileting, transferring/turning/positioning, cog/supervision, exercises, hoist lift/mechanized bath chairs, indwelling catheter, medical gases, prosthesis/orthotics, suppository/bowel program, TED socks, temp/bp/pulse/respiration rate, apnea monitor, jobst stockings, ostomy care, postural/bronchial drainage, and RIK bed care. The identified tasks for the individual are listed on the service authorization.
- b. Qualified Service Provider (QSP) Service Agreement - Live In Paid Caregiver, SFN 1654, is required for all live in SPED Daily Personal Care Providers.

Service Location

Services will be administered in the most integrated setting consistent with the Person-Centered Plan of Care, including (**checked if allowable**):

- ✓ **The individual's residence**
- ✓ **Workplace**
- ✓ **Other community service settings**

Provider Need Not be Present in the Home on a 24-Hour Basis

The provision of SPED Daily Personal Cares live-in is appropriate ONLY for individuals who can be left alone for routine temporary periods of time (e.g. part-time employment) without adverse impact to the individual's welfare and safety. The individual must agree to be left alone.

Individuals with Cognitive Impairments

For individuals who cannot be safely left alone due to cognitive impairment or high physical needs, the person-centered plan of care must include a plan to ensure continued health and safety of the individual. The plan must identify needs, including personal care assistance, guidance, cueing, prompting, and supervision and how those needs will be met. This information must be

documented under the Supervision/Structured Environment section within the functional assessment component of the participant assessment.

Providers

SPED Personal Care Services may be provided by the following individual QSP's or employees of a QSP agency (**checked if allowable**):

✓ **Guardian**

✓ **Legally Responsible Person - Legal spouse or parent of a minor child.**

✓ **Relative within the definition of Family Home Care under subsection 4 of N.D.C.C. 50-06.2.02.**

Limits:

1. ~~Individuals whose providers do NOT meet the definition of Family Home Care may qualify for Personal Care Service. SPED Personal Care Service is not an option for individuals when the live-in care provider is a family member. See N.D.C.C. 50-06.2-02(4) for the definition of family member. Individuals who have a daily personal care and or/supervision need and require an average of at least 1 hour of care per day whose daily live-in providers meet the definition of Family Home care must utilize Family Home Care instead of SPED personal care. See N.D.C.C. 50-06.2-02(4) for the definition of family member.~~
2. ~~In order to qualify for SPED Daily Personal Cares live-in, the individual must require an average of at least 1 hour of care each day. If the individual requires less than 1 hour of daily care, unit-based SPED personal care and/or SPED homemaker may be considered.~~
3. ~~If personal care is not needed on a daily basis, SPED Daily Personal Cares live-in should not be authorized. Instead, unit-based SPED personal care and/or SPED homemaker may be considered.~~
4. ~~If there are multiple personal care providers necessary to meet the individual's need, it is allowable for unit-based personal care to be authorized instead of SPED Daily Personal Cares live-in.~~
5. Under SPED Personal Care Service, payment can be made for time performing authorized personal care tasks even if performed outside the individual's home as long as the cares are provided in the local trade area. The hours remain based on the care necessary in the individual's home. The care provided outside the home must be within the defined scope (allowable tasks as authorized) of the service.
 - Exception: When the individual is required to seek essential services outside of the local trade area, contact the HCBS Program Administrator for prior approval.

Assisted Living Facility

A Monthly Rate Worksheet, [SFN 1012](#), is completed for an individual to receive daily ~~(SPED)~~ personal care services in an assisted living facility when the individual lives in a licensed assisted living facility and the provider has been approved to use the assisted living billing code.

The following criteria have been established for recipients in an "assisted living facility":

1. Individuals meeting one of the following criteria may have a self-employed QSP as a live-in-attendant.
 1. The provider is a family member as defined in State law for Family Home Care.
 2. The intensity of care needs cannot be met under "assisted living" (e.g. need for continuous on-site care).
 3. The assisted living personal care provider is not identified in the tenant's rental agreement.
2. For those individuals unable to do their own meal preparation, it will be included in the "assisted living" provider's daily rate. The provider may prepare the meal in the recipient's individual apartment or offer congregate dining. The recipient is responsible for payment of food costs.

The Monthly Rate Worksheet, SFN 1012, for Assisted Living Facilities is used in setting the daily rate for providers of "assisted living." The HCBS Case Manager must determine what services are being provided by the Assisted Living facility as a component of their base rate which includes room and board. For those services included within the base rate, the tasks would not be recorded and calculated in the Monthly Rate Worksheet. The monthly rate worksheet applies to all ~~clients~~ individuals who receive assisted living SPED personal care services.

Service Activities, Authorized and Limits

1. The service tasks/activities within the scope of this service chapter are identified on the service authorization. ~~Authorization to Provide Services for SPED/ExSPED.~~
2. For SPED Personal Care unit rate, housework, laundry, communication, money management, shopping, and meal preparation are considered homemaker tasks and cannot be authorized as ~~a~~ SPED personal care tasks.
3. For SPED Personal Care unit rate, Community Integration, Social Appropriateness, and Transportation are tasks which cannot be authorized ~~under the SPED personal care service.~~

4. ~~Live-in SPED Daily Personal Cares live-in personal care services~~ are limited to those tasks identified ~~within this service chapter on the SFN 1012, Monthly Rate Worksheet.~~
5. Qualified Service Provider (QSP) Service Agreement - Live In Paid Caregiver, SFN 1654, is required for live in care providers who are a relative or had a close personal relationship with the eligible individual prior to paid care being established.
6. For individuals who require two-person assist with SPED personal cares, approval is required from a HCBS Program Administrator.

Supervision 525-05-30-63

(Revised ~~04/01/2023~~ 03/01/2024 ML #~~3723~~3829)

Purpose

Supervision may be provided to assist eligible individuals remain in their home and community.

Up to 24 hours of supervision may be provided to individuals who, because of their disability, need monitoring to assure their continued health and safety. Recipients must have a need for supervision as described in this chapter.

Service Description

An individual could be considered to have a need for supervision if, because of their impairment, they have delusions, hallucinations, severe depression, emotionally labile (severe mood swings) and or other behaviors like screaming, hitting, kicking, biting, wandering, hyperactivity, aggression, inappropriateness, elopement (running away), or frequent falls that may require human intervention to safeguard the individual from harm. (The list of behaviors/needs is not an all-inclusive list).

- Payment for supervision cannot be claimed while ADL & IADL supports or homemaker task are being provided. Those tasks would be billed under personal care or homemaker.

Service Eligibility, Criteria for

The individual receiving supervision will meet the following criteria:

1. Must be eligible for the HCBS Medicaid waiver program;
2. Be at least age 18;

3. The care needs of the individual must fall within the scope of supervision as described in this service chapter.
4. If an individual requires supervision 24 hours per day, the case manager must justify in the individual narrative/case note why the individual needs the support of awake staff to assure health and safety needs are met at night. Providers, who provide supervision at night while the individual is sleeping must stay awake while providing supervision.

Service Location

Services will be administered in the most integrated setting consistent with the Person Centered Plan of Care, including (**checked if allowable**):

✓ **The individual's home**

- ☐ Workplace
- ☐ Other community service settings

Service Tasks/Activities

Allowable supervision tasks include: Having the knowledge of, and account for, the activity and whereabouts of the individual at all times to allow immediate provider intervention as necessary to safeguard the individual from harm. During the time that the provider is supervising the individual and is not actively providing personal care or homemaker tasks etc., they may play games, visit, read, and participate in activities with the individual. If the individual is physically able, they may also participate in activities on or around the individual's home such as gardening, or going for short walks etc.

The following tasks are not considered allowable tasks under this chapter because they would be provided under SPED personal care, Medicaid State Plan personal care, waiver personal care, or homemaker:

Bathing, dress/undress, eye care, feeding/eating, hair/care/shaving, incontinence, mobility, nail (finger) care, skin care, teeth/mouth care, toileting, transferring/turning/ positioning. The global endorsements of exercise, hooyer lift/mechanized bath chair, indwelling catheter, medical gases, prosthetic, orthotics, suppository, bowel program, ted socks, Temp/BP/pulse/respiration rate. The client specific endorsements of apnea monitor, jobst stockings, ostomy care, postural /bronchial drainage, ric bed care. Communication, housework, laundry, meal preparation money management, and shopping are not allowable service tasks under this service. ~~Individuals who live alone or with a non relative are still eligible for home-maker services.~~ Medication assistance is not an allowable task under this service.

Supervision outside of the individual's home

Payment cannot be made for time performing authorized supervision tasks outside of the individual's home/grounds.

1. Exception: When the individual is required to seek essential services i.e. medical care etc. outside of North Dakota, contact the HCBS Program Administrator for approval.
 - o If an individual receiving supervision needs transportation to an essential community service, non-medical transportation with escort may be authorized.

Cognitively Impaired Individuals, Services to

For cognitively impaired individuals who are receiving less than 24 hours of care ~~personal care with supervision~~, the care plan must identify how the daily care needs are being met (including supervision) during the time no provider is in the home. During those periods of time when ~~personal care with~~ supervision or other services service is-are not being provided, cooperative and coordinated efforts of meeting the needs of the individual by the family, other informal providers, must be identified.

Service Activities, Authorized and Limits

1. Under Supervision, Community Integration, Social Appropriateness, and Transportation are tasks which cannot be authorized under this chapter. If an individual needs these tasks they must be authorized under Transitional Living, Residential Habilitation, or Community Support Services.
2. Supervision can be combined with adult day care, chore, community transition services, environmental modification, extended personal care, homemaker, home delivered meals, non-medical transportation, non-medical transportation w/escort, unit-based personal care, respite care, transitional living, specialized equipment, and supported employment.
3. Supervision cannot be combined with emergency response system, adult foster care, residential services, and family personal care.
4. For unusual or unique circumstances, approval from the HCBS Program Administrator must be obtained.

Authorizing Service

1. The service tasks/activities within the scope of this service chapter must be identified on the Authorization to Provide Service.
2. The amount of units allocated for supervision of the individual is determined by subtracting the amount of time the individual is receiving informal supports and authorized services i.e. personal care, homemaker etc. from a 24 hour period.

Example: If an individual requiring 24/7 supports receives 4 hours of informal supports and 6 hours per day of personal care, they would be eligible for 14 hours of supervision.

3. The supervision provider may also be the provider for personal care, homemaker provider etc. However, there must be more than one QSP identified on the care plan as it is not reasonable to allow one provider to be responsible for 24 hours of care per day.

Standards for Providers

Supervision providers must meet the same standards as respite providers that includes having the global endorsement for cognitive/supervision.

Providers

Supervision may be provided by the following individual QSP's or employees of a QSP agency (**checked if allowable**):

- ☐ Guardian
- ☐ Legally Responsible Person - Legal spouse or parent of a minor child.

✓**Relative within the definition of Family Home Care under subsection 4 of N.D.C.C. 50-06.2-02.**

Waiver Personal Care 525-05-30-75

(New 03/01/2024 ML#3829)

Purpose

The purpose of Waiver Personal Care (WPC) is to provide a range of assistance to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a physical disability.

Service Description

Waiver Personal Care assistance may take the form of hands-on assistance (actually performing a task for the person), cuing to prompt the participant to perform a task or being at the ready to assist with the tasks due to the individuals intermittent need for personal care and supervision. Such assistance may include assistance in performing ADLs (bathing, dressing, toileting, transferring, maintaining continence) and IADLs (more complex life activities, i.e., light housework, laundry, meal preparation, grocery shopping, using the telephone, medication, and money management). Such assistance also may include the supervision of participants as provided in the service plan.

Service Eligibility, Criteria for

The individual receiving Waiver Personal Care service will meet the following criteria:

1. Must be eligible for Medicaid Waiver for Home and Community-Based Services.
2. Requires on-going daily support with the combination of personal care and supervision as defined under waiver services of Waiver Personal Care and Supervision.
3. The individual must be capable of directing their own care or has a legally responsible party to act on the recipient's behalf.

Service Tasks/Activities

The care needs of the individual must fall within the scope of personal care service as described in this service chapter. The care needs may include a combination of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Either the individual must have the ADLs and IADLs needs performed for him/her OR an individual with cognitive impairment may be able to complete the activity ONLY with supervision, guidance, or prompting.

1. Personal Care tasks that may be included in Waiver Personal Care are as follows: bathing, communication, dressing/undressing, eye care, feeding/eating, hair care/shaving, housework, incontinence, laundry, meal preparation, medication assistance, mobility, money management, fingernail care, shopping, skin care, teeth/mouth care, toileting, transferring/turning/positioning, cog/supervision, exercises, hooyer lift/mechanized bath chairs, indwelling catheter, medical gases, prosthesis/orthotics, suppository/bowel program, TED socks, temp/bp/pulse/respiration rate, apnea monitor, jobst stockings, ostomy care, postural/bronchial drainage, and RIK bed care. The identified tasks for the individual are listed on the service authorization.
2. The task of supervision is allowed between other personal care tasks, if the individual requires supervision/oversight due to physical or cognitive impairment, or to be at the ready to provide personal care services when personal cares are required intermittently throughout the day.

Supervision means having the knowledge of, and account for, the activity and whereabouts of the recipient at all times to allow immediate provider intervention as necessary to safeguard the individual from harm. Supervision includes the provider being immediately available to furnish assistance and direction throughout the performance of and/or at the ready to perform the next personal care task (i.e. bathing, toileting, transferring, locomotion etc.) that is necessary to meet the intermittent personal care need of the participant.

3. Homemaker (laundry, shopping, and housekeeping) tasks are to be included in the service of WPC.

- The service of waiver personal care is not intended to be used primarily for environmental tasks. The individual must have a daily personal care and/or supervision need to qualify for this service.

Waiver Personal Care (WPC) may be provided on an episodic or on a continuing basis.

WPC is an all-inclusive service that combines personal care services, intermittent personal care, supervision, homemaker and limited to the amount of time that care is provided to the eligible individual while moving from task to task or completing tasks simultaneously within the authorized amount of time.

Example 1: If the provider is providing supervision, PCS at the ready, hands-on PCS, meal preparation and homemaker.

- Such as, a provider may be providing supervision and preparing a meal at the same time then move to assisting with PCS and then completing homemaker tasks. The all-inclusive nature of WPC allows for all the tasks to be completed while the provider is clocked in under the one service of waiver personal care.

Example 2: If the individual requires assistance with personal care, supervision, meal prep, and homemaker all in one day/shift, the provider can provide all of these tasks while remaining clocked in under the service of Waiver Personal Care.

- Such as, an individual requires staff to be in the home and at the ready for PCS tasks and there are homemaker tasks or a meal that needs to be prepared. It is allowable for the QSP to provide the services simultaneously, and does not require units for each task to be authorized independently, however the task itself must be authorized under the service plan and authorization.

Waiver Personal Care Daily Live-in Providers

Live-in waiver personal care (daily) is all inclusive of personal care, supervision and homemaker services.

Waiver Personal Care Daily live-in must be authorized if the non-family provider and the individual live in the same residence and personal care and supervision is needed on a daily basis.

1. If personal care/supervision is not needed on a daily basis, Waiver Personal Care Daily live-in should not be authorized.
2. If there are multiple waiver personal care providers necessary to meet the individual's need, it is allowable for unit-based waiver personal care to be authorized instead of waiver personal care daily.

Qualified Service Provider (QSP) Service Agreement - Live In Paid Caregiver, SFN 1654, is required for all live in WPC Daily Personal Care Providers.

Limits/Service Combinations

1. To avoid duplication, waiver personal care recipients are not eligible for adult residential care, adult foster care, residential habilitation, and community support services.
2. Waiver Personal care differs from adult foster care in that personal care is provided in the individual's home, and adult foster care is provided in the service provider's home. If a non-relative is caring for the individual on a 24-hr live in basis in the provider's home, the service must be Adult Foster Care. It cannot be Waiver Personal Care service.
3. Waiver personal care differs from respite care in that respite care is provided to relieve the primary, live-in caregiver, whereas the primary purpose of waiver personal care is to provide the care an individual needs and not to relieve the caregiver.
4. Homemaker (Laundry, shopping, and housekeeping) tasks when provided as a waiver personal care service limited set by the department, and the cap cannot be exceeded under other waiver services.
5. The number of reimbursable hours of care for an Individual Qualified Service Provider (QSP) of this service cannot exceed **12 hours** per day.
6. The state assures WPC being provided to the participant are not duplicative of extended personal care as WPC does not include hands-on care of a medical nature that is specific to the needs of an eligible individual that is provided under extended personal care. The state ensures non-duplication with extended personal care through thorough assessment and monitoring of participant services through person centered planning.
7. Personal care under the waiver differs in scope, nature, supervision arrangements, and/or provider type (including provider training and qualifications) from personal care services in the state plan. Waiver Personal Care differs in scope and nature from the personal care offered under the State Plan as supervision may be provided under WPC. A participant cannot be authorized to receive both services at the same time.
8. When WPC is provided by a non-agency provider, participants are responsible for overseeing and supervising individual providers on an ongoing basis. Additionally, the case manager performs monitoring of a

participant's person-centered plan with the participant. This monitoring includes monitoring of the use or non-use of waiver services. At a minimum, this monitoring occurs on a quarterly basis.

9. The individual or legally responsible person must direct the care provided and should be involved in training and monitoring the WPC QSP as much as possible and when appropriate.
10. Personal care services that can be covered under the state plan should be furnished to waiver participants under the age of 21 as services required under Early and Periodic Screening, Diagnostic and Treatment (EPSDT). If an individual under age 21 is seeking waiver services, the case must be staffed with program administration.

Service Location

Services will be administered in the most integrated setting consistent with the Person-Centered Plan of Care, including (**checked if allowable**):

- ✓ **The individual's home**
- ✓ **Workplace**
- ✓ **Other community service settings**

Waiver Personal Care is furnished both inside and outside the participant's home and community. WPC may be provided outside the participants home when the participant is needing personal cares while outside of their home.

Example: If the individual needs personal care assistance hands on or at the ready to provide services outside of the home to meet their needs. It is allowable under WPC. WPC cannot be used in lieu of Companionship (to include community integration and socialization), Extended Personal Care or Non-medical Transportation-Escort.

Personal care may be furnished in order to assist a person to function in the workplace or as an adjunct to the provision of employment services.

Providers

Waiver Personal Care Daily Rate may be provided by (**checked if allowable**):

- ✓ **Legally Responsible Person**
 - **Relative**
- ✓ **Legal Guardian**

Waiver Personal Care Unit Rate may be provided by (**checked if allowable**):

✓ Legally Responsible Person

○ **Relative**

✓ Legal Guardian

Standards for Waiver Personal Care Providers

All providers of waiver services must be enrolled Qualified Service Provider N.D.A.C. 75-03.23-07.

Qualified Service Provider (QSP) Service Agreement - Live In Paid Caregiver, SFN 1654, is required for all live in Waiver Personal Care Daily Providers.

When WPC is provided by a non-agency provider, participants are responsible for overseeing and supervising individual providers on an ongoing basis. Additionally, the case manager performs monitoring of a participant's person-centered plan with the participant. This monitoring includes monitoring of the use or non-use of waiver services. At a minimum, this monitoring occurs on a quarterly basis.

WPC Daily Rate Providers must

1. Be live in caregivers of Medicaid Waiver eligible individuals who provide daily personal care (including being at the ready to provide intermittent personal cares and/or supervision.)
2. Have a close personal relationship with eligible individuals.
3. If more than one live in QSP is an authorized provider, do not use a daily rate. The services should remain as WPC unit rate.
4. Complete a Qualified Service Provider (QSP) Service Agreement - Live In Paid Caregiver, SFN 1654.

See Standards for Qualified Service Providers 525-05-45

Maximum Monthly Amount - Aggregate and Per Service 525-05-35

(Revised ~~07/01/23~~ 03/01/2024 ML #~~3742~~ 3829)

The maximum amount allowable under the Medicaid Waiver for Home and Community Based Services per Medicaid waiver recipient and per month is an aggregate of the cost and is limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Department of Human Services.

See link below:

<https://www.hhs.nd.gov/sites/www/files/documents/Nursing-Facility-Rates.pdf>

[2024 Nursing Facility Rates.xlsx \(nd.gov\)](#)

The maximum amount allowable under the SPED and ExSPED Programs per individual and per month is an aggregate of \$3914 for all services excluding Case Management and Adult Foster Care. If an individual is receiving Adult Foster Care under SPED or ExSPED, the maximum amount allowable, excluding Case Management, is \$6,753.

Homemaker Service	70 units
Respite Care	\$1214 (Daily amount not to exceed daily swing bed rate). Refer to link: https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/swing-bed-fee-schedule.pdf https://www.hhs.nd.gov/sites/www/files/documents/2023-swing-bed-fee-schedule.pdf
Respite Care in Homes with Multiple Residents	\$1214 split by the total number of public and private pay residents in the home. Plus \$202.29 per month for each additional (2nd 3rd or 4th) public pay residents in the home, the total amount will need to be divided between the public pay residents. For Example: An AFC provider has a total of 3 residents, 2 are public pay & 1 is private pay. To calculate respite for the public pay residents you should divide the current respite cap (\$1214) by the total number of public & private pay residents living in the home (3) that equals \$404.67 for each resident or \$809.34 for the 2 public pay residents combined. Now add \$202.29 for the 2nd public pay resident that equals \$1011.63. Now divide that amount between the 2 public pay residents $2/\\$1,011.63 = \\$505.82$. The final step is to allocate \$505.82 on each of the public pay resident's care plan.

Adult Foster Care	\$ ~~150.00 flat rate per day~~ ~~99.07 per day for Medicaid Waiver for Aged & Disabled.~~
Family Home Care	\$ ~~49.56~~ <u>72.50 flat rate</u> per day
Family Personal Care	\$154.89 <u>flat rate</u> per day
Daily Rate for SPED ~~AFFC and~~ Personal Care ~~and~~	\$85.20 <u>flat rate</u> per day
<u>SPED</u> <u>Personal</u> <u>Care</u> <u>Assisted</u> <u>Living</u>	<u>\$85.20 per day</u>

When authorizing services that will be paid at the rural differential rate service maximums may be exceeded but the number of units cannot exceed the number of units that are available when using the original service maximum. It is allowable for costs to exceed the service maximum if RD is the **only** factor causing it to exceed the cap and costs are within the service maximum when calculating the base rate. This also applies to the respite care cap.

- Example 1 (monthly respite care cap): An individual resides 70 miles from the agency respite care provider and RD applies. The individual is requiring the maximum amount of respite care per month, which is 157 units. It is allowable for respite care to exceed the monthly maximum of \$1214 because the only factor that causes it to exceed is the additional cost of the RD rate. When calculating the base rate of respite, 157 units falls within the cap.
- Example 2 (daily respite care cap): An individual resides 70 miles from the agency respite care provider and RD applies. The individual requires overnight respite care & the daily respite care cap is limited to the swing bed daily cap. Under these guidelines, the agency would be allowed to bill a maximum of 45 units of respite care per day. Even though the RD rate will add on an additional cost to this service, it is allowable as that is the only factor causing it to exceed the swing bed cap.

Service Maximums Per Individual Per Month for Dates of Service.

Extraordinary Costs/Exceed Monthly Aggregate or Service Maximum

This policy provides for additional dollars that may be needed because of an individual's special or unique circumstances that warrant a temporary exception of department policy. IT IS TIME LIMITED.

The HCBS case manager must submit in WRITING a request to exceed the monthly service or funding source maximum prior to authorizing the service(s) in excess of the monthly maximum. The request is to be sent to the HCBS Program Administrator to include:

- Name, county of residence, and ID number of the individual.
- Reason for the request: the individual's circumstances that necessitate the short duration extraordinary costs AND what options were explored as alternatives to meeting individual's need.
- The additional dollar amount request, for what funding source, service(s), and for what period of time.

The program administrator will notify the case manager in writing of the department's decision. It will include the conditions under which the approval is granted AND the procedure for the Qualified Service Provider to bill for the additional funds.

Maximum Room and Board Rate effective 7/1/2023

The current maximum monthly room and board rate that providers may charge Adult Foster Care, Adult Residential and Family Home Care recipients is \$884.00. The maximum room and board rate is equal to the current Medicaid medically needy income level for a one person household less a \$125 personal needs allowance. The rate is reviewed annually.

Providers are not required to charge a room and board rate and may choose to charge less than the maximum rate.

**Instructions for the Completion of the HCBS
Comprehensive Assessment 525-05-60-10
(Revised ~~05/01/23~~ 03/01/2024 ML #~~3730~~3829)**

An application for services must include a complete functional assessment that was conducted by the HCBS Case Manager with the individual in the home where the individual resides. THIS ASSESSMENT IS FOR INDIVIDUALS 18 YEARS OF AGE OR OVER. The HCBS Comprehensive Assessment enables the HCBS case manager to record the individual's functional impairment level and correlate that to the need for in-home and community-based services.

The HCBS Comprehensive Assessment is intended to collect information based on the individual's response(s), information reported by significant other, individual's natural supports (such as family or friends) person-centered planning team members, and the HCBS case manager's observation. In most cases, the individual is the respondent of choice, and the HCBS case manager should make every attempt to conduct the interview with the individual.

Individuals must actively participate in the functional assessment to the best of their ability. Case managers must document in the narrative if there is a medical reason why the individual cannot participate in the assessment or answer questions directly. If a third party (including family) reports that the individual cannot participate in the assessment, but the case manager questions if this information is accurate, the case manager may request medical documentation to confirm that the individual is not capable of participating before eligibility can be established.

It is the responsibility of the individual to provide all information necessary to establish eligibility per NDAC 75-03-23-15. Proof of blindness, disability, and functional limitation may include, but is not limited to, complying with all requests for medical records or an evaluation, such as from physical therapy, occupational therapy, speech, neuro-psychological evaluation etc. The case manager may use the supporting records and evaluations in completing the comprehensive assessment and/or determining eligibility for HCBS.

Eligible individuals will not be required to rely on natural supports if they choose not to do so or if the proposed support person is unable or unwilling to provide natural supports.

KEY FACTORS:

1. Participant Assessment

Section A. Demographics

- a. Assessment Information
- b. Consumer Demographics

- c. Emergency Contacts

Vision Tool

Section B. Health Conditions

- a. Physical Health Information
- b. Nutrition
- c. Cognition/Behavior

Section C1. Functional Assessment - ADL

- a. Activities of Daily Living (ADL)

Section C2. Functional Assessment - IADL

- a. Instrumental Activities of Daily Living (IADL)
- b. Individual Specific Needs

- 1. Specialized Support

- c. Supervision/Structured Environment

Section D. Quality Review

Section E. SPED Financial

Section F. Caregiver Assessment

- 2. Risk Assessment/Health and Safety Plan
- 3. Narratives and Signatures/Dates

The HCBS case manager must document the following information in either the HCBS Comprehensive Assessment or case notes.

Record related comments which the individual's or family member offers. Document if comments are self-reported, reported by family, collateral contacts, or observation.

HCBS case managers are not expected or qualified to make medical diagnoses. Through observation and interviews, the HCBS case manager must obtain pertinent medical information and any collateral information regarding the individuals wellbeing, physical and behavioral health needs. This information can be from self-reported information, collateral contacts, or medical information.

All questions on the HCBS Comprehensive Assessment must be answered if they apply to the individual in any way.

The HCBS Comprehensive Assessment Form and completion instructions are as follows:

Participant Assessment. HCBS case managers should be sure to confirm the accuracy of the information in the participant assessment during annual and six-month reviews and as changes occur.

Section A. Demographics

- a. Assessment Information
- b. Consumer Demographics
- c. Emergency Contacts

Section B. Health Conditions

- a. Physical Health Information

An individual's physical health is an important indicator of overall well-being. The purpose of this section is three-fold:

- Enables the HCBS case manager to identify areas which require the attention of skilled medical personnel including history of hospitalizations, skilled nursing facility placements and rehabilitative nursing facility placements.
- Assists the HCBS case manager in assessing the individual's rehabilitative potential and in establishing the goals of the service plan.
- Provides information that will be useful in indicating a need for personal care assistance.

- b. Nutrition
- c. Cognition/Behavior

This section collects basic information related to the individual's cognitive and emotional functioning. Both emotional health and cognitive capacity have an impact on ability to maintain a level of self-care, and consequently have an impact on the individual's ability to remain at home.

Section C1. Functional Assessment

- a. Activities of Daily Living (ADL)

Section C2. Functional Assessment - IADL

- b. Instrumental Activities of Daily Living (IADL)
- c. Individual Specific Needs

1. Specialized Support

d. Supervision/Structured Environment

Life Domain Vision Tool

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The completion of the vision tool is required for all service programs **except Basic Care.**

The Vision Tool must be completed initially, every six months and to reflect any changes in the needs and preferences of the member and caregiver(s), including the individual's desire to move to a community setting.

The Charting the LifeCourse Vision tool is a working document that allows the individual and the person-centered planning team to discuss and explore the eight (8) life domains. The vision tool becomes part of the individual's person-centered plan of care and must be included in the individual's copy of the care plan.

The Vision Tool is used as a discovery tool that it utilized and expanded upon throughout the continuum of HCBS services, including transition supports through Money Follows the Person (MFP) and Aging Services HCBS programming. The initial vision tool is completed by the entity who is leading the transition and then built on throughout the care planning process.

The Life Domain Vision Tool encompasses discussion on 8 life domains; Daily Life & Employment, Community Living, Social and Spirituality, Healthy Living, Safety & Security, Advocacy & Engagement, Supports for Family, and Supports and Services. The Vision Tool is used as a tool to explore what a "good life" means to the individual.

The process of completing the Vision Tool includes an assessment through conversation with the individual. The conversation is centered around identifying the individual's strengths, needs and positive attributes in addition to an assessment of financial concerns, legal issues, fire safety, falls, access to health care, family issues, natural, community, and social supports, mental health/behavioral health needs, cognitive decision making, nutrition, medication, employment, education, and housing. Through assessment, planning and goal setting, the Vision Tool provides an opportunity for the person-centered plan to focus on the individual as a whole and explore what the individual views as their strengths, needs and goals moving forward. The vision tool serves as a portion of the person-centered plan that follows the individual through their life and can be flexible to the needs and aspirations of the individual. Individuals may be asked to

describe their preferences, and goals as part of the 8 life domains of the vision tool.

The process of completing the vision tool can be very personal and bring up subjects that the individual may not wish to discuss. If an individual does not wish to engage in conversation about one or more of the domains, the case manager must document in the relevant life domain the individual did not wish to discuss this domain.

The case manager may need to engage other community partners and supports as part of the person-centered planning process to meet the identified needs, barriers, or goals of the individual.

Daily Life & Employment

The Daily Life and Employment domain encompasses school and education, life-long learning, employment, volunteering, routines and life skills.

The case manager engages the individual in facilitated discussion about what their vision is to have a good life regarding to employment, education or volunteering. Discussion focuses on the individual's daily routine and if they are living the life they desire.

Examples of questions that may be asked to facilitate discussion can be found under the Daily Life and Employment section of the HCBS Comprehensive Assessment Companion Guide.

Community Living

The Community Living domain encompasses housing, home adaptations, home modifications, community access, and transportation.

The case manager engages the individual in facilitated discussion centered on what the individual sees as important in their lives in relation to housing, community living, access to the community, and any transportation needs.

Home Environment. Physical environment may impact positively or negatively on an individual's overall well-being, and thus, an evaluation of physical environment is an essential portion of the assessment process. This section presents some key areas which require the HCBS case manager's evaluation. It may elicit information useful in determining whether specialized housing equipment, home adaptations, relocation, or home repair are necessary to enable the individual to remain in the most integrated setting desired.

Social and Spirituality

The Social Support and Spirituality domain encompasses friends, relationships, leisure activities, personal networks and faith community. The case manager facilitates discussion about community integration and social supports to assist the individual in exploring options and desires the individual has for having their social and spiritual needs met. The case manager and the individual discuss formal and natural supports along with the individual's vision for what they would like to have for a support system.

Healthy Living

Healthy living is inclusive of medical, mental and behavioral health needs, nutrition, wellness, access to health care, health care needs, physical health information, functional impairments, current health status, medication use, health risk factors, falls, and cognitive decision making. The case manager facilitates discussion on the fore mentioned subcategories to build an understanding of the individual's view of healthy living.

Safety & Security

The safety and security domain encompasses emergencies, legal rights and issues, legal representative issues, financial concerns, mental/behavioral health related safety concerns, cognitive issues, fire safety. Through assessment, visual observation, collateral conflict and facilitated discussion the case manager and the individual explore the individual's safety and security.

Advocacy & Engagement

Advocacy and engagement include assessment and facilitated discussion on citizenship, valued roles, making choices, setting goals, the individual's views and responsibilities, leadership, and peer support. The case manager engages the individual to explore strengths, needs, barriers, and risks that are identified. The case manager may need to engage community partners and supports to provide supportive decision making, peer supports, or other supportive services identified to meet the individual's needs.

Supports for Family

Supports for family and/or natural supports includes understanding what the individual wants regarding to family involvement and engagement in their supports and services. Facilitated discussion encompasses understanding who the individual views as family and who the individual views as support. Family may include both biological family or chosen family as part of their family network. The case manager may consider the caregiver assessment and any identified needs or barriers identified through the assessment. Discussion may include both formal

and natural support systems along with options (such as peer support, support groups, or respite care) to alleviate caregiver stress.

Supports and Services

All providers and services that will best meet the individual's needs and from whom the individuals receive cares are documented in the Services and Supports Domain. The case manager facilitates discussion around what support the individual needs and/or wants to live as independently as possible, and what the possibilities are for securing the needed supports.

Functional Assessment

Activities of Daily Living

HCBS case managers require specific information regarding the activities an individual can perform in order to arrange for services which enable the client to remain at home.

This section allows the HCBS case manager to determine the level of impairment an individual's is experiencing, based on specific medical, emotional and cognitive status. It is based on standard scale which have been tested and validated in programs serving the individuals with physical disabilities.

The questions measure the degree to which an individual can perform various tasks that are essential to independent living. These tasks, called Activities of Daily Living (ADLs), include: bathing, dressing/undressing, eating, toileting, continence, transfer in/out of bed or chair, and indoor mobility.

The scale used to measure independence in ADLs uses ratings from 0 to 3. A score of zero represents complete independence (no impairment), while 3 represents complete dependence (impairment). Each item measures the level of impairment of the individual, regardless of how much help they might be receiving at present. In completing the section, the HCBS case manager should check the number which best corresponds to the individual's impairment level. The following general definitions must determine the ratings.

Information on each of the ADLs can be collected by observation, from the individual, a significant other, or collateral contact.

HCBS case managers will want to know how the individual usually performs a task, i.e., most of the time. An individual who has occasional difficulty should be

coded based on their usual performance. However, occasional difficulties should be noted in the corresponding narrative/note.

Barthel Scale Scoring (as defined by C.V. Granger, July, 1974) Mahoney FI, Barthel D. "Functional evaluation: the Barthel Index." Maryland State Med Journal 1965;14:56-61. Used with permission. Permission is required to modify the Barthel Index or to use it for commercial purposes.

0:	Completely Able - Activity completed under ordinary circumstances without modification, and within reasonable time. (A "reasonable time" involves an amount of time the client feels is acceptable to complete the task and an amount which does not interfere with completing other tasks, as well as the professional judgment of the Case Manager based on the client's age, health condition, (e.g. arthritis) and situation.
1:	Able with Aids/Difficulty - Activity completed with prior preparation or under special circumstances, or with assistive devices or aids, or beyond a reasonable time.
2:	Able with Helper - Activity completed only with help or assistance of another person, or under another person's supervision for safety, or by cuing. ANOTHER HUMAN IS INVOLVED IN ACTIVITY; but client performs at least half the effort him/herself.
3:	Unable - Client assists minimally (less than half of effort), or is totally dependent.

Some general concepts govern the manner in which an individual is compared with the assessment criteria: The individual is considered as a "whole entity." The Case Manager does not measure physical capacity, cognitive ability, or affective state separately, but rather one's functioning as a whole. For example, if one has ample physical strength and skill to complete a task, but also has cognitive limitations which prevent the individual from doing so, that person cannot complete it. The Case Manager also measures the individual's level of functioning in the present. What the individual could or could not do in the past is not an issue nor is what the individual, under hypothetical conditions, might be able to do in the future. Each task must be looked at as the sum of its parts. One must be able to complete all parts of a task in order to complete the task.

Further information to assist with evaluating the functional impairment includes the following; the case manager indicates the level of impairment in the Functional Assessment by choosing one of the four (4) selections (the number behind the description of the impairment indicates the points associated with the level of impairment). The total impairments and associated points are automatically added on the final screen of the functional assessment in the assessment tool. A Rating 2 OR 3 ON THE ASSESSMENT OF AN ADL INDICATES AN IMPAIRMENT.

The four (4) options for level of impairment under each ADL task is as follows:

- Completely able: Able to complete the task independently and without difficulty.
- Able with aids/difficulty: Able to complete the task without the assistance of another person, but does so with difficulty, use of equipment, or takes an inordinate amount of time to complete.
- Able with helper: Needs another person to assist with the activity, but the individual is able to perform at least half the effort of completing the task.
- Unable: Unable to complete, or assists minimally (less than half the effort), or is totally dependent on another person to complete the activity.

For each ADL the case manager must note the reason individual is not able to independently complete the ADL task as follows:

- If an ADL is scored a 0 or 1, skip to next ADL.
- If scored a 2 or 3 and informal supports assists, complete a and b, and c just stating who assists.
- If formal HCBS supports are authorized to assist, complete a,b, c, d and outcomes fully

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support with bathing due to overall weakness and unsteadiness getting in and out of the shower.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I like to [task] [frequency] times a week/day in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I want assistance with bathing three times a week before bedtime.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?

(Helpful hint: this is where the case manager starts to calculate how many units are needed for the overall service that the task fits under. Which will be noted under (c.) of the ADL. Such as bathing, dressing and nail care are all personal care tasks and would be authorized under the overall service of personal care.

For example: The frequency of the task for bathing would be as follows: The individual needs assistance with bathing for 30 minutes three times a week, and there are 5 weeks in a month. The individual would need 30 units of personal care services (PCS) for bathing.

Additionally, the individual needs one unit three times a week for dressing (frequency of bathing indicates 15 units a month) and 1 unit a week for nail care (5 units a month). This would add up to 50 overall units of PCS for the individual would need to be authorized. In letter (c.) the overall units for the authorized service (ie. PCS) will be noted.

- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me with this task as part of the overall service of personal care. Total units authorized for personal care services are **not to exceed** 50 units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To maintain hygiene and prevent injury/burning
- To prevent skin breakdown and keep odor free
- Other (3)

[if Other] Describe

d. Other information you should know about my [ADL]:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

Example: I get anxious and panicky when water runs over my face in the shower. It makes me feel like I am going to suffocate.

A full description of the specific ADL and required documentation in the assessment is as follows:

1. Bathing

This item measures the individual's applicant's/client's ability to bathe or shower or take sponge baths independently for the purpose of maintaining adequate hygiene as needed for the client's individual's circumstances. Consider minimum hygiene standards, medical prescription, or health related considerations such as incontinence, skin ulcer, lesions, cognitive ability, and balance problems. Consider ability to turn faucets, regulate water temperature, wash and dry completely.

- Completely able: Able to complete the task independently and without difficulty.
- Able with aids/difficulty: Able to complete the task without the assistance of another person, but does so with difficulty, use of equipment, or takes an inordinate amount of time to complete.
- Able with helper: Needs another person to assist with the activity, but the individual is able to perform at least half the effort of completing the task.

- **Unable:** Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity.

For each ADL the case manager must note the reason individual is not able to independently complete the task in section a. of the ADL as follows:

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support with bathing due to overall weakness and unsteadiness getting in and out of the shower.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I like to [task] [frequency] times a week/day in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I want assistance with bathing three times a week before bedtime.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.

- Indicate the overall number of units authorized for this service type.

Example: QSP will support me with this task as part of the overall service of personal care. Total units authorized for personal care services are **not to exceed** 50 units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To maintain hygiene and prevent injury/burning
- To prevent skin breakdown and keep odor free
- Other (3)

[if Other] Describe

d. Other information you should know about my [ADL]:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

Example: I get anxious and panicky when water runs over my face in the shower. It makes me feel like I am going to suffocate.

2. Eating

This item refers to the individual's ability to feed themselves, including cutting meat and buttering bread. Consider individual's ability to chew, swallow, cut food into manageable size pieces, and to chew and swallow hot and cold foods/beverages. It does NOT refer to meal preparation. (This is covered in Meal Preparation).

- Completely able: Able to complete the task independently and without difficulty.
- Able with aids/difficulty: Able to complete the task without the assistance of another person, but does so with difficulty, use of equipment, or takes an inordinate amount of time to complete.
- Able with helper: Needs another person to assist with the activity, but the individual is able to perform at least half the effort of completing the task.

- Unable: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity.

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support with eating due to overall weakness and limited dexterity.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I like to [task] [frequency] times a week/day in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need assistance with eating three times a day for breakfast, lunch and dinner.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?

- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me with this task as part of the overall service of personal care. Total units authorized for personal care services are **not to exceed** 50 units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To ensure adequate nutrition
- To prevent choking or other safety concerns
- Other

[if Other] Describe

d. Other information you should know about my [ADL]:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

Example: I prefer to eat soft foods due to mouth soreness.

3. Mobility Inside

This item measures an individual's indoor mobility. The HCBS case manager may ask an applicant/client, "How do you usually get around inside?"

- Do not consider transferring in and out of bed or chair.
- Completely able: Able to complete the task independently and without difficulty.
- Able with aids/difficulty: Able to complete the task without the assistance of another person, but does so with difficulty, use of equipment, or takes an inordinate amount of time to complete.
- Able with helper: Needs another person to assist with the activity, but the individual is able to perform at least half the effort of completing the task.
- Unable: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity.

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support with mobility inside due to overall weakness.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need assistance with ambulating around the house 5 times a day.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
 - c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me by providing stand by assistance and a gait belt as part of the overall service of personal care. Total units authorized for personal care services are **not to exceed** 50 units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To prevent falls, to maintain independence or access within home environment
- To have no or minimal discomfort
- Other

[if Other] Describe

- d. Other information you should know about supporting me with mobility in my home:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

4. Transfer in/out of bed/chair

This item measures the level of assistance the individual needs in transfers.

Include the ability to reach assistive devices and appliances necessary to ambulate, and the ability to transfer (to/from) between bed and wheelchair, walker, etc.; the ability to adjust the bed or place/remove handrails, if

applicable and necessary. Do not consider ambulation, itself, as this is considered under Get Around Inside.

- Completely able: Able to complete the task independently and without difficulty.
- Able with aids/difficulty: Able to complete the task without the assistance of another person, but does so with difficulty, use of equipment, or takes an inordinate amount of time to complete.
- Able with helper: Needs another person to assist with the activity, but the individual is able to perform at least half the effort of completing the task.
- Unable: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity.

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support with mobility inside due to overall weakness.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I like to [task] [frequency] times a week/day in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need assistance with ambulating around the house 5 times a day.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?

- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me by providing stand by assistance with a gait belt as part of the overall service of personal care. Total units authorized for personal care services are **not to exceed** 50 units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To prevent falls, to maintain independence or access within home environment
- To have no or minimal discomfort
- Other

[if Other] Describe

- d. Other information you should know about supporting me with transferring:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

5. Dress/Undress

This item measures the individual's ability to dress or undress. Consider individual's needs of appropriate dress for weather or street attire. Consider ability to get clothes from closets and drawers as well as putting them on. Also include ability to put on prosthesis or assistive devices. Consider fine motor coordination for buttons and zippers, and strength for undergarments or winter coat. Do not include style or color coordination. Do not include tying shoes.

- Completely able: Able to complete the task independently and without difficulty.
- Able with aids/difficulty: Able to complete the task without the assistance of another person, but does so with difficulty, use of equipment, or takes an inordinate amount of time to complete.
- Able with helper: Needs another person to assist with the activity, but the individual is able to perform at least half the effort of completing the task.
- Unable: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity.

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support with dressing after my shower due to overall fatigue and unsteadiness.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support with dressing after my shower three days a week.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?

c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care,

community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me by providing stand by assistance with dressing as part of the overall service of personal care. Total units authorized for personal care services are **not to exceed** 50 units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To maintain appearance and keep odor free
- To dress appropriately for weather
- To maintain prevent injury

[if Other] Describe

d. Other information you should know about supporting me dressing/undressing:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

6. Toileting

This item deals with the individual's ability to get to the bathroom, get on/off the toilet, clean him/herself, manage clothes, and flush.

Consider frequency of need and need for reminders.

- Completely able: Able to complete the task independently and without difficulty.
- Able with aids/difficulty: Able to complete the task without the assistance of another person, but does so with difficulty, use of equipment, or takes an inordinate amount of time to complete.

- Able with helper: Needs another person to assist with the activity, but the individual is able to perform at least half the effort of completing the task.
- Unable: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity.

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support with dressing after my shower due to overall fatigue and unsteadiness.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support with toileting 7 times a day.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me by physical assistance on and off of the toilet and assisting with readjusting clothing as part of the overall service of personal care. Total units authorized for personal care services are **not to exceed** ?? units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To maintain dryness, keep odor free, and prevent falls
- To prevent skin breakdown and keep odor free
- To maintain prevent injury

d. Other information you should know about supporting me with toileting:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

7. Bowel and Bladder Continence

Indicate the individual's bowel and bladder continence level.

- Completely able: Able to complete the task independently and without difficulty.
- Able with aids/difficulty: Able to complete the task without the assistance of another person, but does so with difficulty, use of equipment, or takes an inordinate amount of time to complete.
- Able with helper: Needs another person to assist with the activity, but the individual is able to perform at least half the effort of completing the task.
- Unable: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity.

- a. I need support with this activity because [justify impairment score]
- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support continence to include assistance with changing undergarments and incontinence supplies due to limited strength and impaired ability to bend or move body.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

- b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support with continence three times a day in the morning, afternoon and at bedtime.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.

- Indicate the overall number of units authorized for this service type.

Example: QSP will support me by providing physical assistance to change incontinence products and assisting with readjusting clothing as part of the overall service of personal care. Total units authorized for personal care services are **not to exceed** ?? units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To be clean, dry and odor free
- To maintain dignity
- To prevent skin breakdown

d. Other information you should know about supporting me with continence:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

8. If support person cannot assist me with these ADLS, (contingency plan).

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

This section deals with an individual's ability to carry out tasks which may not need to be done every day but are important for living independently. Intervention may be required to help an individual adapt to difficulties experienced in performing IADL activities. IADL items include meal preparation, housework, laundry, shopping, taking medicines, getting around outside, transportation, money management, and communication. Performance of IADL items requires mental as well as physical capacity. For example, taking medications and managing money require memory, judgment, and intellectual ability. The IADL scale measures the functional impact of emotional, intellectual, and physical impairments.

Not all individuals have the opportunity to perform IADL tasks. For example, an individual who lives with a relative or spouse might not prepare meals simply because another person routinely does this task. Similarly, some individuals do not manage their own money because a spouse does it. However, the IADL scale is designed to measure an individual's physical and cognitive ability to perform these tasks, regardless of the individual's opportunity to perform them. In asking

individuals about IADL tasks, HCBS case managers must stress what the person can do rather than what he/she is doing, for example: "Can you prepare meals, do housework, shop, etc.?"

The HCBS Case Manager will want to know how the individual usually performs a task, i.e., most of the time. Individuals who have occasional difficulty should be scored based on their usual performance, noting occasional difficulties in the narrative/note.

The HCBS case manager obtains information regarding IADL impairments by observation, interview with family or friends, or by direct self-report of the client. The scale used to rate each IADL task differs slightly from the ADL scale.

It includes three basic categories of functioning:

0:	Without help. Applicant/client is able to perform task independently, without supervision, reminder or assistance.
1:	With help. Applicant/client is able to perform task only with assistance, reminder, cuing or supervision.
2:	Cannot do at all. Applicant/client is not able to perform task at all, even with assistance.

In IADL score it is especially valuable to look at each task as the sum of its parts. Doing the laundry, for example, includes requirements of the physical ability to carry the wash to the washing machine, the cognitive ability to operate the washing machine including the measuring of soap and setting of controls, the physical ability to move clothes from washer to dryer, the cognitive ability to operate the dryer, the skill to fold and physical ability to carry the clean laundry back from the machine. If one can operate the washer and dryer but cannot carry the clothes to or from the machines, this person rates a #1, "with help."

SCORES OF 1 OR 2 IN ASSESSMENT OF AN IADL INDICATES AN IMPAIRMENT

Standard Definitions for each IADL item are as follows:

9. Meal preparation

The HCBS case manager may ask the individual, "Can you prepare your own meals?" Regardless of whether the individual actually does prepare meals, ask whether they can.

Consider the individual's ability to prepare hot and/or cold meals that are nutritionally able to sustain the client or therapeutic, as necessary. Consider individual's cognitive ability, such as ability to remember to prepare meals, individual's ability to prepare food, to open containers, to properly store and maintain foods, and to use kitchen appliances. Do not consider clean up because it is part of housework. Do not include canning of produce or baking of such items as cookies, cakes, and bread.

- Without help: Able to complete the task without the assistance of another person.
- With help: Needs some assistance from another person to complete the task.
- Cannot do at all: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity.

a. a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support with meal preparation due to overall fatigue and I cannot stand for any length of time.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support with meal preparation, the need for meal preparation is met by receiving home delivered meals for 7 days a week.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: HDM's supports me by providing a meal 7 days a week. Total units authorized for home delivered meals 31 units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To maintain proper nutrition & hydration.
 - To ensure compliance with special diet or weight control.
 - To prevent injury
- a. Other information you should know about supporting me eating:
 - In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

10.Communication

This item refers to the individual's ability to use the telephone, as well as comprehend oral and written communication. Include getting telephone numbers and placing calls. The individual must be able to reach and use the telephone, answer the telephone, dial, articulate and comprehend. If the individual uses special adaptive telephone equipment, score the client based on the ability to perform this activity with that equipment.

In scoring communication, the case manager must look at each task as the sum of its parts. In determining an individual's functional impairment, we must consider whether the individual is impaired in communication using their primary language. For example, an individual who may not be able to fluently speak or understand English, but is able to communicate in their primary language, would not be considered impaired. However, if the individual's physical and cognitive ability to perform these tasks in their native language is impaired, the individual would be scored according to their level of impairment.

Special equipment in common use includes:

- amplifiers for people with speech and hearing impairments.
- enlarged dials or number stickers for the visually impaired.
- modified telephones for those with hearing aids.
- telephones hooked up to teletypewriters for those with speech impairments.
- signals (tone ringers, loud bells or lights) to indicate that the telephone is ringing.
- speaker telephones and headsets for persons who cannot hold receivers.

(NOTE: The use of an emergency response system device should not be considered when scoring this item because it can only be used for emergencies and does not enable its user to make or receive other essential calls such as arranging physician appointments or grocery deliveries.)

The tasks of routine writing/reading fall within the scope of the IADL of communication. Include the ability to understand and effectively respond to business mail, such as insurance mailings, applications for benefits, etc. If the individual needs a routine regimen of assistance with routine writing or reading of correspondence, this functional impairment may be documented within the scope of the IADL of communication. Again, when determining whether an individual is scored as impaired in communication, the case manager must consider the ability of the individual to complete related tasks involving their primary language.

If an individual has no telephone, ask about his/her ability to use a telephone elsewhere (i.e., at a neighbor's home).

- Without help: Able to complete the task without the assistance of another person.
- With help: Needs some assistance from another person to complete the task.

- Cannot do at all: Unable to complete or assists minimally (less than half the effort), or is totally dependent on another person to complete the activity. (2)

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support with communication to organize my mail and assist with arranging appointments as it is challenging to organize my thoughts and tasks since my last hospitalization.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support twice weekly with mail and arranging appointments.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me by providing assistance with mail and making appointments as part of the overall service of homemaker. Total units authorized for homemaker services are **not to exceed** 70 units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To maintain social interaction with family and friends.
- To access emergency assistance and maintain independent living
- To maintain services

d. Other information you should know about supporting me communication:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

11.Laundry

This item measures the individual's ability to do his/her laundry.

Can the applicant/client sort, carry, load and unload, fold and put away clothes? Consider the ability to work a coin-operated machine. Do not score if the only problem is that laundry facilities are located outside the home as the need for transportation is covered in Transportation. Consider the individual's cognitive ability to complete these tasks. Consider individual's physical and cognitive ability to complete these tasks even if applicant/client lives with others who do them for the individuals.

- Without help: Able to complete the task without the assistance of another person.
- With help: Needs some assistance from another person to complete the task.

- Cannot do at all: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity. (2)

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support with laundry due to overall weakness and difficulties bending, lifting and carrying laundry.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support with laundry on.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me washing laundry once a week. Total units authorized for homemaker are **not to exceed** 70 units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To keep clothing and linens clean and odor free
- To maintain health and hygiene
- To prevent injury

d. Other information you should know about supporting me with laundry:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

12. Taking medication

This item measures the ability of the individuals to take medicine by oneself. This is defined as: remembering to take medicine; getting the medicine from the place it is kept within the home; measuring the proper amounts; swallowing the pill; applying the ointment; or giving oneself injections (including the filling of syringe).

Score 0 for individuals who has no needs for medication or who perform tasks independently. Score according to client's ability to perform the task even if commonly done by others. Score need for service monitoring of medications due to possibility of overdose as a (2.) Do not include obtaining of medication from pharmacy as this is covered under Transportation.

- Without help: Able to complete the task without the assistance of another person.
- With help: Needs some assistance from another person to complete the task.
- Cannot do at all: Unable to complete or assists minimally (less than half the effort or is totally dependent on another person to complete the activity. (2)

- a. I need support with this activity because [justify impairment score]
- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need with medication due to overall weakness and diminished dexterity.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

- b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support with medication twice a day.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me opening my pill container and bringing me a glass of water. Total units authorized for personal care services are **not to exceed** ?? units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To ensure access to medications
- To maintain medication health
- To prevent injury
- Other

d. Other information you should know about supporting me with medications:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

13.Shopping

This item measures the individual ability to shop for groceries and other essentials assuming transportation or delivery is available.

Consider ability to make shopping lists, to function within the store, to locate and select items, to reach and carry purchases, to handle shopping carts, to communicate with store clerks, and to put purchases away. Do not consider banking, posting mail, monetary exchanges, or availability of transportation in scoring this item. Individual's ability to access transportation is measured under Transportation and ability to manage money is measured under Management of Money.

- Without help: Able to complete the task without the assistance of another person.
- With help: Needs some assistance from another person to complete the task.
- Cannot do at all: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity. (2)

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support carrying my items with shopping as I cannot bend lift and carry due to pain and overall weakness.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support with shopping one times a week.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me by providing physical assistance with shopping under the overall service of homemaker. Total units authorized for homemaker are **not to exceed** ?? units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To maintain independent living
 - To obtain needed items, supplies and groceries
 - To prevent injury
- d. Other information you should know about supporting me with shopping.
- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

14. Mobility outside the home

This item refers to the individual's ability to move around outside, to walk or get around by some other means (i.e., wheelchair), and to do so without assistance.

Consider ability to negotiate stairs, streets, porches, sidewalks, and entrances and exits of residence and destination.

- Without help: Able to complete the task without the assistance of another person.
 - With help: Needs some assistance from another person to complete the task.
 - Cannot do at all: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity.
- a. I need support with this activity because [justify impairment score]
- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support mobility outside the home to access essential services such as shopping, due to overall weakness and needing assistance with my wheelchair.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support with mobility outside the home one time per week.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me by providing physical assistance to get outside my home to push my wheelchair as part of the overall service

of personal care. Total units authorized for personal care services are **not to exceed** ?? units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To maintain independent health and living.
- To ensure safe arrival and departure
- To prevent injury or getting lost.

d. Other information you should know about supporting me with mobility outside of my home:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

15. Transportation

This item measures an individual's ability to use transportation. For this question only, ability to use transportation includes access to a means of transportation.

Consider ability to negotiate entering and exiting of vehicle. Consider the ability to secure appropriate and available transportation and to know locations of home and essential places. Lack of appropriate and available transportation as needed, will increase the score. Consider cognitive as well as physical ability to use transportation.

- Without help: Able to complete the task without the assistance of another person.
- With help: Needs some assistance from another person to complete the task.
- Cannot do at all: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity. (2)

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support accessing transportation by scheduling transportation for appointments and navigating getting in and out of the vehicle due to weakness and confusion with organizing tasks.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support with transportation one time per week.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me by providing physical assistance scheduling appointments as part of the overall service of personal care. Total

units authorized for personal care services are **not to exceed** ?? units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To maintain health and independent living
- To access community services
- To prevent injury

d. Other information you should know about supporting me transportation:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

16.Housework

This item refers to the individual's ability to do routine housework.

The HCBS case manager might ask the individual "Are you able to do routine housework (such as dusting)?" and "Are you able to do heavy housework (such as washing floors)?" Again, be sure to stress ability, physical and cognitive, rather than actual performance.

Consider minimum hygienic conditions required for individual's health and safety. Do not include laundry. Do not include refusal to do tasks if refusal is unrelated to the impairment.

- Without help: Able to complete the task without the assistance of another person.
- With help: Needs some assistance from another person to complete the task.
- Cannot do at all: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity. (2)

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support housework due to overall weakness and fatigue.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?
 - b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].
- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support with housework once a week for 2 hours.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
 - c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me by providing physical assistance housework as part of the overall service of homemaker. Total units authorized for personal care services are **not to exceed** 70 units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To prevent injury
- To maintain a safe and healthy environment
- Other

[if Other] Describe

d. Other information you should know about supporting me housework:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

17. Money Management

This item refers to the individual's ability to handle money and pay bills.

Consider client's ability to plan, budget, write checks or money orders, and exchange currency and coins. Include the ability to count and to open and post mail. Do not increase the score based on insufficient funds.

Some individuals may have a legal representative (guardian, conservator or representative payee).

- Without help: Able to complete the task without the assistance of another person.
- With help: Needs some assistance from another person to complete the task.
- Cannot do at all: Unable to complete or assists minimally (less than half the effort) or is totally dependent on another person to complete the activity. (2)

a. I need support with this activity because [justify impairment score]

- In the narrative box provided, indicate the justification for the impairment in sentence form.

Example: I need support with money management and organizing the associated paperwork due to confusion and inability to track tasks that need to be completed.

The note may include:

- The reasons why this is or is not appropriate for the individual's circumstances. Indicate if individual has been offered the service but refuses assistance.
- Type of equipment used, if any. Any problems with equipment?

b. I need support with this task [frequency] times a [week/day/month] in the [morning/night/afternoon/no preference].

- In the box provided describe the individuals request for when they would like the task completed and the frequency.

Example: I need support money management one time per week.

The note may include:

- Is individual able to complete the task as frequently as needed or wanted?
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].

In the box provided describe how this need is met.

- Who assists with the task?
- What service does this task fall under.
- Indicate the overall number of units authorized for this service type.

Example: QSP will support me by providing assistance with going through my mail and paperwork as part of the overall service of homemaker. Total units authorized for personal

care services are **not to exceed** 70 units a month.

Indicate the appropriate outcome of the service authorized, if other indicate in the text box the appropriate outcome.

Outcomes

- To maintain independence
- To ensure timely and accurate payment of bills
- other

d. Other information you should know about supporting me money management:

- In this box indicate any other information that the individual may want the provider to know about how or why they prefer cares a certain way.

18.If Support person cannot assist me with these IADLS, (contingency plan).

Individual Specific Needs

Some individual needs require additional training and expertise for a qualified service provider to assist the individual with their individual specific needs. The specific needs are grouped into two categories and may require the QSP to get additional education. The case manager must ensure that the authorized QSP has the correct global endorsements or have been trained in the "Client Specific Needs" and this is listed on their QSP status in order for the QSP to be able to perform the task.

The Global Endorsements are:

- A. Maintenance Exercise
- B. Catheter Care
- C. Medical Gases-Limited to oxygen
- D. Suppository-non-prescription
- E. Cognitive/Supervision (REQUIRED for RESPITE CARE, SUPERVISION & COMPANIONSHIP SERVICES)
- F. Taking Blood Pressure, Pulse, Temperature, Respiration Rate
- G. Ted Stockings (surgical stockings)
- H. Prosthesis/Orthotics/Adaptive Devices
- I. Hoyer Lift/Mechanized Bath Chair

The following Client Specific Endorsements (J-N) require verification of the provider's ability to provide the service for a particular client who requires the endorsement. Note: Send the completed Request for Client Specific Endorsement, SFN 830 to Medical/HCBS Services only if the client's case manager has authorized service for that endorsement.

- J. Ostomy Care
- K. Postural Bronchial Drainage
- L. Jobst stockings (compression stockings)
- M. Rik/Specialty Bed Care
- N. Apnea Monitoring (is available only to a provider meeting the standards for Respite Care)

19. Individual specific needs/[other services](#)/global endorsements

- Apnea monitor*
- Cognitive/supervision*
- Community integration
- Exercises*
- Eye care
- Fingernail care (may not be authorized if individual has diabetes, heart or other circulatory conditions)
- Hair care/shaving
- Hoyer lift*
- Indwelling bladder catheter*
- Jobst stockings
- Ostomy care
- Oxygen/medical gases*
- Postural/bronchial drainage
- Prosthesis/orthotics*
- Skin care
- Social appropriateness
- Specialty bed (Ric)*
- Suppository/Bowel Program*
- Ted socks*
- Teeth, mouth, denture care
- Vital signs**
- Care Coordination
- [Emergency Response System](#)
- [Nurse Education](#)
- [Extended Personal Care](#)
- [Extended Personal Care – Nurse](#)
- [Chore per Job](#)
- [Chore Labor](#)
- [Chore Labor \(lawn\)](#)

- Chore Labor (snow removal)

The tasks with an asterisk require additional information and documentation on file. The additional information is as follows:

A written, signed recommendation for the task of vital signs provided by a nurse or higher credentialed medical provider must be on file which outlines the requirements for monitoring, the reason vital signs should be monitored, and the frequency.

When the tasks of Temp/Pulse/Respiration/Blood Pressure are authorized, the individual to be contacted for readings must be listed on the PreAuth in Therap.

For the task/activity of exercise, a written recommendation and outlined plan by a therapist for exercise must be on file and is limited to maintaining or improving physical functioning or communication that was lost or decreased due to an injury or a chronic disabling condition (i.e., multiple sclerosis, Parkinson's, stroke etc.). Exercise does not include physical activity that generally should be an aspect of a wellness program for any individual (i.e., walking for weight control, general wellness, etc.).

"Client Specific Endorsements" These activities and tasks may be provided by a service provider who has demonstrated competency and carries a client specific endorsement to provide the required care within the identified limitations. The case manager must maintain documentation that a health care professional has verified the provider's training and competency specific to the individual's need in the client's file.

Specialized Support

- a. I need support with these activities because [justify impairment score]
- b. I need support with this task [frequency] times a [day/week/month] in the [morning/night/afternoon/no preference].
- c. [Provider/Natural support] will support me with this task as part of the overall service of [example: personal care, respite care, community supports, etc]. Total units authorized for this overall service are not to exceed [total monthly units you are authorizing for the overall service such as personal care, respite care, community supports, etc.].
- d. Other information you should know in supporting me with specific needs

Supervision/Structured Environment

Supervised or Structured Environment Scoring

Discuss the need for supervision, and if there is a need for 24-hour supervision. What factors contribute to the individual's need for supervision. How has the individual been managing in periods when there has not been supervision? Describe any health or safety risks associated with the lack of appropriate supervision.

A setting such as adult foster care, adult residential care or basic care does not justify the need for supervision.

20. Does the individual require supervision or a structured environment on a continuous basis except for brief periods of time.

- Yes
 - No
- a. I need support with this because [justify impairment score]
 - b. Describe any additional information that would be helpful to support me during supervision or within the structured environment.
 - c. If [support person] cannot assist me, [contingency plan].

Quality Review

Case Managers are required to continuously monitor to ensure an individual is being afforded the rights of privacy, dignity and respect, and freedom from coercion and restraint (including the limited use of restraints that are allowable under Adult Residential Services). The Quality Review process is used to obtain information from individuals/responsible parties that is related to quality and quantity of services. The information is aggregated and reviewed by the department to develop quality measures and services.

The Quality Review is to be completed for all individuals, regardless of funding source, with the exception of Basic Care. The Quality Review helps to determine an individual's satisfaction with services but is also used to determine compliance with the HCBS settings rule. Any violations of rights must be reported to Program Administration. This section is to be completed during the annual assessment and six-month review. This section is not to be completed during an initial assessment, as services have not yet been implemented.

Financial Assessment

A financial assessment is required in accordance with policy for Service Payments for the Elderly and Disabled (SPED) 525-05-25-20 regarding financial information for SPED and Medicaid Waiver for Home and Community Based Services 525-05-25-10.

For individuals receiving SPED, this section of the Participant Assessment, along with the SFN 820, must be completed. Instructions for completion of the complete SFN 820, SPED Income and Asset form and assessment in can be found at <https://www.nd.gov/dhs/policymanuals/52505/52505.htm>.

Caregiver Assessment

The caregiver assessment must be completed initially and every six months for all formal/paid live-in providers, including FHC and FPC providers.

Discuss options for respite care and other programming that may provide caregiver supports and relief. Options may include support groups, Powerful Tools for Caregiver evidence-based training, socialization opportunities, the Alzheimer's Association, etc. This assessment may be done via telephone if the individual is not able to participate in a face-to-face meeting.

Risk Assessment and Health and Safety Plan

The Risk Assessment and Health and Safety Plan must be completed initially, annually, and every six months. The Risk Assessment and Health and Safety Plan may need to be updated when there is a critical incident, QSP complaint, or VAPS report that identifies a risk or potential risk: including but not limited to risks related to financial concerns, legal issues, fire safety, falls, access to health care, family issues, natural, community or social supports, mental health/behavioral health needs, cognitive decision making, nutrition, medication, employment, education, and housing. The case manager and client will review the assessment results and develop the Risk Assessment and Health and Safety Plan to reduce or help mitigate risk.

A risk assessment must be completed in the following circumstances:

- Critical incident report (CIR) has identified a risk to the individual served by HCBS.
 - The Program Administrator responsible for monitoring and review of all CIR's will contact the case manager in the event there is a CIR that requires a risk assessment.
- QSP complaint has identified a risk to the individual served by HCBS.
 - The Program Administrator responsible for monitoring and review of all QSP complaints will contact the case manager in the event there is a complaint that requires a risk assessment.
- VAPS report has identified a risk to the individual served by HCBS.
 - VAPS and HCBS case manager will work together to ensure a risk assessment is completed and included in the person-centered plan of care.

The risk assessment may include:

- How safety needs or risks were assessed based on the individual's abilities and current condition.
- Any approach that has been taken to mitigate identified risks.
- Any deviation from helping the client to achieve their goals or assure their health and safety.
- Interventions and methods that were tried first but were not successful.
- Any specific timeline for periodic review if the timeline of the review varies from the required reassessment and monitoring reviews.

Recipients must be fully informed of the plan and any modifications made to their stated preferences or goals to assure safety. The risk assessment must be completed in collaboration with the individual and/or their legal representative and any other formal or natural supports the individual wishes to include in the assessment of risk and risk mitigation planning. Documentation must be included to assure that the intervention will not cause harm to the recipient.

The individual and/or their legal representative must sign the risk assessment and be given a signed copy.

A copy of the signed risk assessment must be retained in the individual's file.

Narrative/Case Note:

All contacts relating to the individual must be documented in the case notes in Therap.

Requirements

- Date
- Reason for contact. (initial, annual, six month, quarterly, collateral, returned call, received call, etc.)
- Location of visit (home visit, care conference, hospital visit, office visit, telephone contact, letter sent, etc.)
- A description of the exchange between the case manager and the individual or the collateral contact.

- Whether the exchange was face to face or by other means.
- Client satisfaction and follow-up plan

SPED Income and Assets, SFN 820 525-05-60-20

(Revised ~~05/01/23~~ 03/01/2024 ML #~~3730~~3829)

Purpose: In order for individuals to access the SPED program, information regarding assets, income, and deductions must be obtained to determine SPED program financial eligibility.

The [SFN 820](#) must be completed (at a minimum) at the time of application and annually thereafter. If there is a significant change to the individual's financial resources or documented deductions, a new SFN 820 must be completed and signed by the individual if the individual remains eligible for SPED program services.

If a question arises on how to count a particular asset or income that is not covered in this section the HCBS Program Administrator will consult with State Medicaid Eligibility staff for guidance. Medicaid financial eligibility criteria may be used to make decisions involving SPED eligibility not covered in policy.

The information obtained on the SFN 820 must correlate with the web-based data collection system Income and Asset worksheet.

CLIENT INFORMATION – record the individual's name, Client identification number, individual's address, whether or not they are covered members of health insurance, and whether or not they are recipients of Medical Assistance. (If they are QMB or SLMB only – do not record "yes". Only record yes if they are receiving Medicaid State Plan medical and/or personal care services.)

ASSETS

The total amount of funds held in any type of joint account is considered an available asset to the applicant/client unless the applicant/client can verify that the funds are, in fact, the sole possession of only one owner that has the generally recognized authority to direct disbursement. When the applicant/client claims that he/she is NOT in possession of the funds AND CANNOT direct their disbursement, substantiating documentation must be included in the case file. The

applicant's/client's oral statement alone is not sufficient. This statement applies to all types of assets.

Just as the income of the spouse must be considered in completion of SFN 820 SPED Income and Asset form, all liquid assets of the spouse must be considered in determining SPED Program eligibility even if the applicant/spouse's name is not on the statements or accounts. See [N.D.C.C. 14-07](#). This applies also to applicants who have pre-nuptial or ante-nuptial agreements. The statutory obligation to support and care for a spouse is not negated by such agreements nor whether the spouse's name is included on financial documents. However, you do not need to count the income or assets of the spouse if the applicant or recipient states that there has been a marital separation, with or without court order, and the spouses are currently living in separate households and have not separated for the purpose of securing HCBS benefits.

A1

Crop inventory: Non-contract crops held in storage at the discretion of the owner, who is the applicant/client, is considered a liquid asset for purposes of the SPED Program. However, crops being held for feed or for planting would not be included as an available asset. The cash value is based on the market price on the date of application or annual review.

A2

Cash – includes: Coins, currency, checking, savings accounts, money market accounts, and/or Certificates of Deposit. Include all accounts the individual has access. Funds held or prepaid for funeral accounts are also considered assets and cannot be deducted for the purposes of determining SPED eligibility.

Any income or dividends received are reported as income, not in the asset section.

- A3 Bonds – savings bonds, treasury bonds, others. Record the face value of the bond. The earnings are reported in the income section of this form.
- A3 Mutual Funds - A type of mutual fund that allows investors to write checks against their account in established increments. The earnings are reported in the income section.
- A3 Stocks – the current value of the stock is reported in the asset section, the dividends are reported in the income section.
- A3 Trusts - All trusts must be submitted to Medical Services HCBS Program Administrator to coordinate review with the Legal Advisory Unit to determine how the trust will affect financial eligibility.
- A4 Retirement programs: Earnings on retirement programs are tax deferred until taking payouts. At that time the income is reflected on their federal income tax form. If the individual will realize a penalty for an early withdrawal from the retirement account, the retirement account would be exempt.
- A5 Residence other than Primary residence – individuals owning more than one residence, must report residence other than the primary

residence as a liquid asset. If the individual owns more than one residence, the value of the other property, less the secured debt owed for the property, that is not the primary residence is counted in determining the financial eligibility. In order to obtain the value, you may use a recently completed appraisal, or verify documentation from the county assessor showing the assessed value. If this documentation cannot be obtained, the fair market value can be obtained by contacting real estate or lending institution personnel.

Individuals residing outside of their home: If an individual is residing outside of their residence, that residence must be considered as an asset if not otherwise occupied. A residence is considered occupied when occupied by self, spouse, or minor dependent OR when the individual is temporarily absent but possesses the ability to return within a certain length of time which is reasonable. A reasonable length of time is six months.

A6

Other Liquid Assets - The face value of loans that the applicant/client has made to others (money owed to the applicant/client) is also a liquid asset. Common loans are notes, and mortgages. Contracts for Deed and Limited Partnerships are excluded due to the difficulty of establishing a current market value for such instruments on the open market.

A7

Total Assets – if using the electronic (e-forms) SFN 820, the amounts

entered for assets will automatically sum and be recorded on this line. If using the paper copy of the SFN 820, add the amounts from the asset types and record the sum on this line.

A8

Disqualifying transfers – If a current SPED client has transferred or assigned assets for the purpose of continuing to make themselves eligible for SPED services, or to reduce the amount of their service payment or if an applicant has transferred or assigned assets within five years of the date they initially applied for SPED to make themselves eligible for services check yes, this is considered a disqualifying transfer. If you check yes, please describe the nature of the disqualifying transfer.

A9

Money and assets in a North Dakota Achieving a Better Life Experience (ABLE) Plan are not considered for the purpose of determining eligibility in order to receive SPED services. Total annual contributions into an ABLE account may not exceed the federal gift tax limit of \$15,000. ABLE accounts up to \$100,000 do not affect asset limits for SPED financial eligibility.

Verifying Assets

The individual must provide their most recent federal income tax form 1040 AND the most recent monthly, quarterly or annual statement from the company(s) holding such liquid assets. If the individual does not make the documents available, eligibility cannot be established. Therefore, eligibility is denied or terminated. If the individual did not file a tax return for the previous year, other

documentation must be obtained. Such documentation may include, but may not be limited to:

1. Bank statements
2. Monthly/Quarterly/Annual financial statements from the investment/financial institution(s)
3. Employer reporting statements
4. Contracts or other legal documentation

By reviewing these documents, the HCBS case manager can confirm the value of the liquid assets as well as the income derived from accounts or arrangements.

Exempt (Liquid) Resources

Excluded when calculating the value of the applicant's/client's resources are:

1. Cash surrender of life insurance policy(s).
2. Annuities or other pension plans IF a penalty would be imposed for withdrawal at the time of application or redetermination of eligibility. (e.g. There would be a penalty for withdrawal of funds from an IRA if the applicant/client is under 59 years.)
3. Any amount necessary for the fulfillment of a Plan for Achieving Self-Support (PASS) under Title XVI of the Social Security Act (SSI) will NOT be counted as an asset.
4. Contracts for deed or limited partnerships. Contracts for deed and limited partnerships are excluded due to the difficulty of establishing a current market value for such instruments on the open market.
5. Limited Partnerships.

Funds held or prepaid for funeral accounts cannot be deducted for the purposes of determining SPED eligibility.

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Asset Detail – record the Asset Type, Institution/Organization, Invoice/Statement Date, and Statement Amt or Balance. Examples:

Individual has \$342 in checking, \$200 in savings, \$23 in cash, and \$12,475 in a retirement account.

Asset Type	Instit/Organ	Invoice/St. Date	St. Amt or Balance
Cash	Smith Credit Union	July 8, 2005	\$342

Cash	On-hand		\$23
Retirement Prog.	NP Railroad	July 1, 2005	\$12,475

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Section 1, HOUSEHOLD INCOME SECTION

If the primary income comes from self-employment, or a combination of salaries and self-employment, add the monthly amounts from the income sources.

If a client has self employment income but does not have a tax return reflecting this income, disregard the first \$65 of the monthly self employment income and one-half of the remaining self-employment income.

Some farmers report not having enough income to file federal income tax. Federal farm program payments are reported to IRS (Internal Revenue Service) on a 1099. Therefore, an IRS representative advises that farmers would file an IRS 1040 so that IRS knows why no tax was due for the year. The farmer or rancher may have a negative taxable income after personal exemptions and other deductions are made. The figure required on the [SFN 820](#) is the "Adjusted Gross Income," the last line on the first page of the IRS 1040; not the taxable income shown on the back. The farmer or rancher, as operator or as renter, must have federal tax forms.

For an applicant/client having rental farm property, the net income on IRS form 4835 is entered on the front page of the 1040. That is the amount reported on the [SFN 820](#) divided by 12 months.

For the applicant/recipient reporting income or loss as operators of their farm or ranch, the amount is determined by use of IRS Schedule F. That is the amount entered on SFN 820 after dividing by 12 months.

If a family member is paying room and board for the recipient who resides in an Adult Foster Care home you do not need to count the amount of room and board paid as income if the payment is made directly to the provider. If the money is paid or deposited directly to the recipient it must be counted as income.

Payment from reverse mortgages is not counted if it is a type of reverse mortgage that needs to be repaid unless, the amount of the reverse mortgage results in a profit for the recipient and or the recipient's spouse. If they receive a payment in excess of the value of the home it would be counted as income.

Income received by the recipient or the recipient's spouse as the result of a community benefit, go fund me account etc. will be considered countable income unless the money is deposited in to an account that is managed by a 3rd party. Countable income may be calculated by dividing the total amount received /12 months to get a monthly average.

In addition to completed IRS tax forms, include the following:

B Wages, Salaries – record the wages and salaries found from income tax documentation, federal tax form 1099, and/or federal tax form W2. If the individual does not file taxes or has limited wages or salaries and tax documentation is not required, copies of checks or receipts may be used.

B3 Veterans Benefits – include all benefits including Aid & Attendance unless counting Aid and Attendance as income will have a negative effect on an individual's eligibility for SPED. In that case, you can deduct the amount of Aid and Attendance the individual receives from the amount of SPED services being authorized.

If a veteran is unsure of the amount of Aid and Attendance payment included in their veteran's pension, contact the county veteran's office to obtain the information.

B4 Social Security, SSI, Disability Income

B5 Dividends, Interest – found from financial accounts from financial institutions or could include interest paid to the applicant/client from a loan or sale of property/goods.

B6 Estates, Trusts, Net Rentals, Royalties

B7 Pensions, Annuities

B8 Temporary Aid for Needy Families

B9 County General Assistance

B12/B13 Self-Employment Income

B2/B10/B Combine alimony/child support/unemployment
11/B14 compensation/Workers Compensation/ and other

Disregards to Income

1. Compensation or stipends received by volunteers participating in Senior Community Service Employment Program (formerly known as the Green Thumb project or Experience Works) or Senior Companion;
2. Income earned or unearned by dependent children;
3. Income earned of adult children caring for parent(s);
4. The family home care payment if the spouse is the family home care provider;
5. The conversion of one asset form to another form may not be considered income.

Example 1: A house is sold for cash. The cash would not be considered income but would be considered additional liquid assets.

Example 2: Cash is converted to a CD. The CD is considered as a liquid asset, but now the interest generated from the CD would be income. If a client has made the choice to reinvest the interest by having the interest increase the value of the CD or saving account, the interest is to be considered as income in the month in which the client could have accessed the dividend or interest.

6. Any amount of funds held in a restricted or unrestricted IIM account.
7. Recovery Rebates authorized by section 2201 of the Coronavirus Aid, Relief, and Economic Security Act of 2020 [Pub. L. 116-136].

Section 2: DEDUCTIONS TO INCOME

Deduct the following monthly expenses to determine the family adjusted gross monthly income:

C1 Child Support Payment For Child(ren) Not Claimed As
Dependent(s)

C2 Medical Deductions, a medical deduction of up to \$850 for a family or \$500 for an individual is allowable for any medical/accident insurance paid by the individual AND any regular payment (out of pocket) for medical expenses. Medical expenses do not include prescription drugs. If the individual is a recipient of Medicaid or Economic Assistance programs, the information has already been

verified and is on file with the Eligibility Specialist. In these cases, the case manager can cross reference those files.

Medical expenses include, but are not limited to, the following items, which must be paid for either in part or full by the client:

- Health/accident insurance: insurance premium, Medicare Part B payment, coinsurance, and deductibles on health plans.
- Medical services by a licensed medical facility or professional
- Supplies for incontinence (e.g. Depends, Chux, et cetera)
- Adaptive Devices such as wheelchairs, crutches, eyewear
- Medical Transportation costs: bus, taxi, train, or plane fares; actual care expenses such as gas and oil or ~~50~~ 65 cents a mile; and parking fees and tolls.
- Long term care premiums
- Over the counter medications (non-prescription) that a medical professional has directed the client to take for a specific medical condition. The client will need to obtain a written recommendation from a medical professional for the over the counter medication, and it must relate to a specific health condition.
- Private pay personal care services (would not include SPED service fee).

C3 Child Care Expenses paid Because Of Employment

C4 Alimony (Paid)

C5 Prescription Drugs -- For out of pocket prescription drugs deductions, the drugs must be verified and the information recorded in the Deduction Detail section (unless can cross reference with eligibility specialist). Medical marijuana is considered a prescription drug for which out of pocket payments can be deducted if the individual provides verification of a valid registry identification card, and items purchased can be verified via receipts from a North Dakota registered compassion center dispensary.

Upon completion of the document, the client will sign signifying they have provided the county with all information required to meet SPED financial eligibility. The

individual should not sign the document until the verification process has been completed.

The "For Office Use Only" section is for case managers to assess the client service fees based on the sliding fee schedules, sign, date, and designate documentation is on file.

Also in this section, the case manager will record the "Number of Individuals" in the household. This number should only contain those persons counted in the official household count.

The form, SFN 820, is not available from the Department. HCBS Case Managers are required to make sufficient copies for their use. The form is available electronically through the state e-forms system.

Overpayment

If there are credible allegations that an individual or their legal representative concealed or misrepresented financial or functional information with the purpose of obtaining eligibility for HCBS, the Department may recoup the overpayment.

Add New Record to MMIS Eligibility File for SPED or Ex-SPED, SFN 676 525-05-60-30

(Revised ~~1/1/20~~ 03/01/2024 ML #~~3570~~ 3829)

Purpose: In order for an individual to be enrolled in the benefit plans of SPED or Ex-SPED and to receive a client identification number, to change the service fee, to update client statistical information, or to begin applicant client eligibility for payment purposes.

This form is used to identify active SPED & Ex-SPED program recipients in the payment system. When billings are received from providers, the claim is checked against the SPED or Ex-SPED eligibility Medicaid Management Information System (MMIS) file.

This form is also used if there is a change in the statistical information such as address or corrections to the Social Security Number or birthdate. In addition if there is a change to the SPED service fee (percentage), this form must be completed and forwarded to the Aging Services Division (HCBS) along with the date of the change.

If this form is not submitted when a SPED service fee changes and it results in an over payment or underpayment to the provider the case manager must file an adjustment to correct the payment error.

Steps of Completion:

Client Information: Complete the client's name, identification number, physical address, mailing address (if different from physical address), gender, date of birth and social security number. Record the HCBS case manager's name, the county in which the client resides and county number.

Application Information: Select one of the following boxes: initial, rate change, address change, or re-open.

Funding Type: Select SPED or Ex-SPED.

Date of Application and Approval: The HCBS case manager will complete the date of application, which is the date of the most recent assessment (or level of care screening, if a child) was completed. The approval date will be completed by Aging Services when approved by an HCBS Program Administrator and MMIS has been updated. This field would be completed by the HCBS Case Manager only when there is an exception requested to the SPED or Ex-SPED Pool approval date.

Liability Information: This section is to be completed for SPED clients only. Record the percentage of SPED costs that is the client's responsibility (also referred to as recipient liability, client participation fee, or client share) and the effective date. This percentage will be found by completing the SPED Income and Asset Form ([SFN 820](#)). This percentage must match the percentage on the "SPED Program Pool Data" ([SFN 1820](#)). If the client does not have a fee, enter zero. After the opening of a new case, a change in liability is effective the first of the month following the month of action.

Note: for changes to the SPED service fee, changes occur the first of the following month of the change. Dates should not include partial months and cannot be retroactive.

New SPED or Ex-SPED Clients Only: This demographic section is to be completed for new SPED clients only.

- Is the client's primary language English? If no, please record the client's primary language.
- What is the client's marital status?

- Is the client a United States citizen? If no, please record the citizenship status.
- Is the client Latino/Hispanic?
- What is the client's race?

For new clients, this completed form is to be emailed or faxed to Aging Services/HCBS at the same time as the SPED or Ex-SPED Program Pool Data form is submitted ([SFN 1820](#) or [SFN 56](#)).

For a rate change, address change, correction (which includes a legal name change requests), or to re-open within 60 days from the date of closure, this completed form is to be emailed or faxed to Aging Services/HCBS.

If an individual has a legal name change, a copy of the individual's social security card is required for the name to be updated in MMIS. The case manager is to include this copy along with the SFN 676 when requesting a name change.

The original is to be filed in the applicant's case file. A copy must be sent to Aging Services/HCBS.

An electronic copy is available through the state e-forms ([SFN 676](#)).

Monthly Rate Worksheet - Live-in Care, SFN 1012 525-05-60-65

(Revised ~~05/01/23~~ 03/01/2024 ML #~~3730~~3829)

Purpose: The Monthly Rate Worksheet, [SFN 1012](#), is used by the Case Manager to determine the daily rate of payment ~~for Family Home Care, Adult Foster Care, SPED Daily Live-in Personal Care~~ SPED Personal Care Assistive Living, ~~and Family Personal Care~~. This is to be completed and forwarded to Aging Services/HCBS on an annual basis, as well as any time there is a change to the tasks and/or rate.

SECTION I: IDENTIFYING INFORMATION

Complete the client's name, client's identification number (ND number), date the assessment is completed, county of residence, HCBS Case Manager's name, the effective date of the rate as determined on the rate worksheet, and the client's date of birth. ~~Check the appropriate funding source and if the client is served under developmental disabilities (DD) services.~~

Note: Any change in the rate becomes effective the first day of the following month. For example, if the Monthly Rate Worksheet (MRW) is completed based on an assessment dated April 12, 2006, the rate change becomes effective with services delivered beginning May 1, 2006.

SECTION II: ASSIGNMENT OF POINT VALUE(S)

For each task that needs to be performed for the individual (as identified in the functional assessment) assign the associated point value in the appropriate service column.

Note: The point values of the tasks cannot be less or more than the pre-recorded point value. For example, in Bathing, individuals will receive 20 points if they need this assistance. No one would receive a point value greater than 20 if they need greater help or less than 20 if they need less help.

~~**Exception** (only applies to SPED personal care): If a provider is caring for more than one client in the home, some of the point tasks could be shared by the clients. For example, if there are two SPED personal care clients in the provider's home, the housekeeping point value of 10 would be shared by the two clients (or each client would receive only 5 points each).~~

When point values have been assigned, the form will automatically sum up the points in the column and record the sum in Total Points row (applicable to the authorized service).

Note: The description for the task of supervision on the MRW.

SECTION III: RATE CALCULATION

When using the electronic MRW, a portion of the first area of Section III will automatically fill in the figures through the SFY23 Rate. The rate that calculates in this column is the daily rate.

If the calculated rate exceeds the funding source maximum (see maximum amounts at the bottom of the MRW), record the maximum rate in the column marked SFY23 Rate.

SECTION IV: PROVIDER INFORMATION

Enter the provider's name, number, and mailing address in the spaces provided.

DISTRIBUTION

File the original copy in the applicant's/individual's case file. Email or fax a copy to Aging Services/HCBS within 3 days of completion.

~~A Note about Pending MRW's~~

~~Any time a potential provider submits a QSP application for Family Home Care, SPED Daily Live in Personal Care, or Family Personal Care, the HCBS Case Manager must submit a copy of the pending MRW directly to Provider Enrollment. This way, Provider Enrollment is notified that there is an approved client associated with the QSP application. This is required for Provider Enrollment to process the QSP application. Do not email or fax a copy of this pending SNF 1012 to Aging Services/HCBS. Aging Services/HCBS only receives a copy of the SNF 1012 once the case is established and services are being newly authorized, annually, and for any task/rate changes.~~

An electronic copy is available through the state e-forms ([SNF 1012](#)).