

# HCBS FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (01/2023)

	EXPED (Expanded Service Payments for the Elderly & Disabled)	SPED (Service Payments for the Elderly & Disabled)	MSP-Personal Care (Level A)	MSP-Personal Care (Level B)	MSP-Personal Care (Level C)	Medicaid Waiver for HCBS (Elderly & Disabled)	Technology Dependent Medicaid Waiver
<b>Services</b>	<ul style="list-style-type: none"> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Chore &amp; ERS</li> <li>Environmental Modification</li> <li>Family Home Care</li> <li>HCBS Case Management (billed under Targeted Case Management)</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non-Medical Transportation</li> <li>Respite</li> </ul>	<ul style="list-style-type: none"> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Chore &amp; ERS</li> <li>Environ. Modification</li> <li>Nurse Education</li> <li>Extended Personal Care</li> <li>Family Home Care</li> <li>HCBS Case Management</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non-Medical Transp.</li> <li>Personal Care Services</li> <li>Respite</li> </ul>	<ul style="list-style-type: none"> <li>Personal Care Services (Includes Daily/Rate &amp; PC-Basic Care)</li> </ul>	<ul style="list-style-type: none"> <li>Personal Care Services</li> </ul>	<ul style="list-style-type: none"> <li>Personal Care Services</li> </ul>	<ul style="list-style-type: none"> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Adult Residential</li> <li>Chore &amp; ERS</li> <li>Community Support</li> <li>Community Transition</li> <li>Companionship</li> <li>Environmental Modification</li> <li>Nurse Education</li> <li>Extended Personal Care</li> <li>Family Personal Care</li> <li>HCBS Case Management</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non-Med Transportation</li> <li>Residential Habilitation</li> <li>Respite</li> <li>Sp. Equipment/Supplies</li> <li>Supervision</li> <li>Supported Employment</li> <li>Transitional Living</li> </ul>	<ul style="list-style-type: none"> <li>Attendant Care Service</li> <li>HCBS Case Management</li> <li>Non-Medical Transportation</li> <li>Specialized Equipment and Supplies</li> </ul>
		<p><b>Personal Care Service:</b> Assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, transferring, eating, mobility and incontinence care and with instrumental activities of daily living (IADLs) may be provided in conjunction with the tasks for ADLs</p>					
<b>Functional Eligibility</b>	Not severely impaired in ADLs: Toileting, Transferring, Eating <b>And</b> Impaired in 3 of the 4 following IADLs: <ul style="list-style-type: none"> <li>Meal Preparation</li> <li>Housework</li> <li>Laundry</li> <li>Medication Assistance</li> </ul> Or Have health, welfare, or safety needs, requiring supervision or structured environment	Impaired in 2 ADLs, OR in at least 4 IADLs, totaling six (6) or more points or if living alone totaling at least four (4) points <b>Or</b> If under age 18, meet <b>LOC</b> screening criteria <b>And</b> Impairments must have lasted or are expected to last 3 months or more	Impaired in 1 ADL <b>Or</b> Impaired in 3 of the 4 following IADLs: <ul style="list-style-type: none"> <li>Meal Prep</li> <li>Housework</li> <li>Laundry</li> <li>Medication Assistance</li> </ul>	Impaired in 1 ADL <b>Or</b> Impaired in 3 of the following 4 IADLs: <ul style="list-style-type: none"> <li>Meal Prep</li> <li>Housework</li> <li>Laundry</li> <li>Medication Assistance</li> </ul> <b>And</b> Meet <b>LOC</b> criteria	Impaired in 5 ADLs <b>And</b> Meet <b>LOC</b> criteria <b>And</b> No units allocated to the tasks of laundry, shopping, & housekeeping <b>And</b> Prior approval from the Dept.	<ul style="list-style-type: none"> <li>Meet <b>LOC</b> criteria</li> <li>Age 18 or older</li> <li>Choose waiver services</li> <li>Receive service on a monthly basis</li> <li>Participate in planning</li> <li>Functional impairment cannot be the result of a mental illness or intellectual disability</li> <li>If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team</li> </ul>	<ul style="list-style-type: none"> <li>Meet <b>LOC</b> criteria</li> <li>Vent Dependent at least 20 hours per day</li> <li>Medically stable</li> <li>Has an informal caregiver system for contingency planning</li> <li>Is competent to participate in planning</li> <li>If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team</li> </ul>
	Nursing Facility Level of Care Screening - ( <b>LOC</b> ) Criteria for LOC Screening - NDAC 75-02-02-09						
<b>Financial Eligibility</b>	Medicaid Eligible <b>and</b> receiving SSI or income is at or less than max SSI (currently \$914)	Income & Asset Based Sliding Fee Scale Resources \$50,000 or less	Medicaid Eligible			Medicaid Eligible	
<b>Program Cap</b>	\$3800.00 per month	\$3800.00 per month	Level A-480 units per month (a unit is 15 minutes) Level B-960 units per month Level C-1200 units per month			Total cost of all waiver services is limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Department. Individual service caps may also apply.	

**Individual QSP Rate** \$5.44 per/unit, **HMK** \$4.90 per/unit - **Agency QSP Rate** \$7.48 per/unit, **HMK** \$6.73 per/unit (Some rates are also daily, one time, half day, or specific to the service)