

# LTC CONTINUUM FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (1/2009)

## North Dakota Department of Human Services

ExSPED	MSP-Personal Care (Level A)	SPED	MSP-Personal Care (Level B)	Medicaid Waiver for HCBS (Elderly and Disabled)	PACE (Program of all Inclusive Care of the Elderly)	Nursing Home
<b>Services</b> <ul style="list-style-type: none"> <li>• Adult Day Care</li> <li>• Adult Foster Care</li> <li>• Chore</li> <li>• Emergency Response System</li> <li>• Environmental Modification</li> <li>• Family Home Care</li> <li>• HCBS Case Management</li> <li>• Homemaker</li> <li>• Respite</li> </ul>	<b>Service</b> <ul style="list-style-type: none"> <li>• Personal Care Services</li> </ul>	<b>Service</b> <ul style="list-style-type: none"> <li>• Adult Day Care</li> <li>• Adult Foster Care</li> <li>• Chore</li> <li>• Emergency Response System</li> <li>• Environmental Modification</li> <li>• Family Home Care</li> <li>• HCBS Case Management</li> <li>• Homemaker</li> <li>• Respite</li> <li>• Personal Care Services</li> </ul>	<b>Service</b> <ul style="list-style-type: none"> <li>• Personal Care Services</li> </ul>	<b>Service</b> <ul style="list-style-type: none"> <li>• Adult Day Care</li> <li>• Adult Foster Care</li> <li>• Adult Residential</li> <li>• Chore &amp; ERS Systems</li> <li>• Environmental Modification</li> <li>• HCBS Case Management</li> <li>• Homemaker</li> <li>• Non-Med Transportation</li> <li>• Respite</li> <li>• Specialized Equipment/Supplies</li> <li>• Supported Employment</li> <li>• Transitional Care</li> <li>• Extended Personal Care</li> <li>• Home Delivered Meals</li> <li>• Family Personal Care</li> </ul>	<b>Service</b> <ul style="list-style-type: none"> <li>• All Medicare and Medicaid Services</li> <li>• Primary Medical Care</li> <li>• Meals</li> <li>• Nutritional Counseling</li> <li>• Home Health Care</li> <li>• Personal Care</li> <li>• Dentistry</li> <li>• Prescription Drugs</li> <li>• Social Services</li> <li>• Adult Day Care</li> <li>• Therapies</li> <li>• Transportation</li> <li>• Hospital Care</li> <li>• Hospital ER</li> <li>• Nursing Service</li> <li>• Nursing Home Care</li> <li>• Other services as determined by the team</li> </ul>	<b>Service</b> <p>24 hour care, including; personal care, nursing care, restorative services, social service, recreational activities, room and board etc.</p>
	<b>Personal Care Service:</b> Assistance with activities of daily living such as bathing, dressing, toileting, transferring, eating, mobility and incontinence care. Assistance with instrumental activities of daily living may also be provided in conjunction with the tasks for activities of daily living. Personal Care Services allow individuals to live as independently as possible.			<b>Technology Dependent Medicaid Waiver</b>		
<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	<b>Functional Eligibility</b> Impaired in 1 ADL <b>Or</b> Impaired in 3 of the 4 following IADL's <ul style="list-style-type: none"> <li>• Meal Preparation</li> <li>• Housework</li> <li>• Laundry</li> <li>• Medication Assistance</li> </ul>	<b>Functional Eligibility</b> Impaired in 4 ADLs, OR in at least 5 IADLs, totaling eight (8) or more points or if living alone totaling at least six (6) points <b>Or</b> If under age 18, meet LOC screening criteria <b>And</b> Impairments must have lasted or are expected to last 3 months or more	<b>Functional Eligibility</b> Impaired in 1 ADL <b>Or</b> Impaired in 3 of the following 4 IADL's <ul style="list-style-type: none"> <li>• Meal Preparation</li> <li>• Housework</li> <li>• Laundry</li> <li>• Medication Assistance</li> </ul> <b>And</b> Meet LOC screening criteria	<b>Functional Eligibility</b> Meet LOC screening criteria	<b>Functional Eligibility</b> Be 55 years of age or older <b>And</b> Be able to live safely in the community <b>And</b> Meet LOC screening criteria	<b>Functional Eligibility</b> Meet LOC screening criteria
	Nursing Facility Level of Care Screening- (LOC) Eligibility may include a medical need, example: vent dependent, unstable medical condition, dementia; or an individual may qualify by needing assistance with 2 ADLs 60 % or more of the time. Complete criteria for LOC Screening - NDAC 75-02-02-09.					
<b>Financial Eligibility</b> Medicaid Eligible	<b>Financial Eligibility</b> Medicaid Eligible	<b>Financial Eligibility</b> Income & Asset Based Sliding Fee Scale Resources \$50,000 or less	<b>Financial Eligibility</b> Medicaid Eligible	<b>Financial Eligibility</b> Medicaid Eligible	<b>Financial Eligibility</b> Medicaid and/or Medicare Eligible	<b>Financial Eligibility</b> Medicaid Eligible
<b>Program Cap</b> \$1602.00 per month	<b>Program Cap</b> 480 units per month	<b>Program Cap</b> \$1602.00 per month	<b>Program Cap</b> 960 units per month	<b>Program Cap</b> Limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Dept.	<b>Program Cap</b> Managed care rate per/ member per/month	<b>Program Cap</b> Average rate: \$5453.00 per/mo. Range \$116.01-\$415.56 per day