CHAPTER 75-03-23
PROVISION OF HOME AND COMMUNITY-BASED SERVICES UNDER THE SERVICE PAYMENTS FOR ELDERLY AND DISABLED PROGRAM AND THE MEDICAID WAIVER FOR THE AGED AND DISABLED PROGRAM

SECTION 1: Section 75-03-23-01 is amended as follows:

75-03-23-01. Definitions.

The terms used in this chapter have the same meaning as in North Dakota Century Code chapter 50-06.2. In addition, as used in this chapter:

1. “Accreditation” means accreditation by a department-approved national organization of an agency’s compliance with a set of specific standards.

2. "Activities of daily living" means the daily self-care personal activities that include bathing, dressing or undressing, eating or feeding, toileting, continence, transferring in and out of bed or chair or on and off the toilet, and mobility inside the home.

~~2.~~3. "Adaptive assessment" means 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.

~~3.~~4. "Aged" means sixty-five years of age or older.

5. "Comprehensive assessment" means an instrument used to record basic demographic and medical information about an individual, including age, date of birth, cultural and linguistic preferences, marital status, living arrangements, emergency contacts, medical resources, health care coverage, functional assessment and source and reason for referral; and to secure measurable information regarding:

a. Acute and chronic health conditions, including hearing, speech, and vision needs;

b. Medications;

c. Cognitive functioning;

d. Mental and behavioral health;

e. Alcohol, smoking, and illicit substance use;

f. Activities of daily living;

g. Instrumental activities of daily living;

h. Informal support;

i. Medical service use and contact information, including emergency department services, hospitalization, home health, skilled nursing facility, paid home healthcare, and other therapy providers;

j. Individual specific needs, including global endorsements and supervision;

k. Community, public, managed care and social participation, and engagement and risk factors;

l. Risk assessment and health and safety plan, including: health; medical and nutrition; physical health; cognitive and behavioral health; lifestyle; medications; services; economic assistance; home and physical environment; and concerns related to abuse, neglect, or exploitation;

m. Financial resources;

n. Adaptive equipment and technology;

o. Advanced care planning;

p. Caregiver assessment for paid live-in caregivers; and

q. Other information about the individual's condition not recorded elsewhere.

~~4.~~6. "Congenital disability" means a disability that exists at birth or shortly thereafter, and is not attributable to a diagnosis of either mental retardation or a closely related condition of mental retardation.

~~5.~~7. "Department" means the North Dakota department of health and human services.

~~6.~~8. "Designee" means a person that enrolls as a qualified service provider to provide case management services for the Medicaid waiver program.

~~7.~~9. "Disability due to trauma" means a disability that results from an injury or assault to the body by an external force.

~~8.~~10. "Disability that is acquired" means a disability that results from an assault that occurs internally within the body.

~~9.~~11. "Disabled" means under age sixty-five with a congenital disability, a disability due to trauma, or a disability that is acquired.

~~10.~~12. "Eligible individual" means an individual who meets the eligibility requirements and is receiving services reimbursed under North Dakota Century Code chapter 50-06.2 or this chapter.

~~11. "Functional assessment" means 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;~~

~~d. Instrumental activities of daily living;~~

~~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.~~

~~12.~~13. "Functional impairment" means 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.

~~13.~~14. "Home and community-based services" means 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.

~~14.~~15. "Institution" means a hospital, swing bed facility, nursing facility, or other provider-operated living arrangement receiving prior approval from the department.

~~15.~~16. "Instrumental activities of daily living" means activities requiring cognitive ability or physical ability, or both. Instrumental activities of daily living include preparing meals, shopping, managing money, housework, laundry, taking medicine, transportation, using the telephone, and mobility outside the home.

~~16.~~17. "Medicaid waiver program" means the federal Medicaid waiver for the aged and disabled program, as defined in subpart G of 42 CFR 441, under which the department is authorized to provide specific home and community-based services to individuals sixty-five years and older, and individuals who are disabled who are at risk of being institutionalized.

~~17.~~18. "Natural supports" means an informal, unpaid caregiver that provides care to an applicant or eligible individual.

~~18.~~19. "Pattern of absenteeism" means an agency or individual provider who has

been absent three or more times without notifying the eligible individual or their legal decisionmaker or rescheduling the appointment.

20. “Person-centered plan of care” means a summary of the needs and service options identified in the comprehensive assessment and the plan of care for an individual seeking or receiving home and community-based services under this chapter, including:

a. Individual needs, preferences and goals;

b. Formal and informal service and support, paid and unpaid;

c. Service plan;

d. Medical service provider;

e. Contingency plan;

f. Barriers to community-based services and goals;

g. Hospital and skill nursing care admissions;

h. Legal decision-making and advanced care planning;

i. Contacts; and

j. Program assurances.

21. “Program coordinator" means an individual who is employed by a qualified service provider of community support services and residential habilitation to provide direct care, which includes monitoring and improving the quality of residential habilitation and community support services in a manner that protects and supports an eligible individual's health and welfare and is appropriate to the eligible individual's physical and cognitive needs.

~~19.~~22. "Sanction" means an action taken by the department against a qualified service provider for noncompliance with a federal or state law, rule, or policy, or with the provisions of the Medicaid provider agreement.

~~20.~~23. "Service fee" means the amount a SPED-eligible individual is required to pay toward the cost of the eligible individual's SPED services.

~~21.~~24. "Service payment" means the payment issued by the department to a qualified service provider for the provision of authorized home and community-based services to eligible individuals sixty-five years and older, and individuals who are disabled.

~~22.~~25. "SPED program" means the service payments for elderly and disabled program, a state program which authorizes the department to reimburse qualified service providers for the provision of covered home and community-based services to eligible individuals sixty-five years and older, and individuals who are disabled.

~~23.~~26. "SPED program pool" means the list maintained by the department which contains the names of eligible individuals for whom SPED program funding is available when the eligible individuals' names are transferred from the SPED program pool to SPED program active status.

History: Effective June 1, 1995; amended effective January 1, 2009; October 1, 2014; January 1, 2018; January 1, 2020; July 1, 2020; January 1, 2022; January 1, 2024; January 1, 2027.
General Authority: NDCC 50-06.2-03(6)
Law Implemented: NDCC 50-06.2-01(3), 50-06.2-03(5)

SECTION 2: Section 75-03-23-05 is amended as follows:

75-03-23-05. Services covered under the SPED program - Programmatic criteria.

The department may not include room and board costs in the SPED service payment. The following categories of services are covered under the SPED program and may be provided to an eligible individual:

1. The department may provide adult day care services to an eligible individual:

   a. Who requires assistance in activities of daily living or instrumental activities of daily living;

   b. Who is able to participate in group activities; and

   c. Who, if the eligible individual does not live alone, has a primary caregiver who will benefit from the temporary relief of care giving.

2. The department may provide adult foster care using a licensed adult foster care provider to an eligible individual eighteen years of age or older:

   a. Who resides in a licensed adult foster care home;

   b. Who requires care or supervision;

   c. Who would benefit from a family or shared living environment; and

   d. Whose required care does not exceed the capability of the foster

care provider.

3. The department may provide chore services to an eligible individual for one-time, intermittent, or occasional activities which would enable the eligible individual to remain in the home. Activities such as heavy housework and periodic cleaning, professional extermination, snow removal, and emergency response systems may be provided. Eligible individuals receiving emergency response services must be cognitively and physically capable of activating the emergency response system. The activity must be the responsibility of the eligible individual and not the responsibility of the landlord.

4. The department may provide environmental modification to an eligible individual:

   a. Who owns or rents the home to be modified. If the home is rented the property owner shall approve the modification consistent with the property owner's obligations pursuant to section 804(f)(3)(A) of the Fair Housing Act [42 U.S.C. 3604(f)(3)(A)] before the installation of the environmental modification; and

   b. When the modification will enable the eligible individual to complete the eligible individual's own personal care or to receive care and allow the eligible individual to safely stay in the home.

5. a. The department may provide extended personal care services to an eligible individual who:

      (1) Requires skilled or nursing care that requires training by a nurse licensed under North Dakota Century Code chapter 43-12.1; and

      (2) Has a cognitive or physical impairment that prevents the eligible individual from completing the required activity.

   b. Extended personal care services do not include assistance with activities of daily living or instrumental activities of daily living.

6. The department may provide family home care services to an eligible individual who:

   a. Lives in the same residence as the care provider on a twenty-four-hour basis;

   b. Agrees to the provision of services by the care provider; and

c. Is the spouse of the care provider or the current or former spouse of one of the following relatives of the eligible individual: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew.

7. The department may provide home and community-based services case management services to an eligible individual who needs a ~~functional~~comprehensive assessment and the coordination of cost-effective delivery issues. A social worker licensed under North Dakota Century Code chapter 43-41 or a registered nurse licensed under North Dakota Century Code chapter 43-12.1 may provide the case management services.

8. The department may provide home-delivered meals to an eligible individual who lives alone and is unable to prepare an adequate meal for themselves, or who lives with an individual who is unable or not available to prepare an adequate meal for the eligible individual.

9. The department may provide homemaker services to an eligible individual who needs assistance with environmental maintenance activities including light housekeeping, laundry, meal planning and preparation, and shopping on an intermittent or occasional basis. The department may pay a provider for laundry, shopping, meal preparation, money management, or communication, if the activity benefits the eligible individual. The department may pay a provider for housekeeping activities involving the eligible individual's personal private space and if the eligible individual is living with an adult, the eligible individual's share of common living space. The homemaker services funding cap applies to a household and may not be exceeded regardless of the number of eligible individuals residing in that household.

10. The department may provide nonmedical transportation services to eligible individuals who are unable to provide their own transportation and need transportation to access essential community services such as grocery stores or pharmacies. "Nonmedical transportation services" are transportation services not related to the receipt of medical care.

11. The department may provide personal care services to an eligible individual who needs help or supervision with personal care activities if:

    a. The eligible individual is at least eighteen years of age; and

    b. The services are provided in the eligible individual's home or in a provider's home if the provider meets the definition of a relative as defined in subdivision c of subsection 6 of section 75-03-23-05.

12. a. The department may provide respite care services to an eligible

individual in the eligible individual's home, in the provider's home, in a nursing home, in a swing-bed facility, in a basic care facility, or in a hospital, if:

(1) The eligible individual has a full-time primary caregiver;

(2) The eligible individual needs a qualified caregiver or it would be inappropriate to use an unqualified caregiver in the absence of the primary caregiver;

(3) The primary caregiver's need for the relief is intermittent or occasional; and

(4) The primary caregiver's need for relief is not due to the primary caregiver's employment or attendance at school as a part-time or full-time student.

b. An eligible individual who is a resident of an adult foster care may choose a respite provider and is not required to use a relative of the adult foster care provider as the eligible individual's respite provider.

13. The department may provide companionship services up to ten hours per month to eligible individuals who live alone and could benefit from services to help reduce social isolation.

14. The department may provide other services as the department determines appropriate.

15. An applicant or eligible individual or their legal decisionmaker may submit a grievance to the department concerning their person-centered plan of care in the manner prescribed by the department.

History: Effective June 1, 1995; amended effective January 1, 2009; October 1, 2014; April 1, 2016; January 1, 2020; January 1, 2022; January 1, 2024; January 1, 2025; January 1, 2027.
General Authority: NDCC 50-06.2-03(6)
Law Implemented: NDCC 50-06.2-01(3), 50-06.2-03(5)

SECTION 3: Subsections 7, 20, and 21 of section 75-03-23-06 are amended as follows:

7. a. The department may provide family personal care to an eligible individual who:

(1) Lives in the same residence as the care provider on a twenty-four-hour basis;

(2) Agrees to the provision of services by the care provider; and

(3) Is the legal spouse of the care provider or is a relative identified within the definition of "family home care" under subsection 42 of North Dakota Century Code section 50-06.2-02.

b. The department may not provide a family personal care payment for assistance with the:

(1) Activities of communication, community integration, laundry, meal preparation, money management, shopping, social appropriateness, or transportation unless the activity benefits the eligible individual; or

(2) Activity of housework unless the activity is for the eligible individual's personal space or if the eligible individual is living with an adult, the eligible individual's share of common living space.

20. The department may provide residential habilitation up to twenty-four hours per day to an eligible individual who needs formalized training and supports and requires some level of ongoing daily support. This service is designed to assist with and develop self-help, socialization, and adaptive skills that improve the eligible individual's ability to independently reside and participate in an integrated community. Residential habilitation may be provided in an agency foster home for adults facility or in a private residence owned or leased by an eligible individual or their family member. The department may not pay for residential habilitation provided by an individual identified as a family member in the definition of “family home care” under subsection 2 of North Dakota Century Code section 50-06.2-02.

21. The department may provide community support services up to twenty-four hours per day to an eligible individual who requires some level of ongoing daily support. This service is designed to assist with self-care tasks and socialization that improves the eligible individual's ability to independently reside and participate in an integrated community. Community support services may be provided in an agency foster home for adults facility or in a private residence owned or leased by an eligible individual or their family member. The department may not pay for community support services provided by an individual identified as a family member in the definition of “family home care” under subsection 2 of North Dakota Century Code section 50-06.2-02.

History: Effective June 1, 1995; amended effective January 1, 2009; October 1, 2014; April 1, 2016; January 1, 2018; January 1, 2020; January 1, 2022; January 1, 2024; January 1, 2025; January 1, 2026; January 1, 2027.
General Authority: NDCC 50-06.2-03(6)

Law Implemented: NDCC 50-06.2-01(3), 50-06.2-03(5)

SECTION 4: Section 75-03-23-07 is amended as follows:

75-03-23-07. Qualified service provider standards and agreements.

1. An individual or agency seeking designation as a qualified service provider shall complete and submit the applicable forms supplied by the department in the form and manner prescribed. The qualified service provider, including any employees of an agency designated as a qualified service provider, shall meet all licensure, certification, or competency requirements applicable under state or federal law and departmental standards necessary to provide care to eligible individuals whose care is paid by public funds. An application is not complete until the individual or agency submits all required information and required provider verifications to the department.

2. A provider who is seeking designation as a qualified service provider of adult day care, adult foster care, adult residential care, care coordination, community support services, chore labor, companionship, extended personal care, extended personal care nurse education, family personal care, homemaker services, non-medical transportation, personal care, respite care in-home, residential habilitation, supervision, supported employment, transition coordination, transitional living, or waiver personal care, including an individual who provides direct care to eligible individuals and is employed by an agency qualified service provider, shall obtain a national provider identifier, enroll as an individual qualified service provider, and sign a Medicaid provider agreement before care can be delivered. A provider who is already enrolled as a qualified service provider on the date this subsection takes effect shall comply with this subsection no later than the provider's date of revalidation.

3. A provider or an individual seeking designation as a qualified service provider, including an individual who provides direct care to eligible individuals and is employed by an agency qualified service provider:

   a. Must have the basic ability to read, write, and verbally communicate;

   b. Must not be an individual who has been found guilty of, pled guilty to, or pled no contest to:

      (1) An offense described in North Dakota Century Code chapter 12.1-16, homicide; 12.1-18, kidnapping; 12.1-27.2, sexual performances by children; or 12.1-41, Uniform Act on Prevention of and Remedies for Human Trafficking; or North Dakota Century Code section 12.1-17-01, simple assault, if a class C felony under subdivision a of subsection 2 of that

section; 12.1-17-01.1, assault; 12.1-17-01.2, domestic violence; 12.1-17-02, aggravated assault; 12.1-17-03, reckless endangerment; 12.1-17-04, terrorizing; 12.1-17-06, criminal coercion; 12.1-17-07.1, stalking; 12.1-17-12, assault or homicide while fleeing peace officer; 12.1-20-03, gross sexual imposition; 12.1-20-03.1, continuous sexual abuse of a child; 12.1-20-04, sexual imposition; 12.1-20-05, corruption or solicitation of minors; 12.1-20-05.1, luring minors by computer or other electronic means; 12.1-20-06, sexual abuse of wards; 12.1-20-06.1, sexual exploitation by therapist; 12.1-20-07, sexual assault; 12.1-20-12.3, sexual extortion; 12.1-21-01, arson; 12.1-22-01, robbery; or 12.1-22-02, burglary, if a class B felony under subdivision b of subsection 2 of that section; 12.1-29-01, promoting prostitution; 12.1-29-02, facilitating prostitution; 12.1-31-05, child procurement; 12.1-31-07, endangering a vulnerable adult; 12.1-31-07.1, exploitation of a vulnerable adult; 14-09-22, abuse of a child; 14-09-22.1, neglect of a child; subsection 1 of section 26.1-02.1-02.1, fraudulent insurance acts; or an offense under the laws of another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the enumerated North Dakota statutes; or

(2) An offense, other than a direct-bearing offense identified in paragraph 1 of subdivision b of subsection ~~2~~3, if the department determines that the individual has not been sufficiently rehabilitated.

(a) The department may not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole, or other form of community corrections or imprisonment has elapsed, unless sufficient evidence is provided of rehabilitation.

(b) An individual's completion of a period of three years after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent charge or conviction, is prima facie evidence of sufficient rehabilitation;

c. In the case of an offense described in North Dakota Century Code section 12.1-17-01, simple assault, if a felony; 12.1-17-01.1, assault; 12.1-17-01.2, domestic violence, if a misdemeanor; 12.1-17-03, reckless endangerment; 12.1-17-04, terrorizing; 12.1-17-06, criminal

coercion; 12.1-17-07.1, stalking; 12.1-18-03, unlawful imprisonment; 12.1-20-05, corruption or solicitation of minors, if a misdemeanor; 12.1-20-07, sexual assault, if a misdemeanor; or equivalent conduct in another jurisdiction which requires proof of substantially similar elements as required for conviction, the department may determine that the individual has been sufficiently rehabilitated if five years have elapsed after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment;

d. Shall maintain confidentiality;

e. Shall, using applicable forms and providing documentation as required by the department:

(1) Revalidate qualified service provider enrollment ~~except as provided in paragraph 3, within the time period as required by the Medicaid state plan option for personal care services or Medicaid waiver program, whichever occurs first~~:

(a) When required by a revalidation plan;

(b) At least every three years; and

(c) When required by the department; and

(2) Provide evidence of competency, ~~except as provided in paragraph 3, at least every sixty months~~ for an agency enrolled as a qualified service provider or ~~at least every thirty months for~~ an individual enrolled as a qualified service provider~~, and within the time period as required by the Medicaid state plan option for personal care services or Medicaid waiver program, whichever occurs first~~:

(a) Initially upon enrollment;

(b) Prior to providing direct care;

(c) During an audit;

(d) When a relevant complaint or grievance is filed;

(e) When there is a critical incident;

(f) For a compliance review; and

(g) When required by the department; ~~or~~

~~(3) Revalidate qualified service provider enrollment only every sixty months for an individual enrolled as a qualified service provider providing family home care services under the SPED program and expanded service payments for elderly and disabled;~~

f. Must be physically capable of performing the service for which they were contracted with or hired as an independent contractor; and

g. Must be at least eighteen years of age.

~~h.~~4. A representative of an enrolled qualified service provider agency or an individual qualified service provider shall complete a department-approved qualified service provider orientation prior to initial enrollment.

~~3.~~5. If the physical, cognitive, social, or emotional health capabilities of an applicant or provider appear to be questionable, the department may require the applicant or provider to present evidence of the applicant's or provider's ability to provide the required care based on a formal evaluation. The department is not responsible for costs of any required evaluation.

~~4.~~6. The offenses enumerated in paragraph 1 of subdivision b of subsection ~~2~~3 have a direct bearing on an individual's ability to be enrolled as a qualified service provider.

a. An individual enrolled as a qualified service provider prior to January 1, 2009, who has been found guilty of, pled guilty to, or pled no contest to, an offense considered to have a direct bearing on the individual's ability to provide care may be considered rehabilitated and may continue to provide services if the individual has had no other offenses and provides sufficient evidence of rehabilitation to the department.

b. The department may not approve, deny, or renew an application for an individual or employee of an agency who is applying to enroll or re-enroll as a qualified service provider and who has been charged with an offense considered to have a direct bearing on the individual's ability to provide care or an offense in which the alleged victim was under the applicant's care, until final disposition of the criminal case against the individual.

c. The department may suspend an individual, including an individual who provides direct care to eligible individuals and is employed by an agency qualified service provider, from providing care if the individual has been charged with an offense identified in paragraph

1 of subdivision b of subsection 3 of this section. The department shall make a determination of the individual's suspended status within a reasonable time after the individual notifies the department of the final disposition of the criminal case against the individual.

~~5.~~7. Evidence of competency for adult foster care providers serving eligible individuals eligible for the developmental disability waiver must be provided in accordance with ~~subdivision b of~~ subsection ~~2~~3 of section 75-03-21-08.

~~6.~~8. A provider of services for adult day care, adult foster care, community support services, extended personal care, family personal care, nurse assessment, personal care, residential care, respite care, residential habilitation, supervision, and transitional living care shall provide evidence of completion of department-provided home and community-based core curriculum to demonstrate competency ~~in generally accepted procedures~~ for each service the provider is requesting to provide, which includes:

a. Person-centered practices, including community inclusion and cultural humility, intimacy, and respect;

b. Activities of daily living and instrumental activities of daily living, including:

~~a.~~(1) Infection control and proper handwashing methods;

~~b.~~(2) Handling and disposing of body fluids;

~~c.~~(3) Tub, shower, and bed bathing techniques;

~~d.~~(4) Hair care techniques, sink shampoo, and shaving;

~~e.~~(5) Oral hygiene techniques of brushing teeth and cleaning dentures;

~~f.~~(6) Caring for an eligible individual who is incontinent;

~~g.~~(7) Feeding or assisting an eligible individual with eating;

~~h.~~(8) Basic meal planning and preparation;

~~i.~~(9) Assisting an eligible individual with the self-administration of medications;

~~j.~~(10) Maintaining a kitchen, bathroom, and other rooms used by an eligible individual in a clean and safe condition, including dusting, vacuuming, floor care, garbage removal, changing

linens, and other similar tasks;

~~k.~~(11) Laundry techniques, including mending, washing, drying, folding, putting away, ironing, and related work;

~~l.~~(12) Assisting an eligible individual with bill paying and balancing a check book;

~~m.~~(13) Dressing and undressing an eligible individual;

~~n.~~(14) Assisting with toileting;

~~o.~~(15) Routine eye care;

~~p.~~(16) Proper care of fingernails;

~~q.~~(17) Caring for skin;

~~r.~~(18) Turning and positioning an eligible individual in bed;

~~s.~~(19) Transfer using a belt, standard sit, or bed to wheelchair;

~~t.~~(20) Assisting an eligible individual with ambulation; and

~~u.~~(21) Making wrinkle-free beds~~.~~;

c. Proactive support strategies;

d. Health and safety;

e. Health and wellness;

f. Evaluation and observation;

g. Healthy caregiving;

h. Professionalism; and

i. Recognizing abuse, neglect, and exploitation.

~~7. An applicant for qualified service provider status for adult foster care, extended personal care, family personal care, nurse assessment, personal care, residential care, supervision, transitional living care, respite care, or adult day care shall secure written verification that the applicant is competent to perform procedures specified in subsection 5 from a physician, chiropractor, registered nurse, licensed practical nurse,~~

~~occupational therapist, physical therapist, or an individual with a professional degree in specialized areas of health care. Written verification of competency is not required if the individual holds one of the following licenses or certifications in good standing: physician, physician assistant, chiropractor, registered nurse, licensed practical nurse, registered physical therapist, registered occupational therapist, or certified nurse assistant. A certificate or another form of acknowledgment of completion of a program with a curriculum that includes the competencies in subsection 5 may be considered evidence of competence.~~

9. A provider of adult foster care, community support services, and residential habilitation shall provide evidence of current certification in first aid and cardiopulmonary resuscitation.

10. A qualified service provider agency or individual, including an individual who provides direct care to an eligible individual and is employed by a qualified service provider agency, shall complete required trainings and certifications based on the services the agency or individual will provide, to demonstrate competency before providing direct services to participants.

~~8.~~11. The department may approve global and eligible individual-specific endorsements to provide particular procedures for a provider based on written verification of ~~competence to perform the procedure from a physician, chiropractor, registered nurse, occupational therapist, physical therapist, or other individual with a professional degree in a specialized area of health care or approved within the scope of the individual's health care license or certification~~completion of department-approved training.

~~9. Competence may be demonstrated in the following ways:~~

~~a. A demonstration of the procedure being performed;~~

~~b. A detailed verbal explanation of the procedure; or~~

~~c. A detailed written explanation of the procedure.~~

~~10.~~12. The department shall notify the individual or the agency of its decision on designation as a qualified service provider.

~~11.~~13. The department shall maintain a list of qualified service providers. Once the eligible individual's need for services has been determined, the eligible individual selects a provider from the list and the department's designee issues an authorization to provide services to the selected qualified service provider.

~~12.~~14. The department may issue a service payment to a qualified service provider

that bills the department after the delivery of authorized services.

~~13.~~15. ~~Agency providers who employ nonfamily members~~An agency provider shall ~~have~~develop and maintain a department-approved quality improvement program that includes a process to identify, address, and mitigate harm to the eligible individuals ~~they serve~~the agency provider serves. An agency provider shall provide the quality improvement program documentation to the department upon request.

~~14.~~16. ~~Agency providers who have~~A provider who has accepted an authorization to provide ~~twenty-four-hour~~daily supports to an eligible individual shall give a thirty-day written notice before ~~they~~the provider can involuntarily discharge the eligible individual from their care, unless otherwise approved by the department.

17. A provider shall cooperate with a quality assurance review, which may include onsite and unannounced quality assurance visits.

18. A provider shall implement and comply with person-centered practices, including the grievance resolution process. A provider may not punish or retaliate against an individual who has filed a grievance or complaint or who has had a grievance or complaint filed on the individual's behalf through terminating, demoting, suspending, harassing, intimidating, discriminating, or engaging in any other form of retaliation against the individual because the individual has filed a grievance or complaint, has made a report, or has participated in any investigation, inquiry, or proceeding related to a matter within the scope of the provider's responsibilities.

19. A provider of community support services, extended personal care, or residential habilitation shall ensure:

    a. Documentation of medication administration includes the eligible individual's name, medication name, dose, time, and route;

    b. The service plan includes how the eligible individual's goals are met;

    c. Documentation of medical tasks includes sufficient information to verify medical care is being provided at the scope, amount, and duration assessed by the agency's registered nurse; and

    d. Documentation of authorized service tasks is created at the time the services are provided and is in accordance with professionally recognized standards of healthcare.

History: Effective June 1, 1995; amended effective March 1, 1997; January 1, 2009; October 1, 2014; April 1, 2016; January 1, 2018; January 1, 2020; January 1, 2022; October 1, 2022; January 1, 2024; January 1, 2025; January 1, 2027.

General Authority: NDCC ~~50-06.2-03(6)~~50-06.2-03
Law Implemented: NDCC ~~50-06.2-03(5)~~50-06.2-03

SECTION 5: Section 75-03-23-08 is amended as follows:

75-03-23-08. Denial of application to become a qualified service provider.

The department may deny an application to become a qualified service provider if:

1. The applicant voluntarily withdraws the application;

2. The applicant is not in compliance with applicable state laws, state regulations, or program issuances governing providers;

3. The applicant, if previously enrolled as a qualified service provider, was not in compliance with the terms set forth in the application or provider agreement;

4. The applicant, if previously enrolled as a qualified service provider, was not in compliance with the provider certification terms on the claims submitted for payment;

5. The applicant, if previously enrolled as a qualified service provider, had assigned or otherwise transferred the right to payment of a program claim, except as provided in 42 U.S.C. 1396a(a)(32);

6. The applicant, if previously enrolled as a qualified service provider, had demonstrated a pattern of submitting inaccurate billings, electronic visit verification records, or cost reports;

7. The applicant, if previously enrolled as a qualified service provider, had demonstrated a pattern of submitting billings for services not covered under department programs;

8. The applicant has been debarred or the applicant's license or certificate to practice in the applicant's profession or to conduct business has been suspended or terminated;

9. The applicant has delivered goods, supplies, or services that are of an inferior quality or are harmful to individuals;

10. The applicant has been convicted of an offense determined by the department to have a direct bearing upon the applicant's ability to be enrolled as a qualified service provider, or the department determines, following conviction of any other offense, the applicant is not sufficiently rehabilitated;

11. The applicant, if previously enrolled as a qualified service provider, owes the department money for payments incorrectly made to the provider;

12. The qualified service provider is currently excluded from participation in Medicare, Medicaid, or any other federal health care program;

13. The applicant has not provided sufficient evidence to the department, after obtaining a formal evaluation under subsection ~~3~~5 of section 75-03-23-07, that the applicant is physically, cognitively, socially, or emotionally capable of providing the care;

14. The applicant previously has been terminated for inactivity and does not have a prospective public pay-eligible individual;

15. The applicant previously has been terminated for inactivity and has not provided valid reason for the inactivity; ~~or~~

16. The applicant is an owner, in whole or part, of an existing qualified service provider agency and is applying to enroll another business entity as a qualified service provider and has not provided a valid reason to enroll the other business entity as a qualified service provider; or

17. For other good cause.

History: Effective June 1, 1995; amended effective January 1, 2009; October 1, 2014; April 1, 2016; January 1, 2020; January 1, 2022; October 1, 2022; January 1, 2024; January 1, 2027.
General Authority: NDCC 50-06.2-03(6)
Law Implemented: NDCC 50-06.2-03(5)

SECTION 6: Section 75-03-23-08.1 is amended as follows:

75-03-23-08.1. Sanctions and termination of qualified service providers.

1. The department may impose sanctions against a qualified service provider for any of the reasons listed under section 75-02-05-05 or subdivisions b though g, l, and o of subsection 4~~5~~. Prior to imposing sanctions, the department may require provider education or a business integrity agreement.

2. The department may consider the following in determining the sanction to be imposed:

   a. Seriousness of the qualified service provider's offense.

   b. Extent of the qualified service provider's violations.

   c. Qualified service provider's history of prior violations.

d. Prior imposition of sanctions against the qualified service provider.

e. Prior provision of information and training to the qualified service provider.

f. Qualified service provider's agreement to make restitution to the department.

g. Actions taken or recommended by peer groups or licensing boards.

h. Access to care for eligible individuals.

i. Qualified service provider's self-disclosure or self-audit discoveries.

j. Qualified service provider's willingness to enter a business integrity agreement.

3. The department may impose any of the sanctions listed in ~~subsections 8 or 9 of~~ section 75-02-05-07.

4. The department may suspend or terminate a qualified service provider from providing a specific service if the qualified service provider is not in compliance with section 75-02-05-07 or this chapter.

5. The department may terminate a qualified service provider if:

a. The qualified service provider voluntarily withdraws from participation as a qualified service provider.

b. The qualified service provider is not in compliance with applicable state laws, state regulations, or program issuances governing providers.

c. The qualified service provider is not in compliance with the terms set forth in the application or provider agreement.

d. The qualified service provider is not in compliance with the provider certification terms on the claims submitted for payment.

e. The qualified service provider has assigned or otherwise transferred the right to payment of a program claim, except as provided in 42 U.S.C. 1396a(a)(32).

f. The qualified service provider has demonstrated a pattern of submitting inaccurate billings, electronic visit verification records, or

cost reports.

g. The qualified service provider has demonstrated a pattern of submitting billings for services not covered under department programs.

h. The qualified service provider has been debarred or the provider's license or certificate to practice in the provider's profession or to conduct business has been suspended or terminated.

i. The qualified service provider has delivered goods, supplies, or services that are of an inferior quality or are harmful to individuals.

j. The qualified service provider has been convicted of an offense determined by the department to have a direct bearing upon the provider's ability to be enrolled as a qualified service provider, or the department determines, following conviction of any other offense, the provider is not sufficiently rehabilitated.

k. The qualified service provider is currently excluded from participation in Medicare, Medicaid, or any other federal health care program.

l. The qualified service provider has not provided sufficient evidence to the department, after obtaining a formal evaluation under subsection ~~3~~5 of section 75-03-23-07 that the provider is physically, cognitively, socially, or emotionally capable of providing the care.

m. The qualified service provider refuses to repay or make arrangements for the repayment of identified overpayments or otherwise erroneous payments.

n. There has been no billing activity within the twelve months since the qualified service provider's enrollment or most recent re-enrollment date.

o. The qualified service provider has demonstrated a pattern of absenteeism by failing to provide care they have been authorized and agreed to provide per subsection ~~11~~13 of section 75-03-23-07 to an eligible individual.

p. For other good cause.

History: Effective January 1, 2020; amended effective January 1, 2022; October 1, 2022; January 1, 2024; January 1, 2027.
General Authority: NDCC 50-06.2-03(6)
Law Implemented: NDCC 50-06.2-03(5)

SECTION 7: Section 75-03-23-15 is amended as follows:

75-03-23-15. Application - Applicant required to provide proof of eligibility.

1. An individual wishing to apply for benefits under this chapter must have the opportunity to do so, without delay.

2. An application is a request made to the department or its designee by an individual seeking services under this chapter, or by an individual properly seeking services on behalf of another individual. "An individual properly seeking services" means an individual of sufficient maturity and understanding to act responsibly on behalf of the individual for whom services are sought.

3. An application must include a ~~functional~~comprehensive assessment completed by the department in the home where the services are delivered.

4. The individual seeking services under this chapter, or an individual properly seeking services on behalf of that individual, shall sign the application.

5. The department or its designee shall provide information concerning eligibility requirements, available services, and the rights and responsibilities of individuals seeking services under this chapter and of eligible individuals to all who require it.

6. The date of application is the date the department or its designee receives the properly signed application.

7. The individual seeking services under this chapter shall provide information sufficient to establish eligibility for benefits, including a social security number and proof of age, identity, residence, blindness, disability, functional ~~limitation~~impairment, financial eligibility, and other information required under this chapter.

8. The individual seeking services under this chapter shall comply with requests for a specific medical record; an evaluation, such as from physical therapy, occupational therapy, or speech therapy; or a neuropsychological evaluation.

9. The department may use supporting records and evaluations to complete the comprehensive assessment and determine eligibility under this chapter.

10. An individual seeking services under this chapter and an eligible individual shall cooperate with quality assurance reviews, which may include unannounced in-home or onsite quality assurance visits.

History: Effective October 1, 2014; amended effective July 1, 2020; January 1, 2024; January 1,

2027.
General Authority: NDCC 50-06.2-03
Law Implemented: NDCC 50-06.2-03

SECTION 8: Section 75-03-23-16 is amended as follows:

75-03-23-16. Reapplication after denial or termination.

A provider or applicant whose qualified service provider status has been terminated or denied may not reapply if:

1. The provider's or applicant's status as a qualified service provider has been denied or revoked within the twelve months prior to the date of the current application; except that in the case of an individual who has been denied or terminated under subparagraph a of paragraph 2 of subdivision b of subsection ~~2~~3 of section 75-03-23-07, the individual may reapply after completion of the term of probation; or

2. The provider's or applicant's status as a qualified service provider has been denied or revoked three or more times and the most recent revocation or denial occurred within the three years immediately preceding the application date.

History: Effective October 1, 2014; amended effective January 1, 2020; January 1, 2027.
General Authority: NDCC 50-06.2-03
Law Implemented: NDCC 50-06.2-03

SECTION 9: Section 75-03-23-17 is amended as follows:

75-03-23-17. ~~Functional~~Comprehensive assessment.

1. An initial ~~functional~~comprehensive assessment, using the form required by the department, must be completed by the department as a part of the application for benefits under this chapter. A ~~functional~~comprehensive assessment must be completed at least semiannually in conjunction with the eligibility redetermination.

2. The ~~functional~~comprehensive assessment must include an interview with the individual in the home where the individual resides.

3. When emergency response services, homemaker services, home-delivered meals, companionship, and non-medical transportation under the SPED program are authorized alone or in combination with each other, the department may complete the six-month reassessment virtually.

History: Effective October 1, 2014; amended effective January 1, 2027.
General Authority: NDCC 50-06.2-03

Law Implemented: NDCC 50-06.2-03

SECTION 10: Section 75-03-23-18 is created as follows:

75-03-23-18. Residential habilitation and community support services requirements.

1. Agencies enrolled to provide residential habilitation and community support services shall:

   a. Employ a registered nurse who is reasonably available to address medical issues, provide clinical consultation and guidance, and conduct regular supervisory visits to ensure medical tasks are being provided correctly. The registered nurse shall monitor service delivery and quality;

   b. Employ a program coordinator who is reasonably available to address concerns and conduct regular supervisory visits to oversee the quality of care and services. At minimum, the program coordinator must:

      (1) Be a doctor of medicine or osteopathy;

      (2) Be a registered nurse; or

      (3) Have a bachelor's degree or higher in a medical or human services related field and a minimum of one year of experience working with individuals with a physical disability;

   c. Ensure the program coordinator employed to satisfy the requirements of subdivision b of subsection 1 has department-approved training in traumatic brain injury, dementia, and home and community-based settings; and

   d. Ensure employees who deliver services complete and maintain current certification in first aid and cardiopulmonary resuscitation and all training requirements prescribed by the department.

2. Prior to enrollment as a provider of residential habilitation and community support services, a qualified service provider agency must have a minimum of two years of experience as a qualified service provider or providing similar care to individuals with physical disabilities or older individuals.

3. A qualified service provider agency shall submit evidence of accreditation. The qualified service provider agency shall maintain accreditation throughout the period of enrollment and shall provide documentation of continued accreditation upon request by the department.

History: Effective January 1, 2027.
General Authority: NDCC 50-06.2-03
Law Implemented: NDCC 50-06.2-03

CHAPTER 75-03-24
EXPANDED SERVICE PAYMENTS FOR ELDERLY AND DISABLED

SECTION 11: Section 75-03-24-01 is amended as follows:

75-03-24-01. Definitions.

For purposes of this chapter, unless the context requires otherwise:

1. "Activities of daily living" means bathing, dressing, toileting, transferring, eating, bed mobility, medication management, and personal hygiene.

2. "Blind" has the same meaning as the term has when used by the social security administration in the supplemental security income program under title XVI of the Social Security Act [42 U.S.C. 1381 et seq.].

3. "Comprehensive assessment" means an instrument used to record basic demographic and medical information about an individual, including age, date of birth, cultural and linguistic preferences, marital status, living arrangements, emergency contacts, medical resources, health care coverage, functional assessment and source and reason for referral; and to secure measurable information regarding:

   a. Acute and chronic health conditions, including hearing, speech and vision needs;

   b. Medications;

   c. Cognitive functioning;

   d. Mental and behavioral health;

e. Alcohol, smoking, and illicit substance use;

f. Activities of daily living;

g. Instrumental activities of daily living;

h. Informal support;

i. Medical service use and contact information including emergency department services, hospitalization, home health, skilled nursing facility, paid home healthcare, and other therapy providers;

j. Individual specific needs, including global endorsements and supervision;

k. Community, public, managed care and social participation, and engagement and risk factors;

l. Risk assessment and health and safety plan, including: health; medical and nutrition; physical health; cognitive and behavioral health; lifestyle; medications; services; economic assistance; home and physical environment; and concerns related to abuse, neglect, or exploitation;

m. Financial resources;

n. Adaptive equipment and technology;

o. Advanced care planning;

p. Caregiver assessment for paid live-in caregivers; and

q. Other information about the individual's condition not recorded elsewhere.

4. "Department" means the department of health and human services.

~~4.~~5. "Disabled" has the same meaning as the term has when used by the social security administration in the supplemental security income program under title XVI of the Social Security Act [42 U.S.C. 1381 et seq.].

~~5.~~6. "Ex-SPED program pool" means the list maintained by the department which contains the names of eligible individuals for whom ex-SPED program funding is available when the eligible individuals' names are transferred from the ex-SPED program pool to ex-SPED program active status.

7. "Functional impairment" means the inability to perform, either by oneself or with adaptive impairment aids or with human help, specific activities of daily living or instrumental activities of daily living.

~~6.~~8. "Institution" means an establishment that makes available some treatment or services beyond food or shelter to four or more individuals who are not related to the proprietor.

~~7.~~9. "Instrumental activities of daily living" means activities to support independent living, including housekeeping, shopping, laundry, transportation, and meal preparation.

10. "Person-centered plan of care" means a summary of the needs and service options identified in the comprehensive assessment and the plan for care of an applicant or eligible individual for home and community-based services under this chapter, including:

a. Individual needs, preferences and goals;

b. Formal and informal service and support, paid and unpaid;

c. Service plan;

d. Medical service provider;

e. Contingency plan;

f. Barriers to community-based services and goals;

g. Hospital and skill nursing care admissions;

h. Legal decisionmaking and advanced care planning;

i. Contacts; and

j. Program assurances.

History: Effective April 1, 2012; amended effective July 1, 2020; January 1, 2024; January 1, 2027.
General Authority: NDCC 50-24.7-02
Law Implemented: NDCC ~~50-24.7~~50-24.7-02

SECTION 12: Section 75-03-24-02 is amended as follows:

75-03-24-02. Eligibility criteria.

~~An individual may receive necessary benefits under this chapter if the individual:~~

1. An applicant must be entered into the ex-SPED program pool before service payments may be authorized. The department shall allow entry into the ex-SPED program pool to occur when the department's designee submits a form in the manner prescribed by the department.

2. An applicant is eligible for the ex-SPED program pool if:

~~1.~~a. ~~Is~~The applicant is a resident of this state;

~~2.~~b. ~~Is~~The applicant is:

~~a.~~(1) Sixty-five years of age or older; or

~~b.~~(2) Eighteen years of age or older and disabled or blind;

~~3. Has applied for and been found eligible for Medicaid benefits;~~

~~4. Has countable income which does not exceed an amount equal to the cash benefit under title XVI of the Social Security Act [42 U.S.C. 1381, et seq.]; and~~

~~5.~~c. Based on a ~~functional~~comprehensive assessment made in accordance with this chapter, the applicant is not severely impaired in any of the activities of daily living of toileting, transferring to or from a bed or chair, or eating; and

~~a.~~(1) Has health, welfare, or safety needs, including a need for supervision or a structured environment; or

~~b.~~(2) Is impaired in three of the following four instrumental activities of daily living:

~~(1)~~(a) Preparing meals;

~~(2)~~(b) Doing housework;

~~(3)~~(c) Taking medicine; and

~~(4)~~(d) Doing laundry;

d. The applicant's functional impairment has lasted, or can be expected to last, three months or longer;

e. The applicant is living in North Dakota in a housing arrangement commonly considered a private residence and not in an institution;

f. The applicant is not eligible for services under the Medicaid waiver program;

g. The applicant would receive one or more of the covered services under department policies and procedures for the specific service;

h. The applicant agrees to the plan of care developed for the provision of home and community-based services;

i. The applicant has applied for and been found eligible for Medicaid benefits; and

j. The applicant has countable income which does not exceed an amount equal to the cash benefit under title XVI of the Social Security Act [42 U.S.C. 1381, et seq.].

3. An applicant or eligible individual shall cooperate with quality assurance reviews, which may include unannounced in-home or onsite quality assurance visits.

4. An applicant must be capable of directing self-care or must have a legal decisionmaker to act on the applicant's behalf.

5. An applicant is not eligible for service payments if the care provided is court-ordered.

History: Effective April 1, 2012; amended effective January 1, 2027.
General Authority: NDCC 50-24.7-02
Law Implemented: NDCC ~~50-24.7~~50-24.7-02

SECTION 13: Section 75-03-24-03 is amended as follows:

75-03-24-03. Eligibility determination - Authorization of services.

1. The department is responsible for:

a. Verifying that the individual transferred to active status continues to meet the eligibility criteria for placement into the ex-SPED program pool;

b. Completing the comprehensive assessment;

c. Developing a ~~care~~person-centered plan of care;

~~c.~~d. Authorizing covered services in accordance with department policies and procedures; and

~~d.~~e. Assuring that other potential federal and third-party funding sources for similar services are sought first.

2. An individual who is discharged from an inpatient hospital stay, skilled nursing facility, swing-bed facility, long-term care facility, or basic care facility or who has been off the ex-SPED program for fewer than ninety days, does not have to go through the ex-SPED program pool to receive services through the ex-SPED program provided the individual meets all eligibility criteria in section 75-03-24-02.

3. An applicant is eligible to receive covered services reimbursed under North Dakota Century Code chapter 50-06.2 or this chapter even if the applicant has natural supports.

History: Effective April 1, 2012; amended effective July 1, 2020; January 1, 2022; January 1, 2024; January 1, 2027.
General Authority: NDCC 50-24.7-02
Law Implemented: NDCC ~~50-24.7~~50-24.7-02

SECTION 14: Section 75-03-24-04 is amended as follows:

75-03-24-04. Application.

1. All individuals wishing to make application for benefits under this chapter must have the opportunity to do so, without delay.

2. An application is a request made to the department or its designee by an individual ~~desiring benefits~~seeking services under this chapter, or by ~~a proper~~an individual properly seeking ~~such benefits~~services on behalf of another individual~~, to the department~~. ~~A proper individual~~"An individual properly seeking services" means ~~any~~an individual of sufficient maturity and understanding to act responsibly on behalf of the ~~applicant~~individual for whom services are sought.

3. An application ~~consists of an application for services, which includes~~must include a ~~functional~~comprehensive assessment completed by the department in the home where the services are delivered.

4. ~~Application forms must be signed by the applicant, an authorized representative, or, if the applicant is incompetent or incapacitated, someone acting responsibly for the~~An applicant, or an individual properly seeking services on behalf of an applicant, shall sign the application.

5. ~~Information~~The department or its designee shall provide information concerning eligibility requirements, available services, and the rights and responsibilities of applicants and of eligible individuals ~~must be furnished~~ to

all who require it.

6. The date of application is the date ~~an application,~~the department or its designee receives the application signed by an ~~appropriate individual, is received by the department~~applicant, or an individual properly seeking services on behalf of an applicant.

7. An applicant shall provide information sufficient to establish eligibility for benefits, including a social security number and proof of age, identity, residence, blindness, disability, functional impairment, financial eligibility, and other information required under this chapter.

8. An applicant shall comply with requests for: a specific medical record; an evaluation, such as from physical therapy, occupational therapy, or speech therapy; or a neuropsychological evaluation.

9. The department may use supporting records and evaluations to complete the comprehensive assessment and determine eligibility under this chapter.

10. An applicant or eligible individual or an applicant's or eligible individual's legal decisionmaker may submit a grievance to the department concerning the person-centered plan of care in the manner prescribed by the department.

History: Effective April 1, 2012; amended effective July 1, 2020; January 1, 2024; January 1, 2027.
General Authority: NDCC 50-24.7-02
Law Implemented: NDCC ~~50-24.7~~50-24.7-02

SECTION 15: Section 75-03-24-05 is repealed:

75-03-24-05. Applicant's or guardian's duty to establish eligibility.

[Repealed effective January 1, 2027.]

~~The applicant or guardian of the applicant shall provide information sufficient to establish eligibility for benefits, including a social security number and proof of age, identity, residence, blindness, disability, functional limitation, financial eligibility, and such other information as may be required by this chapter.~~

~~**History:** Effective April 1, 2012.~~
~~**General Authority:** NDCC 50-24.7-02~~
~~**Law Implemented:** NDCC 50-24.7~~

SECTION 16: Section 75-03-24-06 is amended as follows:

75-03-24-06. ~~Functional~~Comprehensive assessment.

1. ~~For purposes of this section, "functional assessment" means 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;~~

   ~~d. Instrumental activities of daily living;~~

   ~~e. Informal supports;~~

   ~~f. Need for twenty-four-hour supervision;~~

   ~~g. Social participation;~~

   ~~h. Physical environment;~~

   ~~i. Financial resources;~~

   ~~j. Adaptive equipment or environmental modification, or both; and~~

   ~~k. Other information about the individual's condition not recorded elsewhere.~~

~~2.~~ An initial ~~functional~~comprehensive assessment, using ~~an appropriate~~the form ~~determined~~required by the department, must be completed by the department as a part of the application for benefits under this chapter. ~~Eligibility redetermination~~A comprehensive assessment must be completed at least ~~biannually~~semiannually in conjunction with the eligibility redetermination.

~~3.~~2. A ~~functional~~comprehensive assessment must include an interview with the individual in the home where the individual resides.

3. When emergency response services, homemaker services, home delivered meals, companionship, and non-medical transportation are authorized alone or in combination with each other, the department may complete the six–month reassessment virtually.

History: Effective April 1, 2012; amended effective January 1, 2027.

General Authority: NDCC 50-24.7-02
Law Implemented: NDCC ~~50-24.7~~50-24.7-02