

HCBS FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (1/1/2025)

	EXSPED (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)
Services	<ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Chore & ERS • Environmental Modification • Family Home Care • Companionship • HCBS Case Management • Home Delivered Meals • Homemaker • Non-Medical Transportation • Respite 	<ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Chore & ERS • Environ. Modification • Nurse Education • Extended Personal Care • Family Home Care • Companionship • HCBS Case Management • Home Delivered Meals • Homemaker • Non-Medical Transp. • Personal Care Services • Respite 	<ul style="list-style-type: none"> • Personal Care Services (Includes Daily/Rate & PC-Basic Care) 	<ul style="list-style-type: none"> • Personal Care Services 	<ul style="list-style-type: none"> • Personal Care Services 	<ul style="list-style-type: none"> • Adult Day Care • Adult Foster Care • Adult Residential • Chore & ERS • Community Support • Community Transition • Companionship • Environmental Modification • Nurse Education & Extended Personal Care • Family Personal Care • HCBS Case Management • Home Delivered Meals • Homemaker • Non-Med Transportation • Residential Habilitation • Respite • Sp. Equipment/Supplies • Supervision • Supported Employment • Transitional Living • Waiver Personal Care
		<p>Personal Care Service: 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>				
Functional Eligibility	<p>Not severely impaired in ADLs: Toileting, Transferring, Eating And Impaired in 3 of the 4 following IADLs:</p> <ul style="list-style-type: none"> • Meal Preparation • Housework • Laundry • Medication Assistance <p>Or Have health, welfare, or safety needs, requiring supervision or structured environment</p>	<p>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 Or If under age 18, meet LOC screening criteria And Impairments must have lasted or are expected to last 3 months or more</p>	<p>Impaired in 1 ADL Or Impaired in 3 of the 4 following IADLs:</p> <ul style="list-style-type: none"> • Meal Prep • Housework • Laundry • Medication Assistance 	<p>Impaired in 1 ADL Or Impaired in 3 of the following 4 IADLs:</p> <ul style="list-style-type: none"> • Meal Prep • Housework • Laundry • Medication Assistance <p>And Meet LOC criteria</p>	<p>Impaired in 5 ADLs And Meet LOC criteria And No units allocated to the tasks of laundry, shopping, & housekeeping And Prior approval from the Dept.</p>	<ul style="list-style-type: none"> • Meet LOC criteria • Age 18 or older • Choose waiver services • Receive service on a monthly basis • Participate in planning • Functional impairment cannot be the result of a mental illness or intellectual disability • If under 65, the disability must meet Social Security criteria or determined to be physically disabled by the state review team
			<p>Nursing Facility Level of Care Screening - (LOC) Criteria for LOC Screening – NDAC 75-02-02-09</p>			
Financial Eligibility	<p>Medicaid Eligible and receiving SSI or income is at or less than max SSI (currently \$967)</p>	<p>Income & Asset Based Sliding Fee Scale Resources \$50,000 or less</p>	<p>Medicaid Eligible</p>			<p>Medicaid Eligible</p>
Program Cap	<p>\$4029.00 per month, or \$6796.00 per month for individuals receiving Adult Foster Care</p>	<p>\$4029.00 per month, or \$6796.00 per month for individuals receiving Adult Foster Care</p>	<p>Level A-480 units per month (a unit is 15 minutes) Level B-960 units per month Level C-1200 units per month</p>			<p>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.</p>

Individual PC Rate-\$5.77/u, **HMK-**\$5.20/u, **WPC-**\$5.86/u ; **Agency PC Rate-**\$7.93/u, **HMK-**\$7.14/u, **WPC-**\$8.05/u ; **FHC-**\$74.68/day, **FPC-**\$159.54/day, **AFC-**\$154.50/day