HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER	TECHNOLOGY DEPENDENT MEDICAID WAIVER	CHILDREN'S HOSPICE WAIVER	CHILDREN WITH MEDICALLY FRAGILE NEEDS WAIVER
Services:  Adult Day Care Adult Foster Care Adult Residential Case Management Chore Community Transition Services Community Support Companionship Emergency Response System Environmental Modification Extended Personal Care Family Personal Care Home Delivered Meals Homemaker Non-Medical Transportation Residential Habilitation Respite Specialized Equipment/Supplies Supervision Supported Employment Transitional Care	Services:  • Attendant Care Service • Components include:  • Nurse Management • Attendant Care Service Provider • Case Management • Non-medical Transportation • Specialized Equipment and Supplies	Services:  Respite Skilled Nursing Hospice Palliative Care Expressive Therapy Grief Counseling Case Management Equipment & Supplies	Services:  In-Home Supports Institutional Respite Transportation Equipment and Supplies Individual and Family Counseling Dietary Supplements Environmental Modifications Case Management (optional)
<ul> <li>Functional Eligibility</li> <li>Screened in need of nursing facility level of care (LOC Screening NDAC 75-02-02-09)</li> <li>Age 18 and older and physically disabled as determined by SSA, SRT, or be at least 65 years of age</li> <li>Choose HCBS Waiver services</li> <li>Participate in person-centered planning</li> <li>Service/care delivered in the recipient's private family dwelling or recipient is receiving a community-based service</li> <li>Not eligible or receiving services through another waiver</li> <li>Receive services on a monthly basis</li> </ul>	<ul> <li>Functional Eligibility</li> <li>Screened in need of nursing facility level of care (LOC Screening NDAC 75-02-02-09)</li> <li>Age 18 and over and physically disabled as determined by SSA or be at least 65 years of age</li> <li>Medically Stable</li> <li>Competent to make decisions</li> <li>Vent dependent at least 20 hrs. per day</li> <li>Agree with care plan</li> <li>Has informal caregiver system for a contingency plan</li> <li>Not eligible or receiving services through another waiver</li> <li>Receive services on a monthly basis</li> </ul>	<ul> <li>Functional Eligibility</li> <li>Screened in need of nursing facility level of care (LOC Screening NDAC 75-02-02-09)</li> <li>Birth to 22<sup>nd</sup> birthday</li> <li>Life limiting diagnosis of possibly one year of life expectancy</li> <li>Not eligible or receiving services through another waiver</li> <li>Needs at least one waiver service quarterly</li> <li>Child lives with a primary caregiver</li> <li>Agree with Case Plan</li> </ul>	<ul> <li>Functional Eligibility</li> <li>Screened in need of nursing facility level of care (LOC Screening NDAC 75-02-02-09)</li> <li>3 to 18 years of age</li> <li>Greatest need as determined through a Level of Need ranking process</li> <li>Not eligible or receiving services through another waiver</li> <li>Requires support for Health &amp; Safety</li> <li>Needs at least one waiver service quarterly</li> <li>Child lives with a primary caregiver capable of self-directing services</li> <li>Agree with Case Plan</li> </ul>
Financial Eligibility: Must be Medica	id Eligible		I D
Program Cap Limited to the highest monthly rate allowed	Program Cap \$18,996 annually		

AUTISM WAIVER	MEDICAID WAIVER		
	ID/DD		
Services:	Services:  Adult Foster Care Behavioral Consultation Community Transition Services Day Habilitation Equipment & Supplies Environmental Modifications Extended Home Health Care Family Care Option Homemaker	<ul> <li>Independent Habilitation</li> <li>Individual Employment Support</li> <li>Infant Development</li> <li>In-Home Supports</li> <li>Parenting Support</li> <li>Prevocational Services</li> <li>Residential Habilitation</li> <li>Small Group Employment Support</li> </ul>	
<ul> <li>Functional Eligibility</li> <li>Meets ICF/MR Level of Care</li> <li>Not eligible or receiving services through another waiver</li> <li>Requires supports for Health &amp; Safety</li> <li>Has a diagnosis of Autism Spectrum disorder from a professional able to diagnosis from the DSM.</li> <li>Person lives with a primary caregiver who is capable of self-directing services</li> </ul>	<ul> <li>Functional Eligibility</li> <li>Eligible for Medicaid (meets Medicaid income and other eligibility requirements). If an individual is not eligible for Medicaid, they are responsible to private pay for services.</li> <li>Meet the eligibility criteria for Developmental Disability Program Management (DDPM) per North Dakota Administrative Code 75-04-06</li> <li>Meet the Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care</li> <li>Be in need of at least one IID/DD HCBS Waiver service</li> <li>Not eligible or receiving services through another waiver</li> </ul>		
Financial Eligibility Medicaid Eligible			
Program Caps  Age limitation of birth through 15.  Limited to 150 individuals per year Assistive Tech -5000 per life of waiver Respite - up to 40 hours per month.  Service Management – up to 16 hours per month	<ul> <li>Equip. and Supplies – not to exceed \$4,00</li> <li>In-Home Supports – not to exceed 300 ho</li> <li>Parenting Support – limited to an average during a quarter.</li> <li>Hours in Day Habilitation, Individual Empleonic Services may not exceed 40 cumulative how</li> <li>Community Transition Services-must resimust be moving to a setting with 6 or few household furnishings and moving expensions.</li> </ul>	Environmental Mod. – not to exceed \$20,000.00 for the duration of the waiver period.  Equip. and Supplies – not to exceed \$4,000 per waiver year.  In-Home Supports – not to exceed 300 hours per month per participant  Parenting Support – limited to an average of 4 hours of individualized child-focused direct training per week	

# 1915(i) HCBS Behavioral Health – Children & Adults

#### **Services:**

- Care Coordination Age 0+
- Training and Supports for Unpaid Caregivers Age 0+
- Peer Support Age Age 18+
- Family Peer Support Age 0 to 18
- Respite Age 0 to 21
- Non-Medical Transportation Age 0+
- Community Transition Services Age 0+
- Benefits Planning Services Age 0+
- Supported Education Age 5+
- Pre-Vocational Training Age 17 ½+
- Supported Employment Age 14+
- Housing Supports Age 17 ½+

## **Target Population**

• The individual has one or more of the qualifying behavioral health diagnoses.

## **Functional Eligibility**

• Have a functional impairment, which substantially interferes with or substantially limits the ability to function in the family, school or community setting, as evidenced by a complex score of 25 or higher on the WHODAS 2.0.

## **Financial Eligibility**

A recipient of ND Medicaid or Medicaid Expansion with a Federal Poverty level of 150% or below.

# **Program Caps**

### Maximum # Individuals Served:

No limit on eligible individuals served.

#### **Service Limits**

• Care Coordination

8 hours per day

• Training and Supports for Unpaid Caregivers

Daily – 8 hours

Annual - 208 hours

Annual Training Budget - \$510

• Peer Support

Daily – 8 hours

Annual – 260 hours

• Family Peer Support

Daily – 8 hours

Annual – 260 hours

# 1915(i) HCBS Behavioral Health – Children & Adults Continued

• Respite

Month – 40 hours

Annual - 480

• Non-Medical Transportation

No limits

• Community Transition Services

Lifetime - \$3,060

• Benefits Planning Services

Daily – 8 hours

Fiscal Year – 20 hours

• Supported Education

Daily – 8 hours

Annual – 156 hours

• Pre-Vocational Training

Daily – 8 hours

Annual – 156 hours

• Supported Employment

Daily – 8 hours

Annual – 156 Hours

• Housing Supports

Daily – 8 hours

- o Pre-Tenancy: Annual 156 hours (78 hrs. per 3 mo.)
- Tenancy: Annual 156 hours (78 hrs. per 6 mos.)