What is Basic Care Assistance?

The Basic Care Assistance
Program helps qualifying
individuals pay a portion of
their cost for care while
living in a licensed basic care
facility.

Who qualifies for the Basic Care program?

Individuals age 65 or older or an individual age 18 and older who is blind or disabled, who require services, provided by a licensed basic care facility and meet income guidelines.

How do I apply?

- Apply at your local Human Service Zone Office
- Apply online at www.nd.gov/dhs/



Program Requirements

- √ Medicaid eligible
- ✓ Resident of North Dakota
- ✓ All income, minus \$135 per month for personal needs, must be paid to the basic care facility for cost of care
- ✓ Meets functional assessment
- ✓ Need a supervised environment

- ✓ Individuals must <u>NOT</u> be severely impaired in any activities of daily living such as:
 - Toileting
 - Transferring to or from a bed or chair
 - Eating.



Applicant Responsibility

It is the applicant's or guardian's responsibility to provide information to establish eligibility including a Social Security Number, proof of age, identification, residence, blindness or disability, functional limitation, and financial information.

NOTE: An individual may not qualify for benefits if he or she or the individuals spouse gave away assets or income for less than fair market value within 36 months of the date of application, in order to qualify for the program.

Basic Care payments

The N.D. Department of Health & Human Services sends payments directly to licensed basic care facilities.

Confidentiality

All applications, information, and records concerning any applicant or recipient of the Basic Care Program are confidential and will not be disclosed or used for any purpose not directly connected with the administration of the program.

Discrimination Prohibited

Anyone who believes they have been discriminated against because of race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance, may file a written complaint of the alleged discrimination. Written complaints should be filed with the county social service board, the N.D. Department of Health & Human Services, 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250, or the U.S. Department of Health and Human Services, Washington, D.C. 20201.



N.D. Department of Health & Human Services Economic Assistance Policy Division 600 E. Boulevard Avenue, Dept. 325, Bismarck, ND 58505

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BASIC CARE ASSISTANCE PROGRAM



