NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BISMARCK, NORTH DAKOTA
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IM 5434

To:	Whom it may concern
From:	Nancy Nikolas Maier, Director, ND DHS Aging Services Division
Subject:	Level C
Program(s):	Home and Community Based Services Policies and Procedures Manual 535-05
Retention:	Until Manualized

The purpose of this IM is to amend the following section of Service Chapter 535-05. The change is effective 04/01/2021

Personal Care Eligibility Requirements 535-05-15

To qualify for coverage of personal care services, an individual must have applied for and been found eligible for Medicaid benefits

And

1. Eligibility criteria for **Level A (up to 480 units per month), or Daily Rate care, or Basic Care** includes:

    1. Be impaired in at least one of the following ADLS of:

        1. Bathing

        2. Dressing

        iii. Eating

        iv. Toileting

        v. Continence

        vi. Transferring

        vii. Inside Mobility

Or

b. Be impaired in at least THREE of the following IADLs:

a. Meal Preparation

b. Housework

iii. Laundry

iv. Taking medications

2. Eligibility for **Level B (up to 960 units per month)** includes:

a. Be impaired in at least one of the following ADLS of:

a. Bathing

b. Dressing

iii. Eating

iv. Toileting

v. Continence

vi. Transferring

vii. Inside Mobility

Or

b. Be impaired in at least THREE of the following IADLs:

a. Meal Preparation

b. Housework

iii. Laundry

iv. Taking medications

AND

c. Meet the nursing facility level of care criteria set forth at NDAC 75-02-02-09 or meets ICF/MR level of care criteria.

3. Eligibility for Level C (up to 1200 units per month) includes:

a. Be impaired in at least five of the following ADLS of:

a. Bathing

b. Dressing

iii. Eating

iv. Toileting

v. Continence

vi. Transferring

vii. Inside Mobility

AND

b. Meet the nursing facility level of care criteria set forth at NDAC 75-02-02-09 or meets ICF/MR level of care criteria.

AND

c. None of the 300 hours (1200 units) approved for personal care services can be allocated to the tasks of laundry, shopping, or housekeeping.

AND

d. Have written prior approval for this service from a HCBS Program Administrator, Aging Services Division, Department of Human Services. The approval must be updated every ~~three months~~ six months.

Case Management 535-05-35

The case manager must monitor and document that the individual is receiving the personal care services authorized on SFN 663. The case manager must review the quality and quantity of services provided. A reassessment of the individual's needs and care plan must be completed at

a minimum of six-month intervals. The case manager shall visit with an individual in his/her place of residence every six months and review and update the assessment and the individual's care plan as necessary.

A quarterly face-to-face visit is required for consumers receiving services under Level C. At each quarterly contact, the case manager will monitor the quality, quantity and frequency of services, assess and/or review any risks, and monitor all health/welfare/safety concerns. A narrative must be completed for each quarterly contact.

Forms 535-05-70

Instructions for Completing Personal Care Services Plan, SFN 662 535-05-70-01

Section VI – Six-Month Review and Continuation of Plan with No Changes

The case manager may complete this section only if no change in the individual's status, authorized units, and provider(s) occurs at the six-month review ~~or 3 month review for Level C Personal Care~~. The case manager must enter the new effective date continuing the plan for the next period that may not exceed 6 months ~~or 3 month review for Level C Personal Care~~. The case manager and the individual both must sign for the continuation of the plan.

Instructions for Completing the Authorization to Provide Personal Care Services, SFN 663 535-05-70-05

The Authorization to Provide Personal Care Services SFN 663 is used to grant authority to a qualified service provider or basic care assistance provider for the provision of agreed upon service tasks to an eligible individual.

The Authorization to Provide Personal Care Services is completed when arrangements are being made for the delivery of personal care as agreed to in the individual's Personal Care Services Plan. The individual must have an identified need for the services in order to be authorized to receive the services. For example, if an individual is not identified on the PCSP as

being impaired in bathing, no authorization can be given for a provider to assist the individual with bathing.

The case manager must complete an Authorization to Provide Personal Care Services for all providers, including basic care assistance providers, selected by the individual to perform personal care services. If personal care services are to be provided by multiple providers, without specific identification of authorized services to each provider, only one SFN 663 is completed and each provider must receive a copy of the SFN 663. The use of one form for multiple providers may only be used if all providers are authorized to perform the same tasks. The case manager must determine that the provider(s) the individual has selected is available and when service(s) will begin.

Enter the name, Medicaid provider number of the personal care service provider(s), and Physical Address in the "Qualified Service Provider(s) Name and Number" block. If the provider is a basic care provider enter the date the individual was admitted or is anticipated to be admitted to the facility in the "Date of Admit to Basic Care" block.

Enter the client's name, Medicaid ID number, physical address, and telephone number, in the applicable blocks.

"Authorization Period" - Identify the period of time the authorization is in effect. The authorization period MAY NOT exceed six (6) months ~~or 3 months for Level C Personal Care,~~ except for an initial authorization which can include a partial month in excess of 6 months. Renewal of the authorization should coincide with the 6-month Review or Annual Reassessment. The authorization period should begin on the first of a month, except if this is an initial authorization for personal care services for an individual or if a change in status or provider occurs, and must end on the last day of a month.

"Six Month Review Authorization Period" - this section is to be completed at the six month ~~or 3 month for Level C Personal Care~~ review only if there is no change from the existing authorization in the amount of units, tasks, or providers. Identify the additional period of time the existing authorization is to be in effect. The additional authorization period MAY NOT exceed six (6) months ~~or (3) month for Level C Personal Care~~.