


ND HCBS(c) Waiver, SPED, Ex-SPED & SPA Services

Revised 8.22.22


[Medicaid.gov](https://www.Medicaid.gov) North Dakota 1915 Medicaid Waiver list

	ASD Birth-15 (0842.R02.00)ⁱ	Children's Hospice (0834.R02.00)ⁱⁱ	Aged & Disabled HCBS (0273.R06.00)ⁱⁱⁱ	Medically Fragile Children (0568.R03.00)^{iv}	Traditional IID/DD HCBS Waiver (0037.R08.00)^v	Technology Dependent Waiver (1266.R01.00)^{vi}	SPED (state funds) ^{vii}	Ex-SPED (state funds) ^{viii}	1915(i) (SPA) State Plan Amendment^{ix}
Adult Day Care			X						
Adult Foster Care			X		X		X	X	X
Adult Residential Care			X						
Assistive Technology	X					X			
Attendant Care									
Behavioral Consultation					X				
Benefits Planning Services									X age 0+
Bereavement Counseling		X							
Case Management/Care Coordination	X	X	X	X		X	X	X	X
Chore			X				X	X	
Community Support Service			X						
Community Transition Service			X		X				X (0+)
Companionship Service			X						
Day Habilitation					X				
Dietary Supplements				X					
Emergency Response			X				X	X	
Environmental Modifications			X	X	X		X	X	
Expressive Therapies		X							
Extended Home Health Care					X				

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Extended Personal Care			X						
Family Care Option					X		X	X	
Family Peer Support									X (0-18)
Family Personal Care			X						
Home Delivered Meals			X						
Homemaker			X		X		X	X	
Hospice		X							
Housing Supports									X (17.5+)
Independent Habilitation					X				
Individual Employment Support					X				
Individual and Family Counseling				X					
Infant Development					X				
In-home supports				X	X				
Institutional Respite				X					
Non-Medical Transportation			X	X		X			X (0+)
Palliative		X							
Parenting Support					X				
Peer Support									X (18+)
Personal Care							X		
Prevocational Services					X				X (17.5+)
Residential Habilitation			X		X				

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Respite Care	X	X	X				X	X	X (0-21)
Skilled Nursing		X							
Small Group Employment Support					X				
Specialized equipment & supplies		X	X	X	X	X			
Supervision			X						
Supported Education									X (5+)
Supported Employment			X						X (14+)
Training & Supports for Unpaid Caregivers									X (0+)
Transitional living			X						

[i Autism Eligibility Criteria:](#)

- Child is between birth through 15 (qualifies until 16th birthday),
- Child is eligible to receive care in an intermediate care facility,
- Child has a diagnosis of autism spectrum disorder, and
- Child is living in their parents' or other legally responsible caregiver's home

LOC (Level of Care): Intermediate Care Facility (ICF)/IID

Assessment: Vineland 3

Participant Cap: 150

*No cost limit, but there are service limits

[ii Children's Hospice Eligibility Criteria:](#)

- Children birth to their 22nd birthday.
- Any child who has received a diagnosis and is not expected to live longer than one year.
- Each child must have a letter from a Primary Doctor stating "life limiting" diagnosis.

Participant Cap: 30

Cost limit: Institutional cost

iii [Aged & Disabled Eligibility Criteria:](#)

- Medicaid recipient - eligible as aged, blind, or disabled, working individuals with disabilities who buy into Medicaid (see waiver), or medically needy
- Age 65+ or age 18+ and physically disabled by Social Security Disability criteria, including individuals with brain injury and dementia
- Able to direct own care
- Living in own home or apartment
- Functional impairment cannot be the result of a mental illness or intellectual disability

LOC: Nursing Facility

Cost Limit: Highest month of nursing facility payment

Unduplicated number of participants: 2022: 603, 2023: 627, 2024: 652, 2025: 678, 2026: 705

iv [Medically Fragile Eligibility Criteria:](#)

- Child qualifies for Medicaid
- A child (ages 3 to 18) who has a serious illness or condition, which is anticipated to last at least 12 or more months
- A child who has medically intensive needs, and prolonged dependency on medical care and medical technology
- A child who at times, maybe medically stable; but still may require skilled nursing care or specialized medical equipment and supplies to enhance/sustain their lives at home – living in legally appointed caregiver's home

LOC: Skilled Nursing Facility

Participant Cap: 25 children

Cost limit: \$18,966 as of June 1, 2021

v [IID/DD Eligibility Criteria:](#)

- Ages: Birth and up
- Medicaid eligible
- Meet eligibility criteria in [NDAC 75-04-06](#); [DDPM Eligibility Process](#) (DDPM Funding claimed as Medicaid administrative expense); [Definition of Developmental Disability in ND Century Code](#)
- Be in need of at least one monthly Waiver service
- Waiver Target Groups: Developmental Disability & Intellectual Disability; Additional Criteria: individuals with intellectual disabilities or individuals with related conditions (as defined in [42 CFR §435.1010](#)) and cognitive impairment who meet the ICF/IID level of care (as defined in [42 CFR §440.150\(a\)\(2\)](#)). Cognitive impairment means that a person performs significantly below appropriate age level in brain function (perception, attention, memory, language, executive functioning), and the impairments are not severe enough to qualify as an intellectual disability.

LOC: ICF/IID as determined by the PAR assessment ("HCBS indicator")

Participant Cap: 2021- 5,830; 2022 – 6,380; 2023 – 6,530; 2024 – 6,680; 2025 – 6,830

Service Capacities: Infant Development -170; Transition from Supported Employment to Individual Employment Support services -5; Emergency -15

No cost limit

Assessments ([NDAC "standard assessment tool"](#)): ICAP (Inventory for Client and Agency) birth to 15 to be done every twelve months; SIS (Support Intensity Scale) 16 and up to be done every thirty-six months

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vi [Tech Dependent Eligibility Criteria:](#)

- Ages 18+
- Individuals must:
 - Be ventilator dependent for a minimum of 20 hours per day;
 - Be medically stable, as documented by their primary care physician at a minimum on an annual basis,
 - Have identified an informal caregiver support system for contingency planning with the assistance of the case manager,
 - Be competent, as documented by the primary care physician at a minimum on an annual basis, to actively participate in the development and monitoring of the plan of care.

LOC: Nursing Facility ([N.D.A.C 75-02-02-09](#))

Participant Cap: 3

Cost Limit: Institutional (excess may be granted)

vii SPED [HCBS Functional and Financial Eligibility Requirements Comparison](#) (1/2022) (Including Medicaid State Plan (MSP) Personal Care services)

viii Ex-SPED [HCBS Functional and Financial Eligibility Requirements Comparison](#) (1/2022) (Including Medicaid State Plan (MSP) Personal Care services)

ix 1915(i) SPA Eligibility Criteria:

- Age 0+
- Have an impairment which substantially interferes with or 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
- A score of 25 does not require 24/7 monitoring
- Medicaid eligible or enrolled in Medicaid or Medicaid expansion
- List of Target populations in SPA (eligible diagnoses)
- Must require at least one service per month or if the need is less than monthly, participant requires regular monthly monitoring. Minimum frequency is quarterly.

Participant Cap: none

*Can be receiving services under State Plan and other HCBS 1915(c) Waivers, case management in another waiver continues simultaneously with 1915(i) care coordination

*Cannot duplicate other services

*Most services have hour or dollar limits