## HCBS FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (07/2022)



							Be Legendary."
	EXSPED (Expanded Service Payments for	SPED (Service Payments for the Elderly &	MSP-Personal Care (Level A)	MSP-Personal Care (Level B)	MSP-Personal Care (Level C)	Medicaid Waiver for HCBS (Elderly &Disabled)	Technology Dependent Medicaid Waiver
Services	<ul> <li>the Elderly &amp; Disabled)</li> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Chore &amp; ERS</li> <li>Environmental Modification</li> <li>Family Home Care</li> <li>HCBS Case Management (billed under Targeted Case Management)</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non-Medical Transportation</li> <li>Respite</li> </ul>	<ul> <li>Disabled)</li> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Chore &amp; ERS</li> <li>Environ. Modification</li> <li>Ext. Personal Care</li> <li>Family Home Care</li> <li>HCBS Case Management</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non-Medical Transp.</li> <li>Personal Care Services</li> <li>Respite</li> </ul> Personal Care Service: Assis				<ul> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Adult Residential</li> <li>Chore &amp; ERS</li> <li>Community Support</li> <li>Companionship</li> <li>Environmental Modification</li> <li>Extended Personal Care</li> <li>Family Personal Care</li> <li>HCBS Case Management</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non-Med Transportation</li> <li>Residential Habilitation</li> </ul>	<ul> <li>Attendant Care Service</li> <li>HCBS Case         Management</li> <li>Non-Medical         Transportation</li> <li>Specialized Equipment         and Supplies</li> </ul>
	Not severely impaired in	lressing, toileting, transferring, eating, mobility and incontinence care and with instrumental activities of daily living (IADLs) may be provided in conjunction with the asks for ADLs  mpaired in 2 ADLs, OR in   Impaired in 1   Impaired in 5				<ul> <li>Respite</li> <li>Sp. Equipment/Supplies</li> <li>Supervision</li> <li>Supported Employment</li> <li>Transitional Living</li> <li>Meet LOC criteria</li> <li>Me</li> </ul>	Meet LOC criteria
Functional Eligibility	ADLs: Toileting, Transferring, Eating And Impaired in 3 of the 4 following IADLs:  • Meal Preparation  • Housework  • Laundry  • Medication Assistance Or Have health, welfare, or safety needs, requiring supervision or structured environment	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	ADL Or Impaired in 3 of the 4 following IADLs: • Meal Prep • Housework • Laundry • Medication Assistance	ADL Or Impaired in 3 of the following 4 IADLs: • Meal Prep • Housework • Laundry • Medication Assistance And Meet LOC criteria  Nursing Facility L	ADLs And Meet LOC criteria And No units allocated to the tasks of laundry, shopping, & housekeeping And Prior approval from the Dept.	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     Ing - (LOC) Criteria for LOC Screen	<ul> <li>Vent Dependent at least 20 hours per day</li> <li>Medically stable</li> <li>Has an informal caregiver system for contingency planning</li> <li>Is competent to participate in planning</li> <li>If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team</li> </ul>
Financial Eligibility	Medicaid Eligible and receiving SSI or income is at or less than max SSI (currently \$841)	Income & Asset Based Sliding Fee Scale Resources \$50,000 or less	Medicaid Eligible			Medicaid Eligible	
Program Cap	\$3800.00 per month	\$3800.00 per month	Level A-480 units per month (a unit is 15 minutes) Level B-960 units per month Level C-1200 units per month			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.	