MONTHLY RATE WORKSHEET - LIVE IN CARE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HOME AND COMMUNITY BASED SERVICES (HCBS)
SFN 1012 (6-2020)

Clear Fields

Client Name:	Client ID Number (ND Number):	Date:
County Name:	Case Manager:	DD: ☐ Yes ☐ No
Effective Date:	Client Date of Birth:	Funding Source ☐ HCBS Waiver ☐ SPED ☐ ExSPED

ACTIVITY	POINT VALUE	FHC/FPC	AFC	SPED PC
Bathing	20			
Communication	1			
Dress/Undress	15			
Eye Care	10			
Feeding/Eating	20			
Hair Care/Shaving	5			
*Housework	10			
Incontinence	15			
*Laundry	10			
Meal Preparation	20			
Medication Assistance	10			
Mobility	6			
Money Management	1			
Nail (Finger) Care	5			
*Shopping	10			
Skin Care	10			
Teeth/Mouth Care	10			
Toileting	20			
Transferring/Turning/Positioning	15			
Transportation	6			
GLOBAL ENDORSEMENTS				
Cognitive/Supervision	20			
Exercises	20			
Hoyer Lift/Mechanized Bath Chairs	10			
Indwelling Cathether	20			
Medical Gases	10			
Prosthesis/Orthotics	10			
Suppository/Bowel Program	25			
TED Socks	10			
Temp/BP/Pulse/Respiration Rate	1			
CLIENT SPECIFIC ENDORSEMENTS				
Apnea Monitor	10			
Jobst Stockings	10			
Ostomy Care	20			
Postural/Bronchial Drainage	20			
RIK Bed Care	5			
	Total Points	0	0	0

COGNITIVE SUPERVISION means the applicant/client requires supervision beyond that included within the scope of routine regime of care provided per task. Examples: (A) a client with a cognitive functional impairment (Alzheimer's) in the wandering stage of the disease may necessitate the client require supervision/monitoring continuously to prevent/reduce health and safety risks; (B) a client receiving AFC has behavioral problems requiring the AFC provider to deliver supervision/monitoring beyond the scope of providing assistance with routine care.

Service	Total Points		Factor Mo. Rate Or		Unit Rate		SFY21 Rate
Family Home Care	0	X	5.5	$ 0.00	Divided By 30	$0.00	$0.00
Adult Foster Care	0	X	7.0	$ 0.00	Divided By 30	$0.00	$0.00
Personal Care	0	X	8.0	$ 0.00	Divided By 30	$0.00	$0.00
Personal Care Assisted Living	0	X	8.4	$ 0.00	Divided By 30	$0.00	$0.00
Family Personal Care	0	X	7.0	$ 0.00	Divided By 30	$0.00	$0.00

Name of Provider:	Provider Number:
Mailing Address of Provider:	

* When there is more than one recipient receiving **SPED-PC** in a household, these items are to be proportionately reduced for each client of the home. (Does not apply to AFC).

**If the SFY 21 calculated rate is greater then the service cap, you must use the following capped amounts:
FHC- $47.06 SPED/PC/AL SPED/ExSPED AFC - $80.89 MW AFC - $94.06 MW FPC - $76.67

IF LEGISLATIVE RATE CHANGE APPLIES, PLEASE SELECT ONE OF THE FOLLOWING:

- ☐ Rate Increase Only
- ☐ Rate Increase Only with Annual Review
- ☐ Rate Increase with Other Changes
- ☐ Provider Declined Increase

DISTRIBUTION: **Original** - Client's Case File **Copy** - Aging Services/HCBS