

NEBRASKA

Good Life. Great Mission.

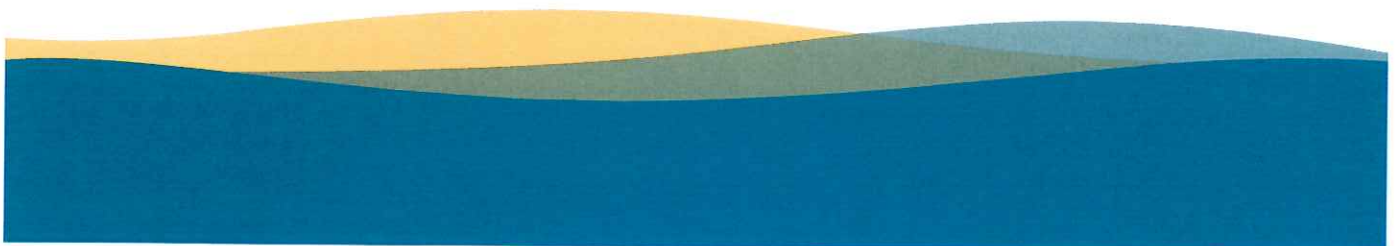
DEPT. OF HEALTH AND HUMAN SERVICES

Division of Children and Family Services

Disabled Persons and Family Support Program Report

12/21/2017

§ 68-1518



NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

December 22, 2017

Patrick O'Donnell
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

Dear Mr. O'Donnell,

Neb. Rev. Stat. section 68-1518 requires the Department of Health and Human Services to provide an annual report to the Legislature and the Governor regarding the Disabled Persons and Family Support Program. The report is to detail the use of funds appropriated under this act and the outcomes achieved from such use.

The attached report fulfills this statutory mandate. We appreciate the opportunity to share with you and the Legislature the important work done on behalf of Nebraska family caregivers and recipients of these services.

Please do not hesitate to contact me at 471-1878 if I can be of further assistance.

Respectfully,

A blue ink handwritten signature of Matthew T. Wallen.

Matthew T. Wallen, Director
Division of Children and Family Services
Department of Health and Human Services

Attachment

**FY 2017 Annual Report
Disabled Persons and Family Support Program**

Prepared by Nebraska Department of Health and Human Services pursuant to
Neb. Rev. Stat. § 68-1518

December 2017

This report highlights the number of persons with disabilities applying for support, the number receiving support, and the types of services and supports provided for the period July 1, 2016 to June 30, 2017. The Nebraska Department of Health and Human Services administers the Disabled Persons and Family Support Program (DPFS) based on Nebraska State Statute Sections 68-1501 through 68-1519, and NAC Title 472. The program is designed to encourage:

- (A) Employable persons with disabilities who live independently to remain or become employed; and
- (B) Disabled adults who reside in an independent living situation to maintain their maximum level of independence.

The Disabled Persons and Family Support (DPFS) Program provides state-funded assistance to individuals who meet specific income and disability criteria. The maximum amount authorized is based on documented need and available funds, up to \$300 per month or \$3,600 per eligibility year. In assessing client needs for program services, personal care need and personal care services receive priority. Personal care includes assistance with essential daily activities such as bathing, dressing, eating and preparing meals, grooming/dressing/hygiene, toilet use, mobility, transferring, and medication management. Level of cognitive need and memory support is critical. The services that may be authorized include the following:

- Personal care assistance;
- Purchase or lease of adaptive equipment or architectural modification of a home;
- Disability-related counseling or training;
- Medical, surgical, therapeutic, diagnostic and other health services related to the disability or disabilities;
- Housekeeping and essential shopping for adults living alone or married couples when both parties are determined disabled;
- Payment of medical supplies and physical and/or mental health services;
- Medical mileage; and
- Vehicle modifications.

The Program does not operate as an entitlement. Services are intended to supplement, but not replace or reduce the responsibility for the services and supports available through other programs for which the family or person with a disability is eligible or may be eligible such as Medicaid, Social Services Block Grant or other programs with federal funding. It is a client-directed program that by state statute requires the client or his/her authorized representative to hire providers based on personal satisfaction with service

delivery. The U.S. Department of Labor Home Care Rules, Fair Labor Standards Act (FLSA) effective January 1, 2015, regarding overtime pay and protections to home care workers was reviewed and determined do not apply to DPFS providers.

Promulgated rules and regulations are being updated pursuant to Neb. Rev Statute 84-901.2. The current regulations are not least restrictive, however the program is currently reviewing and rewriting regulations to make them less restrictive and better aligning them with statutory intent. Proposed regulations simplify regulation language and anticipate improved eligibility determination processes for the public and the Department. The regulations are also being revised to change the eligibility requirements, raising the income with the intent to assist more individuals at need prior to their meeting eligibility criteria for Medicaid.

Numbers and Expenditures

Of the 169 persons who were reviewed for eligibility, 53 of those persons were eligible between July 1, 2016 and June 30, 2017 at a cost of \$90,742.57 in state general funds. The most frequent reason cases were denied or closed were the person was not being medically eligible or other application requirements not being met, the person was over income or resources and the person was eligible for other programs that could meet their needs. Funding, income and resource limits have remained level since 1988.

<u>Family Size</u>	<u>Gross Monthly Income (140% Federal Poverty Level)</u>
1	\$1,364
2	1,784
3	2,203
4	2,623

<u>Family Size</u>	<u>Maximum Financial Resource Limit</u>
1	\$ 7,280
2 or more	10,930

Yearly Unduplicated Cases Worked (Individuals counted in the total no more than once.)

	Open	Deny	Close	Total
Children (Birth-18)	1	9		10
Adults (19-59)	3	32	6	41
Elderly (60+)	22	75	21	118
Grand Total	26	116	27	169

Client and Provider Recordkeeping and Payment

The CONNECT Database system (administered by the Office of Communications and Information Officer – OCIO) supports monitoring client eligibility and provider payment/client reimbursement of DPFS authorized services. Programming revisions were made during FY 2017 to support online recordkeeping, eligibility determination and

a quality improvement process. Claims are processed at Central Office with the State accounting system, Enterprise One system, and include a three-level claims payment approval process by a Payment Reviewer, Program staff, and Program Manager to validate accuracy. Several updates were made during FY 2017 to client and provider communications to facilitate improved efficiencies in payment accuracy and timeliness.