

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

December 7, 2018

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

Dear Mr. O'Donnell,

The 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.

Please do not hesitate to contact me at (402) 471-1878 if I can be of further assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew T. Wallen".

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

Enclosure

FY 2018 Annual Report
Disabled Persons and Family Support Program

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

November 2018

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, 2017 to June 30, 2018. The Nebraska Department of Health and Human Services administers the Disabled Persons and Family Support Program (DPFS) based upon Nebraska State Statute Sections 68-1501 through 68-1519, regulation citation 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, statewide, who meet income and disability criteria based upon intent of statutes. 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 and fire providers based on personal satisfaction with

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

Promulgated rules and regulations are being revised so they are not duplicative of what is already in statute, less restrictive, clearer and aligned with the statutory intent. Changes will also be made to update eligibility requirements, which will include changing income guidelines to assist needy individuals who are in the process, but not yet receiving Medicaid.

Numbers and Expenditures

133 persons were reviewed for eligibility, with 59 of those persons being eligible between July 1, 2017 and June 30, 2018 (up from 49 the previous year) at a cost of \$94,287 in general funds (up from \$85,121.99 the previous year) of the annual \$910,000.00 budget allocation. The most frequent reason cases were denied or closed was that the person was not medically eligible or other application requirements were not 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) | 2 | 5 | 0 | 7 |
| Adults (19-59) | 11 | 26 | 8 | 45 |
| Elderly (60+) | 20 | 43 | 18 | 81 |
| Grand Total | 33 | 74 | 26 | 133 |