

December 21, 2015

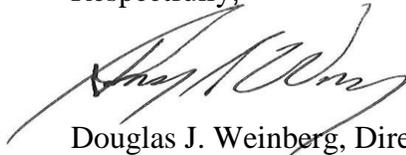
Pete Ricketts, Governor  
State Capitol  
Lincoln, NE 68509

Dear Governor Ricketts:

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.

The attached report fulfills that statutory mandate. We appreciate the opportunity to share with the Governor and the Legislature the important work done on behalf of Nebraska family caregivers and recipients of the services. Please do not hesitate to contact me at 471-1757 if I can be of further help. Thank you.

Respectfully,



Douglas J. Weinberg, Director  
Division of Children and Family Services  
Department of Health and Human Services

Attachment

**FY 2015 Annual Report**  
**Disabled Persons and Family Support Program**

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

The Disabled Persons and Family Support (DPFS) Program provides state-funded assistance to individuals of all ages who meet specified income and disability criteria. The program assists people with disabilities to remain employed, maximize their independence, and remain in their homes with their families. Eligible individuals may receive funding up to \$300 a month or \$3,600 annually for services such as personal care, housekeeping, transportation, special equipment, and vehicle or home modifications. The program does not operate as an entitlement and services are intended to supplement, but not reduce the responsibility for the services and supports available through other programs for which the family or person with a disability is eligible such as Medicaid, Social Services Block Grant or other programs with federal funding.

**Mission:**

The goals of the program are to assist employed adults with disabilities, help families stay together, and help individuals with disabilities to live independently. The program serves individuals with medically determinable severe, chronic disability with a demonstrated need for service, income below Nebraska median family income, and insufficient resources to provide for the total cost of care for the family member with a disability.

**History:**

Legislation was enacted in 1981. Nebraska State Statute Sections 68-1501 through 68-1519, regulation citation NAC Title 472.

Title 472 NAC 2 defines the three populations of clients served:

1. Employed disabled clients;
2. Disabled clients with caregiver relatives; and
3. Disabled clients in independent living situations.

**❖ Number of persons applying for and receiving support**

A total of 389 applications and client files were reviewed for program eligibility. As outlined in the chart below, 304 persons were determined eligible and billed for authorized services during July 1, 2014, through June 30, 2015, at a cost of \$447,830.55 in state general funds of the annual \$910,000.00 budget allocation. Funding for DPFS has remained level since 1988.

Total gross monthly income guidelines based on family size:

Family Size of 1	\$1,364
Family Size of 2	\$1,784
Family Size of 3	\$2,203
Family Size of 4	\$2,623

<b>Ages of Clients Authorized for Services</b>	<b>Number</b>
Children (Birth-18)	4
Adults (19-59)	33
Elderly (60+)	267
<b>Total</b>	<b>304</b>

❖ **Program Eligibility and Services**

1. DPFS requires supportive medical information to determine severity of chronic disability. Priorities for support are established based on available funding. The required Disability Report completed by a licensed healthcare professional was revised in FY 2015 to collect more detailed information about applicant need to supplement applicant or client self-report of need.
2. Title 472 regulations have undergone careful review and extensive proposed revisions to align with statutory intent. The promulgated regulations have not been significantly revised since 1988 and program resources through the Department and other federally funded programs are now available to applicants and clients traditionally served through this program. Program staff have carefully reviewed and drafted proposed regulations that are pending the Department of Health & Human Services' Legal Division's administrative review within the DHHS Rulemaking Process.
3. It was a challenging year educating clients, families and advocates about the current interpretation of the statutes and regulations. Several revised program forms and internal eligibility determination processes were implemented. For example, the "Services & Device Application – Self Assessment" was revised based on state and national assessment research of disability services programs and best practices. Processes for determining and verifying applicant and client income, resources, and need were reviewed and updated. The current self-assessment form is more comprehensive than previous applications. Many individuals traditionally served through DPFS were identified as potentially eligible for other federally funded programs. These persons were supported by being referred to those programs. Steps were implemented for verification of application and denial before proceeding with DPFS eligibility determination. Consistently, FY 2015 referrals from established community sources, such as Area Agencies on Aging, reflected needs frequently able to be met by other government funding sources. The Supportive, Nutritional, Health Promotion and Caregiver services of the Older Americans Act (OAA) Title III Grants for State and Community Programs on Aging administered through the Area Agencies on Aging (AAAs) had a significant impact on persons historically served through DPFS. Duplication in funding for in-home services funded by both programs was addressed and appropriate coordination completed to ensure continued services were in place to meet the changing needs of older Nebraskans to continue independent living.

**Support; supplemental to other programs; availability of other programs; department; duties.** The support available under sections 68-1501 to 68-1519 shall be supplemental to other support programs for which the family or disabled person is eligible and is not intended to reduce the responsibility for the provision of services and support by such other programs. The department shall (1) determine whether any request under sections 68-1501 to 68-1519 is appropriate to and available from other support programs, (2) deny any request if the requested assistance is appropriate to and available from other support programs, and (3) provide information and referral to all families and disabled persons whose request for assistance was denied pursuant to this section on the procedure for applying for other appropriate and available support programs.

Source: Section 68-1510 of the Disabled Persons and Family Support Act, 1981.

❖ **Closed or Denied Reasons**

The following table reflects outcomes in program eligibility as a result of programmatic changes described throughout this report.

	<b>Closed</b>	<b>Denied</b>	<b>Total</b>
Over Resources	5	16	21
Over Income	5	41	46
Other Government Programs Available	8	9	17
No DPFS Need	40	15	55
No Current Application	16	24	40
Moved From Nebraska	2	0	2
Institutionalized	12	5	17
Deceased	16	2	18
Client's Request	3	1	4
Application Requirements Not Met	8	65	73
<b>Total</b>	<b>115</b>	<b>178</b>	<b>293</b>

DPFS 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) effective January 1, 2015, regarding overtime pay and protections to home care workers does not apply to DPFS providers.

In assessing clients' needs for program services, their 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.

Home Delivered Meals was discontinued in FY 2015 as individuals who are elderly or adults with disabilities are eligible for this service through other federally funded programs. Preparation of meals, if an identified need, is included with Personal Care services.

The Housekeeping authorized amount was adjusted to a maximum of \$50 per month during FY 2015 from a previous \$100 per month. Routine light housekeeping means help is needed with laundry, vacuuming and dishes.

In previous years, architectural modifications and vehicle modifications absorbed approximately one-fourth of the program budget. However, file reviews demonstrated many of the clients authorized for funding were actively receiving services from other federally funded programs and DPFS was a co-funding source only. Assistive Technology Partnership administrative costs for assessment and project oversight was determined prohibitive. Beyond discontinuing co-funding assistive technology with federally-funded programs, the following process revisions were made for architectural modification requests. As a client-directed program, before DPFS funds are approved, the client and/or authorized representative now is required to:

1. Obtain and submit two bids for the project;
2. Verify funding is secured for home modification in excess of \$3,600 allowable program costs;
3. Demonstrate how excess costs will be paid;
4. Own the home or provide landlord approval documentation; and
5. Assume liability for project and responsibility for quality of work.

Incontinent Supplies includes diabetic and medical supplies and non-covered prescriptions or over-the-counter medications supported by the applicant or the client's current Disability Report and Service & Device Application – Self Assessment.

Transportation and Lodging are for medical needs only. Reimbursement requires detailed, DHHS-approved documentation.

#### **❖ DPFS Client, Provider Files and Payment**

The CONNECT Database system (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 2015 to support online recordkeeping and eligibility determination. An increase in the number of applications and billing documents received through a designated program-specific email improved staff efficiency and timeliness in processing program applications and billing documents. Enhanced functionality of the client eligibility screens supported improved program staff communications and documentation of eligibility decisions.

Claims are processed at Central Office with the 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 2015 to client and provider communications to facilitate improved efficiencies in payment accuracy and timeliness.

❖ **Effects of support on clients with disabilities and their families**

DPFS assistance enabled qualified individuals to remain at home as independently as possible, thereby reducing institutional costs funded by other DHHS programs. The types of services provided are presented in the following table:

<b>DPFS Services</b>	<b>Number of persons (duplicates)</b>
Personal Care	217
Housekeeping	163
Home Delivered Meals	35
Incontinent/Medical Supplies	14
Architectural Modifications	2
Special Equipment	1
Mileage	14
Vehicle Modifications	0
Transportation (Commercial Travel)	1
Meals	5
Lodging	3

The following case synopses illustrate the impact of DPFS support for five clients. Individuals served by the program have differing personal situations and may have service needs that vary in scope, amount, and duration. These examples demonstrate how DPFS services are used and are coordinated with other types of assistance to meet the clients' specific needs.

Client 1 – Male, age 91, has a diagnosis of Alzheimer's disease. He lives with his daughter and son-in-law in Omaha. The help he receives through DPFS with his personal care needs provides a much-needed break in the 24/7 caregiving responsibilities provided by the family.

Client 2 – Female, age 79, lives alone in rural western Nebraska. She has lost her vision due to advanced macular degeneration. Parkinson's disease, severe arthritis, heart problems and hypertension limit her mobility and independence. Help from family has not been available on a consistent basis. For the past seven years she has been determined eligible for assistance with personal care needs and housekeeping. DPFS has supported her choice to remain in her own home despite multiple hospitalizations.

Client 3 – Female, age 88, is determined to remain independent despite her mobility impairment and difficulties resulting from a respiratory system disorder, coronary heart

failure, vision limitations and diabetes. The disability report provided by her physician indicates she is unable to walk without the assistance of a walker or cane. She is unable to navigate the stairs of her home and uses a stair glide to the upper level where her bedroom and bathroom are located. DPFS provides funding assistance to support much-needed help with personal care, essential shopping, meal preparation, and light housekeeping duties.

Client 4 – Female, age 68, lives alone in a small town. Three years ago she had a stroke which left her paralyzed on her right side and she now tires easily. Her short-term memory problems affect when she takes her medications or remembering she has medical appointments. She is no longer able to drive or manage her finances. Her daughter helps all she can and is appreciative of the \$300 monthly support her mother receives for help with personal care and housekeeping tasks.

Client 5 – Female, age 85, lives alone in Grand Island. DPFS provides funding to allow her to direct a provider to assist her with bathing, dressing and help with meal preparation. She has medical issues related to arthritis, visual impairments and complications with diabetes. She is able to remain in her own home with the assistance of the program.

**❖ Proposals for amendment of sections 68-1501 to 68-1519**

No amendments to the DPFS statutes are proposed. However, as identified in report narrative, program staff are actively proposing regulation changes to better reflect statutory intent to improve eligibility determination.