



FY 2022 Annual Report Disabled Persons and Family Support Program October 2022

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 of July 1, 2021, to June 30, 2022. 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 provide for:

- (A) Program and services for families providing for a disabled family member in the home or of disabled persons in an independent living situation.
 - i. Employable disabled people who live independently to remain or become employed;
 - ii. Families living with disabled family members to preserve the family unit; and
 - iii. Disabled adults who reside in an independent living situation 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 the 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 needs and personal care services (housekeeping) received priority. Personal care includes assistance with essential daily activities such as bathing, dressing, eating and preparing meals, grooming/dressing/hygiene, toilet use, mobility and transferring, and medication management. The effects of the supports provided through the DPFS program allow for individuals to remain living within their homes and also offer the opportunity to access employment via vehicle modifications, purchase and/or lease of adaptive equipment, and through the support of disability-related counseling or training.

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 function 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.

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

Numbers and Expenditures

Two hundred and forty-three (243) persons were reviewed for eligibility, with 88 of those persons being determined eligible between July 1st, 2021, and June 30, 2022 (an increase from the 70 persons found eligible the previous year) at a total cost of \$190,796.37 in general funds of the annual \$185,003 budget allocation (previous year's cost was \$164,356.80 and the allocation was \$185,003). Out of 88 persons that were determined eligible for the program, 38 of those persons were able to continue to reside independently within their residences or were able to continue to reside with their spouses.

The most common reason cases were denied or closed was due to the person(s) not meeting application requirements; such as the failure to verify income, resources, and a disability report when requested. Another common denial reason that was found for denial or closure was that there were other government programs available that the person(s) were eligible for that could meet their needs.

Funding, income, and resource limits have remained level since 1989.

Family Size	Gross Monthly Income (140% of Federal Poverty Level)	Maximum Financial Resource Limit
1	\$1,364	\$7,280
2	\$1,784	\$10,930
3	\$2,203	\$10,930
4	\$2,623	\$10,930

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

Age	Open	Deny	Close	Total
Children (Birth – 18)	0	4	1	5
Adults (19 - 59)	39	29	24	92
Elderly (60+)	49	58	39	146
Grand Totals:	88	91	64	243

DPFS Types of Services and Programs being Billed/Utilized FY22

Services	Number of Bills Submitted per Service
Personal Care	664
Architectural Modifications	3
Housekeeping	225
Incontinence/Medical Supplies	43
Medical Mileage	13
Prescriptions	31
Special Equipment	10
Vehicle Modifications/Equipment Repair	2
TOTAL	991