

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING

December 7, 2020
10:00 a.m. Central Time
Nebraska State Office Building – Lower Level A
301 Centennial Mall South, Lincoln, Nebraska
Phone call information: 888-820-1398; Participant code: 3213662#

The purpose of this hearing is to receive comments on proposed changes to Title 472 Chapters 1 - 4, of the Nebraska Administrative Code (NAC) – *Disabled Persons and Family Support Program*. The proposed changes will consolidate and streamline the regulations from four chapters to three chapters. Additional proposed changes include: updating definitions; updating the application process, the eligibility criteria, the delivery of services, and the procedures for authorizing support and payment; removing repeat statutory language and direction to staff from the regulations; and updating terminology and formatting.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

Due to the current public health crisis, the agency will enforce any Directed Health Measure Order on the size of gatherings that is in effect at the time of the hearing. In order to encourage participation in this public hearing, a phone conference line will be set up for any member of the public to call in and provide oral comments.

Interested persons may provide verbal comments by participating via phone conference line by calling 888-820-1398; Participant code: 3213662#.

Interested persons may provide written comments by mail, fax, or email, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or dhhs.regulations@nebraska.gov, respectively.

A copy of the proposed changes is available online at <http://www.sos.ne.gov>, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8223. Individuals with hearing impairments may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.

FISCAL IMPACT STATEMENT

Agency: Department of Health and Human Services	
Title: 472 NAC	Prepared by: Curtis Nielsen
Chapter: 1-4	Date prepared: 10/7/2020
Subject: DPFS	Telephone: (531) 530-7011

Type of Fiscal Impact:

Please check all that apply Each of the 3 columns below need to have a checkmark

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)
Increased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Increased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Indeterminable	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)

Provide an Estimated Cost & Description of Impact:

State Agency: N/A

Political Subdivision: N/A

Regulated Public: N/A

If indeterminable, explain why:

Reviewed by Andrew Keck  10/19/2020

TITLE 472 DISABLED PERSONS AND FAMILY SUPPORT PROGRAM

CHAPTER 1 INTRODUCTION

001. SCOPE AND AUTHORITY. This title governs the administration of the Disabled Persons and Family Support Program, Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 68-1501 through 68-1519.

002. DEFINITIONS. As used in this title, the following definitions apply:

002.01 ADEQUATE NOTICE. Notice of a case action which includes a statement of what actions are intended, the reasons for the intended actions, and the specific regulation and guidance document reference that supports or a change in state law that requires the actions.

002.02 ADAPTIVE EQUIPMENT. Devices, controls, or appliances which enable a client to increase his or her abilities, perform activities for daily living or to perceive, control, or communicate with the environment in which she or he lives or works and necessary to maintain the client in his or her home.

002.03 ADULT. An individual 19 years of age and older or 18 years of age or younger designated by a court as emancipated.

002.04 ADVERSE ACTION. A determination by the Department that services to an individual will be reduced, denied, or terminated.

002.05 APPLICANT. An individual who is seeking an eligibility determination through an application submission to the program.

002.06 ARCHITECTURAL MODIFICATIONS. Physical changes to a residence which enable an individual to function with greater independence in the home.

002.07 BURIAL INSURANCE OR TRUST. Insurance or trusts whose terms specifically provide that the proceeds can be used only to pay the burial expenses of the insured.

002.08 CASH SURRENDER VALUE. The amount which the insurer will pay upon cancellation of the policy before death of the insured or before maturity of the policy.

002.09 CHILD. An individual 18 years of age, or under, who has not been designated by a court as emancipated.

002.10 DISABILITY. A chronic condition diagnosed by a licensed physician, registered nurse, physician's assistant, psychiatrist, psychologist or physical therapist meeting the criteria in Neb. Rev. Stat. § 68-1503.

002.11 EARNED INCOME. The net Nebraska taxable income reportable under Nebraska law. Taxable income is defined as alimony, wages, salary, commissions, tips, and profits from activities in which an individual is engaged as a self-employed person or as an employee or other money received for a good or service.

002.12 FEDERAL POVERTY LEVEL. The Federal poverty level updated periodically by the Federal Government used to determine an individual's eligibility.

002.13 INCOME. Earned or unearned gain or recurrent benefit received in money or in-kind from employment, business, property, investments, gifts, benefits, or annuities, at regular or irregular intervals of time.

002.14 INDEPENDENT LIVING. Residing in a living arrangement other than an alternate living licensed or certified by the Department or entity acting on behalf of the Department.

002.15 PERSONAL CARE NEEDS. The inability to independently perform self-care including bathing, meal preparation, eating, continence related tasks, dressing, grooming, and taking medication. A verified medical limitation related to one's ability to mentally or cognitively provide self-care is also considered a personal care need.

002.16 PROVIDER. An individual or entity that provides authorized services to eligible Program recipients.

002.17 RECIPIENT. Any qualified individual with a disability determined eligible to receive support from the program.

002.18 RESOURCES. Available resources including cash or other liquid assets or any type of real or personal property or interest in property that the applicant or recipient owns and may convert into cash to be used for support and maintenance.

002.19 UNEARNED INCOME. Any cash benefit that is not the direct result of labor or services performed by the individual as an employee or a self-employed person.

————— TITLE 472
————— THE DISABLED PERSONS AND FAMILY SUPPORT PROGRAM

Chapter 1-000 INTRODUCTION

1-001 Legal Basis: The Nebraska Department of Social Services administers the Disabled Persons and Family Support Program (DPF Support) based upon Sections 68-1501 through 1521, Reissue Revised Statutes of Nebraska, 1943. **Remains in section 472 NAC 1-001 as modified.** The program is designed to encourage—

1. Employable disabled people who live independently to remain or become employed;
2. Families living with disabled family members to preserve the family unit; and
3. Disabled adults who reside in an independent living situation to maintain their maximum level of independence. **Remains in section 472 NAC 2-001 as modified.**

1-002 Administration: The DPF Support Program is administered by Special Services for Children and Adults, Medical Services Division, Nebraska Department of Social Services.

1-003 Definitions **Remains in section 472 NAC 1-002 as modified.**

Disability: Disability for this program is a medically determinable, severe, chronic condition which—

1. Is attributable to mental and/or physical impairments;
2. Is likely to continue indefinitely;
3. Demonstrates a need for long-term, individually planned and coordinated care, treatment, vocational rehabilitation, or other services; and
4. Results in substantial functional limitations in two or more of the following areas of major life activity—
 - a. Self-care;
 - b. Receptive and expressive language;
 - c. Learning;
 - d. Mobility;
 - e. Self-direction;
 - f. Capacity for independent living;
 - g. Work skills or work tolerance; and
 - h. Economic sufficiency.

Eligible Persons: The Department determines eligibility for those families and individuals who meet all guidelines and—

1. Whose needs assessment indicates appropriateness for the program; and
2. Demonstrate that the support requested is the most cost-effective form of care.

Employment: Employment is defined as earning wages at least equal to the amount considered substantial gainful activity by the Social Security Administration.

Family Size: For income eligibility purposes, the family includes one or more adults (age 19 or older) and children, if any, related by blood, marriage, or adoption who reside in the same household. An unborn child may be included if pregnancy is verified by a physician's statement. Related adults other than spouses and unrelated adults who reside together are separate families.

Independent Living Situation: Means residing alone, with another person who does not provide care, or with a caregiver who is not related by blood, marriage, or adoption in a house or apartment. Unlicensed board and room homes, foster homes, adult family homes, facilities licensed by the Department of Health (e.g., domiciliary facilities, centers for the developmentally disabled, intermediate care facilities), and other medical facilities are not considered independent for this program.

Support Programs: Other support programs include all forms of local, state, or federal assistance, grants-in-aid, educational programs, insurance benefits, and support provided by public or private funds for disabled persons or their families.

1-004 Fraud: Any person who knowingly provides false information or knowingly withholds pertinent information to obtain or attempt to obtain support under this program may be prosecuted for fraud in a court of law and, if found guilty, punished accordingly. **Remains in section 471 NAC 1-002 as modified.**

TITLE 472 DISABLED PERSONS AND FAMILY SUPPORT PROGRAM

CHAPTER 2 APPLICATION AND ELIGIBILITY

001. INDIVIDUALS SERVED. The Program serves the following populations of Nebraska residents:

- (A) Employed persons with a disability or persons with a disability who could be employed and who require some form of support to maintain or obtain employment. The employment or prospective employment must allow for the person to be self-supporting by earning wages equal to or in excess of the substantial gainful activity amount, identified by the Social Security Administration.
- (B) Persons with a medically determinable severe, chronic disability and needing some form of support to prevent an institutional or facility placement or return to independent living.

002. INDIVIDUAL RESPONSIBILITIES. Each applicant or recipient is required to:

- (A) Provide complete and accurate information. State law provides penalties of a fine, imprisonment, or both for persons found guilty of obtaining assistance or services for which the individual is not eligible by making false statements or failing to report promptly any changes in their circumstances;

002.02 REPORTING A CHANGE. Report a change in the following circumstances no later than ten calendar days following the change of:

- (A) Earned and unearned income;
- (B) Resources;
- (C) Living arrangement;
- (D) Address;
- (E) Family composition;
- (F) Household composition;
- (G) Need for services; or
- (H) Recipient's medical condition or health;

002.03 AUDIT. Cooperate with the department or auditors during an audit;

002.04 VERIFICATION REQUIREMENTS. Each applicant or recipient is required to provide verification of information when requested by the Department. An applicant who fails to provide information to the Department by the due date, may have the application denied. A recipient receiving services who fails to provide information requested may have payments delayed, services terminated and the Department may establish an overpayment for services previously provided. In renewal cases, if the completed application, disability report and requested supporting documentation is not returned for the eligibility renewal before the

existing eligibility period expires, the Program case will be closed at the end of the eligibility period;

002.05 WRITTEN NOTICE BY RECIPIENT. The recipient provides written notice to the Department of preference for receiving notifications through the United States Postal Service or a designated email address. Recipient is responsible to provide the Department with a current and accurate mailing or email address as well updating the Department with any changes; and

002.06 RENTAL PROPERTY MODIFICATION APPROVAL. If the individual is living in a rental property and the individual is requesting the Department to assist with installation of adaptive equipment, medical devices or modification to the dwelling, the individual is responsible for obtaining a signed statement from the landlord granting permission for installation of the requested equipment, devices or modification before the Department will authorize services.

003. ELIGIBILITY CRITERIA. A Nebraska resident with a disability described in 472 Nebraska Administrative Code (NAC) 2-001 is eligible for benefits if the following criteria are met:

- (A) Has a personal care need as defined in 472 NAC 1-002.15;
- (B) Meets the definition of disability as defined in 472 NAC 1-002.10;
- (C) Not residing in an institution or, if in an institution, will be returning home with receipt of Program assistance;
- (D) Submits a completed, dated and signed Application and self-Assessment Form and the program disability report completed and signed by a licensed health care professional electronically, by mail, fax or in person;
- (E) The applicant or recipient must be a United States citizen or meet the qualified alien status as required by Neb. Rev. Stat. § 4-111;
- (F) The individual has ongoing disability related expenses that are not paid for or reimbursed by another source. The individual's ongoing disability related expenses must be more than the individual could afford taking into account the individual's income and other household expenses and be less than the program's monthly maximum;
- (G) The applicant or recipient must not have other sources of assistance as defined in this chapter;
- (H) The Department determines whether the requested program services, in combination with any other assistance the applicant or recipient receives, will be sufficient to allow for the applicant or recipient to continue to reside with family, live independently or return to an independent living setting. If the available program services will be inadequate to allow the applicant or recipient to continue residing with family, live independently or return to independent living, the applicant or recipient is not eligible for services;
- (I) The inability of an applicant, recipient or authorized representative to assume responsibility to manage personal control of tasks related to one's care including accountability for choices and responsibility for directing and monitoring providers of program services, known as self-directing one's care; and
- (J) Meets income and resource criteria of this chapter.

003.01 OTHER PROGRAM ELIGIBILITY. Applicants and recipients are not eligible to receive reimbursement for any services or equipment covered by Medicaid, Medicare or other health insurance.

- (A) Applicants or recipients may not use disability-related expenses covered by Medicaid, Medicare or health insurance as a disability expense deduction for purposes of financial eligibility; and
- (B) The program will not pay for any portion of services required to be paid by a Medicaid recipient to meet a share of cost obligation.

004. WAITING LIST FOR ELIGIBLE INDIVIDUALS. The program is funded entirely from the State of Nebraska General Fund. The legislature appropriates an annual budget for the program. Applications for assistance will be pre-screened for eligibility and those potentially eligible may be placed on a waiting list should funding limitations restrict the number of individuals and families that may be provided assistance. Eligible applicants will be served on a first come first served order depending upon funding availability.

005. APPLICATION. Any individual may contact the Department obtain program information, explore eligibility, or to apply for services. Applications may submitted by a legally responsible individual or representative, agency, or organization on behalf of any individual. An application may be submitted electronically, by mail, by fax, or in person.

006. NEEDS ASSESSMENT. In order to determine an applicant's eligibility, the Department evaluates the applicant's need for program services.

006.01 MEDICAL NEED. An applicant or recipient's disability must be documented by submitting the required program disability report. The disability report must be completed and signed by a licensed physician, registered nurse, physician's assistant, psychiatrist, psychologist or physical therapist and the applicant, the recipient or the authorized representative. The licensed health professional signing the form must be a medical services provider for the individual. A disability report is not acceptable if signed by an in-home service provider for the applicant or recipient paid or to be paid with Program funds.

006.01(A) DETERMINATION OF ELIGIBILITY. The need for programs and services must be supported by program plans, evaluations, or medical reports provided to the Department.

006.01(B) SUPPORTING MEDICAL INFORMATION. Any medical information provided to support a medical need must be dated within 12 months of the application.

006.02 OTHER PUBLIC BENEFITS AND ASSISTANCE PROGRAMS. The assistance provided by the program must not replace or reduce services and support by other programs for which the applicant or recipient is eligible or may be eligible.

006.02(A) OTHER PROGRAM ELIGIBILITY. The applicant or recipient must not be, nor could not be, eligible for another state or federally funded support program that can provide the requested assistance.

006.02(B) EVIDENCE OF ELIGIBILITY OR DENIAL. The applicant or recipient must apply for and provide evidence of current application and eligibility denial or lack of available

funds for all other support programs that fund the same, or similar services, allowable through the other programs before eligibility can be determined.

006.02(C) VERIFICATION OF OTHER SUPPORT PROGRAM FUNDS. The applicant or recipient must provide verification from an agency administering other support program funds. The verification, on a form approved by the Department, must indicate eligibility for other support services and what, if any, support services the applicant or recipient does or may receive, whether services are funded in whole or in part, identifying the service and the amount of assistance provided or available.

006.02(D) ACCEPTANCE OF PROGRAM SUPPORT. Applicants and recipients must accept any appropriate support available through another program.

006.02(E) MEDICAID FINANCIAL OBLIGATIONS. Medicaid-eligible individuals with a share of cost budget must meet the financial obligation before Program funds can be authorized.

006.02(F) MEDICAID SHARE OF COST. Program funds cannot be used towards the Medicaid share of cost or co-pays.

006.02(G) PROGRAM COOPERATION. Lack of cooperation with other support programs are grounds for denial or termination from the program.

006.03 INELIGIBILITY DUE TO OTHER AVAILABLE ASSISTANCE. The applicant or recipient is ineligible if:

- (A) A parent or legally responsible caregiver of a minor child with a disability or spouse of applicant or recipient with a disability can meet identified needs, unless program staff receives documentation showing otherwise;
- (B) Other sources such as relatives, friends, or volunteers will provide identified needs at no cost;
- (C) There is available insurance, financial means or other available support programs to cover the cost of requested program services or equipment;
- (D) The applicant or recipient failed to apply for, failed to cooperate with the application process, or failed to provide proof of denial from other support programs for which the applicant or recipient is potentially eligible;
- (E) The applicant or recipient is denied Medicaid due to deprivation or disposal of resources. The applicant or recipient is ineligible for the program for the same period of time as they have been disqualified for Medicaid;
- (F) The applicant or recipient was denied Medicaid due to an action or inaction, then program eligibility will only be approved if the request is for a non-covered Medicaid service. If an applicant or recipient has a Medicaid share of cost or spend down obligation, then program funds can only be used if the share of cost will be met with services not paid by the program;
- (G) The applicant or recipient failed to notify the program of services provided by other funding source and continued to bill for the same service on the same dates; or
- (H) The applicant or recipient has not submitted claims for program authorized services for three consecutive months without providing justification to show how the applicant

or recipient's needs were met during that time and why the needs will no longer be met without continued program assistance.

006.04 ASSESSMENT OF DISABILITY-RELATED NEEDS AND EXPENSES. The following ongoing disability-related needs and expenses are considered when evaluating an applicant's or recipient's eligibility, if the expenses are not paid or reimbursed by another source:

- (A) Ongoing disability-related needs and expenses above and beyond those incurred in a non-disabled household and not paid for or reimbursed by another source within the previous twelve months;
- (B) Additional health insurance costs to support identified disabling condition documented on the program's report. A copy of current health insurance statement is required to support expense;
- (C) Medical transportation needs and expenses including automobile modification or payment for ambulance travel if required by the disability. A copy of invoices or other provider documentation is required;
- (D) Medical costs related to the documented disability. A copy of a repayment agreement with the provider must be submitted when payments are being made by applicant or recipient. A minimum of three months of documented expenses incurred in most recent twelve month period must be submitted for ongoing routine supplies or out of pocket expenses;
- (E) Costs for monthly personal emergency response system;
- (F) Employment expenses related to the disabling condition;
- (G) Costs to meet personal care needs. A copy of billing documents or provider invoices required describing the services provided and costs paid by or on behalf of applicant or recipient; and
- (H) The degree of disability requiring assistance with personal care needs.

007. INCOME AND RESOURCE ELIGIBILITY. Individuals or families whose total gross monthly income exceeds 312% of the Federal Poverty Level (FPL) adjusted for family size are ineligible. Individuals with family resources exceeding \$25,000 are ineligible. Individuals actively eligible for Social Security Supplemental Security Income, Medicaid, Supplemental Nutrition Assistance Program, Aid to Dependent Children or Assistance to the Aged, Blind and Disabled are waived from additional requirements for income and resource testing for this Program.

007.01 TOTAL FAMILY INCOME. For persons who have reached the age of 19, only the income of the applicant or recipient and the applicant or recipient's spouse will be considered. For persons under the age of 19, and not designated by a court as emancipated, the income and resources of the applicant or recipient and the taxable income of the custodial parent(s) is considered.

007.01(A) INCOME VERIFICATION. Applicants or recipients are to report and provide verification of all gross earned and unearned income. Verification of earned income consists of the following:

- (i) The source of the income;
- (ii) The date paid or received;
- (iii) The period covered by the payment or benefit; and

- (iv) The gross amount of payment or benefit.

007.01(B) INCOME EXCLUSIONS. The following income sources are not considered in determining gross monthly income.

- (i) Amount designated, per Medicaid eligibility, by a spouse living at home to a spouse in an alternate living situation, as defined by the Medical Assistance Act, Neb. Rev. Stat. §68-901 et seq.;
- (ii) Any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Opportunity Act, Public Law 110-315;
- (iii) Earnings of a child age 13 or younger;
- (iv) Loans and grants (such as scholarships) obtained and used under conditions that prohibit their use for current living costs;
- (v) Payments received through the Workforce Innovation and Opportunities Act for classroom training costs. Payments to meet living expenses while attending school are considered income;
- (vi) Payments to an individual participating in training or school attendance subsidized by the Division of Vocational Rehabilitation;
- (vii) Reimbursement of expenses or payments for services from the Senior Companion Program, AmeriCorps, Senior Corps, Foster Grandparents, Service Corps of Retired Executives, Experience Works and any other programs under Title II and II of Public Law 93-113;
- (viii) Value of United States Department of Agriculture donated foods;
- (ix) Value of Supplemental Nutrition Assistance Program and the special food service program for children under the National School Lunch Program Child Nutrition Act of 1966, as amended;
- (x) Assigned child or spousal support;
- (xi) Subsidized adoption or subsidized guardianship payments from Title IV-E or child welfare funds; and
- (xii) Work study for a graduate student or a student working for a second degree.

007.01(C) RESOURCE EXCLUSIONS. The following resources are not considered in determining program eligibility:

- (i) Real property which the individual owns and occupies as a home;
- (ii) Household goods and personal effects of a moderate value used in the home;
- (iii) Cash surrender value of life insurance policies with combined face values of \$1,500 or less per individual;
- (iv) Unspent portion of any lump sum payment or retroactive payment for Retirement, Survivors, and Disabled Insurance and Supplemental Security Income;
- (v) United States savings bonds;
- (vi) Value of unavailable resources;
- (vii) One motor vehicle;
- (viii) Essential property used for individual's trade or business;
- (ix) Non-business property up to program specified maximum;
- (x) Equity value of nonbusiness property (real or personal) used to produce goods or services essential to daily activities up to program specified maximum;
- (xi) Irrevocable burial trust funds or burial insurance up to program specified maximum;

- (xii) Value of purchased burial space up to program specified maximum;
- (xiii) Cash surrender value of life insurance policies up to program specified maximum;
- (ix) Qualified Long-Term Care policy;
- (x) Testamentary trusts and guardianships depending on the availability of the funds as specified in the terms of the trust;
- (xi) Qualified annuities meeting program requirements;
- (xii) Special Needs or Pooled Trusts not considered available if established for a disabled client age 64 or younger or eligible to receive Supplemental Security Income, Retirement, Survivors, and Disabled Insurance, or Aid to Aged Blind and Disabled;
- (xiii) Victims compensation payments received from a state or local government to aid victims of crime;
- (xiv) Payments received from a state or local government to assist in relocation;
- (xv) An unavailable job-related retirement account held by the employer;
- (xvi) An Individual Development Account;
- (xvii) A Nebraska Enable Savings Plan pursuant to the Achieving a Better Life Experience Act of 2014 and Section 529A of the U.S. Internal Revenue Code;
and
- (xviii) Medicare set-aside accounts used for payment of medical bills of Medicare beneficiaries.

008. SERVICES FUNDED. The following are services allowed, based on the identified disability-related needs of the applicant, once determined eligible for the program.

008.01 PERSONAL CARE ASSISTANCE. The assistant must enable an individual to function more independently and continue living in their home.

008.02 PURCHASE OR LEASE OF ADAPTIVE EQUIPMENT OR ARCHITECTURAL MODIFICATION OF A HOME. The equipment or modification must improve or facilitate the care, treatment, therapy, general living conditions, or access of the individual with a disability; Adaptive equipment or medical equipment are allowable if the request is not an allowable expense under medical insurance or Medicaid, this includes if insurance or Medicaid denied due to lack of need.

008.03 DISABILITY-RELATED COUNSELING OR TRAINING. Counseling or training includes programs or services which assist the family in providing proper care for the family member with a disability or assist the individual in an independent living situation to pursue or maintain competitive, integrated employment; training to determine or use appropriate technology to help become successful to accomplish activities of daily living, gain equal access to a school, campus or work environment, or maximize ability to perform essential skills; consultation to identify appropriate architectural modifications or assistive technology and use of equipment for continued independence. For training or counseling to be covered, the following verification is needed;

- (A) Written acknowledgement from licensed professional providing counseling or training, instructor or other staff, or enrollment and participation in Department

approved on-line distance learning class, training or related program activity with dates included;

- (B) Schedules or logs demonstrating participation in an internship, job shadowing, on-the-job training, or volunteer projects, which are signed or acknowledged by an instructor or staff; or
- (C) Other documentation as agreed by the Department and the recipient at the time of service authorization.

008.04 MEDICAL, SURGICAL, THERAPEUTIC, DIAGNOSTIC, AND OTHER PHYSICAL OR MENTAL HEALTH SERVICES RELATED TO THE DISABILITY OR DISABILITIES. Expenses incurred during evaluation or treatment not covered by insurance, Medicaid or Medicare to treat the reported disability may be reimbursed with Department prior approval. Costs for general healthcare not related to the identified disability are excluded. Insurance premiums and deductibles are excluded; and no assistance with Medicaid spend downs or copayments will be approved.

008.05 HOUSEKEEPING SERVICES. Housekeeping services may be approved for adults with disabilities living alone and unable to perform these activities. For a married couple to receive housekeeping both parties must be determined disabled at the time of application or renewal. Allowable services includes general household cleaning tasks necessary to maintain the recipient in a healthy and safe environment because of a disability; changing and laundering bed linens and personal clothing, ironing, folding and storing laundry in the recipient's home or utilizing laundry services on behalf of the recipient, in-home light cleaning in essential areas of the home used by the recipient; cleaning and care of household equipment, appliances, or furnishings; cleaning recipient's dishes; and purchasing food and essential personal items.

008.06 MEDICATION MANAGEMENT. Medication management is the education, evaluation, monitoring, administration and documentation of the recipient's use of medication. The provider must be currently licensed or certified in medication management by the Department's regulation and licensure program. The provider must coordinate care with the recipient's primary medical provider.

008.07 MEDICATIONS AND SUPPLIES. Medications and supplies must be specific to treat the reported disability. To be reimbursed, disability-related nonprescription drugs, prescribed medications and medical supplies must approved by the Department.

008.08 MEDICAL MILEAGE. The program may pay for non-emergency medical transportation for eligible recipients when help is needed getting to or from medical appointments related to the identified disability need. Mileage for the recipient's or provider's vehicle, room and board costs incurred by the provider or disabled person during medical evaluation or treatment may be reimbursed under the following circumstances;

- (A) The Department gave prior approval;
- (B) Program-approved medical mileage form must be submitted by following instructions on the form and attached to Department billing document for reimbursement;
- (C) Reimbursable mileage is to be reimbursed at the current Internal Revenue Service rate allowed for medical purposes but is subject to Department directed changes to the amount requested based on availability of program funding; and

- (D) Mileage will only be for the distance to the nearest provider. The recipient may select a provider of their choice but if the provider is in a town further away than a closer provider mileage will be reimbursed based on the distance to the closer provider.

008.09 VEHICLE MODIFICATIONS OR EQUIPMENT REPAIR. Physical adaptations to a vehicle which enables a recipient to function with greater independence in the community and includes, but is not limited to a van lift purchase and installation or lift repairs. The following procedures must be followed:

- (A) A mechanic must certify working condition of vehicle. Documentation from a certified mechanic shop must be submitted to the Department to determine service eligibility;
- (B) The cost of vehicle repair or modification must not exceed the fair market value of vehicle as verified by the Department using DHHS-approved industry standards;
- (C) Applicant or recipient must submit two written cost estimates from vendors for requested device, labor, and installation costs;
- (D) The applicant or recipient must verify acceptable completion or installation of equipment or repair;
- (E) The disability report must support need for vehicle modification; and
- (F) If approved, the program will pay one time up to \$100 for expenses related to obtaining a certified mechanic's statement of vehicle's working condition.

009. MAXIMUM SUPPORT. The amount of support is based on the applicant's or recipient's documented needs and the Program funds available. The maximum support provided is based on Neb. Rev. Stat. § 68-1512.

010. ELIGIBILITY PERIODS. The Department establishes eligibility periods for recipients with ongoing needs. Eligibility must be renewed based on reported information at least every 12 months. A renewal will be completed more frequently when the recipient's circumstances change.

010.01 ELIGIBILITY REVIEWS. Upon receipt of a renewal request from the Department, the recipient has 45 calendar days from the date of the renewal notifications to provide the same documentation that is required for initial eligibility.

010.02 ACCEPTABLE VERIFICATION FOR ANNUAL ELIGIBILITY REVIEWS. Recipient must provide the same documentation required for initial eligibility.

010.03 VERIFICATION REQUESTS. Applicant or recipient has ten calendar days to respond to written requests from the Department for supportive documentation or application will be denied or case closed.

CHAPTER 2-000 APPLICATION AND ELIGIBILITY

2-001 Clients Served

~~2-001.01 Employed Disabled Clients: To be eligible for the DPF Support Program, employed disabled people shall -~~

- ~~1. Reside with intent to remain in Nebraska;~~
- ~~2. Be currently employed or be able to become employed with the support of this program;~~
- ~~3. Require support to remain in an independent living situation;~~
- ~~4. Have insufficient income to cover disability-related support expenses necessary to remain independent; and~~
- ~~5. Meet the criteria for need (see 472 NAC 2-003).~~

~~2-001.02 Disabled Clients with Caregiver Relatives: Families served by the Disabled Persons and Family Support Program shall -~~

- ~~1. Reside with intent to remain in Nebraska;~~
- ~~2. Provide care for a family member who is disabled (see 472 NAC 1-003, Disability) and -~~
 - ~~a. Is living with the family; or~~
 - ~~b. Can return home with support;~~
- ~~3. Have insufficient income to provide support for the disabled family member; and~~
- ~~4. Meet the criteria for need (see 472 NAC 2-003).~~

~~2-001.03 Disabled Clients In Independent Living Situations: Non-employed disabled persons who reside in independent living situations, may be eligible for DPF Support if they -~~

- ~~1. Reside with intent to remain in Nebraska;~~
- ~~2. Require support to remain in an independent living situation;~~
- ~~3. Have insufficient income to cover disability-related support expenses necessary to remain independent; and~~
- ~~4. Meet the criteria for need (see 472 NAC 2-003).~~ Remains in section 2.001 as modified.

~~2-001.03A Number Served: For eligible non-employed disabled clients without caregiver relatives, the Department shall annually establish -~~

- ~~1. A maximum number of clients to be served; and~~
- ~~2. Dates during which applications (including renewal applications) will be accepted for consideration for the following program year. Note: If all available slots are not assigned following the designated application period, the Department may extend the period during which applications are accepted.~~

~~2-001.03B Criteria for Participation: The Department shall base its selection of eligible participants to fill available slots upon the following criteria—~~

- ~~1. Degree of disability;~~
- ~~2. Total disability-related costs (e.g., assessing whether the expenses are low enough that the client's income could suffice or that the expenses are so high that the program's \$300 maximum would be insufficient to allow for continued independence);~~
- ~~3. All other points of eligibility described in this chapter (e.g., income, availability of other support services); and~~
- ~~4. Potential for institutionalization without support.~~ Remains in section 2.003 as modified.

~~2-001.03C Waiting List: Once the number of available slots has been filled, other eligible applicants who applied during the prescribed application period will be placed on a waiting list based upon the date the application was received. When a person filling a slot is determined ineligible for continued support, the Department shall review the next application on the waiting list; request additional information as necessary; and compare the needs to the criteria used for other current participants. If the first person on the waiting list meets the criteria, the Department shall offer support to that applicant for the balance of the program year. If that person does not meet criteria, the Department shall consider the next applicant, and so on, until the slot is filled.~~

~~Example: The Department may establish 40 slots available for the program year October 1 through September 30. Applications might then be accepted August 1 through September 15. The 40 applicants with the highest needs, based upon established criteria, would be eligible beginning the next October 1. If a person filling a slot moves out of Nebraska, the needs of the first person on the waiting list would then be considered.~~ Remains in section 2.004 as modified.

~~2-001.03D Late Applications: Applications received after the open application period will be returned to the applicants with a notice of the next open application period. The Department shall provide only information and referral service to these applicants in an effort to ensure that their needs are met by other available programs.~~

2-002 Application Process

~~2-002.01 Request: Any individual may request an application for himself/ herself or as representative for another person. All applications will be provided through Central Office and may be requested directly from Central Office or through a local office of the Department of Social Services.~~ Remains in section 2.005 as modified.

~~2-002.02 Local Office Activities:~~ Local offices shall accept all requests for DPF Support applications and forward to the Department's Central Office staff.

Local office staff shall assist potential clients to complete the application, as requested.

~~2-002.03 Central Office Responsibilities:~~ Central Office staff shall-

- ~~1. Mail an application to each person requesting one;~~
- ~~2. Answer questions to facilitate application;~~
- ~~3. Evaluate each completed application to determine eligibility;~~
- ~~4. Notify each applicant in writing when a decision is reached; and~~
- ~~5. Maintain a waiting list of eligible applicants, as appropriate.~~
- ~~6. Provide the opportunity for a fair hearing (see 472 NAC 4-004); and~~
- ~~7. Provide information and referral to any applicant whose request for assistance under this program is denied.~~

~~2-002.04 Application Form DPF-3:~~ Form DPF-3, "Service and Device Application (multi-agency form)," contains the information used by Department staff to determine program eligibility. The application requires general information, medical information, income information and verification, verification of need, and evaluations from other support programs. The applicant shall ensure that the completed application includes all necessary information.

~~2-002.05 Citizenship/Legal Presence:~~ To be eligible for the Disabled Persons and Family Support (DPFS) Program, an applicant shall be a citizen of the United States of America or a qualified alien under the federal Immigration and Nationality Act and be lawfully present in the United States, as required by Neb. Rev. Stat. § 4-108 to 4-112.

- ~~1. Attestation:~~ The applicant shall attest that s/he is a citizen of the United States of America or that s/he is a qualified alien under the federal Immigration and Nationality Act, 8 USC 1101 et seq., as such act existed on January 1, 2009; and is lawfully present in the United States. The applicant shall provide his/her immigration status and alien number, and agree to provide a copy of his/her United States Citizenship and Immigration Services (USCIS) documentation upon request.
- ~~2. Verification:~~ For any applicant who has attested that s/he is a qualified alien under 472 NAC 2-002.05, eligibility for benefits shall be verified through the Systematic Alien Verification For Entitlements Program. Until verification of eligibility is made, the attestation may be presumed to be proof of lawful presence unless the verification is required before providing the public benefit under another provision of state or federal law. **Remains in section 2.003 as modified.**

2-003 Needs Assessment

2-003.01 Medical Need: Each applicant shall submit Form DPF-2, "Disabled Persons and Family Support Disability Report," or other medical report containing similar information with Form DPF-1 to verify that s/he meets the program definition of disability. The medical information supplied must support the applicant's request for assistance.

2-003.02 Alternate Support Programs: The assistance provided by the DPF Support Program is supplemental to any other support program for which the applicant is eligible. The applicant shall

1. Submit current program plans if currently receiving support from a service program, as requested;
2. Describe any support received in the past from any service program;
3. Report any instance when an application for service was denied;
4. Apply to all appropriate resources not previously explored; and
5. Accept any appropriate support offered through another program.

2-003.03 Other Available Resources: The Department may determine ineligible applicants who have

1. Family members or caretakers who can meet identified needs;
2. Other relatives, friends, or volunteers who will provide identified needs at no cost; or
3. Access to financial resources sufficient to meet their needs.

2-003.04 Disability-Related Expenses: When determining the applicant's need for this program, Department staff shall consider disability-related expenses above and beyond those incurred in a non-disabled household. This includes, but is not limited to

1. Additional health insurance costs;
2. Transportation (e.g., automobile modification or payment for ambulance travel if required by the disability);
3. Medical costs;
4. Tools required for employment which are specially adapted to the applicant's disability; and
5. Attendant care costs. Remains in section 2.006 as modified.

2-004 Financial Eligibility: The Department shall not provide support under this program to individuals or families whose total gross monthly income exceeds Nebraska's 1989 median family income, adjusted for size as follows:

<u>Family Size</u>	<u>Gross Monthly Income</u>
1	\$1,364
2	1,784
3	2,203
4	2,623
5	3,043
6	3,463
7	3,541
8	3,620
9 or more	3,699

2-004.01 Sources of Income: Department staff shall consider the following sources of income in determining gross monthly income:

1. Aid to Dependent Children (ADC);
2. Supplemental Security Income (SSI);
3. State Supplemental Payment;
4. Gross wages/salary - total money earnings received for work as an employee, including wages, salary, armed forces pay, earnings through a work incentive program, work study, VISTA, commissions, tips, piece rate payments, and cash bonuses earned before deductions are made for taxes, bonds, pensions, union dues, and similar purposes;

5. In-kind income received in lieu of wages;
6. Job Training Partnership Act funds considered as employment;
7. Social Security or Railroad Retirement - pensions, survivor's benefits, and permanent disability insurance payments made by the Social Security Administration or Railroad Retirement Board (consider amount before deductions for medical insurance);
8. Dividends - includes dividends from stockholdings or membership in associations;
9. Interest - on savings or bonds, averaged over the period earned;
10. Earned income credit (EIC) and advanced earned income credit (AEIC);
11. Estates;
12. Trust funds;
13. Rentals - net income from rental of a house, store or other property;
14. Land lease income;
15. Boarders - net payments from boarders or lodgers (if self-employed, see item 29);
16. Royalties - net royalties;
17. Retirement pensions - retirement or pension benefits paid to a retired person or his/her survivors by a former employer or by a union, either directly or through an insurance company;
18. Veteran's pensions - money paid by the Veteran's Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, and "refunds" paid to ex-servicemen as G.I. insurance premiums;
19. Military allotments;
20. Picket or strike pay;
21. Green Thumb income;
22. Contributions;
23. Lump sum payments, e.g., child support or Social Security;
24. Annuities - annuities or insurance;
25. Unemployment compensation - compensation received from government insurance agencies or private companies during periods of unemployment;
26. Workers' compensation - compensation received from private or public insurance companies for injuries incurred at work;
27. Court-order alimony and child support (i.e., cash or direct or indirect payments made on behalf of the family);
28. Net income from farm self-employment - gross income minus operating expenses from the operation of a farm received by a client as an owner, renter, or sharecropper. Gross income includes the value of all products sold, government crop loans, money received from the rental of farm equipment to others, and incidental receipts from the sale of wood, sand, gravel, and similar items. Operating expenses include cost of feed, fertilizer, seed, and other farming supplies, cash wages paid to farmhands, depreciation charges, cash rent, interest on farm mortgages, farm building repairs, farm taxes (not state and federal income taxes), and similar expenses. The value of fuel, food, or other farm products used for family living is not included as part of net income; and

29. Net income from nonfarm self-employment – gross income minus expenses from one's own business, professional enterprise, or partnership. Gross income includes the value of all goods sold and services rendered. Expenses include costs of goods purchased, rent, heat, light, power, depreciation charges, wages and salaries paid, business taxes (not personal income taxes), and similar costs. The value of salable merchandise consumed by the proprietors of retail stores is not included as part of net income.

The applicant shall submit all required income verification.

2-004.02 Income Exclusions: Department staff shall not consider the following income sources in determining gross monthly income:

1. Money received from participation in the Foster Grandparent Program authorized by the ACTION Program;
2. Money awarded by the Indian Claims Commission or the Court of Claims;
3. Alaska Native Claims Settlement Act payments (to the extent that these payments are exempt from taxation under section 21(a) of the Act);
4. Money received from sale of property such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property in which case the net proceeds would be counted as income from self-employment);
5. Withdrawals of bank deposits;
6. Money borrowed;
7. Tax refunds;
8. Gifts;
9. Lump sum inheritances or insurance payments;
10. Capital gains;
11. The value of the coupon allotment under the Food Stamp Act of 1964, as amended;
12. The value of USDA donated foods;
13. The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended;
14. Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
15. Earnings of a child age 13 or younger;
16. Loans and grants (such as scholarships) obtained and used under conditions that prohibit their use for current living costs;
17. Any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Act;
18. Home produce used for household consumption;

19. Payments received through the Job Training Partnership Act (JTPA) for:
 - a. Title IIB, Summer Youth Employment; and
 - b. Classroom training, e.g., tuition and books (Payments to meet living expenses while attending school are considered income.); and
20. Reimbursement from the Senior Companion Program.
Remains in section 2-007 as modified.

~~2-005 Support Services:~~ The Department may authorize support for disability-related expenses. Examples include, but are not limited to—

1. Architectural modification of a home to remove barriers;
2. Attendant care;
3. Disability-related counseling or training;
4. Expenses incurred during evaluation or treatment;
5. Home health care;
6. Housekeeping services for disabled adults;
7. Payments for health services;
8. Purchase or lease of special equipment;
9. Respite care; and
10. Transportation;

Remains in section 2-008 as modified.

~~2-006 Maximum Support:~~ The support provided through this program must not exceed \$300 per family or disabled person per month, averaged over the number of months in the eligibility period. The Department shall determine the maximum monthly expenditure for each case based on need and available funds. This maximum does not prohibit the use of other resources to meet total support costs.

Remains in section 2-009 as modified.

~~2-007 Method of Provision:~~ Support may be provided directly to—

1. The family or disabled person; or
2. Qualified programs and services.

Remains in section 3-005 as modified.

(See 472 NAC 4-002.)

~~2-008 Forms and Instructions:~~ The following forms are used in the DPF Support Program:

1. Form DPF-3, "Service and Device Application (multi-agency form)" (472-000-1); and
2. Form DPF-2, "Disabled Persons and Family Support Disability Report" (472-000-2).

TITLE 472 DISABLED PERSONS AND FAMILY SUPPORT PROGRAM

CHAPTER 3 AUTHORIZING SUPPORT AND PAYMENT

001. NOTICES. Applicants and recipients are sent adequate notice of eligibility decisions within 30 calendar days of the Department's receipt of application. Recipients are also sent notices when services are to be reduced, added, or terminated.

001.01 TIMELY NOTICE. A notice of case action dated and mailed at least ten calendar days before the date the action becomes effective. A timely notice must be issued, unless only adequate notice is required, if services are to be reduced or terminated before the current authorization period ends.

001.02 SITUATIONS REQUIRING ADEQUATE NOTICE. In some instances, timely notice is not needed, but adequate notice is still required. A notice is sent to the recipient no later than the action's effective date. Consult the Guidance Document for a complete listing of these situations.

001.03 NOTICE NOT REQUIRED. The recipient will not receive a notice of action when:

- (A) The Department learns of a recipient's death;
- (B) The applicant or recipient is committed to an institution or admitted to a nursing home on a long-term basis;
- (C) The applicant or recipient's whereabouts are unknown; or
- (D) The authorization period is ending and the recipient has not acted upon a request for renewal information.

002. FUNDING COORDINATION. The program may share costs of services not fully covered by non-Medicaid covered programs. The recipient is responsible for any costs over the amount authorized by the program.

003. APPEALS. Every applicant, recipient, or their authorized representative, has the right to appeal.

003.01 APPEAL RIGHTS. An applicant, recipient, or their authorized representation may appeal based upon the following:

- (A) Denial of program application;
- (B) Suspension of program services;
- (C) Reduction of program services;
- (D) Termination of program services;
- (E) Inaction or belief that the Department's action was erroneous; or

(F) If the Department determines an overpayment has occurred.

003.02 APPEAL TIME LIMITS. The applicant, recipient, or authorized representative must request a fair hearing within 90 calendar days following the date the notice of adverse action is mailed. If the appeal request is due to inaction, the request for a fair hearing must be within 90 calendar days of the date the application was signed. This request must:

(A) Include a short, timely, and accurate summary of the Department's action being appealed;

(B) Describe the reason for the appeal; and

(C) Be sent to the Nebraska Department of Health and Human Services Hearing Office.

003.03 CONTINUED SERVICE DURING APPEAL. If an appeal is requested in writing within 10 calendar days following the date the Notice of Action was mailed, the Department will not carry out the adverse action until a fair hearing decision is made, except when the adverse action is a denial of eligibility.

004. LOCATING AND MONITORING PROVIDERS. Recipients are expected to self-direct their care. This includes locating providers, interviewing, hiring, directing and monitoring the quality of service provision.

005. ELIGIBILITY PERIODS AND PAYMENTS. Eligibility begins the first day of the month the recipient is determined eligible and may continue until the last day of the 12th month.

005.01 ELIGIBILITY AND SERVICE PLAN. The eligibility period and service plan must be in place before services are authorized.

005.02 SUPPORT PAYMENTS. The Department and the recipient must agree whether support payments are to be provided directly to the recipient, the authorized representative or as vendor payments to providers of authorized Program services.

005.03 REFUNDS. In the event of an identified payment mistake or overpayment the Department may pursue a refund. The party receiving the incorrect payment will cooperate with the Department to refund the amount paid by mistake.

005.04 CLAIMS. Claims shall be paid in accordance with the Nebraska Prompt Payment Act, Neb. Rev. Stat. § 81-2401 et seq.

005.05 AUTHORIZED AMOUNT OF SERVICE. Regardless of the total service amount submitted, the Department will not pay more than authorized to the recipient.

005.06 NOTIFICATION OF PAYMENT ERROR. Providers and recipients must notify the Department of any payment received in error and refund the payment

006. BILLING INSTRUCTIONS. The Department supplies recipients and providers with billing forms. The approved form must be completed, signed and dated according to instructions found on the billing document. The recipient and provider are responsible for complying with the following:

- (A) Recipients must review and approve billing document accuracy before submitting the billing to the Department for payment;
- (B) Billing documents not supported by proper documentation, signature or other required itemized detail may be rejected. The provider, recipient or authorized representative will receive notification from the Department the claim cannot be paid as submitted. The provider and recipient have 15 calendar days from the date of notification to correct identified errors and resubmit the corrected claim;
- (C) Recipients or providers must submit billing documents, and receipts if required, within 60 calendar days of the last day of the month service was provided or the billing document will not be paid;
- (D) The date a Department approved billing document is signed by the recipient or authorized representative must be on or after the last date of service. The provider must sign and date the Department approved billing document on or before the date of the recipient's signature, after services are provided;
- (E) Submit to the Department charges that do not exceed recipient's service authorization;
- (F) Submit claims that are true, accurate, and complete;
- (G) Each provider must submit a separate billing document;
- (H) Recipients or providers must submit billings no more than once a month after all Program services have been provided for the month;
- (I) Billing document may be submitted on any day of the month after the last day eligible service for the month has been provided; and
- (J) Submit claims electronically when possible.

007. PAYMENT REFUNDS. The Department may request a refund when there is a Department mistake in a payment made or when there is verified fraud by the recipient, the recipient's authorized representative, or a provider.

007.01 REFUND REQUEST. When the Department provides a written notification for a refund request of all or part of a paid claim, whomever was paid or reimbursed by the Department must respond within days 30 calendar days of the dated written notification to make arrangements to repay the amount owed or dispute the requested refund amount.

007.02 FAILURE TO RESPOND. The notified party's failure to respond within 30 calendar days is cause for the Department to recoup from future payments until the situation is resolved or to sanction the party that did not comply with the refund. The refund request notification constitutes notice of the sanction to recoup from future payments if the notified party does not respond within 30 calendar days of the notification.

007.03 PAYMENT OF REFUND. The provider or recipient, whomever was paid or reimbursed by the Department, is allowed 90 calendar days from the date of the notification to refund the amount requested, to show that the refund has already been made, or to document why the refund request is in error or to appeal.

007.04 OVERPAYMENT AS A RESULT OF FRAUD. When the overpayment appears to be the result of fraud, the case will be referred to the Special Investigation Unit, within the Department.

Chapter 3-000 — DPF SUPPORT PROVIDERS

~~3-001 — Locating Providers: Clients shall locate their own providers. The Department may refer eligible clients to community resources with expertise in the appropriate area.~~ Remains in section 472 NAC 3-004 as modified.

~~3-002 — Contracts: Clients may be required to contract with the approved provider(s) they will be using. Form DPF-3, "Disabled Persons and Family Support Provider Contract," may be used. The client shall submit a copy of the signed contract to the Department before Department funds may be paid to that provider.~~

~~3-003 — Provider Approval: To be approved by the Department as a provider under this program, each provider shall meet any applicable local, state, and federal laws and regulations.~~ Remains in section 472 NAC 3-004 as modified.

TITLE 472 - THE DISABLED PERSONS AND FAMILY SUPPORT PROGRAM
CHAPTER 4 - (Repealed)

Chapter 4-000 — AUTHORIZING SUPPORT

4-001 — Notices: Based on eligibility factors, the needs assessment, and available funds, the Department shall select clients for the DPF Support Program. Central Office staff shall notify each applicant in writing when s/he has been determined—

1. Eligible to participate in the program. The notice identifies the type(s) of support for which the individual/family is eligible;
2. Eligible for participation, but placed on a waiting list due to insufficient funds; or
3. Ineligible for participation. **Remains in Section 472 NAC 2-002 as modified.**

4-002 — Payments: The Department and the disabled person or family shall agree whether support payments should be provided directly to the client or family or as vendor payments to qualified providers. **Remains in Section 472 NAC 3-005 as modified.**

4-002.01 — Payment to the Client: If payments are to be made directly to the family or disabled person, s/he shall sign and submit an itemized bill or receipt, signed also by the provider, showing the amount(s) owed or paid to the approved provider(s)—

The amount billed by the client must be consistent with the corresponding contract submitted to the Department, if one was required. Regardless of the total disability-related expenses, the Department's payment must not exceed the maximum dollar amount allowed the client. **Remains in Section 472 NAC 3-006 as modified.**

Note: DPF Support payments made directly to the client might be considered as income by other assistance programs.—

4-002.02 — Payment to the Provider: If payments are made directly to qualified programs and services, the provider shall submit an itemized statement which—

1. Describes the support provided;
2. Includes the dates of service; and
3. Is signed by the client.—

The amount billed by the provider must be consistent with the contract submitted to the Department. Regardless of the total disability-related expenses, the Department's payment shall not exceed the maximum dollar amount allowed the client. **Remains in Section 472 NAC 3-005 as modified.**

4-002.03 — Frequency of Payments: The client and the provider shall determine an appropriate billing schedule which must be stated in the contract.—

Department staff shall review the bill/receipt and issue a check in a timely manner. **Remains in Section 472 NAC 3-006 as modified.**

~~4-003 Eligibility Periods:~~ The Department shall establish eligibility periods for participants with ongoing needs. (See also 472 NAC 2-003 for non-employed clients who do not reside with caregiver relatives.) **Remains in Section 472 NAC 3-005 as modified.**

~~4-003.01 Reporting Changes:~~ Each disabled person or head of a family receiving support under this program shall immediately report any change in income, need, or provider to the Department. **Remains in Section 472 NAC 2-002 as modified.**

~~4-003.02 Notice of Adverse Action:~~ The Department shall provide written notice to the client at least ten calendar days in advance of the effective date if support is to be reduced or terminated before the current authorization period ends. **Remains in Section 472 NAC 3-001 as modified.**

~~4-004 Right to Appeal:~~ Any disabled person or family who is denied support or whose support is to be reduced or terminated under this program may appeal by requesting a fair hearing in writing within 90 days of the date of the written notice or alleged inaction. This request must—

- ~~1. Include a short summary of the Department's action being appealed; and~~
- ~~2. Describe the reason for the appeal; and~~
- ~~3. Be sent to the Director of the Nebraska Department of Social Services.~~

~~The Department shall handle the appeal and fair hearing according to the policies in 465 NAC 2-006.~~ **Remains in Section 472 NAC 3-003 as modified.**

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