LR 33-2015 ACCESSNebraska Special Investigative Committee

Report to the Legislature
December 15, 2015

Chair, Senator Sara Howard,
Vice Chair, Senator John McCollister
Senator Joni Craighead
Senator Sue Crawford
Senator Matt Hansen
Senator Merv Riepe
Senator John Stinner

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Executive Summary

Legislative Resolution 33 was introduced during the 2015 Legislative Session to continue the ACCESSNebraska Special Investigative Committee that was originally created in 2014 through LR 400. The Committee has monitored the progress of ACCESSNebraska as it continues to address the many challenges presented since the inception of the Universal Case Management System away from a system of assigned caseworkers. When concerns were first presented about the ACCESSNebraska program to the Legislature, there was a systematic denial of any trouble within the system from the Nebraska Department of Health and Human Services (DHHS). It was not until ACCESSNebraska began to fail to meet federal guidelines, (specifically those set by the USDA for the SNAP program, the result of which were penalties, increased federal oversight and an ongoing lawsuit) that Nebraska officials conceded that there was a significant problem with the program.

There have been a number of legislative bills and resolutions introduced to try and help correct issues experienced at ACCESSNebraska, resulting in the 2014 special legislative investigative committee. The goal of the committee is not to police ACCESSNebraska, but to offer a way for members of the Legislature to better understand the program and provide mindful oversight. The intent of the committee is to facilitate conversations about what the future of the program might be and what improvements can be made.

Through a series of meetings, an employee survey, a public hearing and site visits to ACCESSNebraska Customer Service Centers and ANDI Centers the senators on this committee have gained a clearer view of operations at ACCESSNebraska. They have come to understand the improvements that are being made, but also ones that are still needed.

The committee approaches this report with cautious optimism. **While ACCESSNebraska works to improve operations, significant strides have been noted.** When LR 400 was originally introduced in 2014, according to the USDA, Nebraska had fallen to the 50th place in timeliness rates for processing SNAP applications. At the time of this report being issued, Nebraska has moved up to 32nd in state rankings of timeliness of applications. **Call wait times that were averaging 23 minutes at an all-time high, are now averaging under 4 minutes.**

While the structure of programs administered by ACCESSNebraska remain relatively stable, eligibility requirements, paperwork and recertification processes continue to change. This can make it difficult for clients, caseworkers and others to keep up with policies and procedures as they respond to both federal and state modifications. ACCESSNebraska still works to improve the process for employees to be efficient in their use of time and how changes are communicated to frontline workers. **It is important for ACCESSNebraska to keep their employees informed and properly trained to be of the best assistance to clients.**

The committee determines that ACCESSNebraska is making significant improvement in areas of call wait times, timeliness of application processing, and improved employee morale. However, it is imperative that the Department of Health and Human Services continue to place focus upon improving operations, efficiency and the timely delivery of benefits to the Nebraskans who rely on them every day.

The Committee's recommendations are summarized as follows:
- Continue to focus on cross-sharing of documents and proper training of employees to continue to reduce call wait times and complete calls in a timely manner;
- Create contingency plans for computer and calling system malfunction in order to avoid a disruption in service for clients and report to the Legislature by March 1, 2016 on these plans;
- Continue to explore opportunities for funding to update technology;
- Develop succession planning for key employee roles within ACCESSNebraska, and;
- Continue to address the backlog of fraud complaints and develop better monitoring procedures to address them in a timely manner.
- Along with the continued survey of ACCESSNebraska employees, the development of a customer survey and stakeholder input process.
- Maintain one more year of legislative oversight for ACCESSNebraska by continuation of a Special Oversight Committee to support an ongoing dialogue and to ensure continued improvement of the system;

Introduction and Objective of LR 33

Legislative Resolution 33 was introduced on January 20, 2015 during the One Hundred Fourth Legislative Session by Senator Bob Krist, Legislative District 10. LR 33 had a public hearing on February 6, 2015 before the Executive Board of the Legislature where stakeholders and supporters of the resolution testified that they believed more investigation and oversight was needed of the ACCESSNebraska system. The resolution was advanced to the full legislature and signed by the Speaker of the Legislature on March 2, 2015.

On March 9, 2015 the Executive Committee of the Nebraska Legislature appointed the 2015 ACCESSNebraska Special Investigative Committee. Those senators included are Senator Sara Howard (Chair), Senator John McCollister (Vice Chair), Senator Joni Craighead, Senator Sue Crawford, Senator Matt Hansen, Senator Merv Riepe and Senator John Stinner.

As background, LR 33 was introduced in continuation of LR 400 (2014) that created the ACCESSNebraska Special Investigative Committee to conduct a review of ACCESSNebraska. ACCESSNebraska is Nebraska's system for managing eligibility for public benefits that has been plagued with issues since its inception in 2008. The 2014 ACCESSNebraska Special Investigative Committee was chaired by Senator Annette Dubas and a report to the Legislature was released on December 15, 2014. The LR 400 (2014) report documented a highly troubled and ineffective system that had allowed the State of Nebraska, who was previously a leader, to fall to the bottom of state rankings of efficiency in the delivery of public benefits throughout the United States.

Such issues included long call wait times, lost documentation, erroneous public assistance decisions, challenges with staffing and a general difficulty for clients to receive assistance in a timely manner. Due to the report of LR 400 on the state of ACCESSNebraska, the Nebraska Legislature felt it was important to continue oversight and investigation as the Department of Health and Human Services worked to improve operations and outcomes.   In August of 2014, Nebraska Appleseed along with the National Center for Law and Economic Justice filed an ongoing class action lawsuit against Nebraska Department of Health and Human Services (DHHS) administrators claiming a systematic failure to process SNAP applications in a timely

manner. In response to the lawsuit and other issues, the Department of Health and Human Services developed a quality improvement plan to address the above stated issues.

The 2015 ACCESSNebraska Special Investigative Committee established a work plan that would include three main components to the committee's work over the interim. 1) A public hearing with invited testimony by stakeholders to give input on improvements and areas that still need focus since the release of the LR 400 report. 2) Site visits to all of the ACCESSNebraska call centers and the document and imaging (ANDI) centers for committee members to get a better grasp of how ACCESSNebraska processes applications for public benefits, handles customer service and documents. 3) A survey conducted by the Ombudsman of current ACCESSNebraska employees to get their input. The 2015 employee survey given was an updated version of the survey given in 2014 to allow for a year to year comparison.

The ACCESSNebraska Special Investigative Committee also committed its staff to attend regularly scheduled meetings with officials at DHHS and ACCESSNebraska to establish communication and information sharing of progress made. This includes attendance at weekly ACCESSNebraska management team meetings where progress updates are shared.

In this report it is the intent of the committee to show the progress made and challenges still presenting themselves at ACCESSNebraska.

History of ACCESSNebraska

In 2008[1], Nebraska began the modernization of its public benefits delivery system through the implementation of ACCESSNebraska. ACCESSNebraska significantly changed the way low-income Nebraskans access public assistance programs by shifting from a local, in-person office system to a call center system. The benefit delivery system in place prior to ACCESSNebraska was implemented in the 1970's. Under that plan, the state was divided into five service areas, each working independently. Applications and documentation were stored in hardcopy files and applicants were assigned to caseworkers. The caseworker handled all aspects of the applicant's case from applications to case maintenance. Each caseworker would know their client's circumstance and advise him or her accordingly.

Several downsides to the previous system included:
- Each of the service areas operated differently, as a result there were inconsistencies in service delivery.
- If a caseworker was unavailable due to illness or vacation, there was potentially no one to answer questions or assist with an individual's case.
- As workers left employment or as clients moved, case files would have to be boxed up and physically transported to new workers. The system lacked transparency and was completely inefficient.

Children and Family Services (CFS), requested a project plan be developed by July 15, 2008 to reform Nebraska's public benefits delivery system. It was presented and approved by Governor Heineman in September 2008. The proposed model contained 4 key components: Web Services, Document Imaging, Customer Service Centers and Universal Case System Management. This would include transitioning away from the individual caseworker model and a local office system to the universal case system. This proposal touted streamlining operations thus making it more convenient for those accessing services and applying for benefits.

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[1] This section contains condensed information regarding the history of ACCESSNebraska that was originally released in the LR 400 ACCESSNebraska Special Investigative Committee Report. For a full history please view the LR 400 report at http://www.leg.ne.gov/pdf/reports/committee/select_special/lr400_2014/lr400_2014.pdf.

At a 2008 briefing, The Nebraska Department of Health and Human Services (DHHS) stated that they believed by transitioning to this model, the state would see a savings up to $8.5 million a year in operating dollars and reduce staffing by 25-27 percent. The cost of implementing ACCESSNebraska was done using federal funds; more specifically bonus dollars and matching funds therefore ultimately saving the state from expending general funds.

Modernizing Nebraska's public assistance delivery system had the potential to increase access to services for low-income Nebraskans by creating opportunities to apply for and maintain assistance electronically. However, since its inception, ACCESSNebraska has had serious problems which have created barriers for clients to enroll in and maintain public assistance, including lost documentation, long wait times, and never being able to talk to the same employee twice. Several legislative efforts have been attempted to address these problems. Historically, while DHHS has testified on many occasions in front of both the Health and Human Services Committee as well as the Appropriations Committee, they have never fully acknowledged the problems facing ACCESSNebraska.

Since 2008, there have been two critical shifts in the structure of ACCESSNebraska. Initially ACCESSNebraska was exclusively a call center model. The reintroduction of the local office model in 2013 now serves as a complement to the call centers. For instance if call center volume is high in Scottsbluff, sometimes calls will be rerouted to the local office in Gering, NE. Local offices give the ability for clients to choose to speak to a caseworker in person or deliver documents by hand. The second shift that occurred, also in 2013 was breaking off Medicaid and Long-Term Care from Economic Assistance in the call center model. There are now call centers that are devoted to serving MLTC and EA separately. While this shift was helpful for those who had more expertise with certain programs, it may serve as a barrier for clients. If a client receives assistance from both the MLTC and EA programs they would have to speak to at least two different caseworkers and may have to submit the same verification more than once.

Technology

LB 1160, passed during the 2012 Legislative Session, addressed the State of Nebraska's lack of adequate technology in addressing issues related to the child welfare system. As part of that legislation, DHHS was required to develop a web-based statewide automated child welfare information system. Also as part of that plan, DHHS commissioned the Ummel Group International, Inc. to conduct an independent study of the current system. N-FOCUS is an integrated computer system developed in the 1990's by DHHS[2]. It supports most of the programs offered by the Department, including child welfare, foster care, adoption, as well as ACCESSNebraska. The report, issued in November of 2012 called the N-FOCUS system an "information-rich environment," but the reporting and analysis is out-of-date and cumbersome." The report noted that N-FOCUS is based on decades-old technology and considered the system "archaic."

The Ummel Report offered several alternatives as to how the state can move forward in modernizing its technology system. However, the state chooses to move forward, the effect on ACCESSNebraska and its functionality must be considered.

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[2] This section references the State of Nebraska Child Welfare Information System Strategic Plan presented by the Ummel Group which may be found here:
http://nebraskalegislature.gov/FloorDocs/102/PDF/Agencies/Health_and_Human_Services__Department _of/301_20121130-164337.pdf

Legislative Efforts

During the 2012, 2013 and 2014 Legislative Sessions, four key pieces of legislation were introduced:

- LB 825 (Dubas, 2012, Signed into law April 18, 2012)-A bill to require DHHS to hire additional workers and staff local offices to address excessively long call wait times;
- LR 551 (Conrad, 2012, Hearing October 16, 2012)-Interim study to assess the effectiveness of ACCESSNebraska for clients, community-based partners, and workers using qualitative and quantitative analysis to consider the efficacy of an entirely call center based system;
- LB 309 (Bolz, 2013, Indefinitely Postponed April 17, 2014)-A bill that would streamline the application and recertification processes of ACCESSNebraska programs to ensure clients could access benefits in a timely fashion;
- LR 400 (Dubas, 2014, Adopted March 7, 2014)-Create the ACCESSNebraska Special Investigative Committee of the Legislature to do an in-depth review of the program.

In each of the committee hearings for both LB 825 (Health and Human services Committee Hearing January 25, 2012) and LB 309 (Health and Human Services Committee Hearing March 14, 2013), DHHS testified in opposition to the bill stating that circumstances were improving at ACCESSNebraska. During the hearing for LR 551, Senator Conrad shared multiple examples of how ACCESSNebraska was failing its clients despite the Department's assurances that they were making changes that would correct the inefficiencies that they were experiencing. These examples included complaints about long call wait times, lost documentation, and resulting lapses in coverage for otherwise eligible clients.

In 2014, Senator Annette Dubas introduced LR 400 that created the ACCESSNebraska Special Investigative Committee. The resolution charged the committee with examining the adequacy of staffing and training, technology, effectiveness of the processes and structures used by the system and the need for new additional data collection. The committee would also look at actual experiences of clients with ACCESSNebraska.

Performance Audit

In 2013, the Legislative Performance Audit Committee[3] directed its Audit Office to conduct an analysis of ACCESSNebraska. Key findings of the audit included:

- Recent average call wait times for four of five categories of calls were much higher than the DHHS goal of an average of three minutes or less.
- During the one-year period that ended in August 2013, average wait times for answered and abandoned calls increased more than 50 percent.
- Only one of five categories of calls met the DHHS goal of a call-abandonment rate of 10 percent or less. The other four categories had rates two to three times higher than the goal. Those categories include, Family Change, Family Interview, Adult Change, Adult Interview and Case Aides.
- DHHS is not in compliance with the statutory requirement in LB 825 that it contract with community-based organizations to assist ACCESSNebraska clients.

In addition, the audit identified four characteristics of successful call management systems from Karissa Hughes' "Review of the Research: Call Centers and Web-Based Eligibility Systems,"

- The number of tasks completed in a month by an individual, a unit and the service center as a whole increases;
- Workers understand and approve of how tasks are assigned;
- Staff work together to complete a common goal and strive to keep the common workload manageable;
- And supervisors have confidence that staff will seek out tasks rather than having to push tasks upon them.

Finally, Hughes makes a number of recommendations based on other states experience. Some of them include:

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[3] The report of the Performance Audit Office on the efficiency and effectiveness of ACCESSNebraska can be viewed here: http://www.leg.ne.gov/pdf/reports/audit/hhs_access2013.pdf

- Increase access points in the community with combined community partnership (Florida);
- Measure and respond to customer volume (Idaho);
- Implement new systems gradually; use pilots and bring up the system in multiple stages (Utah);
- Involve your customers, e.g., through customer surveys (Washington).

Lawsuit-Leiting-Hall v. Phillips

In August 2014, Nebraska Appleseed, along with the National Center for Law and Economic Justice, filed an ongoing class action lawsuit against The Nebraska Department of Health and Human Services administrators challenging the Department's systemic failure to process SNAP applications in a timely manner. Under federal law, SNAP applications must be processed in 30 days for regular, initial applications or 7 days for emergency assistance. The case was filed on behalf of two clients: a working single mother applying for SNAP for herself and her son and a mother applying for SNAP for herself, her husband, and two small children. At the time of filing, roughly 30% of all applicants waited beyond the federally mandated timelines to receive assistance.

A plaintiff class of SNAP applicants has been certified in this case. Additionally, the plaintiffs filed a motion for a preliminary injunction this spring, 2015 and are awaiting a decision from the court on this motion. In this motion, the plaintiffs explain that, although the Department has made progress in the timely processing of initial SNAP applications, there are serious concerns about whether recertification applications are being timely processed. Additionally, the plaintiffs argue that the Department has not demonstrated that any progress made is a sustainable, durable remedy for the class members.

In partial response to this lawsuit, DHHS implemented a period of mandatory overtime for staff at ACCESSNebraska. All Social Service Workers, Leads and Supervisors would be required to work 5 hours of overtime each week for a 30 day period to bring ACCESSNebraska up to date on the applications that were past due.

At the time of this report, the lawsuit is on-going.

Programs Administered by ACCESSNebraska

There are two areas of service that make up ACCESSNebraska, **Medicaid and Long-Term Care (MLTC)** and **Economic Assistance (EA)**. Of the four customer service centers, two handle MLTC services and the other two assist with EA. Of the two document and imaging centers known as **ACCESSNebraska Imaging Centers (ANDI)**, one site handles primarily MLTC paperwork and the other EA.

Medicaid and CHIP are jointly funded by the state and federal government for those who meet certain eligibility requirements. Certain populations are deemed eligible using modified adjusted gross income (MAGI). Because Nebraska has not expanded Medicaid to individuals below 133% of the Federal Poverty Level, only children, the aged, blind, disabled and the very poor are eligible for this program. .

The **Economic Assistance** programs cover an array of services dealing with assistance to needy families. They are as follows:

Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) is the economic assistance program with the most participation of all ACCESSNebraska programs and is largely funded by the federal government. Benefit amounts are set by the federal government and eligibility is determined using gross income, net income and available resources. The benefit received is based on family size and net income.

Aid to Dependent Children (ADC) provides cash assistance to needy families to prevent the unnecessary removal of children by the state within families living in poverty. ADC is funded in part by the federal block grant known as TANF or Temporary Assistance for Needy Families. The state has a large amount of discretion on how TANF funds may be spent compared to SNAP.
Update: Per LB 607 (2015) - The Legislature began to address the "fiscal cliff" issue within this program by adding a new earned income disregard for ongoing ADC payments and an increase to the payment standard by changing it to a percentage base of income as opposed to a standard amount.

Aid to the Aged, Blind, and Disabled (AABD) was established by the Legislature in 1965 to provide financial aid and medical assistance to those in need who are aged 65 and older, or who are aged 64 and younger and blind or disabled according to Social Security definitions.

Nebraska Low Income Energy Assistance Program (LIHEAP) provides assistance to low income families with the costs of heating and cooling their homes. Eligibility is determined using income and resource guidelines. Unlike other programs, LIHEAP is typically paid directly to the utility company.

Child Care Subsidy (Title XX) assists low-income parents to pay for eligible child care. Income and resource limits are in place.
Update: Per LB 81 (2015) Provides that if at redetermination a family exceeds 130 percent of the FPL, they are eligible for transitional child care for up to 24 months.

State Disability Program (SDP) was established by the Nebraska Legislature in 1976 to provide financial aid and medical assistance to persons who are blind and disabled and who meet the program definition of blindness or disability but do not meet the durational requirements.

Social Service Block Grant (SSBG) provides many different services to the needy. The goal of the block grant is to enable families to stay together; allow elderly individuals and persons with disabilities to remain independent; promote integration in communities for elderly individuals and persons with disabilities; and prevent or remedy abuse and neglect.

Since the release of the LR 400 report in December of 2014, The Department of Health and Human Services has implemented a number of policy and procedural changes to simplify and streamline services to prevent delays or interruption of benefit delivery. Located in the appendices are tables of the following:

- Qualification and Eligibility Requirements for Economic Assistance Programs administered by ACCESSNebraska
- Categorical Qualification and Eligibility Requirements for the Medicaid Program
- Nebraska Medicaid Verification Requirements
- Timeline of Policy Alignment and Simplification Measures for Economic Assistance Programs

Public Hearing

The ACCESSNebraska Special Investigative Committee held a public hearing with invited testimony on July 17, 2015. Numerous stakeholders were invited to testify and give input on their view of areas of improvement and opportunity for ACCESSNebraska.

The Department of Health and Human Services' (DHHS) newly appointed CEO, Courtney Phillips gave a state of affairs on ACCESSNebraska, including the top ten areas for improvement that the Department was focused on. Ms. Phillips was joined by Felix Davidson, Chief Operating Officer for the Governor's Office, Calder Lynch, Director of Medicaid and Long-Term Care, and Tony Green, Acting Director of Children and Family Services.

Ms. Phillips stressed that not only had they spent "considerable" time meeting and talking to staff who are on the front lines of ACCESSNebraska, they also spent time meeting outside stakeholders to gain their perspective on what improvements they believe might be made to the program. At the time of the hearing stabilization was the number one priority. Making critical strategic changes in order to shorten excessive call wait times and improve accuracy were at the top of Ms. Phillps' list.

DHHS in partnership with Felix Davidson of the Governor's office, in concert with a cross-developmental team developed at top ten list to make decisions based on research and data. The list included:

1. A review of mail operations;
2. A review of the Interactive Voice Response (IVR) call routing menus;
3. Employee recruitment and retention;
4. Policy review for areas of improvement;
5. Identifying top 10 reasons that clients call to speak with someone;
6. Examining the amount of time spent on "work tasks" or outside of call based work;
7. Reviewing website content to improve functionality;
8. Workforce management;
9. Streamlining work for employees on the Economic Assistance side;
10. Analyzing data requested for reports and providing it in a more understandable way.

Along with these ten priorities, DHHS felt it important to develop metrics in which to measure success and improvement.   In building the ACCESSNebraska dashboard, this task was being accomplished in an easy to read and transparent way. Each month, the Department publishes the newest analytics to their website and they are viewable by the public. An example of the posted dashboard metrics can be found in the appendices at the end of this report.

The committee had several questions regarding turnover rates for employees, federal timelines for the Supplemental Nutrition Assistance Program (SNAP) and software updates for the Economic Assistance side of the program. In a follow-up letter of July 31, 2015 included in the appendix, the Department noted that the annual average turnover rate was 26.52% but continues to decline. In recent federal reports, the State of Nebraska continues to rise in state rankings for timeliness of applications, from being near the bottom at the height of the ACCESSNebraska troubles, to now in the mid-30's at the time of this report.

Julie Pham of the Ombudsman's Office provided testimony that reviewed the survey of ACCESSNebraska employees that was conducted in 2014. At the time, the Ombudsman's Office was conducting a follow-up survey of employees to measure changes from the original questionnaire. The only difference in the from 2014 to 2015 is that the employees were asked to identify which side of ACCESSNebraska they served, Economic Assistance or Medicaid and Long Term Care. Ms. Pham stated that she expected the survey to be complete in early August and would be sharing the results with the committee at that time.

Other stakeholders that testified included Nebraska Appleseed, Nebraska AARP, Aging Partners, Nebraska Association of Public Employees and the Nebraska Commission for the Deaf and Hard of Hearing. Each of the stakeholders testified that they still are hearing stories of those who are experiencing long call wait times, lost documentation and a lack of accuracy with their case files. However, they state that they see opportunities for improvement and are all willing to put forth effort to make the program a success. The two most prevalent suggestions from stakeholders were to increase funding to ACCESSNebraska that would in turn provide for the second suggestion, which is to hire more workers to handle the excess and overdue applications.

Nebraska Appleseed provided written testimony from a consumer who stated that she still had issues with long wait times, delayed mail service and does not feel comfortable that she does not have a dedicated case worker. One of the other main components of Nebraska Appleseed's testimony was to give a status update on the ongoing class action lawsuit filed by Nebraska Appleseed and the National Center for Law and Economic Justice against DHHS Administrators regarding the failure of processing of SNAP applications per federal guidelines. At the time, a plaintiff class of SNAP applicants had been certified in the case.

The Nebraska Association of Public Employees' (NAPE/AFSCME) representative, Mike Marvin, noted some improvement with employee relations. The union continued to hear of more employee complaints on the Economic Assistance side as opposed to the Medicaid and Long Term Care side, but overall the complaints were down considerably. The chief issue was retention and fluidity of employees. They feel that there are not enough employees to do the bulk of the work and not enough was being done hire new workers. Mr. Marvin noted that in his communication with employees, there was consensus that they were ready and willing to work with DHHS to correct the issues. Employee compensation is another challenge as many workers noted that they did not believe they were paid adequately and Mr. Marvin highly recommended that the Department consider some type of pay incentives.

John C. Wyville, who is with the Commission for the Deaf and Hard of Hearing, noted that persons with hearing deficiencies often called in and said that they were having trouble accessing services through ACCESSNebraska. In their follow-up letter of July 31, 2015, included in the appendix, to the ACCESSNebraska Special Investigative Committee, DHHS stated that they would review their process for delivering benefits for the deaf and hard of hearing.

The hearing was closed after 3 hours testimony. Senators present included Howard (Chair), McCollister (Vice Chair), Craighead, Hansen, Riepe & Stinner. All submitted testimony may be found in the appendices at the end of this report.

Site Visits

Throughout the interim of 2015, the ACCESSNebraska Special Investigative Committee travelled throughout the state to visit each of the customer service centers and the document and imaging centers.

There are four customer service centers located throughout the state in Fremont, Lincoln, Lexington and Scottsbluff. Each customer service center is dedicated to providing customer service to either the economic assistance programs, (EA at Fremont and Lincoln) or the Medicaid and Long Term Care Programs (MLTC, at Lexington and Scottsbluff). There are two document and imaging centers, known as ANDI centers, one in Lincoln that handles primarily EA and the Omaha office which handles MLTC documentation. All senators on the special investigative task force participated in at least one tour and all of the centers were visited.

During the LR 400 study period in 2014, it was noted that there was a sense of frustration among the employees due to difficulties in keeping up with policy changes and extensive workloads. The more recent visits seemed to show a much improved environment with employees feeling much more comfortable in their roles. Recently a website was created as a one stop shop for all ACCESSNebraska employees who work on EA to find current policies and procedures. The Economic Assistance Resource Library (EARL) has been active as of October 2015 with a very positive response from staff.

During the visits to the customer service center, it was noted to senators that call wait times have been reduced by strategic process management by DHHS. Most significantly, ACCESSNebraska has analyzed its staffing system and now each of the centers has no vacancies. For example, during the Fremont visit, DHHS officials said that once the two training classes in progress were complete, the Fremont call center would be fully staffed. Historically, the Fremont call center had the most challenges with employee turnover.

DHHS also utilized workforce management tools to consider when calls are coming in and adjust staffing to respond to call volume (time of day, etc.) and stagger scheduling if needed. For example, call volume is often higher at the beginning of the month, after a holiday or over the lunch hour. Staffing hours were varied to address these peak times. Additionally, DHHS

assigned more experienced workers to more complex cases that would require additional knowledge base on some of the programs. In Scottsbluff staff come in early in Mountain Standard Time to help with extra volume in the eastern half of the state and in Fremont, more workers are scheduled in the morning when call volumes are higher. These modifications show a true responsiveness on the part of DHHS to ensuring a reduction in call wait times for clients.

During the ANDI center visit in Lincoln, employee morale seemed high and they were caught up on scanning for the day. At the ANDI center visit in Omaha, it was noted that just before the Thanksgiving holiday a computer glitch prevented some families from receiving their SNAP benefits on their EBT cards, and that the staff was still recovering from a phone outage at the Fremont call center.

The document and imaging centers often have more open positions at times due to the fact that these are the lowest paid ACCESSNebraska employees. One senator recommended that an evaluation of salary metrics and cost of turnover as a result would be appropriate.

Once documents have been scanned, the indexing function is critical to accuracy and efficiency for the entire Department. It takes close to two months to train an employee to index scanned documents, but also appears that the function is able to be exported out to the field offices if needed to spread work to other areas when there is a backlog. The biggest concern to some senators is the question of what happens in case of a large system failure and how will documents be added to the system in that instance.

Survey of ACCESSNebraska Employees

Survey of ACCESSNebraska Employees

August 11, 2015

Prepared for

ACCESSNebraska Special Investigative Committee of the Legislature

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I. Introduction

In 2014, Senator Annette Dubas, as former Chariperson of the ACCESSNebraska Special Investigative Committee, requested that the Ombudsman's Office conduct a survey of ACCESSNebraska employees. The purpose of the survey was to gather opinions and suggestions for improvement from individuals who worked with the ACCESSNebraska system on a regular basis.

Senator Sara Howard, as current Chairperson of the ACCESSNebraska Special Investigative Committee, has requested a follow-up survey identical to the one conducted in 2014 to determine: 1) whether there have been any changes in employee perspective of the system since last year's ACCESSNebraska survey; and 2) whether the system is effective in serving Nebraskans. This Report will provide a summary of the survey responses as well as a comparison of this year's results to last year's results.

To facilitate the 2015 survey, we asked the Nebraska Department of Health and Human Services (DHHS) to provide a list of all current ACCESSNebraska employees, which resulted in a list of 876 individuals. An invitation to participate in the survey was then sent by email from the Ombudsman's Office to those 876 employees on July 13, 2015. The survey closed on July 27, 2015 with a total of 421 responses.

The results of the survey can be interpreted in multiple ways, and certainly it is up to the Committee to draw the ultimate conclusions on the meaning of this data. Nevertheless, we believe the results of this survey are significant, particularly due to the fact that we received such a high response rate (48%) compared to last year. We would like to highlight some of the patterns we saw in the answers employees provided to a series of multiple-choice questions and open-ended questions. This report combines responses from the two ACCESSNebraska divisions, Economic Assistance (EA) and Medicaid and Long-Term Care (MLTC). We have highlighted major differences between the two divisions only when relevant.

II Questions posed by the Survey

In order to capture any changes in employees' perspectives of the system, this year's survey contained the same questions as the 2014 ACCESSNebraska survey. The questions asked were divided into two parts: multiple-choice questions and open-ended questions.

    a.   **The multiple-choice questions addressed the following topics:**
        i. Employee background (length of time working for DHHS, job title, responsibilities, and work location).
       ii. Training on public benefits programs, telephone skills, and computer system usage.
      iii. Workload and time to perform duties.

 iv. Client interaction on issues such as accuracy of work performed and clients' level of satisfaction.

 v. Serving the elderly population, people with disabilities, people with mental illness, Non-English speaking clients, families, and clients in a crisis situation.

b. The open-ended questions addressed the following topics:

 i. Aspects of the ACCESSNebraska system that are working well, and aspects that need improvement.

 ii. Whether the ACCESSNebraska system is evolving/improving, and whether employees had suggestions for improvement.

III. What the Survey says about the ACCESSNebraska system

A. Employee Background (length of time working for DHHS, job title, responsibilities, and work location)

Last year's survey results showed that 36% of respondents had worked for DHHS ten or more years, while 23% had worked at DHHS two to five years. This year's survey results reflect a 10% increase in respondents who reported employment with DHHS for two to five years. At the same time, it appears there has been a 4% decrease in respondents who have been employed by DHHS for ten or more.

As expected, and similar to last year's survey results, the majority of respondents (75%) work as either Customer Service Center Workers or Local Office Workers.

B. Employee Training (public benefits programs, telephone skills, and computer system usage)

Training in public benefits programs:

Initial training: It appears that the training that new ACCESSNebraska staff receive in the various technical aspects of public benefits programs prior to beginning their regular ACCESSNebraska responsibilities is generally satisfactory. 74% of respondents stated the training was either excellent, more than adequate, or adequate. This is a 2% increase from last year's survey results.

Interestingly, 71% of MLTC respondents who had participated in initial training in public benefits programs within the past year viewed the experience as adequate, while only 40% of EA respondents reported satisfaction. One MLTC respondent who completed initial training within the past six months stated the new worker training was "excellent, but there is a disconnect between training and introduction to the floor, i.e., the actual work."

Ongoing training: Similar to last year's survey results, there has been a drop in the adequacy rating in regards to ongoing training as compared to initial training. Specifically, this year's survey results show that 66% of respondents viewed the ongoing training as either excellent, more than adequate, or adequate. Many of the respondents who indicated low satisfaction in the ongoing training mentioned that processes and procedures change constantly with no notification, but updated training is not being offered. One MLTC respondent stated that "more training and more communication needs to happen for all call center employees and processors. There are differences in how one office works an application or work task from how another local office works them or the call center works them."

It is worth noting the differences between MLTC respondents and EA respondents, in terms of both initial and ongoing training. While the survey results reflect a decrease in the adequacy rating of ongoing training for both divisions, the EA respondents were more satisfied with initial and ongoing training, as compared to MLTC respondents.

Training in phone skills and computer system usage (initial and ongoing): This year's respondents gave higher ratings for both the initial and ongoing training in telephone skills and computer system usage, as compared to the training in public benefits programs.

C. Work Duties (workload and time to perform work duties)

In last year's survey results, respondents reported a high level of dissatisfaction with the sheer volume of their work-tasks. Although a large number of respondents in this year's survey again indicated frustration with work-task volume, there has been a 9% decrease in reports of a consistent backlog in work-tasks. However, the dissatisfaction level concerning work-task requirements is still high at 47%. A similar percentage (52%) of respondents felt they have less than enough time to complete their work-tasks.

It is notable that 56% of EA respondents reported a consistent backlog in work-tasks, as compared to 37% of MLTC respondents who reported the same.

When we compared responses from local offices employees to customer service center employees, 53% of respondents in local offices reported having too many work-tasks, as opposed to 33% of respondents in customer service centers.

D. Client Interaction

Despite the apparent backlog in work-tasks, and the constantly changing policies and operating procedures, ACCESSNebraska employees continue to love their jobs because they feel they are helping the people of Nebraska.

Accuracy of work performed: When asked about the accuracy of work completed, 87% of respondents (which consisted of 92% of EA respondents and 82% of MLTC respondents) selected the response "my work is accurate most of the time." This year's results on this question show a slight increase over last year's results. Further, 97% of respondents who have worked in the EA division for one to two years reported that "my work is accurate most of the time."

While only 4% of respondents reported uncertainty as to whether their work is accurate, many respondents commented in the open-ended section of the survey that if mistakes were made by an employee, then that specific employee would never be aware of the errors because other employees would end up making the necessary corrections. As one MLTC employee explained, "Workers need to be held responsible for their own work. Current policy is the worker who finds the mistake corrects the case and moves on. The worker making the mistake is not told of the error."

Though 87% of respondents felt their work is accurate most of the time, comments made in the open-ended portion of the survey highlighted that the constantly changing procedures and processes contribute to low accuracy rates.

Client satisfaction: 86% of the respondents agreed that the clients are either very satisfied, somewhat satisfied, or satisfied with the service that they receive. This is an increase of 13% in perceived client satisfaction from last year's survey results.

Serving the elderly population, people with disabilities, and people with mental illness: The results of the survey indicated that 43% to 50% of respondents experienced either some, significant, or extreme difficulties in serving the elderly population, people with disabilities, or people with mental illness. This is a slight increase in the frequency of respondents reporting such difficulties, as compared to last year.

Similar to the comment section of the 2014, many respondents in 2015 mentioned that the ACCESSNebraska website and online applications work well for those individuals who are already familiar with computers and the Internet. But people who are elderly, disabled, or who have a mental illness seem to have particular difficulty navigating these online resources and prefer, or need, face-to-face interactions.

Serving non-English-speaking clients: Similar to last year, respondents continue to have difficulties in serving non-English-speaking populations as compared to English speaking clients. 71% of respondents reported experiencing either some, significant, or extreme difficulties encountered in serving the non-English-speaking population. The MLTC respondents reported more difficulties in this area than did the EA respondents.

E. Aspects of ACCESSNebraska that are seen as working well

Not surprisingly, the responses to the open-ended question that asked which aspects of ACCESSNebraska are working well were mixed. Unlike last year, this year's results

show employees are hopeful that things have improved or will get better, and that both EA and MLTC divisions are heading in the right direction. Many respondents attributed the revived energy to the new administration, which they feel is interested in input from employees. One respondent commented that "management is responsive to suggestions from staff on how to improve the system and are implementing these suggestions through PDSA tests and N-Focus upgrades."

Another trend is a substantial reduction in respondents reporting micromanagement as an issue. Tin contrast, the results of the 2014 survey showed that the majority of respondents felt too micromanaged.

Given that employees from the two divisions (EA and MLTC) are so unique in their responses, it is best to separate MLTC and EA comments to capture which aspects of ACCESSNebraska are seen as working well.

What's working well in the Economic Assistance Division: For the EA division, many respondents mentioned that having online applications, updated options, and various online tools to offer clients has been beneficial because these options "serve families when it works best for them." Similar to the 2014 survey results, many EA employees also pointed out that the availability of workers in the customer service centers seems to help clients "[be] able to contact workers immediately for answers [which is] more positive than having assigned case workers."

Although many employees complained of the constantly changing policies, processes, and procedures, some pointed out that the "current method of having local offices interview and process initial applications [is] working much better than [the] original concept."

Last year's survey results showed general frustration with lack of communication among local offices and customer service centers. This year was no different; respondents still voiced concerns about the need for better communication between offices. However, many also recognized that "communication within ACCESSNebraska is working better."

Many employees on the EA side appreciated the ability "to serve the people in the local offices and not [turn] them away." Respondents reported that this allows local office employees to "provide excellent customer service and actually provide the benefits to those immediate in need and talk and educate those in need."

Employees still believe in the universal case system. But while there were advocates for such caseloads, some recognized the benefits of "having a permanent assigned caseload based on county" as a better way to do things because "workers would be familiar with their cases and could work off their alert list."

A noteworthy point is that many employees reported they believe the new CEO has revived ACCESSNebraska, and has provided hope for potential improvements in the near future.

Many EA survey respondents mentioned that the ANDI Centers are working "very well as documents are being scanned in same day and avail to process benefits." One EA worker commented that "the local offices and CSC's [...] better serve clients as they are able to see document much sooner than previously."

What's working well in Medicaid and Long-Term Care Division: Many MLTC respondents mentioned that giving more complex cases to "assigned workers" has been helpful for both employees and clients. Assigned cases allow the assigned workers the ability to concentrate on the policies for complex programs like Spousal Impoverishment (SIMP) and nursing home (NH) placements. According to respondents, having assigned workers has been especially helpful for the aged and disabled.

Although this section asked what is working well in ACCESSNebraska, many employees commented that **nothing** is working well. At the same time, some of the respondents also pointed out that the call-wait times have improved, and similar to the EA division, MLTC respondents acknowledged that the current director, administrators, and supervisors are supportive.

Similar to the results last year, a few MLTC respondents continue to support the splitting of economic assistance and medical assistance programs, which one respondent felt "has been a very positive move for clients as well as workers." Another respondent asked that the two divisions remain separate from each other.

F. Aspects of ACCESSNebraska seen as needing improvement

Below are areas highlighted by respondents as "needing improvement." These responses are the same or similar to those gathered in the 2014 survey:

- Many respondents still felt that **more workers are needed** in order to perform satisfactory work. One worker commented that "we can only improve if there are more workers hired. Employees love overtime BUT that doesn't and will never solve this problem." When the Ombudsman's Office conducted the first ACCESS-Nebraska survey a year ago, we received a list of all ACCESSNebraska employees, which totaled 931 individuals. In contrast, this year's list included only 876 ACCESSNebraska employees. This appears to reflect a 9% drop in the ACCESS-Nebraska workforce as compared to last year.

- **Processes and procedures** continue to change too frequently. One respondent stated "the fluctuation in policies has made this job, even the most seasoned of workers difficult. You never know if your answer is going to be correct or the work you have done is right due to the rapid changes." Another respondent further explained that "policy specialists are not on the same page and we receive different answers. Not all answers are shared." Not only do processes and procedures change constantly, and policy specialists provide different answers to the

same questions, but "each supervisor interprets policy and procedures differently, the training teaching different processes than what is currently being utilized because they are under a different administration." Sometimes, "there are procedures that don't follow policies."

- **Putting "Human" back in Human Services.** Many respondents felt the customer service center model has removed the social service element from the agency, and many employees described themselves simply as "data entry workers."

- **Communication** among the different entities is still lacking. One EA respondent commented that "communication not only lack within the teams in a call center but also between call centers and local offices."

- **Putting out fires/operating in a crisis mode.** Many EA respondents related the feeling of continuously working in a crisis mode. One EA respondent clarified this sentiment further by stating, "I think the ACCESSNebraska priority system is failing. ACCESSNebraska is constantly in crisis mode to catch up where they have been disregarding to fix a different crisis."

- **Universal caseload.** Some respondents advocated for universal caseloads as a benefit for both clients and workers. However, other employees reported that they see the universal caseload system to be inefficient due to multiple workers touching each case: "there is no accountability for any case that is not assigned."

The following are new suggestions for improvements described by respondents in this year's survey. These were not mentioned by employees in last year's survey:

- Many EA workers were critical of the new policy to cross-train employees in both family and adult programs. These respondents felt that "expecting a primarily family worker to be able to efficiently work on adult cases and vice versa is not realistic." Another respondent pointed out, "Cross training has been such a disaster. Case work in family cases is much more intense and involved then an adult case. Adult cases deal with mental issues and hard of hearing. Our staff have to switch from one to another and it is hard."

- MLTC respondents strongly suggested that workers be rewarded with pay raises for doing quality work. Instead, according to respondents, the pay is basically the same across the board. Employees pointed out that the current pay scale provides no incentive for improvement. A few respondents mentioned favoritism and nepotism by management as damaging to personnel.

G. Whether the system is improving:

Similar to last year's survey results, the comments to the survey question of whether the ACCESSNebraska system is improving ranged from a resounding "No," to an absolute "Yes."

Of the MLTC respondents who stated "Yes," one credited improvements to "great leadership" that has "lead MLTC to lower call wait times and very few work-tasks."

On the EA side, many recognized that "compare[d] to last year, cases are being processed much more quickly."

At the other end of the spectrum, some respondents from both the EA and MLTC divisions felt that not only has there been a lack of improvement, but "if anything, it has gotten worse."

IV.   Conclusion

When comparing the 2015 ACCESSNebraska survey results to the 2014 survey results, the Ombudsman's Office encountered many similar outcomes. What is encouraging is the many comments from the respondents who reported a feeling of hopefulness that the system has either improved from a year ago, or is heading in the right direction.

Our office reviewed all written comments submitted by employees, and in this report we have endeavored to provide an accounting of the general trends and notable unique perspectives we encountered. We hope we have done justice in terms of conveying the ACCESSNebraska employees' opinions and suggestions about the ACCESSNebraska system. We have also attached a summary of the responses to the multiple choice questions, but we did not include the written comments because of the sheer volume (100+ pages). We would like to express our sincere appreciation to all of the employees who completed the survey, both for their contribution here, and for their work for the citizens of the State of Nebraska.

Respectfully submitted,

Julie Pham
Deputy Ombudsman
for Welfare Services

Marshall Lux
Ombudsman

Progress and Continuing Challenges

Progress

Since the identification of the significant challenges within the ACCESSNebraska program the Department of Health and Human Services (DHHS) has been working to address the issues of long call wait times, lost documentation and the untimely processing of benefits. With the election of Governor Ricketts and his appointment of CEO Courtney Phillips at DHHS, a different approach has been taken to ACCESSNebraska.

At the hearing for LR 37 in July, CEO Phillips outlined the top ten items that DHHS identified as barriers to an efficient operation at ACCESSNebraska. Work groups were assembled comprised of employees that specialize in these areas to focus on streamlining application assistance and quality of work. These work group areas include:

- Document Intake and Processing
- Call Management
- Field Operations and Task Management
- Recruiting and Retention of Employees
- Policy Reviews and Enhancements
- Client/User Communications

ACCESSNebraska management meets weekly to address the progress made and challenges that they are still facing. This group is led by Felix Davidson, COO for the State of Nebraska. Managers at ACCESSNebraska now hold daily huddles with their team to outline priorities and address questions surrounding policy changes. Below is a sampling of Ms. Phillips top ten list and the improvements that have been made.

Mail Operations. In response to mail lag time, DHHS has started to process mail over the weekend and on Friday evenings if needed. DHHS also created a 2AM to 10AM shift at the Omaha ANDI center as that is the earliest time that the mail can be picked up and processed. This shift allows for items of mail to be opened and scanned, ready for workers when they come in for their regular shifts. At the ANDI centers, there is dedicated staff who open mail by hand to

avoid lost documentation. Discussions have also begun regarding shifting all ANDI center operations to Omaha, where all the mail is processed for the entire state, to ensure the fastest turnaround time for documents possible.

Review of Interactive Voice Response (IVR). Interactive Voice Response is an automated system that a client reaches when they call a Customer Service Center (CSC). Automated prompts ask the client certain identifying information and then direct the call in an appropriate manner. The Call Management work group conducted research and was able to identify the top 10 reasons that people call ACCESSNebraska. The IVR menu was redesigned accordingly for the options to reflect the top 10 reasons that clients call. Customer service has been improved with efficient call routing from self-service options and allowing clients to retrieve information about their applications for benefits. It is important for DHHS to be able to properly identify language barriers that may still exist within the IVR system and determine the best way to communicate with all clients, especially those who are hearing impaired or non-English speakers.

Retention and Recruitment of Employees. One of the bigger challenges facing ACCESSNebraska is recruitment and retention of employees. DHHS has identified sourcing, advertising and marketing opportunities to recruit potential employees. They have also modified the hiring requirements in order to attract a wider range of potential hires and find those who might not typically fit the caseworker model, but who would make excellent employees with the right training. Working alongside human resources, improvements were made to reduce hiring times, the Department has considered a tiered organizational structure to better reflect what each job within ACCESSNebraska entails. This could lead to more transparency within the Department, but also the creation of a career ladder and subsequent salary modifications as well.

Policy Review. A challenge that Economic Assistance (EA) employees noted in the employee survey was that often there were inconsistent polies and procedures. With many programs being administered through the EA side, each customer service center had a different set of standard operating procedures (SOP) which led to employee confusion. In response to this, DHHS created a central site, Economic Assistance Research Library (EARL), in which employees from across the state could access the best practices for economic assistance program administration. In turn, this will ensure a standardized expectation for all employees of

ACCESSNebraska, remove siloes and allow staff to meet regulations on a state and federal level.

Communications. DHHS reviewed their website and modified it in an effort to increase readability and ease of use so that clients better understand the programs. ACCESSNebraska management continues to review client correspondence letters and forms so there may be fewer calls to Customer Service Centers (CSC) with questions based on the wording within standard forms. DHHS has enabled clients to submit documentation through a website portal and via email. As a long term project with the Raikes School of Computer Science at the University of Nebraska, DHHS is working with students to begin the design process on a smartphone application for ACCESSNebraska. Many clients may not have access to a computer, but own a smartphone and would have better access to their account through this medium.

Data. In an effort to be more transparent with the Legislature and the public, ACCESSNebraska has started publishing metrics on a monthly basis on its website. These metrics are an ongoing report card on the status of operations at ACCESSNebraska. Some of the metrics include:

- SNAP application processing timelines
- SNAP accuracy rates
- SNAP denial accuracy rates
- Customer Service Center call wait times
- Medicaid enrollment
- Medicaid eligibility accuracy
- Application timelines to federal standards
- Timelines of total days to process applications
- Numbers of applications received overall

An example of these metrics can be found in the appendices at the end of this report.

Continuing Challenges

While improvement has been made, there are still challenges that must be overcome to see ACCESSNebraska operating at a maximum efficiency.

At a recent site visit, Senators were told of a computer malfunction resulting in a number of SNAP EBT cards not being loaded with benefits just before the 2015 Thanksgiving holiday. While some of the cards were able to be corrected before close of business on the Wednesday before, many were not. This incident resulted in many Nebraskans being without the means to buy food for a number of days and impacted the state's timeliness for SNAP benefits for the month of November.

One Customer Service Center had the phones down for a day and half due to bad weather. The phones were not rerouted to another center, therefore clients had no way of reaching ACCESSNebraska with questions about their benefits. It is important that ACCESSNebraska develop a plan when incidences such as computer failure or phone malfunction occur in order to prevent a lapse in service.

While efficiency and accuracy have been improved, there continue to be instances of lost documentation and errors in data entry for client files. It is also important for clients to know that they may now request a dedicated case worker if they feel that it best suits their needs. Often clients are not informed that they may request such services.

Another challenge has been the correct delivery of Electronic Benefit Transfer (EBT) cards to clients. Due to incorrect mailing addresses or clients not having updated records, a number of cards are returned each mailing and risk clients going without needed benefits. DHHS reported to the committee that they have been working with the US Postal Service to identify correct procedures for sending out these cards. The Committee anticipates that a solution to the problem will be reported in the near future.

In an effort to identify and reduce incidences of fraud among EA and MLTC programs, an email inbox was established for reporting of suspected misuse of programs administered by ACCESSNebraska. For many months this email inbox went unmonitored and no staff were

assigned to either check this email inbox and/or follow-up on claims that were reported. DHHS reports that a team was assembled to tackle the backlog of emails and individuals are now assigned to check this email inbox on a regular basis. Some committee members feel it would be helpful if the amount of suspected fraud (i.e., number of emails, reported claims, how many led to the discovery of misuse of benefits, overpayments, etc.) could be reported in the monthly metric.

While these challenges are all significant, it is understood that officials at ACCESSNebraska and the Department of Health and Human Services are working to improve the system.

Findings & Recommendations

ACCESSNebraska has faced significant challenges in operations over recent years; however notable gains have been achieved. Improving functionality of the program has been a priority for the Department of Health and Human Services and credit is given to the new administration. Recognition is also given to the long term employees who have continued to advocate for a program that they believe can have a positive impact on those needing benefits in our state. The creation of a targeted list and work groups focusing on specific areas has helped ACCESSNebraska move out of a critical stage. The willingness of ACCESSNebraska officials to recognize the operational challenges has enabled them to move forward and make necessary changes to improve system delivery.

The committee makes a number of recommendations for the continued improvement of functionality, customer service and delivery of benefits by ACCESSNebraska:

The committee recommends that ACCESSNebraska officials continue to focus on the ability to cross-share documents between EA and MLTC. Enabling clients to cut down on the amount of paperwork and applications they must complete in order to apply for benefits will help streamline the process for all parties. Additionally, proper training, as well as cross training of employees to help complete calls in a timely manner and also reduce wait times is crucial to better serving Nebraskans. Creating contingency plans when computer malfunctions occur and system interruptions happen is paramount to make sure there is no interruption in client benefits. Operational redundancy should be encouraged between offices with similar functions. Employee retention and morale must remain a focus in order to keep a healthy workforce and continuity of institutional knowledge.

The committee recommends that DHHS continue to explore opportunities for funding that would allow them to update and their technology. ACCESSNebraska must be up to date with the latest technology that can support changing needs for social assistance programs. Cyber-security is a growing concern as the number of customers accessing their benefits online rises. When assessing technology needs, the Department should also consider the risks of a data breach and how to best protect confidential personal information of clients.

Nebraskans who need assistance must be able to gain access to them in a timely fashion. It does not serve the people who receive these programs as a public benefit when they cannot get them due to a computer or system failure. In addition, the Committee would request that the Department of Health and Human Services establish a contingency plan for computer and calling system malfunctions and report that plan the Health and Human Services Committee of the Legislature by March 1, 2016.

At the Lincoln ANDI Center a key leader has announced her retirement. This particular employee has been with the Department of Health and Human Services for over forty years. She has been an employee of ACCESSNebraska since its inception and has a significant amount of institutional knowledge of the area she manages. Senators would suggest that a policy be developed where key officials could be identified and would give a specific number of days' notice and administrators could develop a succession strategy, not only for retirements, but in case key staff members are unavailable due to unforeseen circumstances.

The LR 33 ACCESSNebraska Special Investigative Committee does not recommend any specific legislation to alter the ACCESSNebraska system at this time. However, the Committee encourages continued progress in changes in regulations and statutes to streamline and align benefits to allow the system to improve efficiency. The Committee recognizes that the Department of Health and Human Services, along with ACCESSNebraska, continue to work on improving operations and quality of delivery of benefits. It is necessary to give the new DHHS administration an appropriate amount of time to stabilize the program.

The Department has created an email inbox as a point of contact for employees who suspect overpayments or fraudulent activity. While considerable progress has been observed in the telephone customer service, record management and other operations, the backlog of suspected fraud emails in this inbox remains a concern. The Department should consider a monthly metric that monitors how many emails are coming in, how many are addressed, how many actually lead to overpayments and fraudulent activity and the timeliness of their response. It may also be helpful if the content directed to the fraud email inbox is clarified and there are employees who as part of their regular job duties are assigned to this email inbox to analyze and respond to the emails.

Based on these findings the Committee would recommend at least one more year of legislative oversight for ACCESSNebraska and the practice of surveying employees should continue until results indicate that employees are no longer dissatisfied with the operation of the agency. To get a more complete picture of the overall satisfaction with the operation of ACCESSNebraska the Committee also suggests the development of a customer survey and a process for gathering stakeholder input. With these steps being taken, the Committee recommends that the continuing Committee focus on oversight rather than the continuation of the Special Investigative Committee. The goal of such oversight would be to support an ongoing dialogue between the Nebraska Legislature and DHHS to ensure that ACCESSNebraska continues to improve and function for the long term.

Appendix 1: Acronyms

Acronyms:

AABD-Aid to Aged, Blind and Disabled

ADC-Aid to Dependent Children

AFDC-Aid to Families with Dependent Children

ANDI-ACCESSNebraska Document Imaging

CAPERS-Case and Procedure Error Rate

CBI-Client Benefit Inquiry

CC-Child Care

CFS-Children and Family Services

CHIP-Children's Health Insurance Program

CMS-Centers for Medicare and Medicaid Services

CSC-Customer Service Center

DHHS-Department of Health and Human Services

EA-Economic Assistance

EBT-Electronic Benefits Transfer

EF-Employment First

FPL-Federal Poverty Line

IVR-Integrated Voice Response

MAGI-Modified Adjusted Gross Income

MLTC-Medicaid and Long-Term Care

N-Focus-Nebraska's Family On-line Client User System

SNAP-Supplemental Nutrition Assistance Program

SSA-Social Security Administration

SSW-Social Services Worker

TANF-Temporary Assistance for Needy Families

USDA-United States Department of Agriculture

Appendix 2: Public Hearing Exhibits

ACCESSNebraska Special Investigative Committee Hearing (LR 33)
July 17, 2015

Courtney Phillips, MPA
Chief Executive Officer
Nebraska Department of Health and Human Services

Good afternoon, Senator Howard, and members of the LR 33 ACCESSNebraska Special Investigative Committee. I'm Courtney Phillips (C-o-u-r-t-n-e-y P-h-i-l-l-i-p-s), Chief Executive Officer of the Nebraska Department of Health and Human Services.

Thank you for asking us to be here this afternoon. I value your interest and willingness to talk with us about your concerns and I know our team at the Lincoln Customer Service Center appreciated your time visiting with them this morning.

I am joined today by Felix Davidson, the Governor's Chief Operating Officer who has been assisting us, Calder Lynch, Director of Medicaid and Long-Term Care, and Tony Green, Acting Director of Children and Family Services.

I very much look forward to hearing the testimony of the other groups and individuals appearing today. We've spoken with many of them and we recognize the challenges they and those they serve have faced with the ACCESSNebraska system.

We've also spent considerable time meeting and talking to our staff who are on the front lines in the call centers and local offices. The insight we are gaining from these meetings are critical-- they are key in identifying where some of the biggest opportunities lie to make the needed improvements, and those efforts have begun.

To be sure, ACCESSNebraska has had and still has problems. I know you've heard that before. I know that you, and many of those who will be speaking later today, are tired of hearing about how things will soon get better. They want action and results, and so do we.

I can tell you I feel a great deal of support from the Governor's Office. In his State of the State, he said we need a culture in our state agencies that is people-centric. We need a system that cares for the entire person. He acknowledged there are people who will continue to need our help and that they should be served effectively and with dignity and respect. That's why we are here.

The history of ACCESSNebraska has been well documented and I've had the opportunity to talk with many of you about it. I think it is important to recognize that we are talking about a complex system of interrelated parts.

As I know many of you heard in your visit this morning, ACCESSNebraska encompasses more than just call centers. It also represents the work of hundreds of staff in dozens of local offices, scanning and mail operations, complex eligibility policy development, and significant IT systems. It was developed over the years and it will take time to make it right.

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Our focus now is on stabilizing the operation and making measured improvements that will truly impact operations. Then we will work on our long-range goals.

Before we began making changes, we had to first develop the metrics by which we would measure success. That's why we built the ACCESSNebraska dashboard to measure and demonstrate publically how we're doing in an easy-to-understand format that is updated monthly on our website.

The metrics show that for the past four months, we've met the federal standard on timeliness for SNAP application processing timelines for both expedited and non-expedited applications. You'll also see that a year ago we weren't meeting either measurement.

We're also meeting the federal payment accuracy rate. But we aren't meeting two other SNAP performance metrics. The dashboard shows that the average call wait time at our Economic Assistance Customer Service Centers is too high, at just over 23 minutes. We have work to do.

The federal USDA Food and Nutrition Service has provided consultants for our SNAP program and they have been very helpful. They will release their next report on state data soon, and we expect to see improvements.

On the Medicaid side you'll see that the call wait times are much lower, just over 4 minutes. We're exceeding the federal standards for application timeliness and we have a nearly 99 percent accuracy rate on determining Medicaid eligibility. But that doesn't mean we do not face challenges there.

I know today you will continue to hear concerns regarding lost paperwork and challenges with the universal caseload model. We take those concerns seriously and want to work with our stakeholders to find the right solutions.

But these indicators are telling us that much of immediate effort should be focused on stabilizing the operations of the Economic Assistance side of ACCESSNebraska, and that's what we're doing.

With the help of Felix Davidson, the Governor's Chief Operating Officer, we have a renewed approach.

We've narrowed our focus to a Top 10 list. These ten issues have been identified as being barriers to an efficient operation. The list isn't extraordinary, but the activity is extraordinary. We have a cross-department team who's digging deep and making decisions based on research and data. We believe that concentrating on these ten items has the potential to make a dramatic improvement in our operations for both Economic Assistance and Medicaid.

They include:

1. A review of Mail Operations. We need to make sure that the mail is delivered, scanned and indexed into clients' files as quickly as possible. If this occurs, caseworkers can work cases sooner and the number of calls will decrease. We're piloting picking up the mail multiple times overnight to determine how we would shift staff to accomplish this. We're also

looking at better use of technology to tie documents to a case. Mail is significant because we can receive over 2,800 pieces a week in the ANDI Centers.

2. We are also conducting a review of our Interactive Voice Response (or IVR) call routing menus. We're making them more descriptive and shorter to improve the experience for our clients. In many cases, using the IVR can give clients the information they need without having to talk with a person, but we need to make sure the messages are easy to understand and use. New messages will remind people of the information they can access on the website, which will also help reduce the number of calls.

3. Another focus is the retention and recruitment of employees. We have to do a better job of getting the right people on the team and work to keep them. While we've been able to add 13 positions to the EA team, recruitment and retention is still an issue. We're looking at a number of issues, like developing career paths, reviewing training needs, analyzing exit data, and partnering with colleges to develop a better understanding of our work and needs.

4. We are also conducting necessary reviews of our policies to identify areas for improvement. We want to simplify processes where possible to result in a more efficient use of the workers' time, yet allow us to meet federal and state requirements. The Medicaid division did this when staff transitioned and they're sharing some of their best practices with EA.

5. We are spending a lot of time analyzing the top 10 reasons clients call to speak with a person. Most call to inquiry about the benefits, check the status of their application, or see if we have received their documents. We've identified the full list by volume of calls and delving into each area to determine ways to provide this information to clients, possibly more proactively, and decreasing the number of calls.

6. We are also examining the amount of time that workers are spending on after-Call Work – We need to make sure we are accurately defining the work required after a call is completed and then analyze ways to standardize those activities. For example, we're considering adding search capabilities within the eligibility system N-FOCUS, we're reviewing case narratives requirements and looking into easier drop-down menus, and the possibility of purchasing a service to help with verification of resources.

7. From a communications perspective, we're also reviewing content on our website, application forms, and our correspondence to clients for readability and to improve understanding. If clients are unsure what something means, they might call with questions or provide inaccurate information. Our communications are key.

8. Another key area is workforce management. We need to identify staff to help with surge capacity on those days when work hits peak levels. For example, we're analyzing what work could move to support staff or alternate sites, like local offices, and what capabilities the phone system could offer in redirecting callers.

9. We also know that the number of work tasks on the Economic Assistance side continues to increase. We have to look at how the workers are receiving these work activities and how to streamline the work or add capacity to address these in the short term and better control them moving forward.

10. And finally, we're analyzing the data requested for reports to ensure we're getting the right information and providing it in a way that's understandable to help all of us better track our progress.

The work on these ten items is a priority and is occurring every day. We believe this phase holds significant promise in stabilizing and improving our operations in the short-term. As we work through these, we often find new opportunities for improvement. If we believe adding it to the mix will result in a dramatic improvement, we do it. In addition to the work, the cross-department team of project leads from program and operational areas meet weekly to provide input and updates, to discuss and problem solve.

On a daily basis, Economic Assistance representatives from the central administrative office, customer service centers and local offices meet in a morning huddle, both in person and via telephone, to discuss daily operations, which have resulted in small changes that cumulatively should make noticeable differences.

As I mentioned earlier, our priority right now is to make improvements in the ACCESSNebraska operations so everyone, including you, is comfortable with it. When that's stabilized we'll broaden our work to include long-term goals for the system as a whole. We are not yet at that point, but the push is here to make change happen.

We'll all know we're being successful when we see the lines move on our Dashboard metrics. Our calls will go down. Your calls will go down. Our clients and our partners will be less frustrated and our team's morale will be improved. Until then we have work to do and our team is committed.

Ask those who are experiencing problems to contact us. Continue to let us know when you hear concerns or good news. That input is important because I view us as partners in our efforts to improve.

Thank you for your support. I'm happy to answer any questions you have.

Dept. of Health & Human Services
(DHHS)
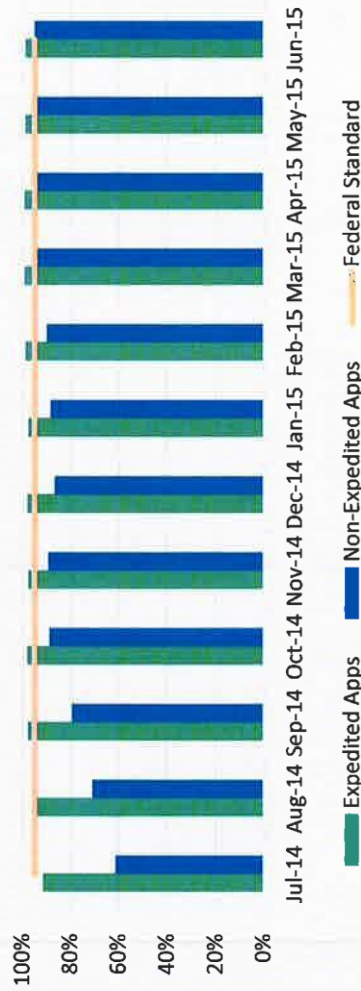June, 2015

Performance Metrics
ACCESS NEBRASKA Program

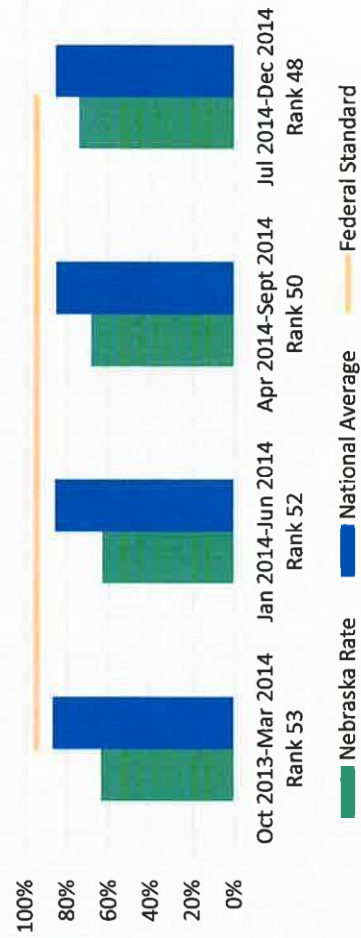# SNAP (Food Stamps) – Key Performance Metrics

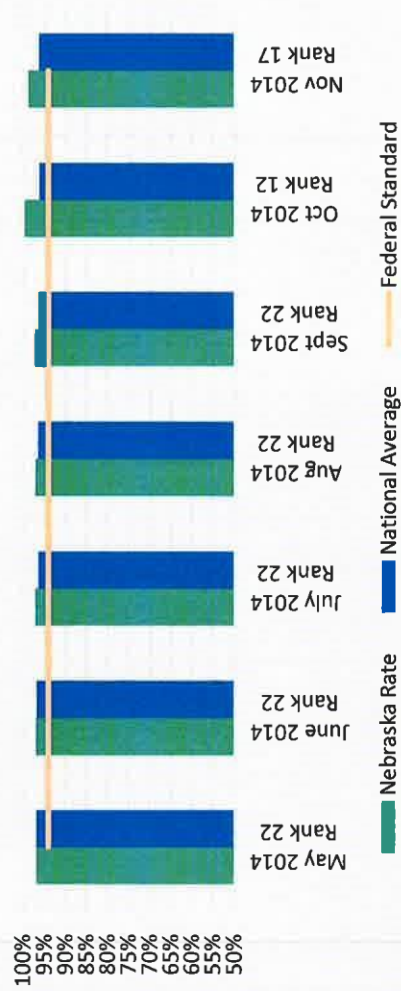## State Reported SNAP (Food Stamps) Application Processing Timeliness

100%
80%
60%
40%
20%
0%

Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15

Expedited Apps   Non-Expedited Apps   Federal Standard

This is a DHHS generated report. Data is based on the percentage of SNAP initial applications received which were processed within SNAP federal timelines. In order to meet expedited timeliness, an application must be processed within 7 days. The timeline for non-expedited applications is 30 days.

USDA Reported SNAP (Food Stamps) Application Processing Timeliness

100%
80%
60%
40%
20%
0%

Oct 2013-Mar 2014   Jan 2014-Jun 2014   Apr 2014-Sept 2014   Jul 2014-Dec 2014
Rank 53   Rank 52   Rank 50   Rank 48

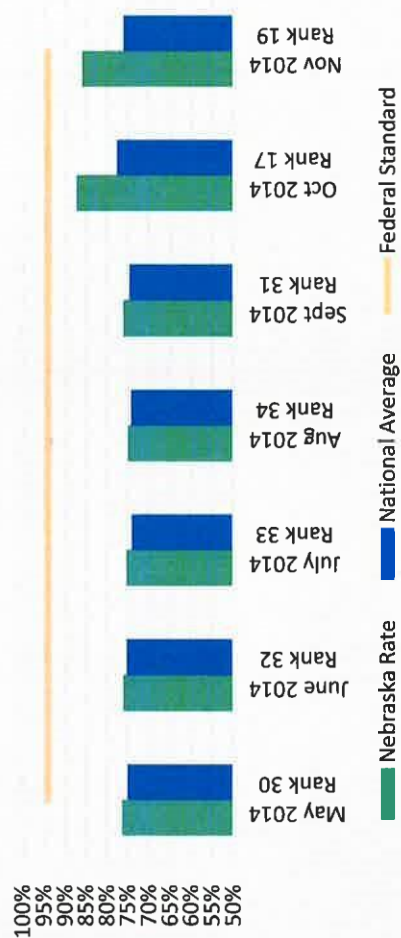Nebraska Rate   National Average   Federal Standard

Data is based on information provided to states from the USDA. Data is reported quarterly using a six month rolling average of SNAP Quality Control data reported by all states/territories. Quality control in Nebraska is conducted by staff within the division of Public Health.   *The Oct 2014 – Mar 2015 Federal data is not available at this time.

USDA SNAP (Food Stamps) Payment Accuracy Rate

100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%

May 2014   June 2014   July 2014   Aug 2014   Sept 2014   Oct 2014   Nov 2014
Rank 22   Rank 22   Rank 22   Rank 22   Rank 22   Rank 12   Rank 17

Nebraska Rate   National Average   Federal Standard

Data is based on information provided to states from the USDA. Data is reported monthly using SNAP Quality Control data reported by all states/territories. Payment accuracy rate measures the amount of correct SNAP benefits provided to households. Quality control in Nebraska is conducted by staff within the Division of Public Health. *The Dec 2014 Federal data is not available at this time.

USDA SNAP (Food Stamps) Denial Accuracy Rate

100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%

May 2014   June 2014   July 2014   Aug 2014   Sept 2014   Oct 2014   Nov 2014
Rank 30   Rank 32   Rank 33   Rank 34   Rank 31   Rank 17   Rank 19

Nebraska Rate   National Average   Federal Standard

Data is based on information provided to states from the USDA. Data is reported monthly using SNAP Quality Control data reported by all states/territories. Denial accuracy rate measures whether a household's SNAP benefits are correctly closed or denied, whether the household was informed of their ineligibility in a timely manner and whether the notice of action provided to households is accurate. Quality control in Nebraska is conducted by staff within the Division of Public Health. *The Dec 2014 Federal data is not available at this time.

Economic Assistance – Service Center Metrics

## Economic Assistance (Food Stamps, Aid to Dependent Children, Childcare) Service Center

Legend: Calls Received — Average Call Duration — Average Wait Time
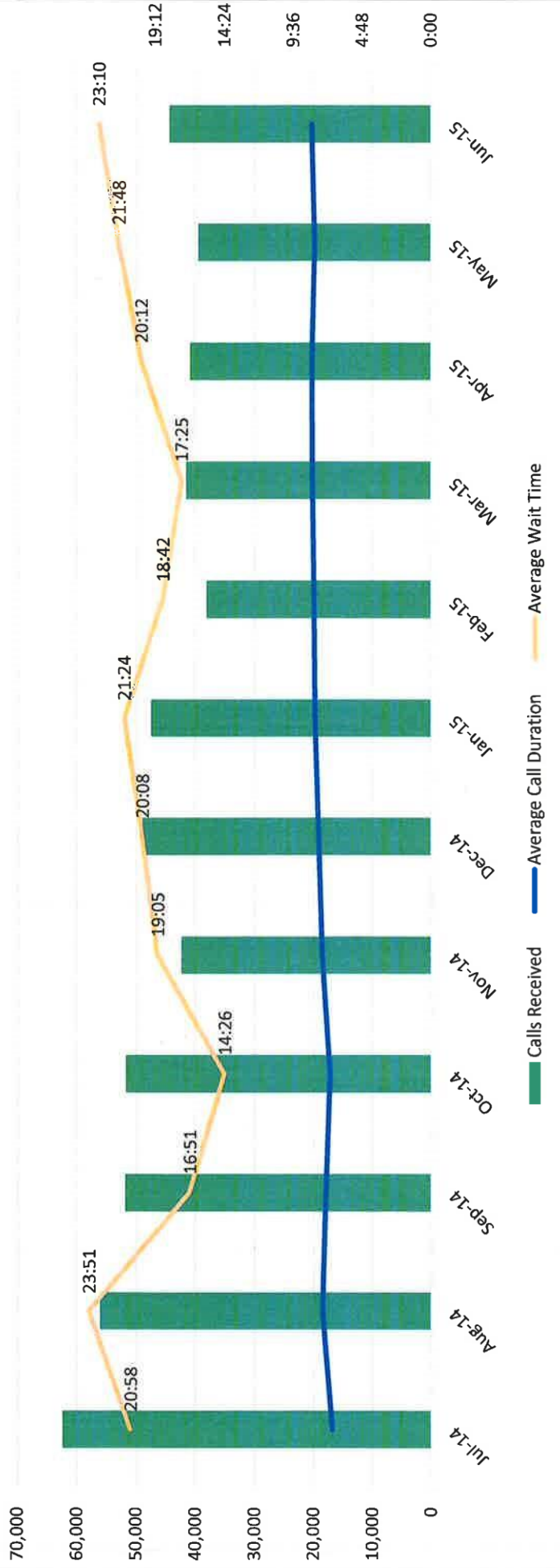
Nebraskans Enrolled in SNAP (Food Stamps) Program – 9% of Population

Economic Assistance Enrollment	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
SNAP (food stamp) Households	74,558	75,270	76,756	77,051	76,902	77,151	77,774	77,644	77,808	77,449	77,616	77,887
SNAP (food stamp) Individuals	167,550	169,845	173,398	173,589	173,225	173,296	174,483	173,508	173,617	172,752	172,934	173,608
Aid to Dependent (ADC) families	5,968	6,224	6,489	6,418	6,196	6,200	6,140	6,052	5,917	5,775	5,654	5,723
Children in Child Care Subsidy	18,263	17,737	18,501	17,865	18,124	18,096	17,535	17,637	17,977	18,313	17,976	18,776

Medicaid – Key Performance Metrics
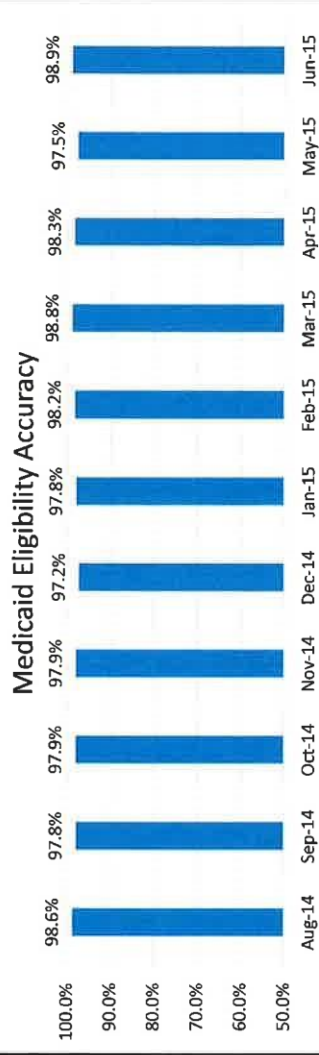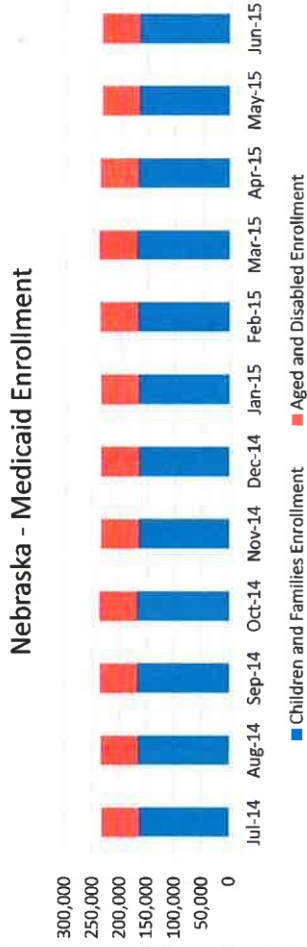
Nebraska - Medicaid Enrollment

Medicaid Eligibility Accuracy

Application Timeliness to Federal Standards (Days): Below the line is exceeding the standard.
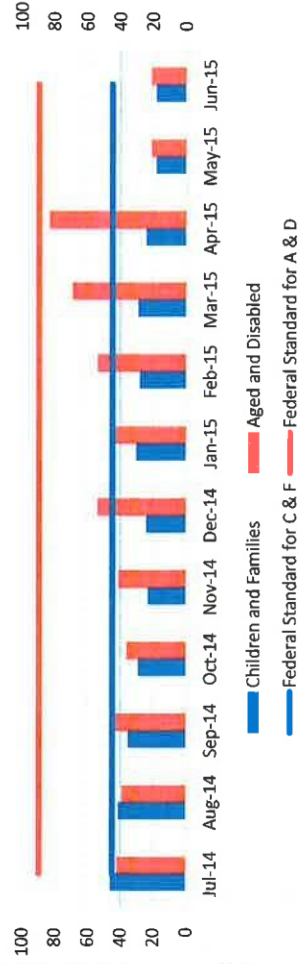
Medicaid Service Center
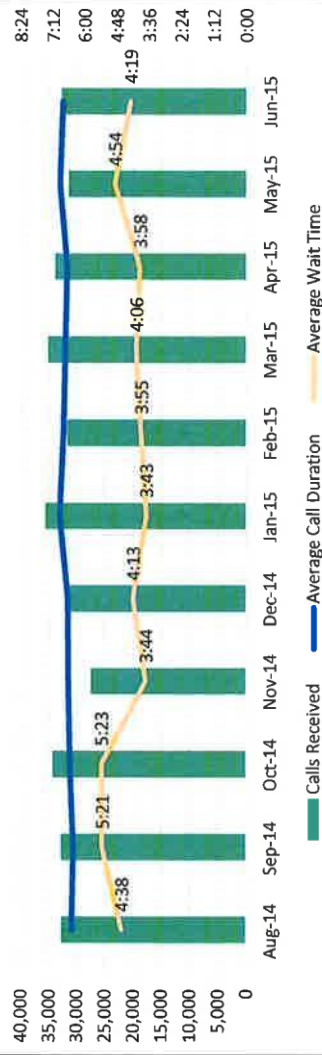
Nebraskans Enrolled in Medicaid – 13% of Population

Medicaid Enrollment	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Total Enrollment	233,555	235,482	236,485	237,921	234,857	235,185	235,523	236,754	238,380	236,853	233,112	232,359
Children and Families Enrollment	163,787	166,507	167,754	168,446	165,288	165,126	165,605	166,890	168,359	167,084	164,494	163,858
Aged and Disabled Enrollment	69,768	68,975	68,731	69,475	69,569	70,059	69,918	69,864	70,021	69,769	68,618	68,501

ACCESSNebraska Survey

ACCESSNebraska employees, please help the Legislature learn more about your experience with the ACCESSNebraska system by completing this ANONYMOUS survey. The survey will only take about 3-5 minutes and the results will help the Legislature better understand the effectiveness of the system in serving Nebraskans.

Employee Type

1. **How long have you been employed by the Nebraska Department of Health and Human Services?**

   Mark only one oval.

   - ◯ Less than 6 months
   - ◯ 6 to 12 months
   - ◯ 1 to 2 years
   - ◯ 2 to 5 years
   - ◯ 5 to 10 years
   - ◯ 10 years or more

2. **Which of the following best describes your title?**
(choose all that apply)
Check all that apply.

☐ Customer Service Center Worker

☐ Local Office Worker

☐ Community Support Specialist

☐ Administration

☐ Other: ....

3. **Which of the following best describe your responsibilities?**
(choose all that apply)
Check all that apply.

☐ Case Aide

☐ Local Office Social Services Worker

☐ Customer Service Center Social Services Worker

☐ ANDI Center Worker

☐ Eligibility Specialist

☐ Supervision

☐ Management

☐ Other: ....

Training

4. **How would you describe the amount of training you received regarding public benefits programs (Medicaid, A&D Waiver, etc.) before you began your responsibilities?**
(choose one)
Mark only one oval.

◯ Excellent

◯ More than adequate

◯ Adequate

◯ Less than adequate

◯ Poor

5. **How would you describe the amount of training you continue to receive regarding public benefits programs (Medicaid, A&D Waiver , etc.)?**
   (choose one)
   Mark only one oval.

   ◯ Excellent

   ◯ More than adequate

   ◯ Adequate

   ◯ Less than adequate

   ◯ Poor

6. **How would you describe the amount of training you received regarding the phone and computer system you use before you began your responsibilities?**
   (choose one)
   Mark only one oval.

   ◯ Excellent

   ◯ More than adequate

   ◯ Adequate

   ◯ Less than adequate

   ◯ Poor

7. **How would you describe the amount of training you continue to receive regarding the phone and computer system you use?**
   (choose one)
   Mark only one oval.

   ◯ Excellent

   ◯ More than adequate

   ◯ Adequate

   ◯ Less than adequate

   ◯ Poor

Work Duties

8. **Which of the following best describes the number of work duties required by your position?**
   (choose one)
   Mark only one oval.

   ◯ Too many work duties

   ◯ Enough work duties

   ◯ Not enough work duties

9. **Which of the following best describes the amount of time you have to perform your work duties ?**
(choose one)

Mark only one oval.

- ◯ I have more than enough time to complete my work duties
- ◯ I have about the right amount of time to complete my work duties
- ◯ I have less than enough time to complete my work duties

10. **Which of the following best describes the current workload across the system?**
(choose one)

Mark only one oval.

- ◯ Most workers are able to regularly complete the pending work duties
- ◯ Few workers are able to regularly complete the pending work duties
- ◯ There is a consistent backlog in work duties

11. **Do you have the resources needed to answer clients' questions while on the phone?**
(choose one)

Mark only one oval.

- ◯ Always
- ◯ Sometimes
- ◯ Rarely

Client Interaction

12. **Which of the following best describes your opinion on the accuracy of your work?**
(choose one)

Mark only one oval.

- ◯ My work is accurate most of the time
- ◯ My work is accurate some of the time
- ◯ I am not sure whether my work is accurate

13. **Which of the following best describes your opinion on client satisfaction?**
(choose one)

Mark only one oval.

- ◯ I believe my clients are very satisfied with the service they receive
- ◯ I believe my clients are somewhat satisfied with the service they receive
- ◯ I believe my clients are satisfied with the service they receive
- ◯ I believe my clients are dissatisfied with the service they receive
- ◯ I believe my clients are very dissatisfied with the service they receive

14. **Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?**

Mark only one oval per row.

	No Difficulty	Some difficulty	Neutral	Significant difficulty	Extreme difficulty
Elderly	◯	◯	◯	◯	◯
People with Disabilities	◯	◯	◯	◯	◯
People with Mental Illness	◯	◯	◯	◯	◯
Non-English Speaking Clients	◯	◯	◯	◯	◯
Families	◯	◯	◯	◯	◯
Clients in a crisis situation (for example homeless)	◯	◯	◯	◯	◯
Other:	◯	◯	◯	◯	◯

Commentary Section

15. **What aspects of ACCESSNebraska do you believe are working well and why?**

16. **What aspects of ACCESSNebraska, if any, do you believe need improvement and why?**

17. **Do you think the system is improving?**

18. **Are there other additional comments you would like to make regarding your job?**

_____

_____

_____

_____

_____

19. **I work at the**
(choose one)
Mark only one oval.

◯ Lexington call center

◯ Lincoln call center

◯ Lincoln imaging center

◯ Local office

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Google Forms

NEBRASKA
APPLESEED
STAND UP FOR JUSTICE

July 17, 2015

Senator Sara Howard, Chairperson
ACCESSNebraska Special Investigative Committee (LR 33)
Room 1525, State Capitol
Lincoln, NE 68509

Chairperson Howard and members of the ACCESSNebraska Special Investigative
Committee,

My name is Molly McCleery, and I am a Staff Attorney in the Health Care Access Program at
Nebraska Appleseed. Nebraska Appleseed is a nonprofit organization that fights for justice
and opportunity for all Nebraskans. Appleseed has been involved in advocacy around the
ACCESSNebraska system since transition to the system was announced several years ago.

The Nebraska Department of Health and Human Services (DHHS) is responsible for
managing public assistance programs in Nebraska, including processing applications,
verifying eligibility, and providing information and services to clients. Starting in 2009,
DHHS took steps to modernize service delivery in Nebraska's public assistance programs
through ACCESSNebraska. Prior to ACCESSNebraska, DHHS had full-time local offices and
caseworkers dedicated to individual clients. Modernization under ACCESSNebraska
resulted in significant changes to our state's public assistance delivery system, including
closing local offices, eliminating individual caseworkers, moving to a call center system,
and relying heavily on technology.

ACCESSNebraska began with goals related to efficiency, accuracy, and responsiveness to
client needs. However, since its inception, the system has been plagued with serious
problems that have created difficulties for clients. Clients have experienced issues like long
call wait times, lost paperwork requiring repeated submission of verifications, and
erroneous benefit terminations. Moreover, delayed application processing, especially in the
Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), has resulted in
clients waiting beyond federal timeliness requirements for assistance to which they are
entitled. Many of these issues were discussed in detail in the report produced by the Special
Investigative Committee under LR 400, published in December 2014. This investigation
was pointed towards a number of service issues such as adequacy of staffing, training, and
technology; system process and structure; and client experience. The LR 400 report
stressed the need for appropriate funding for additional employees, improved technology,
a concerted effort to streamline application processing, and policy alignment.

Problems with ACCESSNebraska persist to this day. Clients, community organizations, and advocates continue to see problems we saw five years ago. Clients still report issues with getting through the phone system, completing the application process, and receiving inaccurate information about their eligibility for and rights within public programs. Along with this testimony, I have attached a letter from a caller to Appleseed's Intake and Information Line in which an Economic Assistance client describes her difficulties with the system. These are issues experienced within the few months. Additionally, we have heard from other clients who have been told inaccurate information about their eligibility for Medicaid and their right to appeal such eligibility determinations. Ultimately, these issues create barriers for low-income Nebraskans to access the services they need.

In August 2014, Appleseed, along with the National Center for Law and Economic Justice, filed an ongoing class action lawsuit against DHHS administrators challenging the Department's systemic failure to process SNAP applications in a timely manner. Under federal law, SNAP applications must be processed in 30 days for regular, initial applications or 7 days for emergency assistance. This lawsuit was filed when we saw SNAP application processing delays continue to get worse, harming hungry Nebraska families. The case was filed on behalf of two clients: a working single mother applying for SNAP for herself and her son and a mother applying for SNAP for herself, her husband, and two small children. At the time of filing, roughly 30% of all applicants waited beyond the federally mandated timelines to receive assistance. A plaintiff class of SNAP applicants has been certified in this case.

We are hopeful with the new administration and new DHHS CEO that we will see system improvements. However, continued investigation and legislative oversight is crucial to ensure the system functions effectively. There are a number of possible improvements that could be implemented in the ACCESSNebraska system. These include streamlining processes, such as sharing all information across Medicaid and Economic Assistance as a matter of process, one multi-benefit application, renewing programs simultaneously, and eliminating asset tests. Improvements can be made regarding staff training and standards to ensure that clients get accurate, timely, and appropriate information. Moreover, there are possible technology updates for both sides of the system and alternative case management structures that can be explored.

In 2009, when the transition to ACCESSNebraska was announced, the ACCESSNebraska Working Group was formed. This group, comprised of advocates, direct service providers, and other entities, has held listening sessions across the state where clients and others shared experiences with the system. Additionally, the working group has worked towards legislation and interim studies in each legislative session between 2011 and 2015. The group has also met several times with DHHS officials to share concerns and offer solutions and crafted a Statement of Principles for an Effective ACCESSNebraska System. The working group participated in the legislative investigation under LR 400 in 2014 and is willing to be a resource in the LR 33 process.

All in all, continued investigation, oversight, and improvements to the ACCESSNebraska system are essential to ensure that Nebraskans in need have access to crucial services through public assistance programs.

Sincerely,

NEBRASKA APPLESEED

Molly McCleery, J.D.
Staff Attorney, Health Care Access Program

July 14, 2015

Dear Chairperson Howard and Members of the ACCESSNebraska Investigative Committee:

I am a working single parent of two children, ages 7 and 10. I have relied on public assistance throughout the years to help meet our needs. I wanted to share my experiences with ACCESSNebraska. This system has caused me many sleepless nights worrying about how I am going to take care of my family.

I recently returned to the workforce after being medically unable to work. This has not been a smooth transition for me. When I called to inform ACCESSNebraska that I had been offered a job, the process of verifying this employment should have been very straightforward. Instead, I had to speak to workers on eight different occasions, each of whom spoke with my employer. I do not know why this had to be done eight times, but I believe workers were not documenting these phone calls and verifications in their notes.
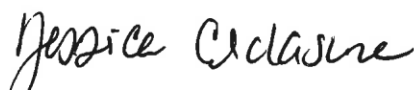
I still cannot get a good answer to questions when I call and speak to any given worker (usually after waiting on hold for 45-60 minutes). I know I cannot trust the answer that one person gives me. It has become necessary for me to call back 3 or 4 more times and speak with 3 or 4 other people before I get the information I need about my case. The quality of customer service also varies. Some workers are patient and polite, but others get defensive and abrupt when I correct them on the details of my case. Clients deserve accurate information and courteous treatment no matter who they speak to.

Letters from DHHS are not mailed out in a timely manner, arriving a week or more after the "mail date" on the letter. Mail should be going out every day, so I can see no reason for these delays. This makes it hard for clients to meet deadlines, and it is confusing and frustrating to not know if a letter is telling me about something new, or something I've already taken care of days or weeks earlier. I then have to call ACCESSNebraska and wait on hold to find out. I cannot begin to explain how stressful this was for me. An advocate from Lutheran Family Services had to help me overcome my aversion to my mailbox, because my anxiety about the mail had reached the point that I could no longer bring myself to check it.

I previously lived in Florida and had experience with that state's public benefits call center in 2007. I heard Nebraska modeled their system after Florida, which frightens me. Florida's system is not a good example to follow. I have also worked in a call center environment, and there are many things about ACCESSNebraska that are not being done efficiently for clients or the employees. I strongly believe DHHS needs more staff, and all the staff need better ongoing training and supervision in order to serve clients and avoid getting burned out by their jobs.

These are only a few examples of what I have experienced in the last few months. Programs like SNAP and ADC are critical to families like mine, and I have only been able to make it work by having advocates at community organizations and the help of kind neighbors. Many people do not have that support, but they need these benefits to survive. Some do not have the mental or emotional ability to deal with a system that isn't working properly. I worry about people who give up when they cannot get what they need and deserve from ACCESSNebraska. I am glad you are looking into this system, because it is not getting any better as far as I can tell. DHHS needs your help if this system is truly going to work.

Sincerely,

Jessica Colclasure

Jessica Colclasure
7201 Buckhingham Drive #52
Lincoln, NE 68506

Principles for an Effective ACCESS Nebraska System

Over the last several years, the Department of Health and Human Services (Department) has taken steps to modernize enrollment and eligibility determinations in economic assistance and Medicaid programs, with goals related to efficiency, accuracy and responsiveness. This initiative, called *ACCESS Nebraska*, completely altered the way client cases are managed and moved towards a focus on use of technology and fewer caseworkers.

Since its creation, clients have experienced many problems with the system, including lost documents, long call wait times, and the untimely processing of benefit applications. Recently, the system was further changed by splitting apart medical assistance and economic assistance administration, resulting in many clients now facing two separate systems to navigate

With the consistent problems with the system, as well as the new hurdle of two separate systems to navigate, we offer the following principles that, if pursued, would help ensure system works effectively today and for years to come.

Establish a long-term vision for the ACCESS Nebraska system and measure accomplishments over time

- Establish a clear and public plan for creating an effective and efficient system in the long-term.
- Establish a clear and public plan on near-term improvements to the system with staffing and customer service in mind.
- Measure and publish important indicators, including but not limited to:
  - Eligibility systems (client participation rates, case dispositions, and case overlaps)
  - Document management (number of documents, tasks, pends, and actions taken)
  - Clients (interview time elapsed, case "touches," churning)
  - Call Centers (volume, waits, busy signals, call duration, common questions, resolution of task/issue)
  - Online applications (error rates, duration to complete, use)

AARP Real Possibilities in

Nebraska

301 South 13th Street, #201 | Lincoln, NE 68508
1-866-389-5651 | Fax: 402-323-6913 | TTY: 1-877-434-7598
aarp.org/ne | neaarp@aarp.org | twitter: @AARPNE
facebook.com/AARPNE

ACCESS Nebraska Investigative Committee
Hearing in Conjunction with LR 33
July 17, 2015

ACCESS Nebraska is not working well. It hasn't worked well since its inception. In the intervening years we have seen varying degrees on dysfunction. At this point, I believe that there are three questions that this committee needs to consider.

Can ACCESS Nebraska work?

I believe that it can. That belief is based partly on positive reviews that I have heard about ACCESS Nebraska from some users. Typically, those who have had good experiences have strong computer skills and who are comfortable engaging in complex communications on-line or on the phone. For persons fitting that profile, ACCESS Nebraska offers advantages over the system that it replaced. But many of the people who need long-term care and whose eligibility is based, in part, on being over the age of 65 find the entire process perplexing.

In the final analysis, the likelihood of making ACCESS Nebraska work depends on the answer to the second question.

Is the State of Nebraska willing to expend the resources that are needed to make it work?

I see two resource issues.

The first has to do with human resources. Do we have sufficient numbers of staff engaged in the eligibility and enrollment process? Have they received adequate training to perform the tasks that we have asked them to perform? Are they deployed appropriately?

The second issue has to do with information technology. It is my observation that we are asking the Department of Health and Human Services to perform 21st century information management processes with a 20th century information management systems.

Until we address the staffing and information technology needs, ACCESS Nebraska will struggle.

If the answer to the second question is "no", are we willing to accept the consequences of ACCESS Nebraska not working?

I will focus on two consequences.

First, there is an impact on community health and human services agencies that assist low-income Nebraskans. As ACCESS Nebraska was implemented, those agencies began to see an increased demand to help people navigate the enrollment and recertification process. ACCESS Nebraska was able to reduce state level enrollment and recertification staffing by offloading some of those functions to

1

community-based organizations. Staff of those community-based organizations found themselves spending more time on public benefits enrollment and less time on the functions that they were hired to perform. I want to read a portion of a note that I received from a director of a county aging services office. "It really bothers me that such a great percentage of ... time is trouble shooting problems created by the systematic mess created by ACCESS Nebraska."

As the committee develops recommendations to improve ACCESS Nebraska, I would request that you keep the interests of those organizations in mind. They are an important component of the social safety net. Specifically, it would be helpful to establish stronger and more consistent working relationships between ACCESS Nebraska staff and those community-based organization workers who are helping people navigate the system.

The second consequence is that people who need and are eligible for public benefits don't get them. I have included an attachment that summarizes Information from the ACCESS Nebraska Performance Metrics. It shows a remarkable decline in the number of Aged and Disabled Nebraskans who are enrolled in Medicaid. From April of 2014 until June of 2015, enrollment dropped from 75,104 to 68,501. That's an 8.8% drop in 14 months. If we continue to reduce the number of aged and disabled enrollees by 6,603 every 14 months, we would be down to zero in September of 2027. That is unlikely. But a change in enrollment that is that dramatic demands an explanation.

Here are some possible explanations for the remarkable decline in Medicaid Aged and Disabled enrollment.

- Is the declining aged and disabled enrollment in Medicaid is part of a national trend.

State-by-state data is available up to 2013. So I cannot determine whether there is a national trend of fewer aged and disabled persons enrolling in Medicaid since April of 2014. There was a national trend toward a lower rate of growth in aged and disabled enrollment from 2010 to 2013. But it was still a trend toward growth. There is nothing to indicate that there is anything that would approach the type

	Total Medicaid and CHIP Enrollment, April 2015 (Preliminary)	Average Monthly Medicaid/CHIP Enrollment, Jul–Sep 2013	Net Change, Jul-Sep 2013 to April 2015	% Change, July-Sept. 2013 to April 2015
States Expanding Medicaid				
Colorado	1,244,031	783,420	460,611	58.79%
Iowa	592,937	493,515	99,422	20.15%
States Not Expanding Medicaid				
Kansas	407,527	378,160	29,367	7.77%
Missouri	908,242	846,084	62,158	7.35%
Nebraska	236,853	244,600	-7,747	-3.17%
South Dakota	118,787	115,501	3,286	2.84%
Wyoming	70,742	67,518	3,224	4.78%

Source: http://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/april-2015-enrollment-report.pdf

of reduction in aged and disabled enrollment in Medicaid that was experienced in Nebraska in the past 14 months. Information about total Medicaid enrollment indicates that the reduction in Medicaid enrollment in Nebraska is an anomaly. Nebraska is one of two states to experience a decline in Medicaid enrollment since the third quarter of 2013. The table lists the latest Medicaid total enrollment for Nebraska and neighboring states. If Nebraska Medicaid enrollment had grown at the rate of the next lowest state (South Dakota), we would have had an additional 6,660 more Medicaid enrollees in April of 2015. It doesn't appear that there is a nationwide trend toward lower numbers of aged and disabled individuals enrolled in Medicaid.

- Is there a declining population of Nebraskans who are aged or disabled.

Census data on the estimated number of people who have a disability and live outside of an institution is available through 2013. The data show a slight drop (-0.7%) in the number of Nebraskans over the age of 18 who have a disability. A 1.0% growth in the 65+ population with a disability from 2010 to 2013 was offset by a 2.2% reduction in the number of adults in Nebraska under the age of 65 who had a disability. Basic population change could have accounted for a small portion of the reduction.

- Has the financial condition of the aged and disabled has improved so there fewer need to enroll in Medicaid to cover the cost of health services.

The cohort that is reaching the age of 65 is bringing more income and assets to retirement than earlier cohorts. There were 143,080 income tax returns filed by Nebraskans over the age of 65 in 2013. Those returns had a combined adjusted gross income of over $9.4 billion or an average of nearly $65,887 per return. In 2000, there were 112,764 returns filed by Nebraskans over the age do 65, with combined AGI of $4.7 billion – an average of $41,971. Earned income and Social Security income drove the growth in

AGI, Earned Income and Social Security Benefits
Nebraska 65+ Income Tax Returns (2000 and 2013)

2000			
	Returns	Amount ($1000)	Average (All Returns)
Adjusted Gross Income	112,764	4,732,762	41,971
Wages, salaries, tips, etc.	38,059	667,578	5,920
Social Security income	76,260	1,085,589	9,627

2013			
	Returns	Amount ($1000)	Average (All Returns)
Adjusted Gross Income	143,080	9,427,055	65,887
Wages, salaries, tips, etc.	59,250	2,122,752	14,836
Social Security income	134,070	2,897,132	20,248

Source: Nebraska Department of Revenue website

AGI per return. Those two sources accounted for 81% of the reported income growth for Nebraskans over the age of 65 between 2000 and 2013. Many of the older Medicaid beneficiaries become eligible due to the depletion of assets to pay for long-term care. Higher incomes slow the rate of depletion of assets. So the improved financial condition of Nebraskans over the age of 65 could contribute to a reduction in Medicaid enrollment for the 65+ population, but probably not an 8.8% reduction over 14 months.

- The aged and disabled are utilizing high cost health care services to a lesser degree, thereby delaying the depletion of assets that precedes Medicaid eligibility.

The development of community-based long-term care options has helped to control Medicaid enrollment for the aged and disabled. Provision of cost-effective in-home services can delay the need for more expensive institutional care. Over the past twenty years, there has been a steady decline in the census of nursing facilities, despite the growth in the 80+ population. Nursing home census has stabilized in the past few years and has begun to edge upward. According to the MDS 3.0 Frequency Report produced by CMS, the number of residents increased from 12,296 in the first quarter of 2014 to 12,340 in the first quarter of 2015. This was the first year-over-year increase since the mid-1990s. So while providing alternative long-term care services has reduced nursing home utilization over time, it hasn't done so during the period of time when there was an 8.8% reduction in Medicaid enrollment for the aged and disabled.

NF Residents - First Quarters of 2012-2015

	Nebraska NF Residents
First Quarter 2012	12,822
First Quarter 2013	12,350
First Quarter 2014	12,296
First Quarter 2015	12,340

The conversations that I have had with people who work directly with low-income seniors lead me to believe that there are older Nebraskans who forego enrollment in public benefit programs that would help them live independently because of the challenges of using ACCESS Nebraska. From the fiscal perspective of the State of Nebraska, if those who are not enrolling in benefits are individuals who may be able to use lower-cost community-based services, those ACCESS Nebraska roadblocks will have the long-term effect of driving up Medicaid costs. I have seen the effect on Medicaid spending of not having the mid-level services in the long-term care system. In the early 1990s, Medicaid spending for Nebraskans over the age of 65 nearly doubled – an average annual growth rate of more than 18%. As home and community-based services were developed and utilized, the growth trend changed. Over the past 12 years, Medicaid 65+ spending has grown by less than 6% - for the twelve-year period. But 161% of the 12-year growth has occurred in the past four years – concurrent with the implementation of ACCESS Nebraska. We need to fix ACCESS Nebraska so that we can get the right care to people who need it at the right time. It's good for them. It's good for taxpayers.

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NEBRASKA

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July 17, 2015

Senator Sara Howard
Chair, ACCESSNebraska Special Investigative Committee
Room 1012, State Capitol
Lincoln, NE 68509

RE: LR 33-ACCESSNebraska Special Investigative Committee

Dear Senator Howard and Members of the ACCESSNebraska Special Investigative Committee:

Our Area Agency on Aging, Aging Partners, cares deeply about this issue. As a Community Partner, we have assisted older people with using the Call Center system since its inception. I lead a team of 16 Care Managers, and also interact regularly with information and referral and Medicaid Waiver service coordinators, all of whom have frequent interactions with DHHS. ACCESSNebraska continues to be a topic of energetic discussion. Many staff members tell of situations they encounter with the Call Centers that lead to delays and frustration for older people. ACCESSNebraska has evolved over time, but problems have not gone away. Based on our experiences, we have several suggestions to improve service.

Care Managers report Medicaid applications get stuck in the system, documents get lost, and cases close without clients even being aware. We notice that when a client has an assigned DHHS worker, as do Medicaid Waiver clients, annual reviews and applications are processed more smoothly. We suggest that other categories of disabled or older people receive an assigned worker when they are unable to use the Call Center successfully. Limiting the number of people involved in a case, and providing that consistency in the people involved in a case would help those who cannot communicate effectively by phone or computer.

A second suggestion is to allow Community Partners to have read-only access to N-Focus files for our clients. Often, Medicaid cases get bogged down due to the difficulty clients have in obtaining required verifications. If Community Partners could see in N-Focus what verifications are needed and received, we can assist with expediting the process. We could also see if cases are due to close and ensure that the work is done to avoid that outcome. If read-only access to N-Focus is not possible, we suggest a designated supervisor whom we could contact to help us solve problems for older people.

Release of information forms are another ongoing source of confusion and frustration. Some Care Managers submit five different releases so everyone they talk to at DHHS will have the one they want. Even when we take this measure, a Care Manager reported he was asked to remember the date the

release was submitted because apparently the computer system does not allow an easy search of documents scanned into the file. Often we have to resend verifications and releases. We suggest that HHS develop one release form for Community Partners to streamline our communication with DHHS.

Finally, the most recent roadblock is the requirement for marriage licenses, divorce decrees, and death certificates for deceased spouses to show proof of widowhood or divorce. If those events occurred recently and in the state of Nebraska, obtaining documents usually is not a huge problem. But many of our clients are like Mrs. C. She is 80 years old, lives on $861 a month, and has been on Medicaid for 5 years. Her divorce happened in another state over 40 years ago. She did not file for her divorce and did not have contact with her ex-husband. She did not know the county where it was granted and did not have a copy of the divorce decree. If she didn't have a relative who went to a lot of trouble and some expense on her behalf, I'm not sure how we would have obtained this information and I question why it was necessary after such a long period of time. Another Care Manager in a rural county had to help an older client get information from Colorado that was from the 1960's. Computer records started in the 1970's. For records before that, you have to go in person to the county office to obtain the document. Our Care Manager knew someone who lived in the Colorado town involved, and that person volunteered to get the requested document. What would have happened if that older person didn't have an advocate? And what about the worry experienced by someone who needs medical care and payment of their Medicare B premiums and who sits wondering if their benefits will be ended?

In summary, the issues of consistency, communication, and client burden still happen far too frequently. We all share the same goal of giving help to those who qualify so they can obtain the care and benefits needed to stay in their homes as long as possible. Community Partners want to achieve this and we are ready to help in any way we can. Older people could benefit from an assigned worker if needed and requested. Advocates would be more effective if they could access information from computer records or a designated supervisory contact. Community Partners could work more effectively with the use of one single release of information form. And why do marriage, divorce, and death records have to be submitted if they are not recent?

The result of these changes would be time saved for DHHS, less frustration for consumers, and consistent care for older and disabled Nebraskans and all who use these benefits. Thank you for continuing to say we can do better.

Sincerely,

Joyce Kubicek

Aging Program Coordinator

Access Nebraska

NCDHH 4/27/2015

The Call

TTY's: TTY's are rapidly becoming obsolete. More and more callers who are Deaf or Hard of Hearing are using Video Phones or Relay Calls

Phones: User on a relay call have a hard time getting through on relay call because process and/or system not designed to handled relay calls

Language: The language used is confusing to the caller coming in because not in ASL or person who is Hard of Hearing understanding the word choices

Explanation: The explanation of the programs being described is very difficult to understand and comprehend

On Line

Deaf person can get access on line but can encounter three obstacles.

Length: The length of the application is too long to do on line

Confusing: The application and/or instructions are too confusing for the Deaf Consumer

Language: English is not the native language for those deaf consumers whose primary form of communication is ASL

Renewal

Same as the concerns mentioned previously

Other Items

Recommend that deaf clients who communicate in ASL have one on one meeting with HHS team members facilitated with licensed, qualified interpreters to ensure communication access

We are unaware of anyone on HHS team that can verify the proficiency and competency of interpreters used during a particular assignment. There is no subject matter expert who conducts review to ensure if there was effective communication.

Consideration may want to be given to licensed, qualified interpreter that has worked for the client before. Different interpreters can make communication access more difficult.

Training Items

Cultural Competency Training on Deaf Culture: HHS team members work interact with the Deaf need to have some understanding of Deaf Culture

Training could include the different communication options and resources available

Paternalistic attitudes of many HHS employees

Appendix 3: ACCESSNebraska Monthly Metric

Dept. of Health & Human Services (DHHS)
October, 2015
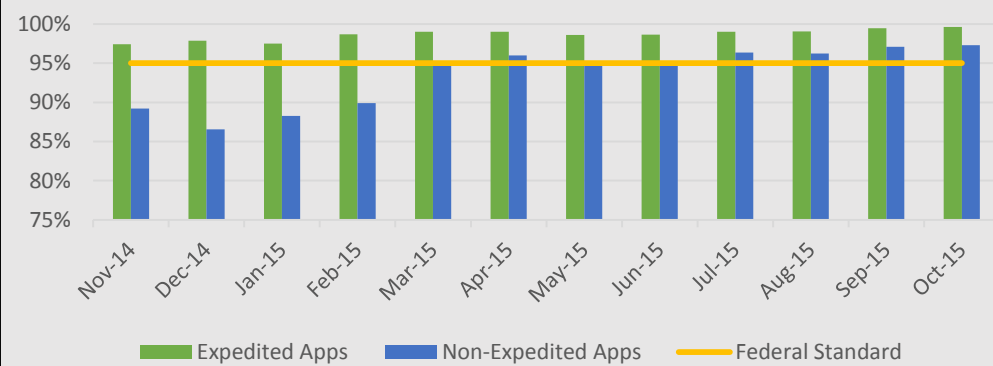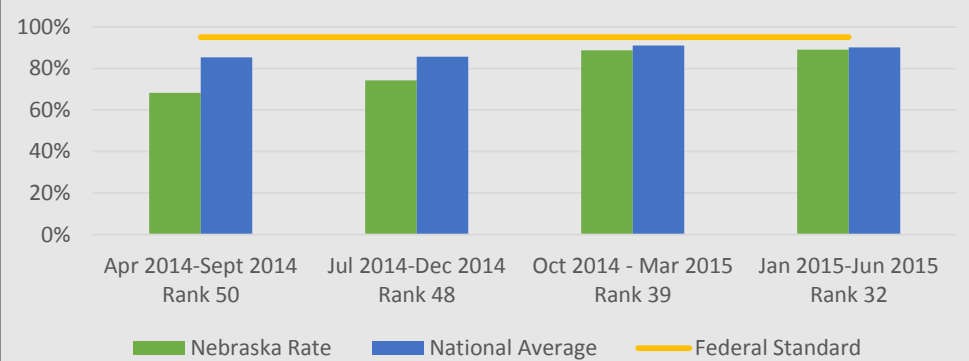
Performance Metrics
ACCESS NEBRASKA Program

SNAP (Food Stamps) – Key Performance Metrics

State Reported SNAP (Food Stamps) Application Processing Timeliness

Legend: Expedited Apps — Non-Expedited Apps — Federal Standard

X-axis: Nov-14, Dec-14, Jan-15, Feb-15, Mar-15, Apr-15, May-15, Jun-15, Jul-15, Aug-15, Sep-15, Oct-15

This is a DHHS generated report. Data is based on the percentage of SNAP initial applications received which were processed within SNAP federal timelines. In order to meet expedited timeliness, an application must be processed within 7 days. The timeline for non-expedited applications is 30 days.

USDA Reported SNAP (Food Stamps) Application Processing Timeliness

Legend: Nebraska Rate — National Average — Federal Standard

X-axis: Apr 2014-Sept 2014 Rank 50, Jul 2014-Dec 2014 Rank 48, Oct 2014 - Mar 2015 Rank 39, Jan 2015-Jun 2015 Rank 32

Data is based on information provided to states from the USDA. Data is reported quarterly using a six month rolling average of SNAP Quality Control data reported by all states/territories. Quality control in Nebraska is conducted by staff within the division of Public Health.

USDA SNAP (Food Stamps) Payment Accuracy Rate

Legend: Nebraska Rate — National Average — Federal Standard

X-axis: Nov 2014 Rank 17, Dec 2014 Rank 16, Jan 2015 Rank 13, Feb 2015 Rank 19, Mar 2015 Rank 20, Apr 2015 Rank 17, May 2015 Rank 18
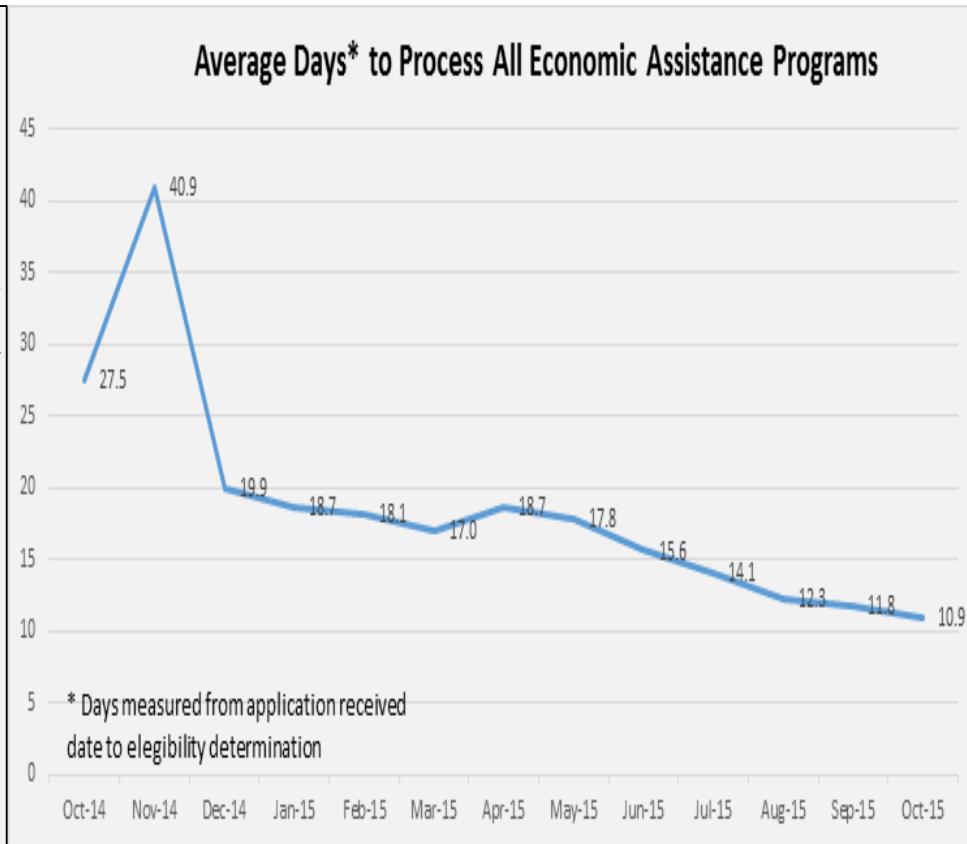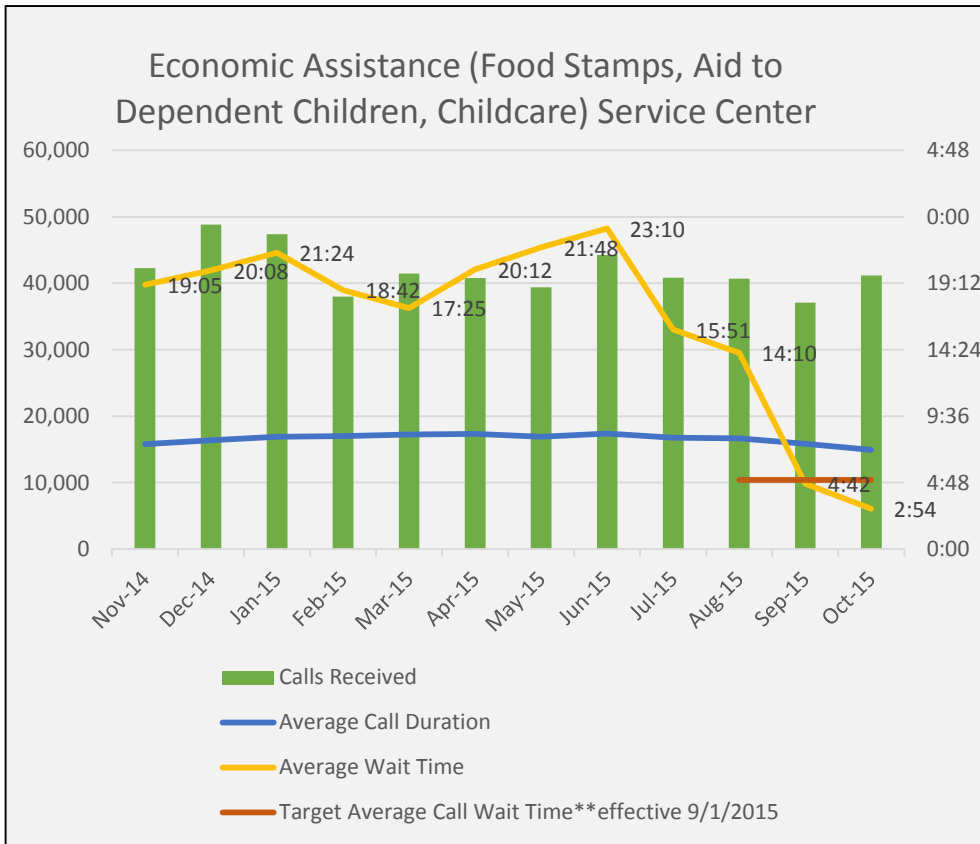
Data is based on information provided to states from the USDA. Data is reported monthly using SNAP Quality Control data reported by all states/territories. Payment accuracy rate measures the amount of correct SNAP benefits provided to households. Quality control in Nebraska is conducted by staff within the Division of Public Health.

USDA SNAP (Food Stamps) Denial Accuracy Rate

Legend: Nebraska Rate — National Average — Federal Standard

X-axis: Nov 2014 Rank 19, Dec 2014 Rank 10, Jan 2015 Rank 11, Feb 2015 Rank 9, Mar 2015 Rank 9, Apr 2015 Rank 8, May 2015 Rank 9

Data is based on information provided to states from the USDA. Data is reported monthly using SNAP Quality Control data reported by all states/territories. Denial accuracy rate measures whether a household's SNAP benefits are correctly closed or denied, whether the household was informed of their ineligibility in a timely manner and whether the notice of action provided to households is accurate. Quality control in Nebraska is conducted by staff within the Division of Public Health..

Economic Assistance – Service Center Metrics

Economic Assistance (Food Stamps, Aid to Dependent Children, Childcare) Service Center

Legend:
- Calls Received
- Average Call Duration
- Average Wait Time
- Target Average Call Wait Time**effective 9/1/2015

Data labels on chart: 19:05, 20:08, 21:24, 18:42, 17:25, 20:12, 21:48, 23:10, 15:51, 14:10, 4:42

Average Days* to Process All Economic Assistance Programs

Data labels: 27.5, 40.9, 19.9, 18.7, 18.1, 17.0, 18.7, 17.8, 15.6, 14.1, 12.3, 11.8, 10.9

* Days measured from application received date to elegibility determination

Nebraskans Enrolled in SNAP (Food Stamps) Program – 9% of Population

Economic Assistance Enrollment	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
SNAP (food stamp) Households	76,902	77,151	77,774	77,644	77,808	77,449	77,616	77,887	78,264	78,781	78,742	78,596
SNAP (food stamp) Individuals	173,225	173,296	174,483	173,508	173,617	172,752	172,934	173,608	174,963	176,663	176,472	176,363
Aid to Dependent (ADC) families	6,196	6,200	6,140	6,052	5,917	5,775	5,654	5,723	5,705	5,721	5,766	5,844
Children in Child Care Subsidy	18,124	18,096	17,535	17,637	17,977	18,313	17,976	18,776	18,256	18,306	18,647	17,683

Medicaid – Key Performance Metrics
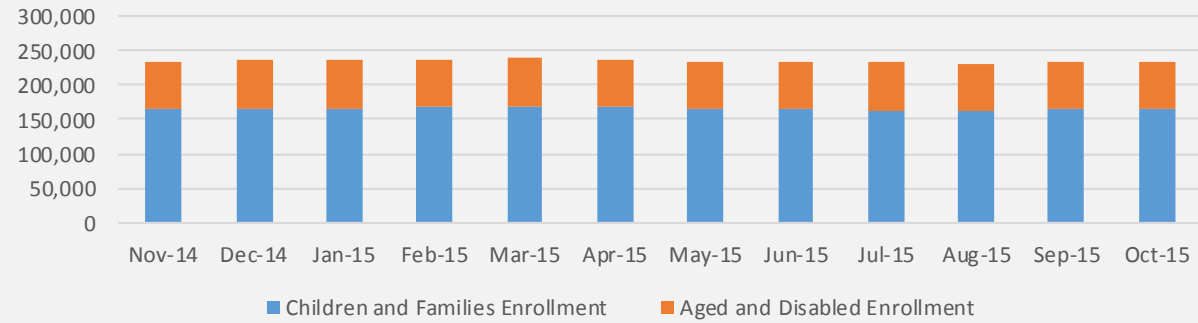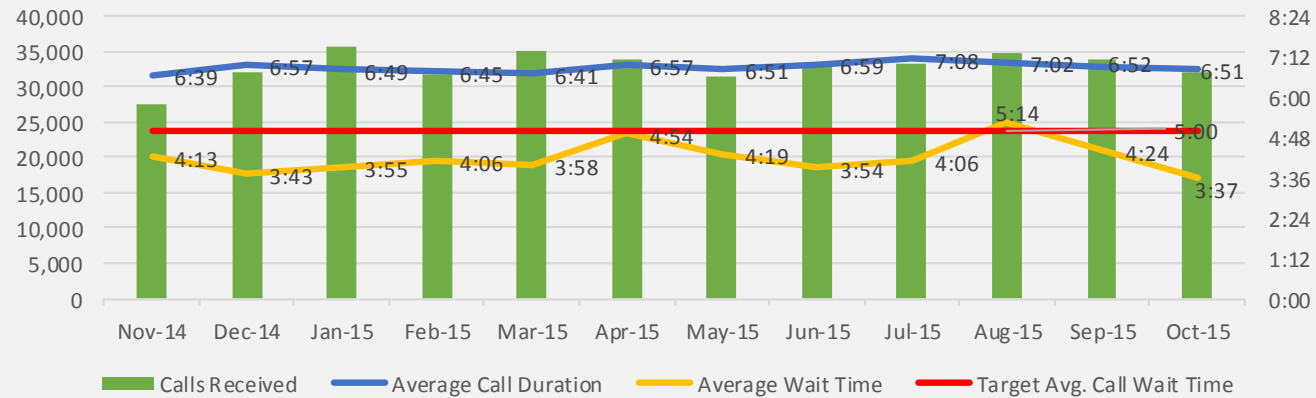
Nebraska - Medicaid Enrollment

Legend: ■ Children and Families Enrollment ■ Aged and Disabled Enrollment

Months: Nov-14, Dec-14, Jan-15, Feb-15, Mar-15, Apr-15, May-15, Jun-15, Jul-15, Aug-15, Sep-15, Oct-15

Medicaid Eligibility Accuracy

Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
97.9%	97.2%	97.8%	98.2%	98.8%	98.3%	97.5%	98.9%	98.2%	98.9%	98.7%	97.0%

Application Timeliness to Federal Standards (Days): Below the line is exceeding the standard.

Legend: ■ Children and Families ■ Aged and Disabled — Federal Standard for C & F — Federal Standard for A & D

Medicaid Service Center

Average Call Duration: 6:39, 6:57, 6:49, 6:45, 6:41, 6:57, 6:51, 6:59, 7:08, 7:02, 6:52, 6:51

Average Wait Time: 4:13, 3:43, 3:55, 4:06, 3:58, 4:54, 4:19, 3:54, 4:06, 5:14, 4:24, 3:37, 5:00

Legend: ■ Calls Received — Average Call Duration — Average Wait Time — Target Avg. Call Wait Time
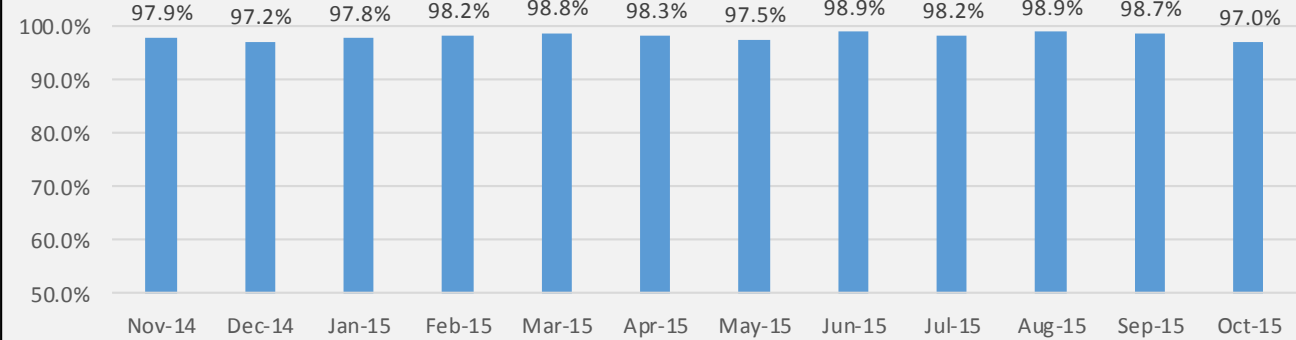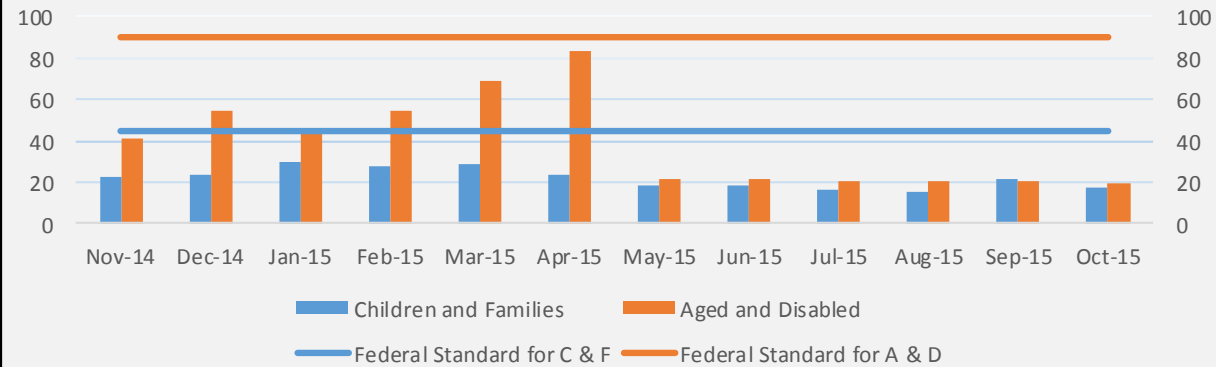
Nebraskans Enrolled in Medicaid – 13% of Population

Medicaid Enrollment	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Total Enrollment	234,857	235,185	235,523	236,754	238,380	236,853	233,112	232,359	232,088	231,269	232,574	233,410
Children and Families Enrollment	165,288	165,126	165,605	166,890	168,359	167,084	164,494	163,858	163,716	162,821	163,946	164,993
Aged and Disabled Enrollment	69,569	70,059	69,918	69,864	70,021	69,769	68,618	68,501	68,372	68,448	68,628	68,417

Appendix 4: ACCESSNebraska Programs Eligibility Tables

	ADC Aid to Dependent Children	AABD/SDP Aid to the Aged, Blind and Disabled	Child Care Subsidy	LIHEAP Low Income Home Energy Assistance Program	SNAP Supplemental Nutrition Assistance Program	SSCF & SSAD Social Services for Families, Children and Youth /Social Services for Aged and Disabled Adults
Application	E-App EA-117	E-App EA-117 EA-30	E-App EA-117	E-App EA-117 EA-306 IM-29	E-App EA-117	E-App EA-117 MILTC-3A
Processing Timeframes	45 days	Elderly: 45 days Disabled: 60 days	30 days	45 days	30 days Expedited: 7 days	30 days
Resource Maximums	1 person: $4000 2 or more $6000	1 person: $2000 2 person: $3000	Household: $6000	No resource level	$2000 or HH with at least 1 person 60 yrs or older or disabled – $3000 or ERP- Expanded Resource Program - Only count liquid resources that exceed $25,000	No resource level
Gross Income[1]	Earned: Stable: 1 month/30 days Fluctuating: 3 month average Unearned: Stable: 1 month Fluctuating: 3 month average Self-Employ: Tax Return if in operation for previous full year or S/E Ledger.	Earned: Stable: 1 month/30 days Fluctuating: 3 month average Unearned: Stable: 1 month Fluctuating: 3 month average Self-Employ: Tax Return if in operation for previous full year or S/E Ledger.	Earned: Stable: 1 month/30 days Fluctuating: 3 month average Unearned: Stable: 1 month Fluctuating: 3 month average Self-Employ: Tax Return if in operation for previous full year or S/E Ledger.	Earned: Annualized Income Unearned: Annualized Income Self-Employ: Annualized Income * can use same income as in SNAP budget	Earned: Stable: 1 month/30 days Fluctuating: 3 month average Unearned: Stable: 1 month Fluctuating: 3 month average Self-Employ: Tax Return if in operation for previous full year or S/E Ledger.	Earned: Stable: 1 month/30 days Fluctuating: 3 month average Unearned: Stable: 1 month Fluctuating: 3 month average Self-Employ: Tax Return if in operation for previous full year or S/E Ledger.
Client Declaration of Shelter Expenses	Yes	Yes	N/A	N/A	Yes	N/A
Client Declaration of Resources less than $1,500	Yes	No	Yes	N/A	Yes	N/A
Review/ Recertification Period	6 months	12 months	12 months	Annually	6 months 24 months - Elderly and disabled with no earned income	12 months
Frequency of Interview	Every 12 months	No Interview	At initial application only	No Interview	Every 12 months. Exception - Elderly and disabled with no earned income at recertification has no interview	At initial application only

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[1] This reflects typical household situations, review regulations for more specific policy guidelines.

Eligibility Category	Medicaid Services	Age/other requirement	Federal Poverty Level (FPL)	FPL in dollar amounts, monthly gross income guideline	Resource Limit	Mandatory or Optional under Federal Law	Other Information
Children	Full	Birth through the month of 19th birthday	Birth to age 1: 162% FPL 1 to age 5: 145% FPL 6 to age 18 (month of 19th birthday): 133% FPL	Differs by age, see chart on tab 3 titled Children's Income Standards MED	No Asset Test	Required under federal law	– Six month continuous eligibility at initial determination. – May have creditable insurance.
SCHIP (Temporary stand alone CHIP)	Full	Birth through the month of 19th birthday	275% FPL	Household (HH) size 1 = $2,698 2 = $3,652 3 = $4,604	No Asset Test	Required under federal law	– Children who lose eligibility due to the loss of disregards under the Affordable Care Act – Time limited program, ends 12-31-15 – May have creditable insurance.
Former Foster Care Children	Full	Ages 19-26	No Income test	No Income test	No Asset Test	Required under federal law	– May have creditable health insurance – Must have been in foster care, in NE, while receiving Medicaid at age 18 or 19.
Pregnant Women	Full Medicaid coverage through 60-day post-partum	Must be pregnant	194% FPL	Household (HH) size 1 = $1,903 2 = $2,576 3 = $3,248 Unborn(s) count in the HH size	No Asset Test	Required under federal law	May have creditable health insurance
Parent or Caretaker/relative of a child (MAGI)	Full	Must be a parent or caretaker of a dependent child under the age of 19	58% FPL	Household (HH) size 1 = $569 2 = $770 3 = $971	No Asset Test	Required under federal law	– Required to cooperate with Child Support - No SOC option for this group under MAGI
Transitional Medical Assistance (TMA, 12 months)	Full	Parent/Caretaker relatives and children birth to 19	185% of the FPL in month 7 through 12	Household (HH) size 1 = $1,815 2 = $2,457 3 = $3,097	No Asset Test	Required under federal law	Must have lost Medicaid eligibility due to earned income

Program	Coverage	Eligibility	Income Standard	Income	Assets	Authority	Comments
Aid to the Aged, Blind, or Disabled (AABD)	Full	Aged (65+), blind or disabled individuals who received Supplemental Security Income (SSI) payment or State Supplement Program (SSP) payment	Social Security Income Federal Benefit Rate	$733 (single) $1100 (couple)	$2000 (single) $3000 (couple)	Required under federal law	
AABD	Full	Aged (65+), blind or SSI disabled individuals	100% FPL	Household (HH) size 1 = $981 2 = $1,328 3 = $1,674	$4000 (single) $6000 (couple)	Required under federal law	
Medicare Savings Program	No Medicaid coverage	Aged (65+), blind or SSI disabled individuals	MSP/QMB 100% FPL SLMB 120% FPL QI 135% FPL	MSP/QMB 1 = $981 2 = $1,328 SLMB 1 = $1,177 2 = $1,593 QI 1 = $1,324 2 = $1,793	$7,280 (single) $10,930 (couple)	Required under federal law	SLMB/QI = Payment of Medicare Part B premium only MSP/QMB = Payment of deductibles and co-pay costs associated with Medicare claims
Qualified Working Disabled Individuals	Medicare Part A premium	Individuals who were eligible for Medicare as a disabled individual and who returned to work	200% FPL	Household (HH) size 1 = $1,962 2 = $2,656 3 = $3,348	$4000 (single) $6000 (couple)	Required under federal law	
Presumptive Eligibility - Hospital	Full, except for Pregnant Women (see above)	Must fall under a MAGI category of eligibility. Also includes FFC and BCC	Reviewed under applicable guidelines by category	Based on category	Based on category	Required under federal law	Eligibility continues until eligibility for Medicaid is determined by MLTC or by the end of the month following the month PE was determined.
Emergency Medical Services for Aliens (EMSA)	Full, Pregnant Women can have labor and delivery covered under EMSA	Must fall under a category of eligibility	Reviewed under applicable guidelines by category	Based on category	Based on category	Required under federal law	Is not eligible due to citizenship or immigration.
Transitional Medical Assistance (TMA, 12 months)	Full	Parent/Caretaker relatives and children birth to 19	185% of the FPL in month 7 through 12	Household (HH) size 1 = $1,815 2 = $2,457 3 = $3,097	No Asset Test	Required under federal law	Must have lost Medicaid eligibility due to earned income.

Eligibility Category	Medicaid Services	Age/other requirement	Federal Poverty Level (FPL)	FPL in dollar amounts, monthly gross income guideline	Resource Limit	Mandatory or Optional under Federal Law	Other Information
Medically Needy / Share of Cost (MN/SOC)	Full	Birth to 19 or 65 and over, Parent/Caretaker Relative, disabled.	Income level set in 1993	Household (HH) size 1 = $392 2 = $392 3 = $492 +$91 for each additional HH member	$4,000 (single) $6,000 (couple)	Federal Option/Required under State Law	Must have a medical need - If you chose to cover MN you *must* include Pregnant women and children.
CHIP (expansion CHIP)	Full	Birth through the month of 19th birthday	213% FPL	Household (HH) size 1 = $2,090 2 = $2,829 3 = $3,566	No Asset Test	Federal Option/Required under State Law	– Six month continuous eligibility at initial determination. – CANNOT have creditable insurance.
599 CHIP (stand alone CHIP)	Pregnancy related, prenatal care only	Unborn children	197% FPL	Household (HH) size 1 = $1,933 2 = $2,616 3 = $3,298	No Asset Test	Federal Option/Required under State Law	– Six month continuous eligibility at initial determination. – Pregnant mother CANNOT have creditable insurance that covers pregnancy related services. - Pregnant mother CANNOT be Medicaid eligible.
Former Ward	Full	Ages 18 through month of 21st birthday	51% FPL	Household (HH) size 1 = $500 2 = $677 3 = $854	No Asset Test	Required under state law / MOE under federal law through 2019	– Must be eligible for Former Ward grant payment – May have creditable health insurance - B2i program replaced the FW program however due to the MOE we must keep it in our state plan.
Children in an Institution for Mental Disease (IMD)	Full	Ages 19-21	51% FPL	Household (HH) size 1 = $500 2 = $677 3 = $854	No Asset Test	Required under state law / MOE under federal law through 2019	– Must be receiving inpatient care in an IMD – May have creditable health insurance
Medicaid Insurance For Workers with Disabilities (MIWD)	Full	Disabled individuals who are eligible for Medicaid and work.	250% FPL	Household (HH) size 1 = $2,453 2 = $3,320 3 = $4,185	$4000 (single) $6000 (couple)	Federal Option/Required under State Law	– Between 200% FPL and 250% FPL, they must pay a premium.

Breast and Cervical Cancer	Breast or cervical cancer related TX only	Age 64 or younger	225% FPL		No Asset Test	Federal Option/Required under State Law	Women screened for breast or cervical cancer by the Every Women Matters Program under Public Health.
Subsidized Adoption	Full	Birth through the month of 19th birthday	No Income test / SRT review for Non IV-E		No Asset Test	Federal Option/Required under State Law	Individuals for whom an adoption assistance agreement is in effect or foster care maintenance payments are made under Title IV-E of the Act.
Subsidized Guardianship	Full	Birth through the month of 19th birthday	No Income Test for IV-E / Reviewed as MAGI child for Non IV-E	Based on category for Non IV-E	No Asset Test	Federal Option/Required under State Law	Individuals for whom kinship guardianship assistance maintenance payments are made under Title IV-E of the Act.
Presumptive Eligibility - Pregnant Women	Pre-Natal, ambulatory care only	Must be pregnant	194% FPL	Household (HH) size 1 = $1,903 2 = $2,576 3 = $3,248 Unborn(s) count in the HH size	No Asset Test	Federal Option/Required under State Law	Pregnant women are eligible for all services but inpatient hospital.
Katie Beckett - Waiver	Full	18 and younger, disability and level of care review.	Reviewed under AABD	AABD	AABD	Federal Option	Children age 18 or younger with severe disabilities who live in their parent(s)'s household, but who otherwise would require hospitalization or institutionalization due to their high level of health care needs
Extended Subsidized Guardianship / Adoption Assistance	Full	19-21	23% FPL	Household (HH) size 1 = $226 2 = $305 3 = $385	No Asset Test	Federal Option/Required under State Law	Eligible up to age 21 if subsidized guardianship or adoption agreement was entered after the individual turned 16

HH SIZE	162% FPL Newborns to age 1	145% FPL Children ages 1-5	133% FPL Children ages 6-18
1	1,589	1,422	1,305
2	2,151	1,926	1,766
3	2,712	2,427	2,226
4	3,274	2,930	2,688
5	3,836	3,434	3,149
6	4,397	3,935	3,610
7	4,959	4,438	4,071
8	5,521	4,912	4,533
9	6,081	5,443	4,993
10	6,644	5,946	5,454

Timeline of Economic Assistance Policy Alignment/Simplification

Date of Change	Programs Impacted	What Changed	Benefit of Change
11/2010	ADC	Changed responsibility for EF exemption determination from DHHS staff to statewide to EF contractors.	Eliminated tasks completed by SSWs and Supervisors
11/2010	ADC	Changed responsibility for Hardship Committee research from DHHS staff to EF contractors	Eliminated tasks completed by SSWs and Supervisors
11/2011	Child Care	Moved administration of the Child Care and Development Fund from Child Welfare to Economic Assistance	Allowed for increased alignment with other Economic Assistance programs
07/2012	ADC, LIHEAP, Child Care, AABD payment	Required electronic payment of benefits through a US Bank ReliaCard or direct deposit	Allowed for clients to have quicker access to benefits. Eliminated lengthy process of handling lost checks
10/2012	LIHEAP	Added LIHEAP Program to N-Focus, and no longer did LIHEAP on C1	Eliminated the need to go onto another system to determine eligibility and make changes on both systems.
05/2013	ADC	Changed responsibility for Gatekeeper EF referral function from DHHS staff to EF contractors	Eliminated tasks completed by designated DHHS support staff
10/2013	ADC SNAP	Changed frequency of interview to one time in 12 months. Separation of ADC grant from Medical allowed more flexibility in aligning review dates with ADC and SNAP	Reduced the number of interviews required
10/2013	LIHEAP	Aligned resource limit with SNAP at $25000	Reduced verifications needed
10/2013	ADC SNAP	Changed frequency of eligibility reviews from 12 to 6 months thus eliminating the need for 2 separate income reviews at 6 months Elderly & Disabled remain at 24 month recertification	Eliminated the need for two separate 6 month income reviews: one for SNAP and separate one for ADC
01/2014	SNAP	Ended requirement for interview at recertification for Elderly/Disabled Households	Eliminated some required interviews
05/2014	SNAP	Allowed case to change from Simplified Reporting to Change Reporting without a new application.	Reduced the number of applications by eliminating previously required applications.
05/2014	All	Clarified use of declaration of client resources up to $1500. Informed staff they no longer needed to review DMV but must use client declaration	Reduced the number of applications or changes waiting verification of resources
08/2014	All	Simplified the direction regarding income needed at application and review.	Reduced the number of applications waiting additional income verification
10/2014	SNAP	Allowed Standard Utility Allowance to continue for households who move if they received LIHEAP in the previous 12 months.	Reduced the number of times a case needs to be handled.

Date of Change	Programs Impacted	What Changed	Benefit of Change
02/2015	All	Aligned verification requirements across programs	Assisted staff and case processing by assuring requests for verification are complete and correct
4/2015	ADC SNAP	Clarifying interview requirements at Recert/review	Aimed to clarify when to complete an interview or contact client for clarification.
4/2015	AABD Payment/ State Supplemental Payment	Eliminated requirement verify shelter deduction	Eliminated the need to verify and wait to process AABD applications separate from other programs
5/2015	All	Formalized policy for using email to correspond with clients, including interview notice.	Increased communication between clients and staff.
6/2015	All	Clarified through face to face presentations direction on review/recertification policies. Clarified what needs to be verified at review/recertification.	Eliminated current confusion around when to complete an interview or contact client for clarification. Provided staff better direction on simplification of processes.
6/2015	All	Clarified through face to face presentation on verification policies to increase the use of telephone verification in lieu of written verification	Simplified the verification process so eligibility determination can be made without delay.
7/2015	AABD Payment/ State Supplemental Payment	Eliminated interview requirement at initial application (and review).	Eliminated some required interviews
8/2015	All	This direction requires the use of 30 consecutive days of earned income for determining eligibility for all programs, previous direction excluded ADC from this requirement.	Aligned all EA programs to use the same amount of income for eligibly determination.
8/2015	All	Same-Sex Marriage direction for eligibility.	Required per US Supreme Court decision
8/2015	SSAD	Elimination of Goal requirement for during assessment for program.	Simplification of eligibility determination and program guidelines.
9/2015	ADC	Added new earned income disregard for ongoing ADC and increase to payment standard	Required per LB 607

Date of Change	Programs Impacted	What Changed	Benefit of Change
9/2015	CC Subsidy	Transitional child care program for all families at determination if income exceeds 130% of the FPL	Required per LB 81 and CCDF reauthorization
9/2015	All	Implementation of Joint Release of Information form with MLTC	Alignment between EA and Medicaid eligibility
10/2015	All	Implementation of the Economic Assistance Resource Library, new one stop SharePoint site for field staff.	Increases access for eligibility staff to immediate access to policy and process information. Also used as a communication tool with the field.
10/2015	LIHEAP	New regulations – increased FPL to 130%, removed resource guideline, clarified crisis criteria and added ADC households with young children to cooling.	Aligned LIHEAP with SNAP and simplified the eligibility guidelines.
10/2015	All	Simplification of Self-Employment ledger documentation. Removed requirement for client to complete and sign. Now DHHS will complete via client declaration with client confirmation of accuracy.	Simplified the verification process for self-employment so eligibility determination can be made without delay.

Nebraska Medicaid Verification Requirements

Eligibility Factor	Verification Source	Reasonable Compatibility/ Reasonable Explanation	Electronic Sources to be Utilized	Comments
Income	Electronic data sources shall be utilized to verify income if available. If the electronic data sources are not available, reasonably compatible or a reasonable explanation does not apply, paper documentation will be required.	If an applicant/beneficiary attests to income below the applicable standard and the electronic data source indicates income above the applicable standard, a 10% threshold shall be applied. If the attested income and the electronic data source is within 10% or less, the income is **reasonably compatible** and no further action is required. A **reasonable explanation** shall be used if for example, the individual ended employment the month (March) before the application was made (April).	Internal Revenue Service (IRS), SEW, TALX, SSA, or unemployment. New hire matches (NHM) and Provider payments are a lead only (not to be used to verify income). Applicable information gathered from TANF and SNAP (I.e. current paystubs)	If the self-attested income and electronic data source is both below the applicable standard, the income is verified. If the self-attested income and electronic data source is both above the applicable income standard, the individual is ineligible for Medicaid. If the self-attested income is above and the electronic data source is below the applicable standard, the individual is ineligible for Medicaid.

Eligibility Factor	Verification Source	Reasonable Compatibility	Electronic Sources to be Utilized	Comments
Residency	Self-Attestation without additional documentation shall be applied.	If the attested information is not reasonably compatible to information known to the agency, additional information shall be required.	No electronic data sources are available to verify residency.	Paper documentation is required if the self-attested information is not reasonably compatible. I.e. a copy of the clients lease or utility bill that shows the clients address.
Age (date of birth)	Electronic data sources shall be utilized to verify age if available.	If the attested information is not reasonably compatible to information known to the agency, additional information shall be required.	Social Security Administration (SSA), Vital Statistics, Department of Motor Vehicles (DMV), Office of Child Support Enforcement, Medicare Part D Interface. Applicable information gathered from TANF or SNAP in the case file.	If the electronic data sources listed are not available or not reasonably compatible, paper documentation shall be required.
Social Security Number (SSN)	Electronic data sources shall be utilized to verify SSN if available.	If the attested information is not reasonably compatible to information known to the agency, additional information shall be required.	SSA, Vital Statistics, or applicable information gathered from TANF or SNAP in the case file.	
Citizenship	Electronic data sources shall be utilized to verify	If the attested information is not reasonably	SSA, Department of Homeland	If the electronic data sources listed are not available or not reasonably compatible, paper

	Citizenship if available.	compatible to information known to the agency, additional information shall be required.	Security (DHS)-SAVE, Vital Statistics, State Verification and Exchange System (SVES) or applicable information gathered from TANF or SNAP in the case file.	documentation shall be required. Consider the 90 day reasonable opportunity period.
Immigration Status	Electronic data sources shall be utilized to verify Immigration if available.	If the attested information is not reasonably compatible to information known to the agency, additional information shall be required.	DHS-SAVE or applicable information gathered from TANF or SNAP.	If the electronic data sources listed are not available or not reasonably compatible, paper documentation shall be required. Consider the 90 day reasonable opportunity period.
Household Composition	Self-attestation without additional documentation shall be applied for household composition.	If the attested information is not reasonably compatible with information that is known the agency, additional documentation shall be required.	No electronic data sources are available to verify household composition.	Paper documentation is required if the self-attested information is not reasonably compatible. I.e. a signed statement from the landlord.
Pregnancy	Self-attestation without additional documentation shall be applied for pregnancy and due date.	If the attested information is not reasonably compatible with information that is known to the agency additional documentation is required.	No electronic data sources are available to verify pregnancy.	Paper documentation is required if the self-attested information is not reasonably compatible. I.e. a statement from a doctor verifying the pregnancy.

Caretaker Relative	Electronic data sources shall be utilized to verify caretaker/relative if available.	If the attested information is not reasonably compatible with information that is known to the agency additional documentation is required.	Vital Statistics, Office of Child Support Enforcement, or applicable information gathered from TANF.	If the electronic data sources listed are not available or not reasonably compatible, paper documentation shall be required. I.e. Court ordered guardianship/conservatorship papers.
Medicare	Electronic data sources shall be utilized to verify Medicare.	If the attested information is not reasonably compatible with information that is known to the agency, additional documentation is required.	SSA, SNAP, or Medicare Part D interface.	If the electronic data sources listed are not available or not reasonably compatible, paper documentation is required.
Application for Other Benefits	Electronic data sources shall be utilized to verify application for other benefits.	If the attested information is not reasonably compatible with information that is known to the agency, additional documentation is required.	SSA, PARIS, or applicable information gathered from TANF.	If the electronic data sources listed are not available or not reasonably compatible, paper documentation is required.
Countable Resources	Paper documentation is required.	N/A	None currently available.	Resource verifications are not needed for MAGI categories or current pay SSI individuals.

Appendix 5: ACCESSNebraska Employee Survey

(Conducted by the Ombudsman's office)

Survey of ACCESSNebraska Employees

August 11, 2015

Prepared for

ACCESSNebraska Special Investigative Committee of the Legislature

Submitted by
Ombudsman/Public Counsel Office
State Capitol
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I.   Introduction

In 2014, Senator Annette Dubas, as former Chairperson of the ACCESSNebraska Special Investigative Committee, requested that the Ombudsman's Office conduct a survey of ACCESSNebraska employees. The purpose of the survey was to gather opinions and suggestions for improvement from individuals who worked with the ACCESSNebraska system on a regular basis.

Senator Sara Howard, as current Chairperson of the ACCESSNebraska Special Investigative Committee, has requested a follow-up survey identical to the one conducted in 2014 to determine: 1) whether there have been any changes in employee perspective of the system since last year's ACCESSNebraska survey; and 2) whether the system is effective in serving Nebraskans. This Report will provide a summary of the survey responses as well as a comparison of this year's results to last year's results.

To facilitate the 2015 survey, we asked the Nebraska Department of Health and Human Services (DHHS) to provide a list of all current ACCESSNebraska employees, which resulted in a list of 876 individuals. An invitation to participate in the survey was then sent by email from the Ombudsman's Office to those 876 employees on July 13, 2015. The survey closed on July 27, 2015, with a total of 421 responses.

The results of the survey can be interpreted in multiple ways, and certainly it is up to the Committee to draw the ultimate conclusions on the meaning of this data. Nevertheless, we believe the results of this survey are significant, particularly due to the fact that we received such a high response rate (48%) compared to last year. We would like to highlight some of the patterns we saw in the answers employees provided to a series of multiple-choice questions and open-ended questions. This report combines responses from the two ACCESSNebraska divisions, Economic Assistance (EA) and Medicaid and Long-Term Care (MLTC). We have highlighted major differences between the two divisions only when relevant.

II.   Questions posed by the Survey

In order to capture any changes in employees' perspectives of the system, this year's survey contained the same questions as the 2014 ACCESSNebraska survey. The questions asked were divided into two parts: multiple-choice questions and open-ended questions.

> **a. The multiple-choice questions addressed the following topics:**
>> i.   Employee background (length of time working for DHHS, job title, responsibilities, and work location).
>> ii.   Training on public benefits programs, telephone skills, and computer system usage.
>> iii.   Workload and time to perform work duties.

iv. Client interaction on issues such as accuracy of work performed and clients' level of satisfaction.
v. Serving the elderly population, people with disabilities, people with mental illness, Non-English speaking clients, families, and clients in a crisis situation.

   b. **The open-ended questions addressed the following topics:**
i. Aspects of the ACCESSNebraska system that are working well, and aspects that need improvement.
ii. Whether the ACCESSNebraska system is evolving/improving, and whether employees had suggestions for improvement.

III. What the Survey says about the ACCESSNebraska system

A. Employee Background (length of time working for DHHS, job title, responsibilities, and work location)

Last year's survey results showed that 36% of respondents had worked for DHHS ten or more years, while 23% had worked at DHHS two to five years. This year's survey results reflect a 10% increase in respondents who reported employment with DHHS for two to five years. At the same time, it appears there has been a 4% decrease in respondents who have been employed by DHHS for ten or more.

As expected, and similar to last year's survey results, the majority of respondents (75%) work as either Customer Service Center Workers or Local Office Workers.

B. Employee Training (public benefits programs, telephone skills, and computer system usage)

Training in public benefits programs:

Initial training: It appears that the training that new ACCESSNebraska staff receive in the various technical aspects of public benefits programs prior to beginning their regular ACCESSNebraska responsibilities is generally satisfactory. 74% of respondents stated the training was either excellent, more than adequate, or adequate. This is a 2% increase from last year's survey results.

Interestingly, 71% of MLTC respondents who had participated in initial training in public benefits programs within the past year viewed the experience as adequate, while only 40% of EA respondents reported satisfaction. One MLTC respondent who completed initial training within the past six months stated the new worker training was "excellent, but there is a disconnect between training and introduction to the floor, i.e., the actual work."

Ongoing training: Similar to last year's survey results, there has been a drop in the adequacy rating in regards to ongoing training as compared to initial training. Specifically, this year's survey results show that 66% of respondents viewed the ongoing training as either excellent, more than adequate, or adequate. Many of the respondents who indicated low satisfaction in the ongoing training mentioned that processes and procedures change constantly with no notification, but updated training is not being offered. One MLTC respondent stated that "more training and more communication needs to happen for all call center employees and processors. There are differences in how one office works an application or work task from how another local office works them or the call center works them."

It is worth noting the differences between MLTC respondents and EA respondents, in terms of both initial and ongoing training. While the survey results reflect a decrease in the adequacy rating of ongoing training for both divisions, the EA respondents were more satisfied with initial and ongoing training, as compared to MLTC respondents.

Training in phone skills and computer system usage (initial and ongoing): This year's respondents gave higher ratings for both the initial and ongoing training in telephone skills and computer system usage, as compared to the training in public benefits programs.

C. Work Duties (workload and time to perform work duties)

In last year's survey results, respondents reported a high level of dissatisfaction with the sheer volume of their work-tasks. Although a large number of respondents in this year's survey again indicated frustration with work-task volume, there has been a 9% decrease in reports of a consistent backlog in work-tasks. However, the dissatisfaction level concerning work-task requirements is still high at 47%. A similar percentage (52%) of respondents felt they have less than enough time to complete their work-tasks.

It is notable that 56% of EA respondents reported a consistent backlog in work-tasks, as compared to 37% of MLTC respondents who reported the same.

When we compared responses from local offices employees to customer service center employees, 53% of respondents in local offices reported having too many work-tasks, as opposed to 33% of respondents in customer service centers.

D. Client Interaction

Despite the apparent backlog in work-tasks, and the constantly changing policies and operating procedures, ACCESSNebraska employees continue to love their jobs because they feel they are helping the people of Nebraska.

Accuracy of work performed: When asked about the accuracy of work completed, 87% of respondents (which consisted of 92% of EA respondents and 82% of MLTC respondents) selected the response "my work is accurate most of the time." This year's results on this question show a slight increase over last year's results. Further, 97% of respondents who have worked in the EA division for one to two years reported that "my work is accurate most of the time."

While only 4% of respondents reported uncertainty as to whether their work is accurate, many respondents commented in the open-ended section of the survey that if mistakes were made by an employee, then that specific employee would never be aware of the errors because other employees would end up making the necessary corrections. As one MLTC employee explained, "Workers need to be held responsible for their own work. Current policy is the worker who finds the mistake corrects the case and moves on. The worker making the mistake is not told of the error."

Though 87% of respondents felt their work is accurate most of the time, comments made in the open-ended portion of the survey highlighted that the constantly changing procedures and processes contribute to low accuracy rates.

Client satisfaction: 86% of the respondents agreed that the clients are either very satisfied, somewhat satisfied, or satisfied with the service that they receive. This is an increase of 13% in perceived client satisfaction from last year's survey results.

Serving the elderly population, people with disabilities, and people with mental illness: The results of the survey indicated that 43% to 50% of respondents experienced either some, significant, or extreme difficulties in serving the elderly population, people with disabilities, or people with mental illness. This is a slight increase in the frequency of respondents reporting such difficulties, as compared to last year.

Similar to the comment section of the 2014, many respondents in 2015 mentioned that the ACCESSNebraska website and online applications work well for those individuals who are already familiar with computers and the Internet. But people who are elderly, disabled, or who have a mental illness seem to have particular difficulty navigating these online resources and prefer, or need, face-to-face interactions.

Serving non-English-speaking clients: Similar to last year, respondents continue to have difficulties in serving non-English-speaking populations as compared to English speaking clients. 71% of respondents reported experiencing either some, significant, or extreme difficulties encountered in serving the non-English-speaking population. The MLTC respondents reported more difficulties in this area than did the EA respondents.

E. Aspects of ACCESSNebraska that are seen as working well

Not surprisingly, the responses to the open-ended question that asked which aspects of ACCESSNebraska are working well were mixed. Unlike last year, this year's results

show employees are hopeful that things have improved or will get better, and that both EA and MLTC divisions are heading in the right direction. Many respondents attributed the revived energy to the new administration, which they feel is interested in input from employees. One respondent commented that "management is responsive to suggestions from staff on how to improve the system and are implementing these suggestions through PDSA tests and N-Focus upgrades."

Another trend is a substantial reduction in respondents reporting micromanagement as an issue. Tin contrast, the results of the 2014 survey showed that the majority of respondents felt too micromanaged.

Given that employees from the two divisions (EA and MLTC) are so unique in their responses, it is best to separate MLTC and EA comments to capture which aspects of ACCESSNebraska are seen as working well.

What's working well in the Economic Assistance Division: For the EA division, many respondents mentioned that having online applications, updated options, and various online tools to offer clients has been beneficial because these options "serve families when it works best for them." Similar to the 2014 survey results, many EA employees also pointed out that the availability of workers in the customer service centers seems to help clients "[be] able to contact workers immediately for answers [which is] more positive than having assigned case workers."

Although many employees complained of the constantly changing policies, processes, and procedures, some pointed out that the "current method of having local offices interview and process initial applications [is] working much better than [the] original concept."

Last year's survey results showed general frustration with lack of communication among local offices and customer service centers. This year was no different; respondents still voiced concerns about the need for better communication between offices. However, many also recognized that "communication within ACCESSNebraska is working better."

Many employees on the EA side appreciated the ability "to serve the people in the local offices and not [turn] them away." Respondents reported that this allows local office employees to "provide excellent customer service and actually provide the benefits to those immediate in need and talk and educate those in need."

Employees still believe in the universal case system. But while there were advocates for such caseloads, some recognized the benefits of "having a permanent assigned caseload based on county" as a better way to do things because "workers would be familiar with their cases and could work off their alert list."

A noteworthy point is that many employees reported they believe the new CEO has revived ACCESSNebraska, and has provided hope for potential improvements in the near future.

Many EA survey respondents mentioned that the ANDI Centers are working "very well as documents are being scanned in same day and avail to process benefits." One EA worker commented that "the local offices and CSC's [...] better serve clients as they are able to see document much sooner than previously."

What's working well in Medicaid and Long-Term Care Division: Many MLTC respondents mentioned that giving more complex cases to "assigned workers" has been helpful for both employees and clients. Assigned cases allow the assigned workers the ability to concentrate on the policies for complex programs like Spousal Impoverishment (SIMP) and nursing home (NH) placements. According to respondents, having assigned workers has been especially helpful for the aged and disabled.

Although this section asked what is working well in ACCESSNebraska, many employees commented that **nothing** is working well. At the same time, some of the respondents also pointed out that the call-wait times have improved, and similar to the EA division, MLTC respondents acknowledged that the current director, administrators, and supervisors are supportive.

Similar to the results last year, a few MLTC respondents continue to support the splitting of economic assistance and medical assistance programs, which one respondent felt "has been a very positive move for clients as well as workers." Another respondent asked that the two divisions remain separate from each other.

F. Aspects of ACCESSNebraska seen as needing improvement

Below are areas highlighted by respondents as "needing improvement." These responses are the same or similar to those gathered in the 2014 survey:

- Many respondents still felt that **more workers are needed** in order to perform satisfactory work. One worker commented that "we can only improve if there are more workers hired. Employees love overtime BUT that doesn't and will never solve this problem." When the Ombudsman's Office conducted the first ACCESS-Nebraska survey a year ago, we received a list of all ACCESSNebraska employees, which totaled 931 individuals. In contrast, this year's list included only 876 ACCESSNebraska employees. This appears to reflect a 9% drop in the ACCESS-Nebraska workforce as compared to last year.

- **Processes and procedures** continue to change too frequently. One respondent stated "the fluctuation in policies has made this job, even the most seasoned of workers difficult. You never know if your answer is going to be correct or the work you have done is right due to the rapid changes." Another respondent further explained that "policy specialists are not on the same page and we receive different answers. Not all answers are shared." Not only do processes and procedures change constantly, and policy specialists provide different answers to the

same questions, but "each supervisor interprets policy and procedures differently, the training teaching different processes than what is currently being utilized because they are under a different administration." Sometimes, "there are procedures that don't follow policies."

- **Putting "Human" back in Human Services**. Many respondents felt the customer service center model has removed the social service element from the agency, and many employees described themselves simply as "data entry workers."

- **Communication** among the different entities is still lacking. One EA respondent commented that "communication not only lack within the teams in a call center but also between call centers and local offices."

- **Putting out fires/operating in a crisis mode**. Many EA respondents related the feeling of continuously working in a crisis mode. One EA respondent clarified this sentiment further by stating, "I think the ACCESSNebraska priority system is failing. ACCESSNebraska is constantly in crisis mode to catch up where they have been disregarding to fix a different crisis."

- **Universal caseload**. Some respondents advocated for universal caseloads as a benefit for both clients and workers. However, other employees reported that they see the universal caseload system to be inefficient due to multiple workers touching each case: "there is no accountability for any case that is not assigned."

The following are new suggestions for improvements described by respondents in this year's survey. These were not mentioned by employees in last year's survey:

- Many EA workers were critical of the new policy to cross-train employees in both family and adult programs. These respondents felt that "expecting a primarily family worker to be able to efficiently work on adult cases and vice versa is not realistic." Another respondent pointed out, "Cross training has been such a disaster. Case work in family cases is much more intense and involved then an adult case. Adult cases deal with mental issues and hard of hearing. Our staff have to switch from one to another and it is hard."

- MLTC respondents strongly suggested that workers be rewarded with pay raises for doing quality work. Instead, according to respondents, the pay is basically the same across the board. Employees pointed out that the current pay scale provides no incentive for improvement. A few respondents mentioned favoritism and nepotism by management as damaging to personnel.

G. Whether the system is improving:

Similar to last year's survey results, the comments to the survey question of whether the ACCESSNebraska system is improving ranged from a resounding "No," to an absolute "Yes."

Of the MLTC respondents who stated "Yes," one credited improvements to "great leadership" that has "lead MLTC to lower call wait times and very few work-tasks."

On the EA side, many recognized that "compare[d] to last year, cases are being processed much more quickly."

At the other end of the spectrum, some respondents from both the EA and MLTC divisions felt that not only has there been a lack of improvement, but "if anything, it has gotten worse."

IV.   Conclusion

When comparing the 2015 ACCESSNebraska survey results to the 2014 survey results, the Ombudsman's Office encountered many similar outcomes. What is encouraging is the many comments from the respondents who reported a feeling of hopefulness that the system has either improved from a year ago, or is heading in the right direction.

Our office reviewed all written comments submitted by employees, and in this report we have endeavored to provide an accounting of the general trends and notable unique perspectives we encountered. We hope we have done justice in terms of conveying the ACCESSNebraska employees' opinions and suggestions about the ACCESSNebraska system. We have also attached a summary of the responses to the multiple choice questions, but we did not include the written comments because of the sheer volume (100+ pages). We would like to express our sincere appreciation to all of the employees who completed the survey, both for their contribution here, and for their work for the citizens of the State of Nebraska.

Respectfully submitted,

Julie Pham
Deputy Ombudsman
for Welfare Services

Marshall Lux
Ombudsman

241 responses (Economic Assistance Division)

How long have you been employed by the Nebraska Department of Health and Human Services?
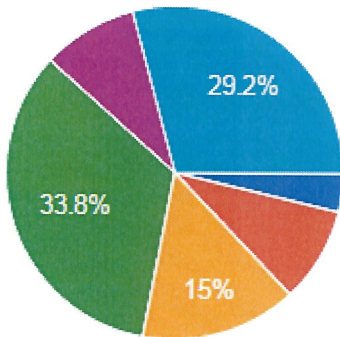
Less than 6 months	9	3.8%
6 to 12 months	22	9.2%
1 to 2 years	36	15%
2 to 5 years	81	33.8%
5 to 10 years	22	9.2%
10 years or more	70	29.2%

Which of the following best describes your title?
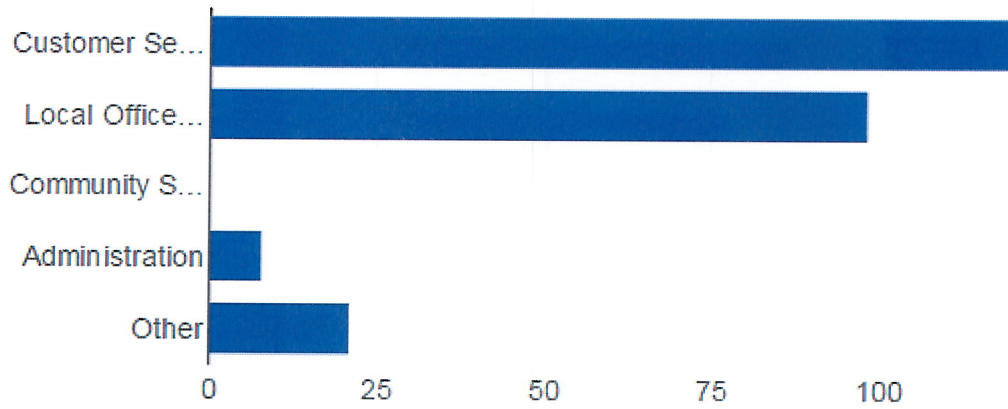
Customer Service Center Worker	**120**	50.2%
Local Office Worker	**98**	41%
Community Support Specialist	**0**	0%
Administration	**8**	3.3%
Other	**21**	8.8%

Which of the following best describe your responsibilities?
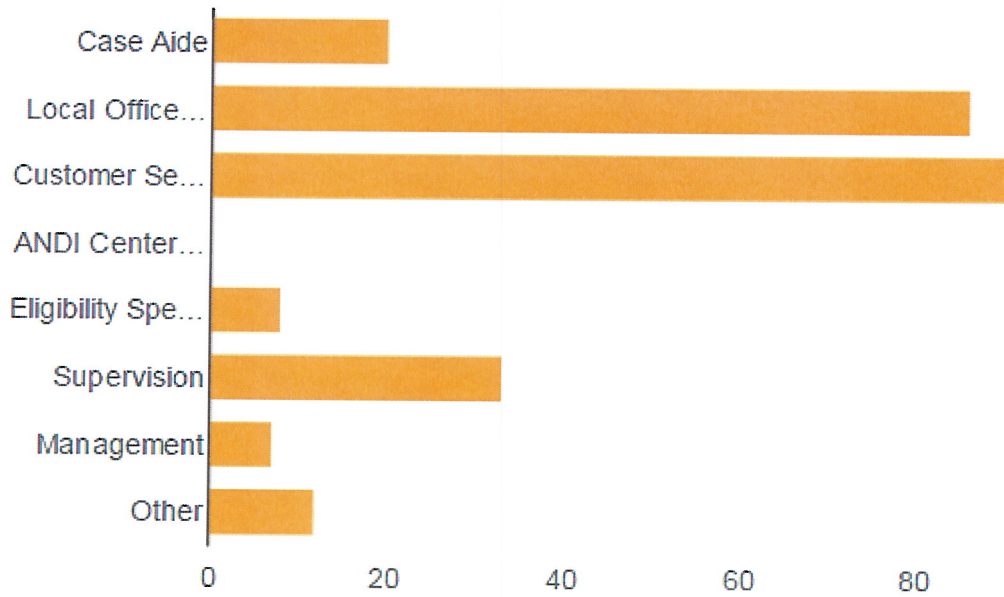
Case Aide	**20**	8.3%
Local Office Social Services Worker	**86**	35.8%
Customer Service Center Social Services Worker	**91**	37.9%
ANDI Center Worker	**0**	0%
Eligibility Specialist	**8**	3.3%
Supervision	**33**	13.8%
Management	**7**	2.9%
Other	**12**	5%

Training

How would you describe the amount of training you received regarding public benefits programs (SNAP, ADC, etc.) before you began your responsibilities?
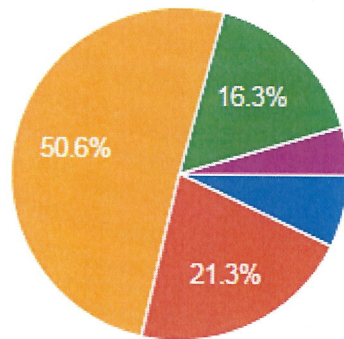
Excellent	**17**	7.1%
More than adequate	**51**	21.3%
Adequate	**121**	50.6%
Less than adequate	**39**	16.3%
Poor	**11**	4.6%

How would you describe the amount of training you continue to receive regarding public benefits programs (SNAP, ADC, etc.)?
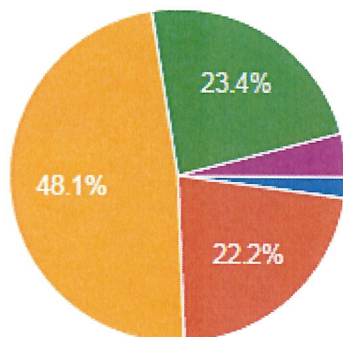
Excellent	5	2.1%
More than adequate	53	22.2%
Adequate	115	48.1%
Less than adequate	56	23.4%
Poor	10	4.2%

How would you describe the amount of training you received regarding the phone and computer system you use before you began your responsibilities?
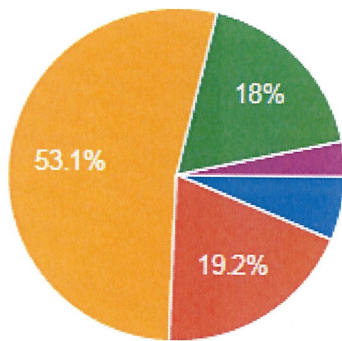
Excellent	15	6.3%
More than adequate	46	19.2%
Adequate	127	53.1%
Less than adequate	43	18%
Poor	8	3.3%

How would you describe the amount of training you continue to receive regarding the phone and computer system you use?
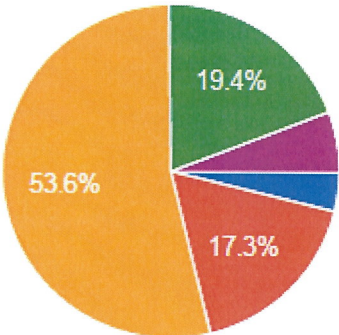
Excellent	9	3.8%
More than adequate	41	17.3%
Adequate	127	53.6%
Less than adequate	46	19.4%
Poor	14	5.9%

Work Duties

Which of the following best describes the number of work duties required by your position?
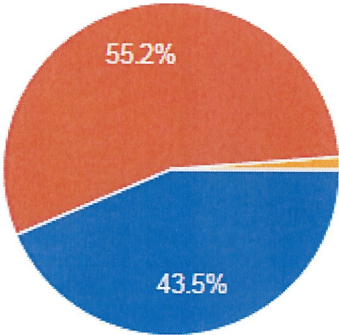
Too many work duties	104	43.5%
Enough work duties	132	55.2%

Not enough work duties   3   1.3%

Which of the following best describes the amount of time you have to perform your work duties ?
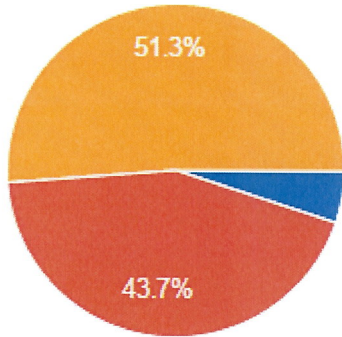
I have more than enough time to complete my work duties	**12**	5%
I have about the right amount of time to complete my work duties	**104**	43.7%
I have less than enough time to complete my work duties	**122**	51.3%

Which of the following best describes the current workload across the system?
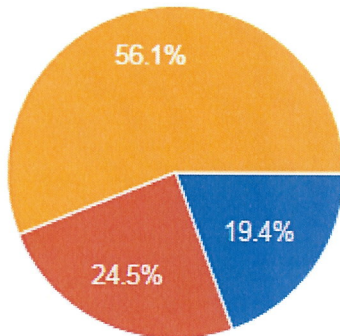
Most workers are able to regularly complete the pending work duties	**46**	19.4%
Few workers are able to regularly complete the pending work duties	**58**	24.5%
There is a consistent backlog in work duties	**133**	56.1%

Do you have the resources needed to answer clients' questions while on the phone?
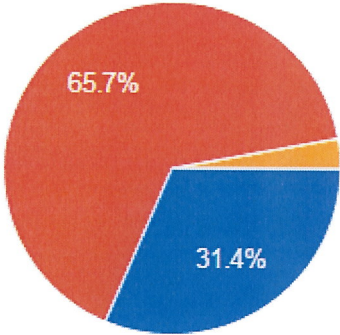
Always	74	31.4%
Sometimes	155	65.7%
Rarely	7	3%

Client Interaction

Which of the following best describes your opinion on the accuracy of your work?
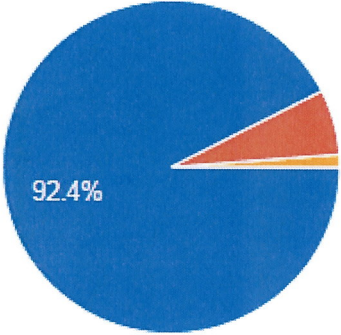
My work is accurate most of the time	220	92.4%
My work is accurate some of the time	15	6.3%
I am not sure whether my work is accurate	3	1.3%

Which of the following best describes your opinion on client satisfaction?
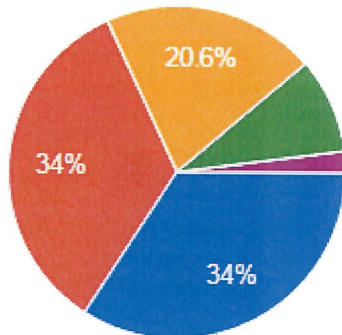
I believe my clients are very satisfied with the service they receive	**81**	34%
I believe my clients are somewhat satisfied with the service they receive	**81**	34%
I believe my clients are satisfied with the service they receive	**49**	20.6%
I believe my clients are dissatisfied with the service they receive	**22**	9.2%
I believe my clients are very dissatisfied with the service they receive	**5**	2.1%

Elderly [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]
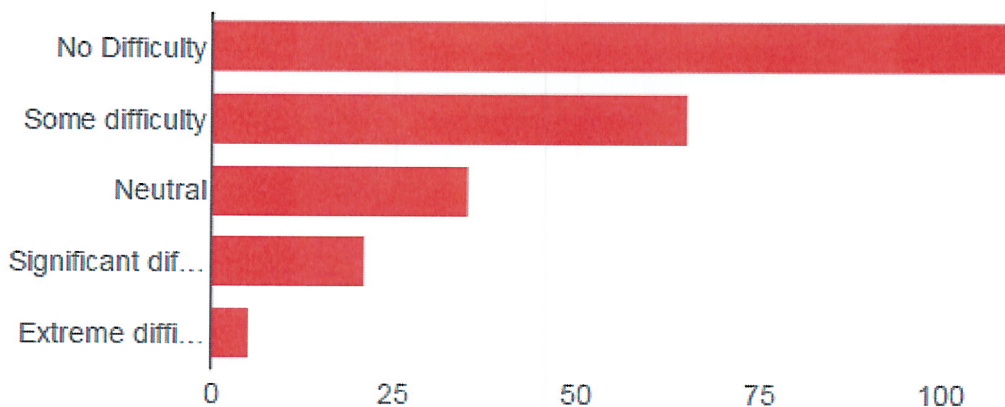
|		
No Difficulty	**110**	46.6%
Some difficulty	**65**	27.5%
Neutral	**35**	14.8%

| Significant difficulty | 21 | 8.9% |
| Extreme difficulty | 5 | 2.1% |

People with Disabilities [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]
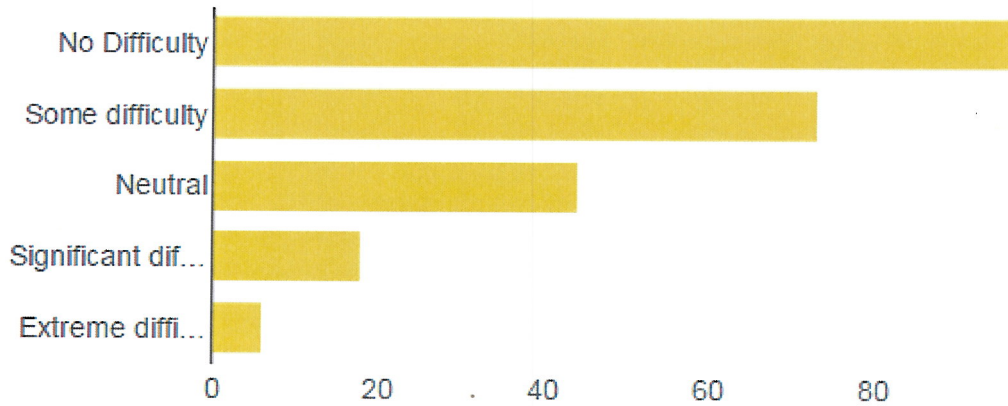
No Difficulty	97	40.8%
Some difficulty	73	30.7%
Neutral	44	18.5%
Significant difficulty	18	7.6%
Extreme difficulty	6	2.5%

People with Mental Illness [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]
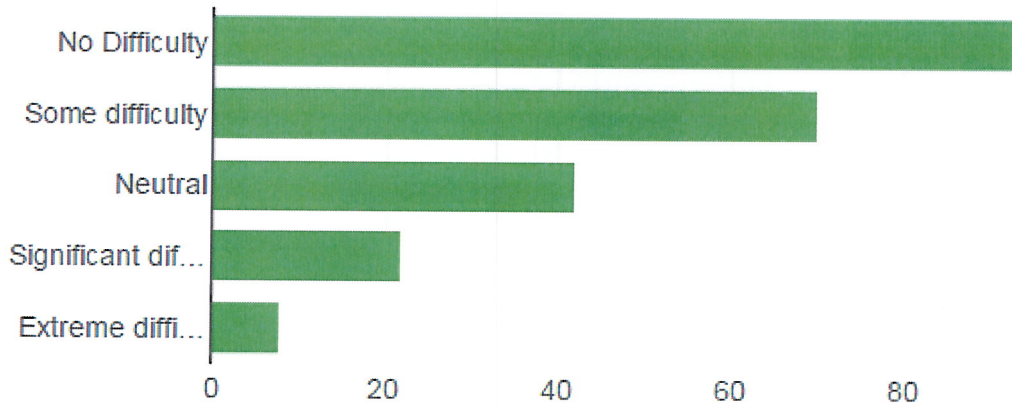
No Difficulty	93	39.6%
Some difficulty	70	29.8%
Neutral	42	17.9%
Significant difficulty	22	9.4%
Extreme difficulty	8	3.4%

Non-English Speaking Clients [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]
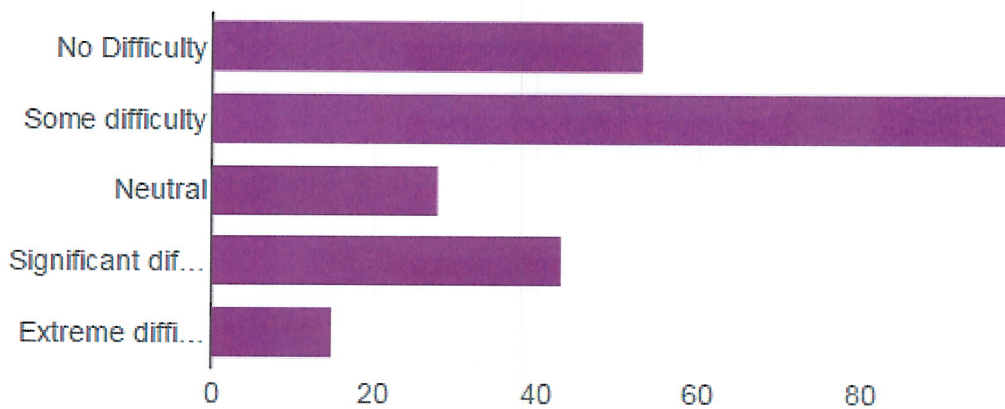
No Difficulty	53	22.3%

Some difficulty	**99**	41.6%
Neutral	**28**	11.8%
Significant difficulty	**43**	18.1%
Extreme difficulty	**15**	6.3%

Families [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]
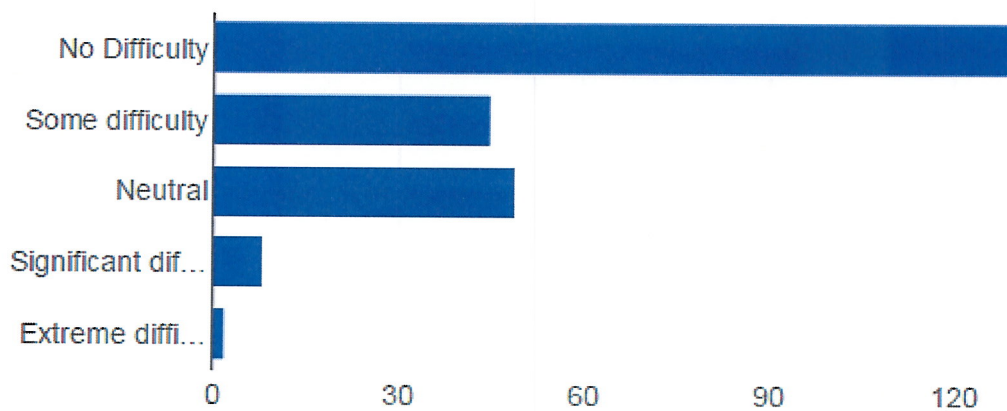
No Difficulty	**130**	55.6%
Some difficulty	**45**	19.2%
Neutral	**49**	20.9%
Significant difficulty	**8**	3.4%
Extreme difficulty	**2**	0.9%

Clients in a crisis situation (for example homeless) [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]
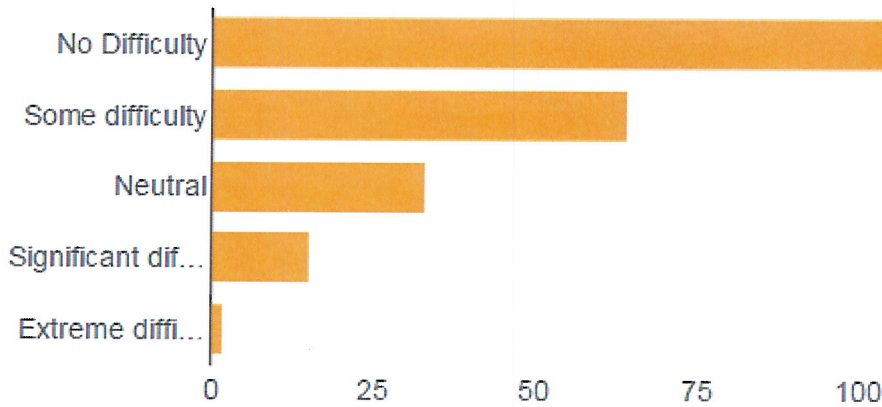
No Difficulty	**124**	52.1%
Some difficulty	**64**	26.9%
Neutral	**33**	13.9%
Significant difficulty	**15**	6.3%
Extreme difficulty	**2**	0.8%

Other: [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]
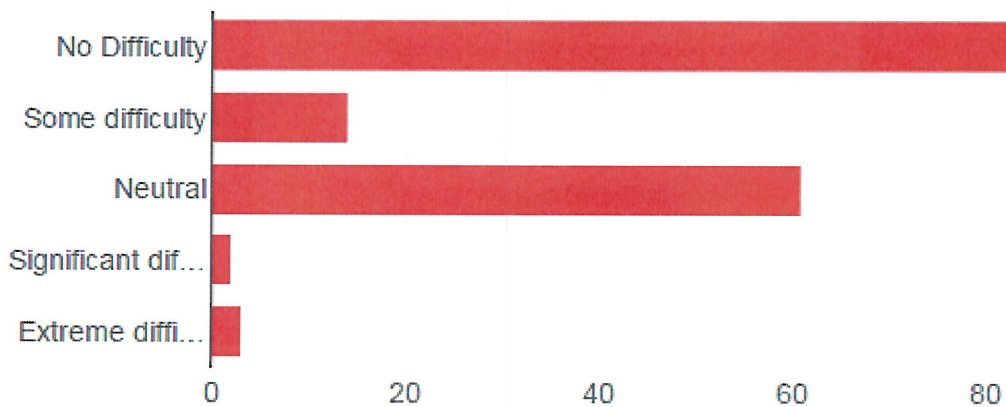
No Difficulty	**83**	50.9%

Some difficulty	**14**	8.6%
Neutral	**61**	37.4%
Significant difficulty	**2**	1.2%
Extreme difficulty	**3**	1.8%

180 Responses (Medicaid & Long-Term Care Division)

Employee Type

How long have you been employed by the Nebraska Department of Health and Human Services?
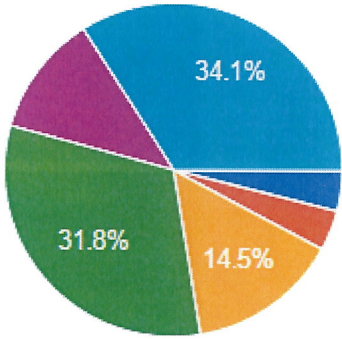
Less than 6 months	7	3.9%
6 to 12 months	7	3.9%
1 to 2 years	26	14.5%
2 to 5 years	57	31.8%
5 to 10 years	21	11.7%
10 years or more	61	34.1%

Which of the following best describes your title?
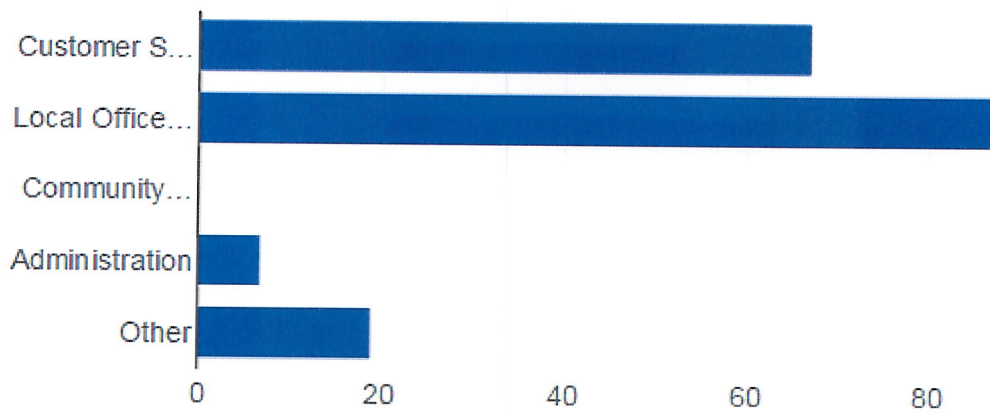
Customer Service Center Worker	**67**	37.6%
Local Office Worker	**88**	49.4%
Community Support Specialist	**0**	0%
Administration	**7**	3.9%
Other	**19**	10.7%

Which of the following best describe your responsibilities?
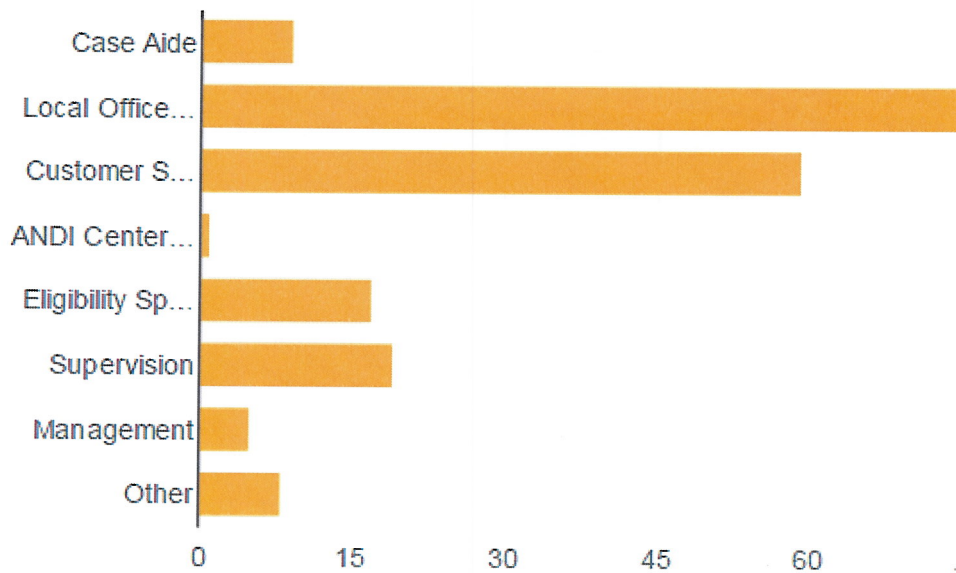
Case Aide	**9**	5%
Local Office Social Services Worker	**76**	42.5%
Customer Service Center Social Services Worker	**59**	33%
ANDI Center Worker	**1**	0.6%
Eligibility Specialist	**17**	9.5%
Supervision	**19**	10.6%
Management	**5**	2.8%
Other	**8**	4.5%

Training

How would you describe the amount of training you received regarding public benefits programs (Medicaid, A&D Waiver, etc.) before you began your responsibilities?
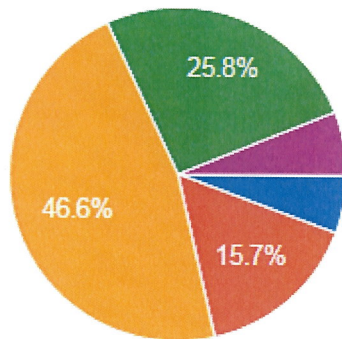
Excellent	**10**	5.6%
More than adequate	**28**	15.7%
Adequate	**83**	46.6%
Less than adequate	**46**	25.8%
Poor	**11**	6.2%

How would you describe the amount of training you continue to receive regarding public benefits programs (Medicaid, A&D Waiver, etc.)?
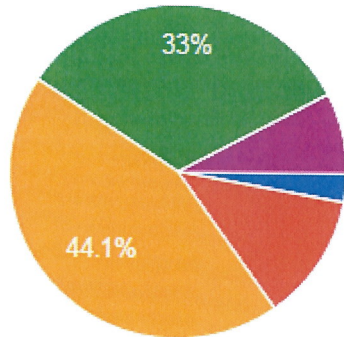
Excellent	**5**	2.8%
More than adequate	**22**	12.3%
Adequate	**79**	44.1%
Less than adequate	**59**	33%
Poor	**14**	7.8%

How would you describe the amount of training you received regarding the phone and computer system you use before you began your responsibilities?
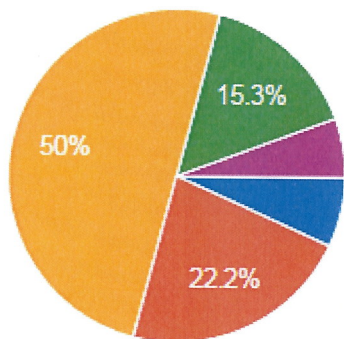
Excellent	**12**	6.8%
More than adequate	**39**	22.2%
Adequate	**88**	50%

| Less than adequate | **27** | 15.3% |
| Poor | **10** | 5.7% |

How would you describe the amount of training you continue to receive regarding the phone and computer system you use?
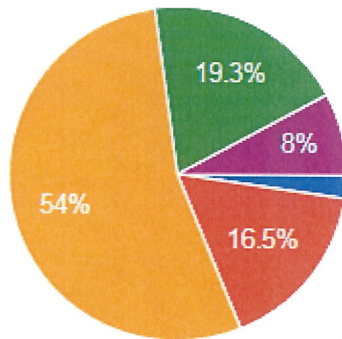
Excellent	**4**	2.3%
More than adequate	**29**	16.5%
Adequate	**95**	54%
Less than adequate	**34**	19.3%
Poor	**14**	8%

Work Duties

**Which of the following best describes the number of work duties required by your position?**
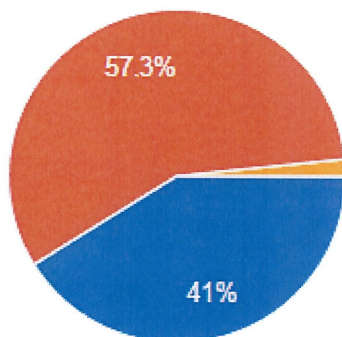
Too many work duties	**73**	41%
Enough work duties	**102**	57.3%
Not enough work duties	**3**	1.7%

Which of the following best describes the amount of time you have to perform your work duties ?
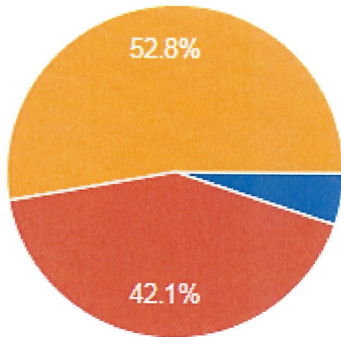
I have more than enough time to complete my work duties	**9**	5.1%
I have about the right amount of time to complete my work duties	**75**	42.1%
I have less than enough time to complete my work duties	**94**	52.8%

Which of the following best describes the current workload across the system?
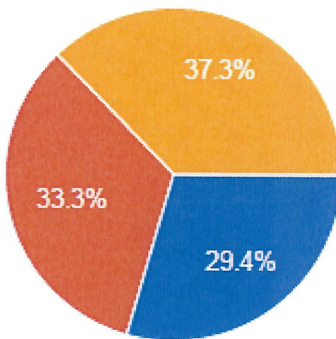
| Most workers are able to regularly complete the pending work duties	**52**	29.4%
Few workers are able to regularly complete the pending work duties	**59**	33.3%
There is a consistent backlog in work duties	**66**	37.3%

Do you have the resources needed to answer clients' questions while on the phone?
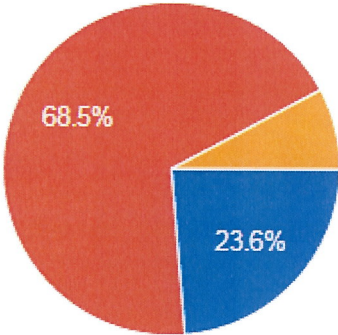
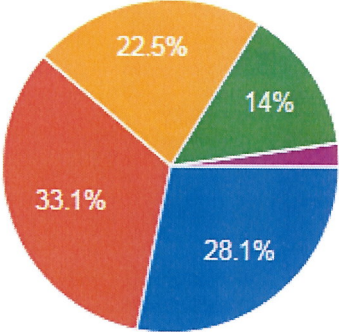| Always | **42** | 23.6% |
| Sometimes | **122** | 68.5% |
| Rarely | **14** | 7.9% |

Client Interaction

Which of the following best describes your opinion on the accuracy of your work?
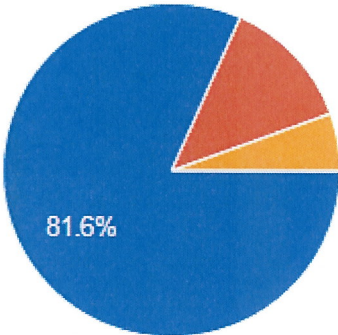
My work is accurate most of the time	**146**	81.6%
My work is accurate some of the time	**23**	12.8%
I am not sure whether my work is accurate	**10**	5.6%

Which of the following best describes your opinion on client satisfaction?

| I believe my clients are very satisfied with the service they receive | 50 | 28.1% |
I believe my clients are somewhat satisfied with the service they receive	59	33.1%
I believe my clients are satisfied with the service they receive	40	22.5%
I believe my clients are dissatisfied with the service they receive	25	14%
I believe my clients are very dissatisfied with the service they receive	4	2.2%

Elderly [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]
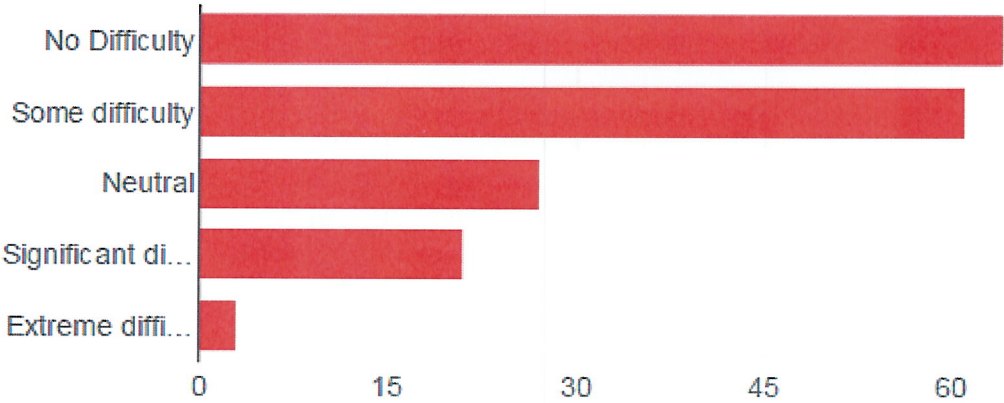
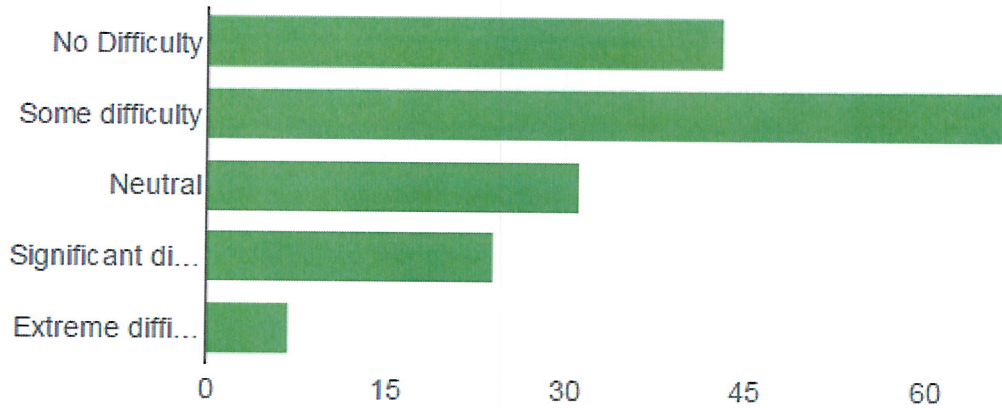| No Difficulty | 64 | 36.4% |
Some difficulty	61	34.7%
Neutral	27	15.3%
Significant difficulty	21	11.9%

Extreme difficulty   **3**   1.7%

People with Disabilities [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]
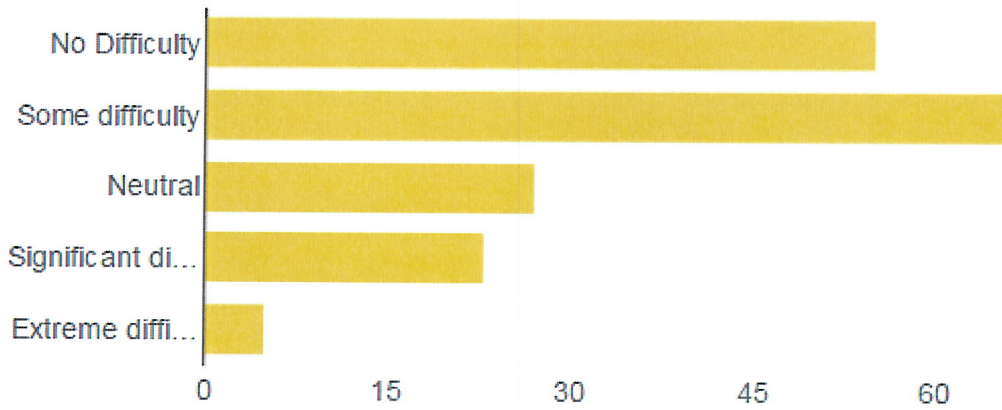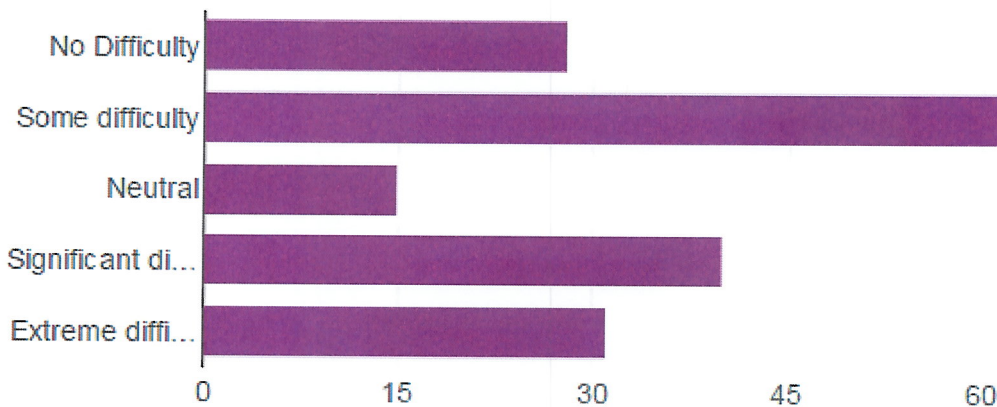

No Difficulty	**55**	31.3%
Some difficulty	**66**	37.5%
Neutral	**27**	15.3%
Significant difficulty	**23**	13.1%
Extreme difficulty	**5**	2.8%

People with Mental Illness [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]
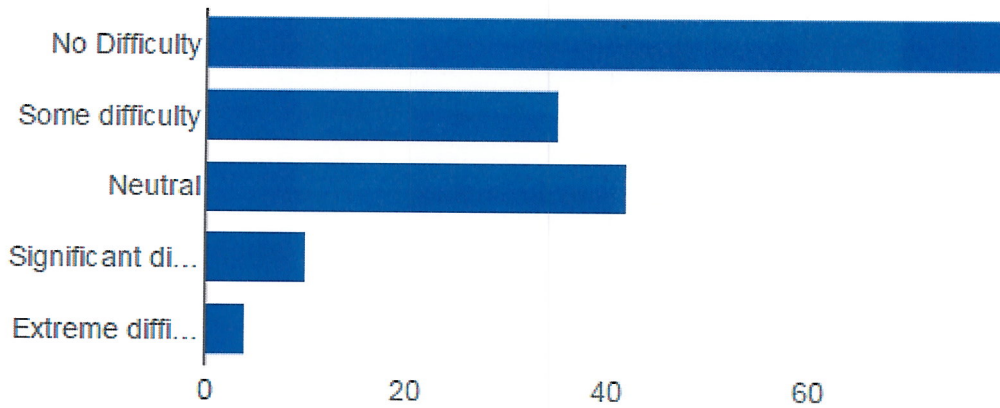

No Difficulty	**43**	25%
Some difficulty	**67**	39%
Neutral	**31**	18%
Significant difficulty	**24**	14%
Extreme difficulty	**7**	4.1%

Non-English Speaking Clients [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]
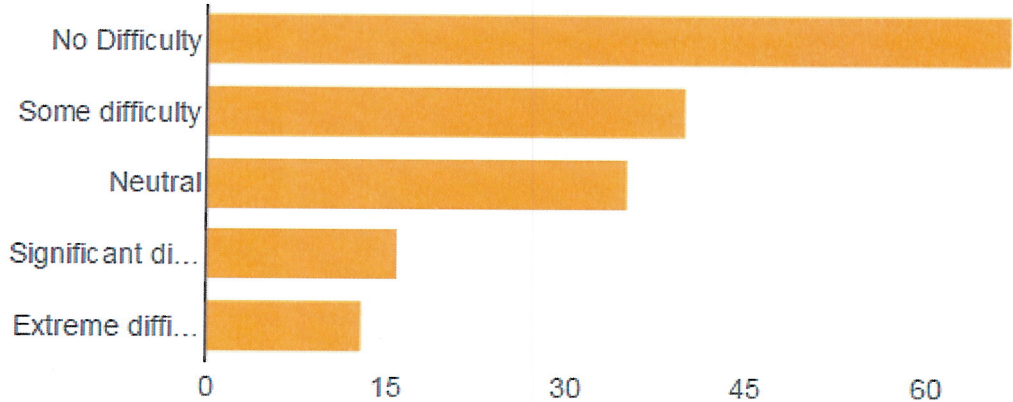
No Difficulty	**28**	15.9%
Some difficulty	**62**	35.2%
Neutral	**15**	8.5%
Significant difficulty	**40**	22.7%
Extreme difficulty	**31**	17.6%

Families [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]

No Difficulty	**80**	46.8%
Some difficulty	**35**	20.5%
Neutral	**42**	24.6%
Significant difficulty	**10**	5.8%
Extreme difficulty	**4**	2.3%

**Clients in a crisis situation (for example homeless) [Do you experi-
ence any difficulty (provide answer for each population you work
with) in serving the following client groups?]**

No Difficulty	**67**	39.2%
Some difficulty	**40**	23.4%
Neutral	**35**	20.5%
Significant difficulty	**16**	9.4%
Extreme difficulty	**13**	7.6%

Other: [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]

No Difficulty	**41**	39%
Some difficulty	**13**	12.4%
Neutral	**48**	45.7%
Significant difficulty	**1**	1%
Extreme difficulty	**2**	1.9%

Appendix 6: July 31, 2015 Follow-Up Letter to ACCESSNebraska Special Investigative Committee from Nebraska Department of Health and Human Services

July 31, 2015

Senator Sara Howard
District #9 State Capitol
PO Box 94604
Lincoln, NE 68509

Dear Senator Howard:

I appreciate the opportunity to present information about ACCESSNebraska to your committee on July 17. As I stated, we have made progress but we still have more to do, and we are committed to improving its operation so we can accomplish our goal of serving recipients effectively and with dignity and respect. The purpose of this letter is to provide follow-up information from the hearing and tour of the Lincoln Customer Service Center:

1) At the hearing, you asked about the turnover rate for ACCESSNebraska workers. The average annual turnover rate between the four Customer Service Centers is 26.52% with a high of 36% in Scottsbluff, and a low of 15.58% in Lexington. The disparity in numbers can be attributed to the size of the center and competition for skilled workers within each center's geographic area, among other factors. Please see the attachment for more details.

2) John Wyvill, Executive Director of the Nebraska Commission for the Deaf and Hard of Hearing, provided information relating to the needs of the deaf and hard of hearing community. Please see below the information from our Medicaid and Economic Assistance (EA) staff about serving the deaf and hard of hearing.

    Specifically, DHHS has a TTY (Text Telephone) in the Lincoln Customer Service Center. The Scottsbluff Customer Service Center has an EA staff person who is proficient in American Sign Language (ASL). The Language Line also has ASL interpreters available. DHHS also utilizes the Office of Hearing Impaired in Omaha and DHHS Deaf and Hard of Hearing staff in our North Platte office.

    Our response to the testimony of Mr. Wyvill will include exploring new ways to create a more user-friendly application for the deaf and hard-of-hearing community and working more with the Language Line to identify our staff's equipment needs in order to use ASL interpreters. Also, we will assess CapTel (captioned telephone) technology in addressing these needs.

3) Mike Marvin, Executive Director of NAPE, expressed concerns at the hearing regarding the counseling of workers. Please see information about the use of counseling for ACCESSNebraska workers.

   Specifically, the Division of Medicaid and Long-Term Care utilizes mentors and leads for individuals who need additional assistance. Topic-specific mentors (e.g., time management, multi-tasking, positive accuracy rates) are identified to match them to a specific need of a worker. Workers may be sent to training again if they are struggling with basic program concepts. Also, trainees are monitored and supported by supervisors to ensure that we focus on their needs and learning style.

   Also, the EA Unit of the Children and Family Services Division utilizes mentors and leads for those workers struggling in any given area. EA has one-on-one training and sends workers to refresher training as needed. For workers on a Performance Improvement Plan, weekly one-on-one meetings are held with the supervisor to discuss progress on their plan. Supervisors receive training on progressive discipline and working with the individual's preferred learning style.

4) At the hearing, Senator Craighead inquired if there is a "save button" the applicant can use so it's not necessary to start the entire application process over. In completing an online application, if an applicant creates an account, they are able to save the application and come back to complete it later.

5) Senator Hansen inquired at the hearing why the software was updated on the Medicaid side and not the Economic Assistance side. The Affordable Care Act provided funding for Medicaid only, so we are laying the foundation that can be leveraged to benefit EA once it is up and running.

If you have further questions regarding this hearing and tour, please contact me. Thank you.

Sincerely,

Courtney N. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services