
LR 400, 2014
ACCESSNebraska
Special Investigative
Committee

Report to the Legislature
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1. Executive Summary

Legislative Resolution 400 established the ACCESSNebraska Special Investigative Committee. The Committee has conducted an extensive study of Nebraska's public benefits delivery system. The study was conducted with the goal of providing a comprehensive framework for the Nebraska Legislature as it looks to improve the public benefits delivery system so that it meets the intent of the Department of Health and Human Services, "To make Economic Assistance Delivery system the best it can be for people of Nebraska, increase accessibility, increase responsiveness, maintain accuracy and increase efficiency." Meeting these goals not only serves Nebraskans better but will make the work environment for ACCESSNebraska employees much less stressful. Any benefits of moving from a system of assigned caseworkers to a system of Universal Case Management were completely lost due to lacking of planning and poor implementation of the program. A piecemeal approach will not achieve the lasting changes needed for an effective program.

One of the many goals of the Committee is to create an inventory of the current process for determining eligibility for Medicaid, Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and other economic assistance programs. This report includes a summary of the regulations governing the programs maintained under the ACCESSNebraska umbrella. It also offers recommendations to the Legislature and to the Department of Health and Human Services (DHHS) for ways to simplify and streamline application procedures for both clients and workers, improving customer service and ensure the most efficient use of state and federal funding.

ACCESSNebraska has been, and continues to be, plagued with problems. The same problems reported by citizens when the program was launched in 2008 are still being reported to this day, an email dated November 13, 2014 from a family member trying to assist their elderly parents, highlights the ongoing problems. The parents are in their 80's, still living at home. One of them suffers from dementia and needs constant care. Their adult child applied for respite care with the hopes of keeping them in their home as long as possible and avoid expensive nursing home care. The application process started in June of 2014 with the submission of the required documentation. Multiple letters followed stating the need for more information. The client made numerous phone calls to determine the problem and required talking to a different person each time and repeating

the same story over and over again. At of the time of this Report, the application is still not approved and the family member is being told to submit further documentation.

When ACCESSNebraska was implemented Nebraska was receiving substantial performance bonuses from the federal government for the timely and accurate processing of SNAP applications. In fact, DHHS used those dollars to implement ACCESSNebraska. Today, the state of Nebraska is ranked at the very bottom of all states in timeliness of processing SNAP applications. For years we have heard from clients, as well as employees, of long wait times, lost documentation and delays in benefits. While the DHHS continues to make attempts at efficiencies, we are not seeing any significant improvements in the processing and maintenance of benefits. The attempts to improve the program are, at times, causing more problems. Employees and clients report confusion, frustration, and anxiety because the rules and policies are in a constant state of change. There is no consistency as the Department tries in vain to deal with a multitude of problems. With the bifurcation of Medicaid and Economic Assistance programs, there appears to be some improvement in the processing of Medicaid benefits. However, the separation has caused confusion for clients, many not realizing the need to fill out more than one application, resulting in a lapse of benefits putting them in the very troubling position of having no coverage to take care of serious health conditions. While DHHS insists that the separate divisions are able to share documentation and transfer clients that does not seem to be the experience in the field.

The processing of Medicaid appears to be experiencing some improvements, but the processing of economic assistance programs, especially SNAP, has deteriorated. The number of pending applications climbed steadily in the early months of 2014, reaching a peak in July. At that time over 3,500 applications were past 30 days old and a total of pending SNAP applications reached 10,500. During a 30 day period in September through October, DHHS implemented mandatory overtime for many ACCESSNebraska employees to reduce the backlog. While the overtime effort achieved its goal of eliminating the backlog, the number of pending applications has increased since its completion and is trending upward again. One month after the end of the overtime period 400 pending applications are over 30 days old, with approximately 6,500 total applications pending.

Without significant improvements in processing, developing consistent operating procedures that are clearly understood, and investing in better technology, ACCESSNebraska will never be able to meet its desired outcomes of accessibility, accuracy, efficiency, and responsiveness.

2. Introduction and Objective of LR 400

Legislative Resolution 400 (2014) created the ACCESSNebraska Special Investigative Committee to conduct an in-depth review of ACCESSNebraska, the state's system for delivering public assistance. In May 2008, the Department of Health and Human Services (DHHS) began distributing information about ACCESSNebraska as the state's new system for delivery of public benefits. In September 2008, the initial ACCESSNebraska website was unveiled. At that time, the Department's stated purpose for transitioning from the previous service delivery system to ACCESSNebraska was: "To make Economic Assistance Service Delivery the best it can be for people of Nebraska, increase accessibility, increase responsiveness, maintain accuracy, and increase efficiency." Today, it is clear that the ACCESSNebraska program has not lived up to these objectives. It has been, and is still, plagued with significant problems. Unfortunately, the program that aimed to improve public benefit services while saving millions of dollars ended up costing our state in valuable time and tax dollars lost due to poor planning and implementation. Moreover, DHHS employees have reported that dealing with the program's various problems has transformed the environment which they work. Some employees have described it as an atmosphere of fear and frustration and even suggested that it has increased stress and tension levels to the point of impacting their physical health.

For more than half a decade, the Legislature's Health and Human Services Committee, Senator Dubas and several other senators spent a significant amount of time developing a variety of legislation in attempts to address the system's problems. Since 2008, there have been seven hearings on bills and interim studies related to ACCESSNebraska, which eventually led to an audit by the Legislature's Performance Audit Committee. While a great deal of attention has been paid to the amount of time clients and applicants are spending on the phone before they obtain results, the problems go well beyond call-wait times. DHHS staff has been accused of losing paperwork, being unable to answer basic client questions or effectively help with the applications. Staff are faced with daunting lists of work tasks and describe that they feel as though they are regularly put in difficult or untenable positions. These are just a few of the more obvious and serious problems we continue to face with ACCESSNebraska.

Any new governmental program will encounter difficulties which can usually be remedied with changes in procedures or applicable legislation. This has not proven true in the case of ACCESSNebraska. For example, in 2012, Senator Dubas introduced LB 825 which was intended to improve clients' access to caseworkers, provided an additional 3 million dollars in funding, and modified contractual arrangements with Community Based Organizations to aid in client outreach and assistance. A year later, the Performance Audit Committee directed the Legislative Audit Office to examine ACCESSNebraska in particular how LB 825 has been implemented. The audit determined that DHHS is not in compliance with the requirement of LB 825 that it contract with community-based organizations to assist clients.

Like LR 37 (2011), which addressed the direction the state took in the privatization of our child welfare system, and LR 283 (2008), which took a comprehensive look at the Beatrice State Developmental Committee, ACCESSNebraska now requires careful examination to determine what problems we have resolved, what issues we are still facing, and what we need to do at multiple levels to take corrective action. In its audit report, the Legislature's Fiscal Office surmised that this process will lead to certain additional costs; however, the magnitude and timing of necessary expenditures will be dependent on several factors that have yet to occur. Rather than continue to introduce random pieces of legislation with the hopes of resolving problems one at a time, the state would be better served to conduct its own independent analysis of the program in order to determine where weaknesses exist and where to find the best remedies.

To this end, Senator Dubas introduced LR 400, in 2014 calling for the creation of a Special Investigative Committee made up of seven senators committed to taking an in-depth look at ACCESSNebraska. 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 or additional data collection. In addition, the committee would also look at the actual experiences of clients and their families.

In introducing this resolution, Senator Dubas pointed out that ACCESSNebraska has been in place since 2009 and we are still trying to make it work. Fundamental questions come to mind. At what cost? How much longer until ACCESSNebraska fail to fulfill its stated mission? How much longer can we wait? It has cost too much, and we cannot wait any longer. Passing band aid pieces of legislation to resolve issues has not proven effective. We simply cannot afford to continue to

nibble tentatively around the edges of the multiple problems that recur with alarming regularity. We need a proactive, forward-looking, thorough examination of every aspect of this program. The Legislature is ultimately responsible when it comes to funding ACCESSNebraska. It is our duty to know where those dollars are going and how they are being spent. It is time for the Legislature and the Department to work together to improve this service delivery system. We must assure that our public benefits distribution system respects its clients, while serving them wholly in an accurate and efficient manner, while recognizing the importance of a productive, effective, and healthy work environment for the employees of ACCESSNebraska.

LR 400 was signed by the Speaker of the Legislature on March 10, 2014. On March 26, 2014 the Executive Board of the Legislature appointed Senators Bolz, Crawford, Dubas, Gloor, Howard, McGill and Nordquist to serve on the committee. On April 8, 2014 the committee elected Senator Dubas to serve as Chair and Senator Howard to serve as Vice-Chair.

3. ACCESSNebraska History

Moving towards ACCESSNebraska

In 2008, Nebraska began the modernization effort of its public benefits delivery system through the implementation of ACCESSNebraska. ACCESSNebraska significantly changed the way low-income Nebraskans access public assistance programs. 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. Clients would bring or mail paper applications to their local offices for processing. Applications and documentation were stored in hardcopy files and applicants were assigned to caseworkers. Any processing of applications was done by the assigned caseworker. This same caseworker would conduct in-person interviews, be available to answer the client's questions during the application process, and help the client with any issues that arose while he or she received assistance. By consistently working with the client, the caseworker would come to know the client's circumstances and advise him or her accordingly.

There were several downsides to this system. For example, each of the service areas operated differently and, as a result, the system was filled with inconsistencies. Moreover, if an individual caseworker was not available due to vacation or sick leave, there would potentially be no one available to answer a client's questions or make updates to a particular file. Ruth Vineyard, Deputy-Director, Medicaid and Long-Term Care, stated at an ACCESSNebraska Special Investigative Committee briefing that as a supervisor at that time, she used to receive calls from clients daily, who were unable to reach their own case worker and could not find anyone else to answer their questions. As workers left their employment or as clients moved, case files would have to be boxed up and physically transported to new workers. Additionally, it was a system that completely lacked transparency and was not efficient.

Todd Landry, then-director of Children and Family Services (CFS), requested a project plan be developed by July 15, 2008 to reform Nebraska's public benefits delivery system. The plan was presented to and approved by Governor Heineman in September 2008. The proposed ACCESSNebraska model contained 4 key components: Web Services; Document Imaging, Customer Service Centers and Universal Case Management System.

At a 2008 briefing of the Legislature’s Health and Human Services Committee, Todd Landry stated, “We believe that we can, in fact, reduce our staffing requirement by 25 to 27 percent saving the state at the end of this project \$8.5 million a year in operating dollars.” He went on to state, “The cost of implementing ACCESSNebraska is done using federal funds, no general fund dollars are being used for the implementation of ACCESSNebraska, \$4.5 million federal bonus dollars and other participation of federal matching dollars are being used. The dollars though that will be saved ultimately, of course, are primarily state general funds.” According to DHHS, the core goals of implementing ACCESSNebraska were efficiency and cost reduction.

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, ACCESS Nebraska has had serious problems which have created barriers for clients to enroll in and maintain public assistance. Several bills and resolutions have been introduced in the Legislature to address problems caused and numerous hearings have been conducted across the state. While DHHS has testified on many occasions in front of both the Health and Humans Services Committee as well as the Appropriations Committee, they have never fully acknowledged the problems facing ACCESSNebraska.

An editorial in the Lincoln Journal Star dated October 20, 2011 called on the Department to “Fix ACCESSNebraska.” The column listed several complaints: lost documentation, long wait times, never being able to talk to the same employee twice. The author continued, “But state officials have had more than a year to work on the problems. As the implementation enters its final phase, they need to make sure they get it fixed. If they don’t, children, the elderly, sick adults and other needy Nebraskans will fall through the state’s safety net.” Scot Adams, then Interim-Director of CFS for the DHHS, gave the following response: “ACCESSNebraska problems are being fixed” (LJS October 24, 2011). He went on to say, “We’ve been working hard to fix problems. We are already seeing results.” He also stated that call wait times had fallen to under 7 minutes. While acknowledging a need to do more, he claimed the program was moving in the right direction. It is worth noting that at this time, in 2011, Nebraska had dropped to 46th in the federal ranking of timeliness in processing SNAP befits, down from 29th the year before. Nebraska has since continued to fall in the rankings, to 50th in 2012 and 52nd in 2013 and 2014.

Legislative Efforts (2012-2013)

During the 2012 and 2013 Legislative Sessions, three key pieces of legislation were introduced relating to ACCESSNebraska: LB825 (Dubas, 2012), LR551 (Conrad, 2012), and LB309 (Bolz, 2013). During the hearings on those bills, the Health and Human Services Committee heard testimony from proponents regarding continued problems with the ACCESSNebraska system. Problems included long call wait times, lost documentation, and resulting lapses in coverage for otherwise eligible clients. The Department testified in opposition to all three pieces of legislation.

Senator Dubas' LB 825, required the department to hire additional workers and staff local offices. Approximately \$3 million in state and federal funds were appropriated to carry out the requirements of the bill. At the January 25, 2012 hearing before the Legislature's Health and Human Services Committee, proponents of the bill testified to the same problems that have been seen in the past; lost documentation, long wait times and untimely processing of benefits. The Department testified in opposition to the bill. Director Adams insisted, "We are getting better and better every day." He also told the Committee, "I do genuinely believe that we are making some progress in many areas." Mr. Adams further stated that the customer satisfaction surveys conducted by the Department showed 80% positive responses. In addition, he assured the Committee that call wait times had improved and averaged only 8 minutes and 3 seconds in the month of December 2011. Senator (Gwen) Howard, addressing Director Adams responded, "Yet you come in today to say, oh, trust us, things are getting better; you know we're addressing the problems, it takes time--all the platitudes that we've heard indefinitely. All the platitudes, frankly, that I've heard over the years. You can't jump off a cliff and decide you're going to fix things midway down. It just doesn't work."

A few months later, in a press release dated April 13, 2012, newly appointed Director Thomas Pristow stated, "While some calls are longer and some are shorter, the average call wait times at the end of February was 5 minutes and 51 seconds." He continued to tout the Department's progress by declaring, "Call wait times have continued to fall and we expect them to get even better."

About six months after Director Pristow offered those assurances, at an October 2012, interim hearing in the Health and Human Services Committee on LR551, Senator Conrad shared multiple examples of communications her office had received on the subject of ACCESSNebraska. Despite

the Department's statements to the contrary, public perception of ACCESSNebraska was not positive. Among those comments:

- "I'm very concerned about the long phone wait times and the lack of contact worker for clients. Even as a professional, I struggle with making contacts, getting information, and understanding where papers are being sent. The system is impersonal, ineffective, and not helpful."
- "There's not a week that goes by that I don't have somebody asking me questions about the situation with HHS, whether it be applying for assistance, having problems getting people on the 800 line, getting automated machines, having to tell their story to a half dozen people, and transferred. Our people are not being served. I read a recent article in the Lincoln Journal Star about the call centers. The specific situation cited is not an exception but the norm."
- "The department is and has been for a number of years so heavy with administration, supervisors of supervisors."
- "The ACCESSNebraska system does not have a hint of recognizing a person's right to respect that they so desperately need when in a situation that requires them to seek resources that they can't earn for themselves, and most of them would prefer not to."
- "... it has caused a great deal of frustration for those of us who work to fill in the gaps left by such system."

In response to such comments Director Pristow stated, "I want to assure you that we have made progress in addressing issues brought before this committee." Just a few months later, at a briefing of the Health and Human Services Committee on January 30, 2013, again Director Pristow assured the committee that ACCESSNebraska is on the right track: "Call-wait times are trending downward. Our job tasks are being completed in a much more timely fashion."

Despite the Departments optimistic statements in 2013 Senator Bolz identified still-unresolved problems with ACCESSNebraska. In response, she introduced LB 309, a bill seeking to streamline the application and recertification processes of ACCESSNebraska programs. At the hearing, the committee again heard of continued problems. Roger Furrer, executive director of Community Action of Nebraska, testified, "We have heard of continuing difficulties, including persistence of long call wait times, lost documents, inaccurate information, and processing delays." Several other

persons testified to similar problems. The Department, however, testified in opposition to the bill. Director Chaumont stated that the Department already performed some of the actions required by the bill. When asked by Senator (Sara) Howard if Express Lane Eligibility might reduce our administrative costs, the Director's response was, "I don't believe so." Jill Schreck also testified for the Department, explaining that some of the longer call wait times can be attributed to "one-call resolutions."

During an April 2013, briefing of the Health and Human Services Committee Director Pristow and Jill Schreck spoke to the committee about changes made to ACCESSNebraska over the previous months. They felt these changes would make the program more responsive to client's needs: "We are confident that we will see more successes as we continue down this path."

Legislative Performance Audit (2013)

During the 2013 Legislative Session, the Legislative Performance Audit Committee directed the Audit Office to conduct an analysis of ACCESSNebraska, looking specifically to answer the question: "Has DHHS implemented 2012 legislation regarding local office staffing, dedicated caseworkers and the community-based organizations; and does ACCESSNebraska serve clients efficiently and effectively as measured by caller wait times, abandonment rates and busy signals and by backlogged work tasks?"

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. For one category of calls for July 2013, an estimated 10,914 to 16,347 callers experienced wait times of 45 minutes or more. The rate of busy signals for the same month was also far in excess of the department goal of five percent.
- During the one-year period that ended in August 2013, average wait times for answered and abandoned calls increased more than 50 percent, even though the number of answered calls decreased during the period.
- 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.

- 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 from Karissa Hughes's "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.

Karissa Hughes's "Review of the Research: Call Centers and Web-based Eligibility Systems, also identifies software which allows the mass electronic importation and assignment of tasks into a task management tool;

- Monitor average handle time (AHT), which is the total amount of handle time divided by total number of calls handled. Handle time includes the amount of time talking on the phone, time on hold and the time completing after call work. This is important because it helps predict the number staff needed during specific time frames in order to minimize call wait times; and
- Develop a productivity calculator. This is a report that compares the number of completed tasks and handled phone calls by an individual to the number of hours that person worked in a month, considering total available hours to work. This practice shifts the performance measure focus to the outputs of staff (positive) rather than what has not been completed (negative).

- Additionally, using percentages instead of actual numbers allow an employee to see how they compare to others in their unit without sharing specific scores and is a way to recognize efficiency. It also allows the agency to set percentages of acceptable performance as work increases or decreases.

Finally, Hughes presents specific recommendations from other states based on their experiences. Some of these are:

- Increase access points in the community with combined community partnership (Florida);
- Provide more in-depth interviews for high risk cases (Florida);
- Measure and respond to customer volume. Have flexible staffing models to address daily volume of calls (Idaho);
- Ensure the technology has the capacity to handle increased usage before implementing a process that relies on it heavily (Massachusetts);
- Call center workers need to have experience; errors made due to inexperience can significantly delay application processing time (Texas);
- Implement new systems gradually; use pilots and bring up the system in multiple stages (Utah);
- Find system fixes for abandoned calls and provide a way for clients to be routed back to the same worker if their call is disconnected causing the client to have to repeat information all over again (Utah);
- Involve your customers, e.g., through customer surveys (Washington); and
- Use an outbound IVR (e.g., to remind clients of appointments (Arizona).

Transition of Medicaid Eligibility Function (2013)

ACCESSNebraska had, since its inception, been operated under the Division of Children and Family Services (CFS). This changed on October 1, 2013 when ACCESSNebraska was separated between 2 divisions: CFS and Medicare and Long-Term Care (MLTC). The eligibility determination of Children's Health Insurance Program (CHIP) and Medicaid was moved from CFS to MLTC. The supervision of the Lexington and Lincoln Customer Service Centers, as well as some local staff was likewise moved to MLTC. With these changes, clients would subsequently

be required to file one application for Medicaid and CHIP, and another separate application for SNAP or other Economic Assistance (EA) programs.

On October 25, 2013, at a hearing for LR 238 (Dubas, 2013) Director Pristow acknowledged ongoing challenges, but testified to the work recently done to make “significant improvements.” He stated, “we believe the decision to move Medicaid eligibility from CFS to MLTC will also result in improvements.” He further explained that call wait times overall had decreased and wait times to EA, in particular, were less than 6 minutes on average. In response to a question posed by Senator Bolz he stated, “As you know, Senator, our wait times and work tasks were awful over the past seven, eight, nine months; just unacceptable. As we are 25 days into this and we're starting to get a handle on it, we are looking to streamline. But I want to...we're resetting right now. We're resetting over in Economic Assistance with the new staff that we have and our new procedures and protocols. So I want to take some time over the, you know, before the legislative session begins. Three, four months to reset, get our wait times consistent, stable, get our job tasks over five days to zero.”

More than three months later, at a hearing for LB 898, a bill introduced by Legislative Performance Audit that would put reporting requirements relating to ACCESSNebraska in statute, the efficiency of ACCESSNebraska was again drawn into question. Was the system functioning better in the wake of the CFS/MLTC bifurcation? At the public hearing on February 6, 2014, Mark Intermill representing AARP did not seem to think so: “In preparation for the hearing today, I made some calls to some of the aging service providers that we work with just to do a check on how things were going. And the first sentence of my statement sums up what I heard: It's not getting better. There are...continue to be problems the community organizations are having, in being able to help people get assistance and that older people are having in being able to navigate the ACCESSNebraska system.” Director Pristow, testifying in a neutral position, however, maintained that “the department believes that this split thus far has been successful.” He also shared call wait time statistics: “The average wait time for the month of January for Children Family Services was 12 minutes and 31 seconds. The average wait time for the month of January for the MLTC was 9 minutes and 44 seconds.”

Community Partners

At an August 29, 2014 ACCESSNebraska Special Investigative Committee briefing by Community Partners the committee heard similar concerns with lost paper work, long wait times, and processing errors. While some pointed out that specific DHHS workers have been very helpful, the problems still persist. In addition the bifurcation has caused more work for the clients. One testifier expressed concern that some clients don't realize they have to apply twice, and were devastated to find that they had lost benefits for which they otherwise were eligible. Even though the department insists that the two separate divisions have access to documentation entered by the other, that does not appear to be the experience of the client or that of the Community Partners. During the committee hearing one community partner stated "Not only do they have to apply twice instead of once, but any changes needing to be made must be done on both programs separately". The bifurcation has resulted in the reverse of streamlining, creating more work and confusion for the clients, resulting in community partners doing additional work for which they are not compensated.

Several of the community partners addressed confusion and difficulties regarding the release of information form. It is unclear which forms are needed and the forms are not always honored by HHS workers, causing delays and additional confusion. Clients must provide separate release of information forms, one for economic assistance, and one for Medicaid for community partners to be able to access any information or provide information on behalf of a client.

Lawsuit

In August 2014, Nebraska Appleseed and The National Center for Law and Economic Justice filed a class-action lawsuit against the State of Nebraska on behalf of a single mother whose SNAP benefits had been delayed past the 30 day federal processing time requirement. During the first week of August 2014, **over 2,750 pending SNAP applications were over 30 days old. Over 100 pending expedited SNAP applications were over 7 days old.**

ACCESSNebraska Special Investigative Committee Public Hearing

At the ACCESSNebraska Special Investigative Committee's public hearing on September 16, 2014, the Committee heard from several persons who have experienced difficulties with the program. One woman stated unequivocally: "I firmly believe that ACCESSNebraska only exists to deny people services."

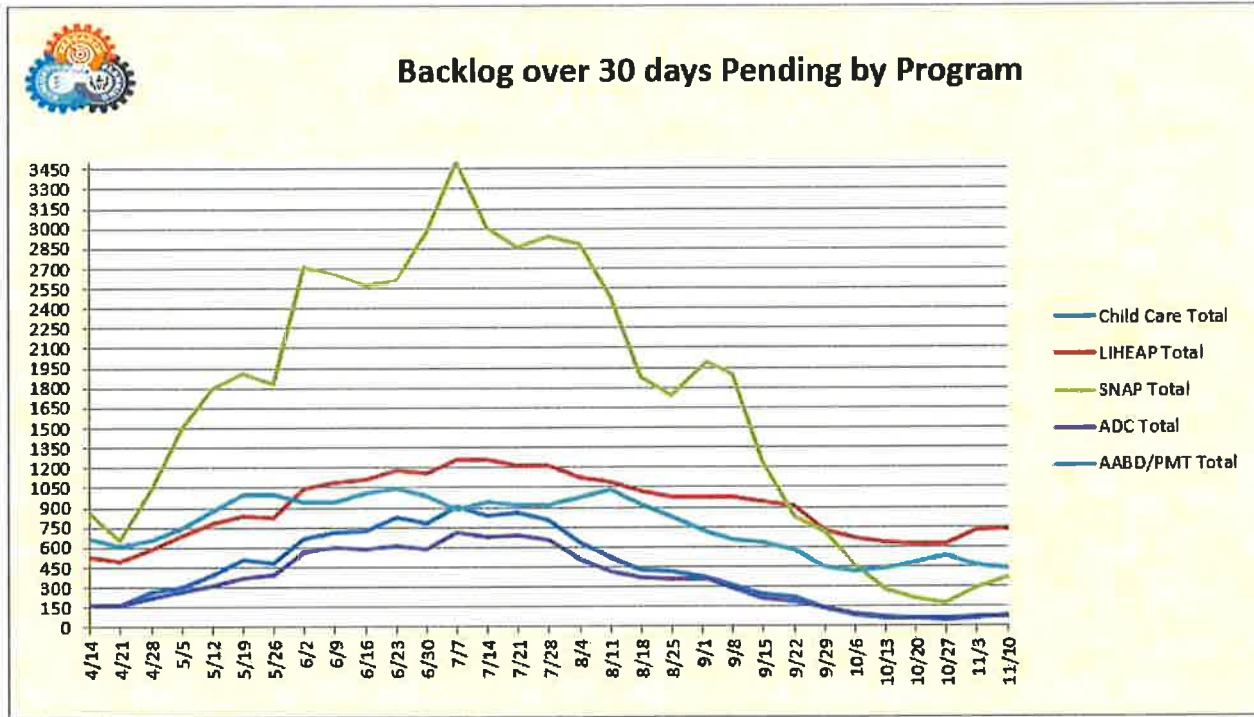
An employee of Tabitha, (a non-profit, faith-based elder health care provider) testified to some of the problems they continue to experience. Tabitha provides, among other things, services to their clients through Meals on Wheels. Due to recent changes clients are now only authorized for 6 months at a time, meaning they have to apply 2 times per year. If they also qualify for Medicaid, they now apply 3 times per year. In addition the requirement of the release of information has made it necessary for Tabitha to hire an additional staff person to audit and make sure the authorizations are signed and up-to-date. The delay and confusion in the application process causes approvals to take as much as 45 days. During that time Tabitha continues to serve those clients. The Meals on Wheels program has historically operated at a loss of \$30,000 per year. Since 2011 that amount has nearly doubled and is now close to \$60,000 per year.

Overtime Period

Near the end of August 2014, the Department notified the CFS, ACCESSNebraska staff that a period of 30 days of mandatory overtime would be implemented. All Social Service Workers, Social Service Worker Leads, and Social Service Supervisors would be required to work 5 hours of overtime each week for the 30 day period. During this time Supervisors and Leads were also processing applications, a task usually left to Social Service Workers. The Department stated the overtime period was needed as the backlog of cases had reached a critical stage. Nebraska was ranked 53rd of 53 states in timeliness. Our timelines rate at that time was 63.41%, and we had 10,074 pending SNAP applications, of which 1,753 were over the 7/30 day time limit.

The mandatory overtime period ended October 7, 2014 at which time supervisors and leads were expected to have completed the applications they had been assigned and then return to their regular duties. When the overtime period ended, there were no expedited applications pending and the number of pending applications had been reduced to 129.

The graph below, is taken from the Department’s November 2014, Continuous Quality Improvement (CQI) Report prepared by the Department. It shows a clear upward trend beginning at about the time the overtime period ends.



Source: DHHS Statewide Continuous Quality Improvement (CQI) Meeting, CQI Report 11/19/2014

4. Programs administered by ACCESSNebraska

Administered by Medicaid and Long-Term Care

Medicaid and CHIP are jointly funded by the State and the Federal government to provide medical coverage to those who meet certain eligibility criteria. Together they cover the cost of those services deemed medically necessary. Since the implementation of the Affordable Care Act, eligibility is determined using modified adjusted gross income. In the fall of 2014, 27 states and the District of Columbia have expanded Medicaid; 3 states are considering expansion; the remaining 20 states have not expanded Medicaid. Nebraska has not expanded Medicaid despite attempts by the Legislature to do so.

Administered by Children and Family Services

Supplemental Nutrition Assistance Program or SNAP (formerly food stamps) is the economic assistance program with the highest number of participants and also the program with the highest benefit. The benefit portion is fully funded by the federal government. The cost of administering the program is shared equally by the state and federal government. Benefit amounts and qualifications are set by the federal government, and states have little to no ability to change them. Eligibility is determined by looking at 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 and is funded in part by the federal block grant known as TANF (Temporary Assistance for Needy Families). It gives the states much more discretion in how the funds are spent than SNAP.

Aid to the Aged, Blind, and Disabled (AABD) was established by the Nebraska Legislature in 1965 to provide financial aid and medical assistance to person in need who are age 65 and older, or who are age 64 and younger and blind or disabled according to Social Security program definitions. To be eligible for a cash payment, an individual or married couple must have monthly income and countable resources less than the program's need and payment standards.

Nebraska Low Income Energy Assistance Program (LIHEAP) helps low income families to offset the cost of heating and cooling their homes. Eligibility is determined using income and resource guidelines. The benefit is typically paid directly to the utility company.

Child Care Subsidy assists low-income parents to pay for eligible child care. Income and resource limits are in place.

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

Social Service Block Grant (SSBG) provides a variety of services to needy families. 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.

Refugee Resettlement Program (RRP) - Refugees who are deemed ineligible for other public assistance programs may be eligible for Refugee Cash Assistance and Refugee Medical Assistance for the first 8 months upon arrival. Refugee Social Services contracts with community agencies to provide resettlement needs of refugees such as: employment services, English language training, and case management. These services are made available for the first five years after arriving.

5. Federal guidelines for TANF funding

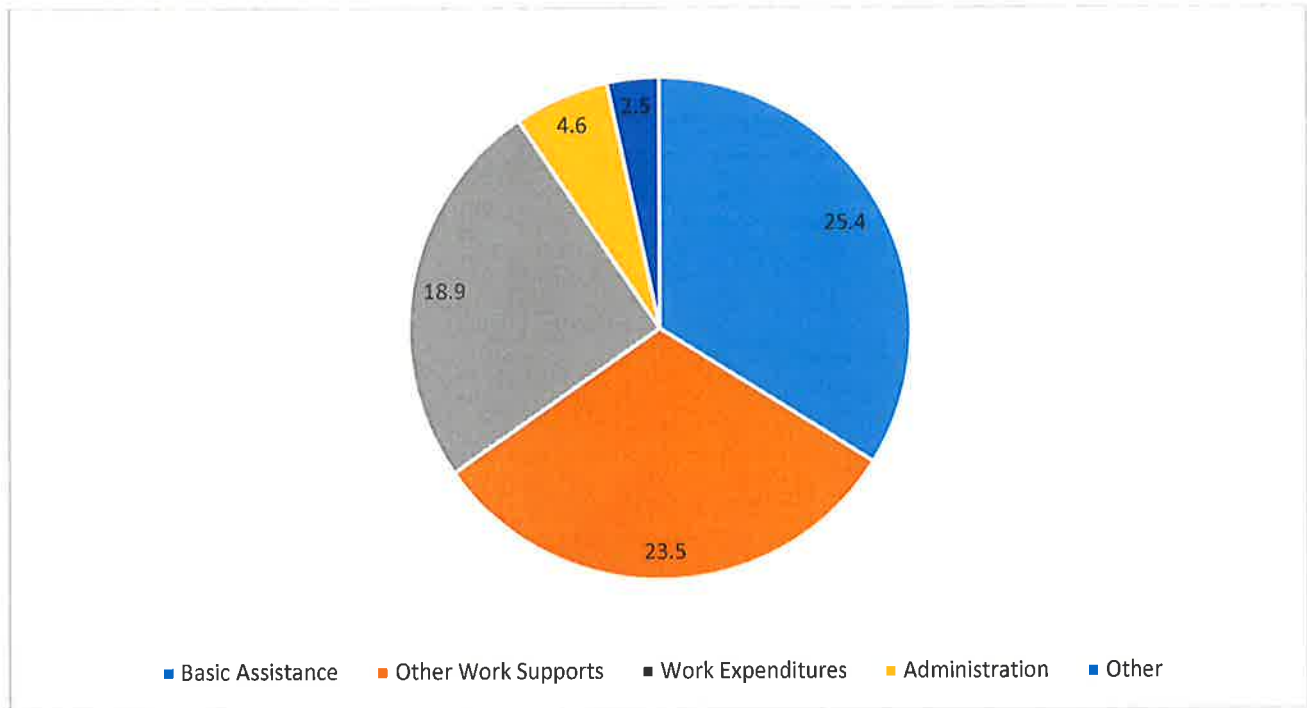
Congress passed and President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act in 1996. It created the Temporary Assistance for Needy Families (TANF), replacing Aid to Families with Dependent Children (AFDC), which had provided cash welfare to poor families with children since 1935. TANF funds provide temporary assistance to needy families, with the goal of enabling these families to arrive at self-sufficiency before the assistance ends. The federal government provides block grants to the states, which use these funds to operate their own programs. In order to receive federal funds, states must also spend some of their own dollars on the programs. This state-spending requirement is known as the “maintenance of effort” (MOE) requirement. States can use federal TANF and state MOE dollars to meet any of the four purposes of the TANF program: 1) Provide assistance to needy families so that children can be cared for in their own homes; 2) Reduce the dependency of needy parents by promoting job preparation, work and marriage; 3) Prevent and reduce the incidence of out-of-wedlock pregnancies; 4) Encourage the formation and maintenance of two-parent families.

Nebraska’s TANF Maintenance-of-Effort (MOE) requirement is \$28,375,365, 75% of the 1995 level of expenditures. The state’s MOE qualifying expenditures fund:

- Aid to Dependent Children (ADC)
- Emergency Assistance to Needy Families with Children (EA)
- Employment Assistance
- Employment First (EF)
- Child Care Assistance
- Tribal TANF Programs
- Nebraska Earned Income Tax Credit (EITC)
- Nebraska Child and Dependent Care Tax Credit
- Respite Service for Children
- Administrative Expenses
- Information Systems Expenses

In 2012, Nebraska spent \$58 million in federal TANF block grant funds and claimed \$52 million in MOE spending for a total of \$110 in TANF spending.

How TANF and MOE funds were spent in Nebraska in 2012



Basic Assistance 25.4
 Administration 4.6
 Work Expenditures 18.9
 Other Work Supports 23.5
 Other 2.5
 Total 110.4

Source: Congressional Research Service

Aid to Dependent Children ADC

The program provides cash assistance to low-income families with minor children. ADC income is intended to help pay for family living expenses like rent, utilities, and other living expenses. ADC is likely the only source of cash assistance for a family. ADC is open to Nebraska families with children up to age 18 and pregnant women who expect to give birth within 90 days. Children up to age 19 may qualify if they are attending school full time.

Income limits and benefits are based on the Nebraska Standard of Need; \$529 for the first person and \$123 for each additional family member (standard in effect July 1, 2013). The Standard of

Need is adjusted biennially, using the Consumer Price Index (CPI) for the prior 2 years. A typical household with an income below 47% of the federal poverty rate would qualify. Countable resource cannot exceed \$4,000 for a single individual and \$6,000 for two or more.

The maximum amount of ADC cash assistance is \$222 for one person and \$71 for each additional family member. To determine the actual cash assistance received, 20% is subtracted from the gross earned income; any qualified child-care is deducted. The remaining amount is deducted from the Standard of Need, and the result is then compare to the appropriate payment standard. The lower of the two is the amount for the cash assistance, minus any unearned income.

Child Care

Child care assistance is available to families receiving ADC cash assistance, or whose gross earned and unearned income is at or below the 100% Federal Poverty Line, at no cost. Those families with earned and unearned incomes at or below 125% of the Federal Poverty Level may qualify for a partial child care subsidy. Those eligible for a partial subsidy cannot be required to pay more than 20% of their gross income toward the cost of child care. Since the creation of the TANF block grant in 1996 Nebraska's ADC cash assistance has not increased. The maximum amount that a family of three can receive is \$364, same as it was in 1996.

Employment First (EF)

Participating in EF is a requirement to receive ADC cash assistance benefits by work-eligible individuals, unless otherwise qualifying for an exemption. The goal of EF is for families to achieve self-sufficiency within the 5 year limit of receiving assistance. Once a family applies for ADC cash assistance, work-eligible individuals are referred to the Employment First program at the time of the intake interview. The individual must complete an Employment First Self-Sufficiency Contract within 5 days of the referral. Nebraska contracts with MAXIMUS and ResCare for services related to the EF program, such as the contract content, assessments and orientation. In 2011 Nebraska's Employment First assisted an average of just under 5,000 individuals each month.

6. Supplemental Nutrition Assistance Program (SNAP)

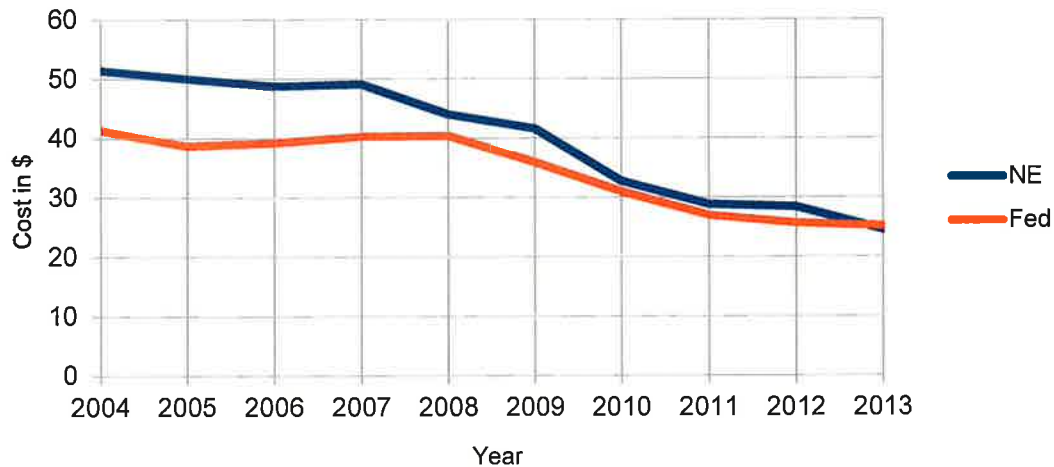
The Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program) is the largest food and nutrition assistance program. In 2013, it provided benefits to more than 47 million low-income Americans, or 15% of the total population. In Nebraska 180,000 residents, or 10% of total population, received benefits.

Nationwide, 70% of SNAP participants are in families with children; in Nebraska that number is 76%. Approximately 79% of eligible households receive benefits nationwide, in Nebraska 69% of eligible individuals participate in the program.

The federal government pays the full cost of SNAP benefits and splits the cost of administering the program equally with the states, which operate the program. At the Federal level, SNAP is managed by the Food and Nutrition Service (FNS), part of the Department of Agriculture. For budgetary purposes, SNAP is designated as a “mandatory” or “direct spending” program. The amount appropriated is intended to cover the cost of providing benefits to those who qualify. There is no cap on the amount of benefits a state can receive. In Nebraska, SNAP is managed by the Department of Health and Humans Services (DHHS). In 2013, the cost total cost of administering the program in Nebraska was \$23,450,648, of which the federal government paid \$11,631,202, or just under 50%. The cost per case (total cost/households participating) was \$24.62, slightly less than the national average of \$25.21.

The cost per case of administering SNAP benefits has been reduced in the last 10 years. The nationwide average cost per case per month has gone from \$41.36 in 2004 to \$25.21 in 2013, a 39% reduction. In Nebraska, the cost has been reduced from \$51.47 in 2003 to \$24.62 in 2013, a 48% reduction.

Comparison Nebraska-Federal Average SNAP Cost per case per month



Eligibility

Unlike most means-tested benefit programs, which are restricted to particular categories of low-income individuals, SNAP is broadly available to almost all households with low incomes. SNAP eligibility rules and benefit levels are, for the most part, set at the federal level and uniform across the nation, though states do have flexibility to tailor aspects of the program, such as the value of a vehicle a household may own and still qualify for benefits. To be eligible under regular SNAP rules, households without elderly or disabled members must have gross income that does not exceed 130 percent of the federal poverty guideline and net income that does not exceed 100 percent of the federal poverty guideline. Households with an elderly or disabled member do not face a gross-income threshold, but they must have net income that does not exceed 100 percent of the federal poverty guideline. Net income is determined by subtracting allowable deductions from gross income. Allowable deductions include a standard deduction and deductions for earned income, dependent care costs, medical expenses (for households with elderly or disabled individuals), child support payments, and excess shelter expenses.

Household size	Gross monthly income 130% of poverty	Net monthly income 100% of poverty
1	\$1,245	\$658
2	1,681	1,293
3	2,116	1,628
4	2,552	1,963
5	2,987	2,298
6	3,423	2,633
7	3,858	2,968
8	4,294	3,303
Each additional member	+436	+335

In addition, the federal guidelines has in place household asset limits of \$2,000 for households without elderly or disabled members, or \$3,250 for households with an elderly or disabled member. In Nebraska the limit was increased to \$25,000 in 2012.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) limits the receipt of SNAP benefits to 3 months in a 3-year period for able-bodied adults without dependents (ABAWDs) who are not working, participating in, and complying with the requirements of a work program for 20 hours or more each week, or a workfare program. Individuals are exempt from this provision if they are: under 18 or 50 years of age or older; responsible for the care of a child or incapacitated household member; medically certified as physically or mentally unfit for employment, pregnant, or already exempt from SNAP general work requirements.

Some categories of people are not eligible for SNAP regardless of how small their income or assets may be, such as people on strike, most college students, and certain legal immigrants. Undocumented immigrants are not eligible for SNAP.

Applying for SNAP

Each state, following federal guidelines, designs its own SNAP application process. In Nebraska persons can apply on-line at ACCESSNebraska, or by mailing or faxing a paper application. The federal requirement for processing SNAP applications is 30 days, or 7 days for expedited cases. A household with less than \$150 in gross monthly income and less \$100 in cash or savings or, if

the household's monthly income and resources are less than its monthly rent or mortgage, qualifies as an expedited case. Applicants must participate in an eligibility interview, done over the phone, and must document numerous aspects of their eligibility, including their identity, residency, immigration status, household composition, income and resources, and deductible expenses.

Households found to be eligible receive an EBT (electronic benefit transfer) card, which is credited with benefits once a month. Household members may use it to purchase food at one of the 246,000 retailers authorized to participate in the program, approximately 1,000 authorized retailers are in Nebraska. More than 80 percent of benefits are redeemed at supermarkets or superstores. SNAP cannot be used to purchase alcoholic beverages, cigarettes, vitamin supplements, non-food grocery items such as household supplies, or hot foods. Households must contact ACCESSNebraska to report if their income goes up dramatically and recertify eligibility every 6 months. Nebraska changed from a 12 month certification to a 6 month certification in October of 2013, which adds significantly to the workload.

Benefits

Nationwide, the average SNAP recipient received about \$133 per month, in Nebraska the average recipient received \$123 per month in fiscal year 2013.

The SNAP benefit formula targets benefits according to need: very poor households receive larger benefits than households closer to the poverty line based on the idea they need more help affording an adequate diet. The benefit formula assumes that families will spend 30 percent of their net income for food; SNAP makes up the difference between the 30 percent contribution and the cost of the Thrifty Food Plan, a low-cost but nutritionally adequate diet established by the U.S. Agriculture Department. Multiply net income by 30%. Subtract 30% of net income from the maximum allotment for the household size. For example, a family of 3 with a net monthly income of \$1,256 ($1,256 \times 30\% = \376.80 round up to 377), monthly allotment for a family of 3 is $\$497 - 377 = \120 . A family of three with a net monthly income of \$1256 would receive \$120 in SNAP benefits or \$40 per person, or 44 cents per meal.

People in household	Maximum monthly allotment
1	\$189
2	\$347
3	\$497
4	\$632
5	\$750
6	\$900
7	\$995
8	\$1,137
Each additional person	+\$142

A qualified applicant will receive benefits from the day a valid application was received.

Currently, the U.S. Department of Agriculture’s Food and Nutrition Service (FNS) is under contract with IMPAQ International, LLC (IMPAQ) to provide support to Nebraska and other states to improve the timeliness and accuracy of SNAP processing. The state participating were selected based on “less than ideal application processing timeliness” and other measures. That work is currently ongoing.

7. Medicaid Basics

Medicaid was originally enacted in 1965 under Title XIX of the Social Security Act. It provides health insurance coverage for low-income persons. Like SNAP, it is an entitlement program, meaning it guarantees benefits to those who qualify, with no limit to the amount a state can receive. In 1997, under Title XXI of the Social Security Act, Congress created the Children’s Health Insurance Program (CHIP). It was intended to give insurance coverage to children whose families do not qualify for Medicaid. States operate their CHIP programs in different ways. In Nebraska, CHIP has been treated as Medicaid expansion, with the same regulations and benefits as traditional Medicaid. In 2012 Nebraska implemented its own CHIP program providing coverage to unborn children of certain women who did not qualify for Medicaid coverage. With the Affordable Care Act (ACA) becoming law in 2010, states were required provide additional coverage to low income persons previously not covered by Medicaid. In a 2012 Supreme Court ruling, while upholding other parts of the ACA, the court struck down the requirement that states participate in the expansion or lose their coverage. Since the ruling, 27 states and the District of Columbia have chosen to participate. Efforts in the Nebraska Legislature to expand Medicaid in the state have been filibustered and have been opposed by Governor Heineman.

ACA change to eligibility determination

Even though Nebraska chose not to expand Medicaid, the passage of the ACA meant that the state had to make changes to determining the eligibility and renewals of clients’ benefits. The eligibility determination for Medicaid was under the ACCESSNebraska “umbrella” and fell under the Division of Children and Family Services, and was part of the universal case load. The Department of Health and Human Services, in 2013 began the work to move Medicaid eligibility determination to the Division of Medicaid and Long-Term Care (MLTC). With that change 40% of the ACCESSNebraska workforce was moved from CFS to MLTC. On July 1, 2013, the Lincoln and Lexington Customer Service Centers (CSC) moved to MLTC. Starting on October 1, 2013, clients were directed to one phone number for Medicaid and CHIP, and another for Economic Assistance.

Using MAGI to determine eligibility

The ACA requires the use of Modified Adjusted Gross Income (MAGI) in determining Medicaid and CHIP eligibility, for children, pregnant women and parents. Individuals age 65 and up and those qualifying for Medicaid based on disability are not affected by the new rules. In the past eligibility was calculated using gross income and a series of deductions, the net of which would then be compared to a percentage of the FPL, similar to the method used in determining SNAP benefits. Each state worked with the CMS to determine their new standard. The new methodology should not change the number of persons eligible. However there may be some difference in who is eligible. Nebraska worked with an actuarial contractor to convert the standards in place prior to the ACA, to the equivalent MAGI standard. The new MAGI plan was submitted to CMS in May of 2013 and approved by CMS in July of 2013.

Nebraska's Medicaid and CHIP income eligibility standard using the MAGI standard

	Children	Pregnant Women	Adults
Expressed as a percentage of FPL	213%	194%	57%
Expressed in Monthly Income Household size of 2	\$2,792	\$2,543	\$747
Expressed in Monthly Income Household size of 3	\$3,513	\$3,199	\$940
Expressed in Monthly Income Household size of 4	\$4,233	\$3,856	\$1,133

Benefits

Nebraska's Medicaid covers services deemed medically necessary, performed by a health provider participating the Nebraska Medicaid program. Covered services include inpatient and outpatient hospital services; nursing facility care; prescription drugs; services of physicians, dentists and other practitioners; screening and diagnostic services; home health services; mental health and substance abuse treatment; and medical supplies.

Applying

The processing of applications and renewals are done by MLTC under the ACCESSNebraska umbrella.

8. Call Centers/Employees

When ACCESSNebraska was implemented the program had one phone number that all callers would use, with 299 dedicated phone lines. If all lines were in use, the caller would receive a busy signal. An answered call would be immediately connected to the Interactive Voice Response (IVR) system. That system has access to some basic case-specific information, with some account information and issuance dates for benefits checks. For clients who want to speak to call center social services workers, the IVR would transfers the calls into a queue based on callers' responses to IVR prompts that categorize calls. The client would then be placed on hold until the next social service worker is available.

The call centers have since added local phone numbers for callers in Omaha and Lincoln. Since the bifurcation there are separate toll free numbers, Lincoln numbers, and Omaha numbers for Medicaid and Economic Assistance.

<p>Medical Eligibility Customer Service Contact:</p> <p>Call (855) 632-7633 In Lincoln (402) 473-7000 In Omaha (402) 595-1178 8:00 am - 5:00 pm Monday thru Friday</p>	<p>Economic Assistance Customer Service Contact:</p> <p>Call (800) 383-4278 In Lincoln (402) 323-3900 In Omaha (402) 595-1258 8:00 am - 5:00 pm Monday thru Friday</p>
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Source: DHHS website

The role of the local offices have changed since the implementation of ACCESSNebraska. In the original plan, all Economic Assistance and Medicaid related work would be done in the call centers and imaging centers. However, many local offices remained open, in part due to the passage of LB 825 and more and more of the work has been shifted to those offices. Currently, 227 economic assistance employees work in local offices and 225 MLTC employees are in local offices. They

do the majority of the processing of applications and are the employees who may have assigned cases. The clients with assigned case workers are assigned local office workers, not based on geographic location, but instead based on availability. An assigned worker in the Scottsbluff local office for example, may be making transportation arrangements for a client in Omaha.

Site Visits

As part of the ACCESSNebraska Special Investigative Committee's work, members of the committee visited ACCESSNebraska offices. All senators participated and all call centers and imaging centers were visited.

During Senator Dubas' July 2014 visit to the ANDI center in Omaha, the center still had stacks of paper applications waiting to be entered into the system. They were, at the time, on the verge of some significant changes that helped eliminate those stacks. The center has been able to significantly reduce the number of days it takes to scan incoming documents. This, in turn, eliminated the problem of clients submitting duplicate documentation which appears to have added to the workload in the past. The morale in the center has been greatly improved with the reduction of the stacks of files eliminating the constant reminder of how far behind they were.

During a visit to a call center Senator Dubas was able to listen to two staff members calls, serving economic assistance clients.

One call required an interpreter, which requires the employee to call another number for an interpreter. If an interpreter is not available the employee is placed on hold until one is which adds to the length of the call.

Another call was to report a change of address. The client had moved into a shelter due to domestic abuse. Because the client had an assigned caseworker, she was told she needed to contact her case worker, as there was nothing the worker on the call could do. (This policy has since been changed. A call center worker can now "un-assign" a caseworker and work the case.) The call center employee emailed the caseworker to make sure the caseworker knew about this change of events. The worker, seemed to really care about each one of the callers and did all she could to assist them.

Another call was about SNAP application which had not been completed because it had not been entered correctly. The employee was able to complete the needed interview and help the client apply for other benefits as well.

While sitting in on the calls, Senator Dubas heard in the surrounding conversations a great deal of apologizing, I am sorry for the delay, the problem etc.

During a visit to the MLTC division several calls dealt with Medicaid benefits being discontinued because the recertification papers had not been returned. Senator Dubas heard a lot of confusion and uncertainty on the part of clients as to the process. At this division, as well as at EA, the staff spent a lot of time apologizing for confusion and errors. Several workers expressed concern with the difficulties keeping up with all of the policy changes. This was also reflected in the survey and from discussion and recommendation report meeting with Nelnet: Workers struggle to keep up with frequent changes in policy and procedures, a problem that is exacerbated by the lack of a single up-to-date reference source for policies, procedures, and FAQ. One concern from an employee is that the callers regularly end up in the wrong queue. The prompts at the beginning of the call are confusing and too long. Often the caller chooses the wrong option and ends up having to be transferred and wait again adding to the length of the call.

Employee Data

Prior to the implementation of ACCESSNebraska, all case work was done in local offices. DHHS employed 876 workers, to perform the work which is today done by ACCESSNebraska employees. Currently, ACCESSNebraska has 929 positions. Of those 510 are in the divisions of Children and Family Services (CFS), where all economic assistance programs are processed. 419 are with the Division of Medicaid and Long-Term Care (MLTC), where Medicaid and CHIP benefits are processed.

On the economic assistance side, 155 positions are at the Fremont Customer Service Center; 107 at the Scottsbluff Customer Service Center; 21 positions are with Omaha ACCESSNebraska Document Imaging (ANDI); the remaining 227 are at local field offices. In addition the Department employs 63 persons in quality control, policy and administration.

At MLTC 117 employees are at the Customer Service Center in Lincoln; 57 at the customer service center in Lexington; 20 with Lincoln ACCESSNebraska Document Imaging (ANDI), and 225 in local offices.

The department reported on September 9, 2014 that the number of vacancies were 51, in total, for both CFS and MLTC ACCESSNebraska workers. That represents 5.3% for CFS and 5.7% for MLTC. That number appears consistent with the numbers reported to the Legislature in the ACCESSNebraska quarterly reports. In addition, a large number of employees are absent due to planned and unplanned leave. The department stated that their goal is to have 70% of employees at work at one time. With the many programs administered by ACCESSNebraska and the complexity of those programs, in combination with changing policies there is a great need for continued training. This time away from completing work tasks, processing applications and answering phones must be taken into consideration when assessing staffing needs.

ACCESSNebraska Clients

As of October 2014, Nebraska serves 75,270 SNAP households, 17,737 child care recipients, and ADC 6,224. Medicaid has 236,485 participants in 120,621 households. Of those 65,308 households are recipients of both Medicaid and SNAP benefits.

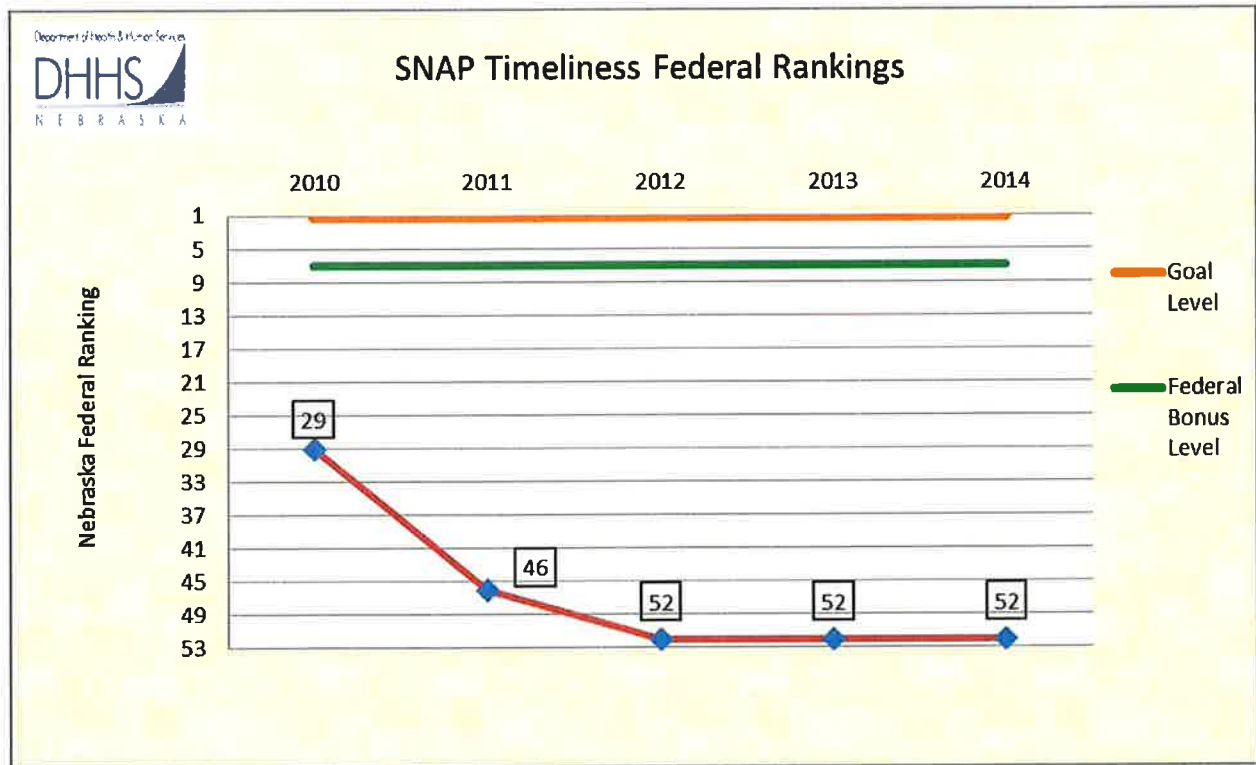
Performance- Economic Assistance

The processing timeframe varies by the different programs administered by ACCESSNebraska. SNAP benefits must be by federal requirement processed in 7 days for expedited cases and 30 days for non-expedited cases. LIHEAP processing requirement is 45 days. AABD for the elderly must be processed in 45 days, AABD for disabled must be done in 60 days. Child Care Subsidy and SSCF & SSAD all have a 30 day requirement.

Continuous Quality Improvement

The Department began compiling a Continuous Quality Improvement (CQI) Report early in 2014 pertaining to ACCESSNebraska economic assistance programs. The data is collected and shared at monthly CQI meetings with ACCESSNebraska employees from across the state. While the department continues to seek efficiencies and make improvements to the administration of the

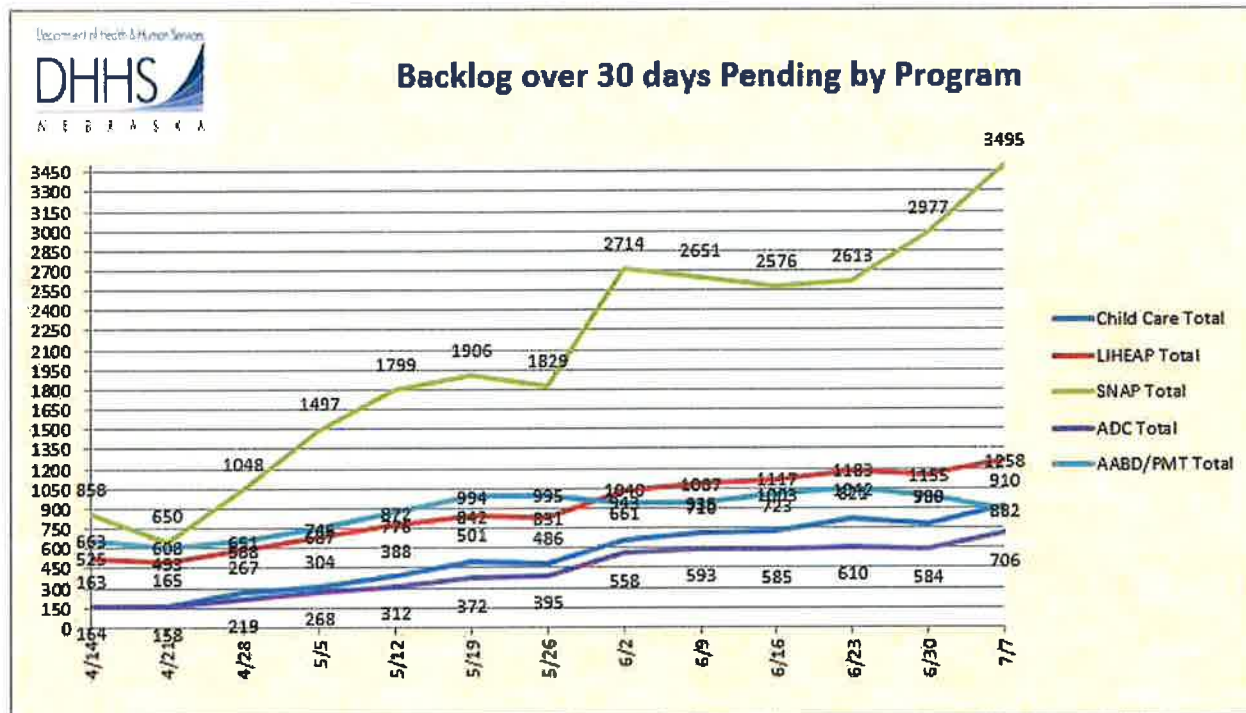
programs, the report continues to show Nebraska ranked 52 of 53, in timeliness of processing new SNAP applications (50 states, The District of Columbia, Virgin Islands and Guam).



Source: DHHS Statewide Continuous Quality Improvement (CQI) Meeting, CQI Report 11/19/2014

The CQI meetings seek to identify common processing errors, as well as solutions to address identified errors. The report creates detailed information regarding the most common errors, and breaks them down by service centers and call centers, allowing for a discussion focused on identifying what works and what does not.

The report also tracks processing time and backlog of economic assistance programs. The graph below is from the July, 2014 CQI report. The top line represents the number of SNAP applications over 30 days old.



Source: DHHS Statewide Continuous Quality Improvement (CQI) Meeting, CQI Report 7/16/2014

Lawsuit

This consistent upward trend continued. In August of 2014, a class-action lawsuit was filed against Kerry Winterer, as CEO of Nebraska DHHS and Thomas Pristow, as Director of the Division of CFS on behalf of a SNAP applicant, who had not received benefits in a timely manner. The lawsuit alleges that Nebraska unlawfully delays people from getting needed food assistance. At the time of the filing there were approximately 1,800 recertification cases that were over 30 days old there were also over 1,000 new application cases over 30 days old and approximately 120 expedited cases over the 7-day limit. In all, approximately 3,000 households were experiencing a delay.

Overtime

In an effort to reduce the backlog the department implemented mandatory overtime for most CFS ACCESSNebraska employees. During a 30-day period in September through October of 2014, all Social Service Workers, Social Service Worker Leads and Social Service Supervisors were

required to work an additional 5 hours each week. Sick time taken during the overtime period had to be made up the following week. Any leave required supervisor approval during this time. The goal was to complete 11,340 pending applications during the overtime period. Of those applications 1,753 were over their respective 7-day and 30-day processing deadline.

During the overtime period, ACCESSNebraska CFS had approximately 483 employees. Of those, 32 do administrative work, such as document imaging, and were not required to work overtime hours. Thirty-eight supervisors and 39 leads, who typically do not do processing work, were processing applications during this time. They were required to work 45 hours per week during the 30-day period. That amounts to an additional 3,465 hours, per week, processing applications. 282 social service workers were required to work 45 hours per week for a total of 12,690 per week, of which 1,410 hours were overtime. Approximately 90 social service workers were still in training and were working 40 hours per week for a total of 3,600 hours. The total hours worked processing applications or doing case work during the overtime period was 19,755 hours per week. During this time an average of 6,323 SNAP applications were processed per week.

During a regular “non-overtime” week, only the 282 regular employees and the 90 trainees would work 40 hours per week processing applications or doing case work, totaling 14,880 hours. DHHS has a goal of having no more than 30% of employees absent at any one time, due to planned and unplanned leave. That potentially reduces the number of hours worked in one week to 10,416. That is only 52% of the hours worked during the overtime period. During the overtime period there were 26 vacancies; filling those positions would add an additional 1040 hours per week. Assuming the absence would be at 30%, the actual hours worked would be 728. Adding that to the current hours worked would total 11,144 or 56% of the hours worked during the overtime period.

Analyzing the workload

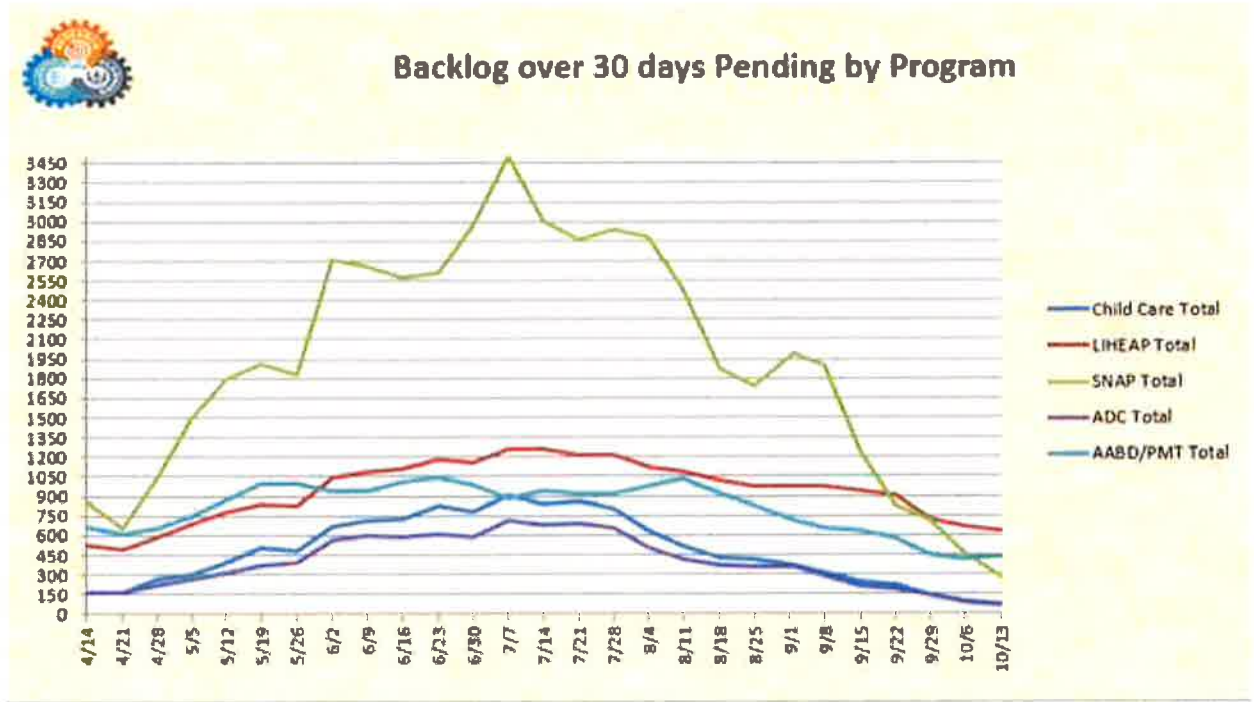
Number of new EA applications and EA re-certifications received by the department in the last 12 months.

	Number of new EA applications received	Number of EA re-certifications received	Total
October 2013	4,485	47,502	51,987
November 2013	3,826	35,130	38,956
December 2013	3,043	31,642	34,685
January 2014	2,628	33,490	36,118
February 2014	2,395	27,216	29,611
March 2014	2,637	32,484	35,121
April 2014	2,384	33,222	35,606
May 2014	2,075	31,506	33,581
June 2014	2,489	32,137	34,626
July 2014	3,135	38,963	42,098
August 2014	3,568	39,725	43,293
September 2014	3,350	38,558	41,908

The average number of applications for benefits (initial applications as well as re-certifications) in a month is 38,132. In the 12 month period reviewed (October 2013 – September 2014) the highest number of applications came in October of 2013, with 51,987 total applications. The lowest number of applications came in February 2014, with 29,611 total applications. SNAP applications represent approximately 75% of the applications received on the Economic Assistance side. Based on that average, approximately 6,600 SNAP applications are received each week.

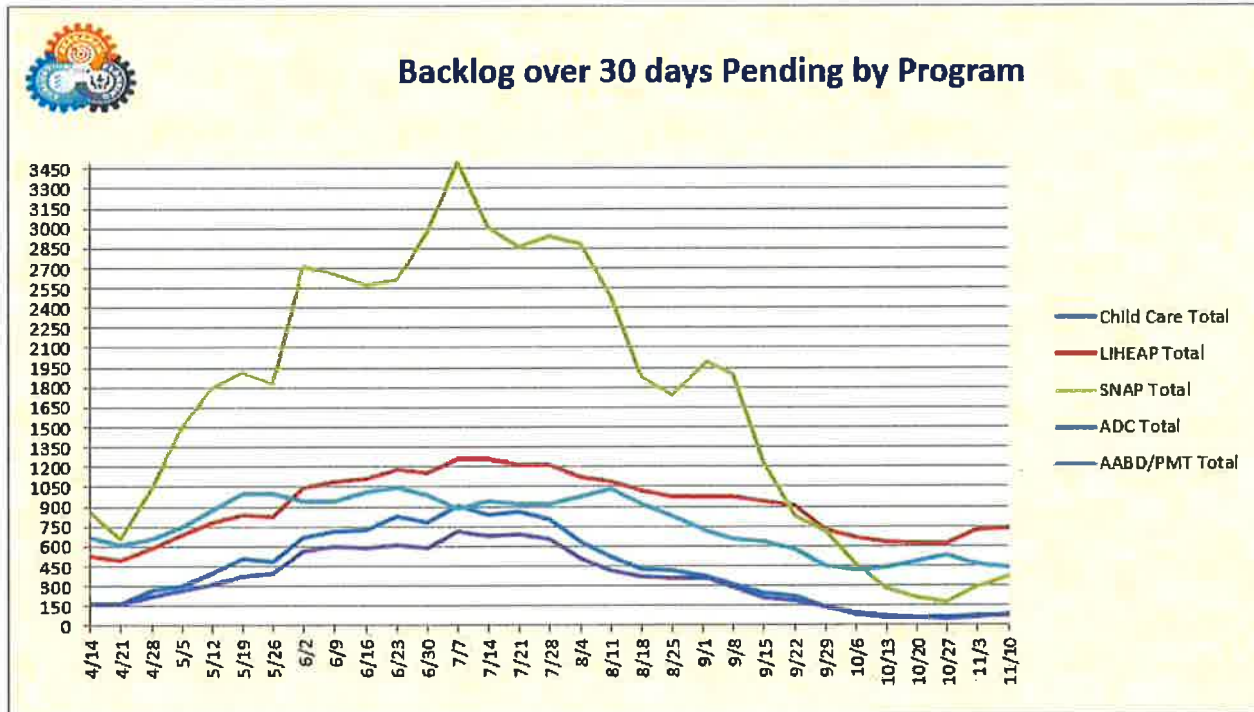
Current Challenge

During the overtime period an average of 6,323 SNAP applications were processed per week. At the same time, the employees were still able to continue working the other economic assistance programs. The overtime period was successful in greatly reducing the number of pending SNAP applications without increasing the number of other economic assistance applications pending. The following graph from the October, 2014 QCI report, shows the backlog of applications over 30 days; a significant reduction was made during the overtime period.



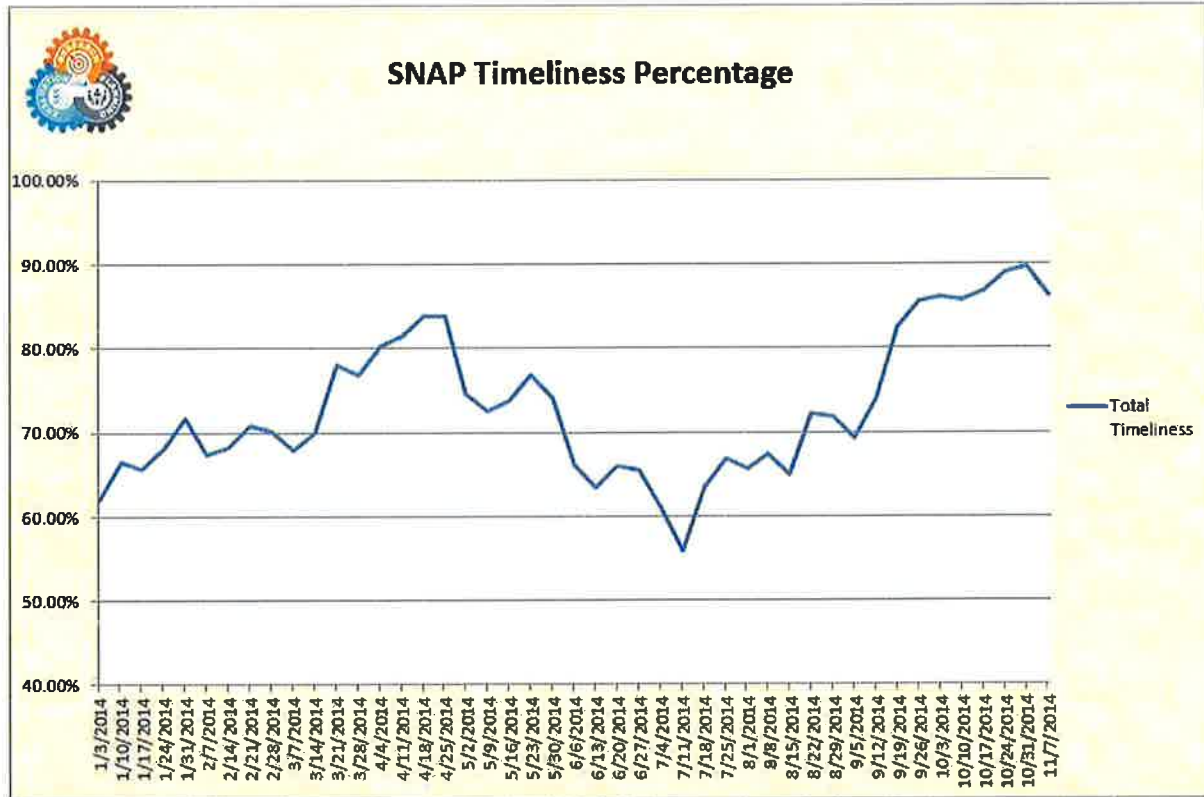
Source: DHHS Statewide Continuous Quality Improvement (CQI) Meeting, CQI Report 10/22/2014

However, by the end of October, only 2 weeks, after the overtime period ended the backlog appears to be trending upward. The graph below is from the November, 2014 CQI report:



Source: DHHS Statewide Continuous Quality Improvement (CQI) Meeting, CQI Report 11/19/2014

The following graph shows the 2014 percentages of applications processed in a timely manner. Reaching a low in mid-July, of approximately 55%, and a high in mid to late October of close to 90%. From that point, the percentage begins to drop trending downward at the same time the overtime period ended.



Source: DHHS Statewide Continuous Quality Improvement (CQI) Meeting, CQI Report 11/19/2014

Current staffing is not adequate to process the work load with the current technology and policies. Total work in progress accumulated quickly once the overtime effort ended. Although processes may be improving, more needs to be done to improve and sustain timeliness and lower wait times.



Source: DHHS Statewide Continuous Quality Improvement (CQI) Meeting, CQI Report 11/19/2014

9. Survey of employees of ACCESSNebraska

In July of 2014, Senator Dubas, as chair of the ACCESSNebraska Special Investigative Committee requested the assistance of the state's Ombudsman's office in conducting a survey of ACCESSNebraska employees. The following is the report created by their office as well as the result of the survey.

Survey of ACCESSNebraska Employees

September 12, 2014

Prepared for

ACCESSNebraska Special Investigative Committee of the Legislature

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

Senator Annette Dubas, as the Chairperson of the LR 400 ACCESSNebraska Special Investigative Committee, has requested that the Ombudsman's Office conduct a survey of ACCESSNebraska employees to learn what we could about their experiences with the ACCESSNebraska system, and to determine whether the system is effective in serving Nebraskans. This Report will give our accounting of the results of that survey.

We asked Nebraska Department of Health and Human Services (DHHS) to provide a list of all current ACCESSNebraska employees, which resulted in a list of 931 employees. An invitation to participate in the survey was then sent by e-mail from the Ombudsman's Office to those 931 employees on August 20, 2014. The survey closed on September 2, 2014, with 649 responses. Our success in this effort is largely due the ACCESSNebraska employees. We appreciate the help of DHHS in providing the complete email list, and the help of the Legislative Research Office in setting up the online survey.

Although this was not a “scientific” survey, we believe that the results of this survey are very significant, particularly due to the fact that we have received such a high response rate (69%) from among those contacted. The results of the survey can be interpreted in multiple ways, and obviously it is up to the Committee to draw the ultimate conclusions on the meaning of this data. Nevertheless, we want to highlight some of the patterns that we saw in the answers that employees provided to both the multiple-choice questions and the open-ended questions.

II. Questions asked by the Survey

a. The multiple-choice questions addressed the follow topic areas:

i. Employees background (length of time working for DHHS, job titles, responsibilities, work location).

ii. Training on public benefits programs, telephone, and computer system.

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. Open-ended questions addressed the following topic areas:

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

ii. Whether the ACCESSNebraska system is evolving/improving, and whether the system's employees can offer any other suggestions for improvement of the system.

III. What the Survey says about the ACCESSNebraska system as relates to both the Medical Eligibility and Economic Assistance Programs

A. Employees Background (length of time working in the system, job titles, and responsibilities)

Although the written responses to the open-ended questions mentioned that there was, and continues to be, a high turn-over rate within the ACCESSNebraska workforce, we were pleased to see that the highest percentage of respondents, 36%, have worked at DHHS for ten years or more. The next highest percentage, 23%, have been with DHHS for from two to five years, and the lowest percentage, only 5%, have been with DHHS for fewer than six months.

As expected, the vast majority of the respondents, 81%, work as either Customer Service Center Workers or Local Office Workers.

B. Employees Training (public benefits programs, telephone, and computer system)

In terms of the training of ACCESSNebraska staff in the details of the public benefits programs before the employees actually began their ACCESSNebraska responsibilities, 72% of the respondents stated that the training was either excellent, more than adequate, or adequate. There was a consensus revealed in the written portion of the survey that the “processes and procedures are always changing so it is hard to keep up with what we are supposed to be doing on a daily basis.” Because of these constantly changing processes and procedures, some of the respondents emphasized that refresher training is extremely important. This view ties in with how workers felt about the on-going training relating to the public benefit programs. Although 60% of respondents felt that the on-going training was either excellent, more than adequate, or adequate, there is a 12% drop in adequacy rating in regard to the on-going training, as compared to the initial training the employees received.

Some newer employees (one year or less in their position) felt that the training materials did not reflect what happens “on the floor.” Some recommended that the training involve a more hands-on approach, such as the shadowing of experienced employees, instead of classroom learning. As for training relating to the telephone and computer systems, 80% of the respondents felt that the

initial training was either excellent, more than adequate, or adequate. The survey produced a similar approval-percentage for the on-going training in regard to the telephone and computer systems.

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

Although only three questions were asked about work duties, this section of the survey, along with the responses to the open-ended questions, seems to reveal where the highest level of discontentment among ACCESSNebraska staff lies. The results of the survey indicated that 56% of respondents felt there was a consistent backlog in work duties to be performed. A similar percentage of respondents felt that they have less than enough time to complete their work duties. The written portion of the survey supports respondents' concerns with the workload. One of the respondents reported that "there is not enough employees to cover the work load." Furthermore, respondents from all entities within the ACCESSNebraska system wanted to make it clear that they cannot do a sufficient job in serving Nebraskans unless more workers are hired. One of the respondents pointed out that, "It's embarrassing that Nebraska use to be the #1 in the US for accuracy and now we are down at the bottom. The State downsized employees with ACCESS Nebraska but the work actually increased." Another respondent indicated that, "we are expected to do 50% more work with 50% less staff."

The view that the workload is too heavy was more prevalent among veteran employees. Approximately twice as many respondents who have worked for DHHS for ten years or more reported that they had too many work duties, as compared to respondents who have worked for DHHS two years or fewer. Also, the percentages of respondents who reported that "most workers are able to regularly complete the pending work duties" varied greatly depending on the population groups within the ACCESSNebraska system. For example:

29% of the respondents who have been employed by DHHS for two years or fewer confirmed that most workers are able to regularly complete pending work duties, as compared to only 12% of those respondents who have been with DHHS for ten years or more.

37% of respondents from the medical assistance call centers confirmed that most workers are able to regularly complete pending work duties, as compared to 18% of respondents from the economic assistance call centers.

26% of respondents from the four call centers agreed that most workers are able to regularly complete pending work duties as compared to 13% of the respondents from the local offices.

D. Client Interaction

Despite the backlog and the constantly changing operating procedures, it is clear from the employees' comments to the open-ended questions that they love their jobs because they feel that they are helping the people of Nebraska.

Accuracy of work performed:

When asked about the accuracy of the employees' work, 84% of respondents reported "my work is accurate most of the time." This result seems to be inconsistent with the written answer portion of the survey where many respondents commented on the errors made by employees. Some of the respondents attributed these high error rates to how the universal caseload has caused employees to not take responsibility for the quality of the work that they are doing, along with the constant pressure to accomplish "quantity over quality," which results in the workers making more errors in the cases they handle.

The high error rates may tie in with the issue of needing better communication among the different ACCESSNebraska entities from local offices to call centers. One respondent commented, "Sometimes the communication between central office, management and staff is lacking. Often times the same directive is interpreted multiple ways to staff so there are many variations of the same directive being done at the same time."

Clients' satisfaction:

The results of the survey indicated that 73% of the respondents had the view that the clients who they serve are either very satisfied, somewhat satisfied, or satisfied with the service clients receive.

However, this multiple choice question is only a small part of a bigger picture because the written responses provide the rest of the picture. Many of the ACCESSNebraska employees mentioned the delay in processing applications, and the long wait-time for callers, as factors which ultimately resulted in clients not receiving their benefits in a timely manner. The long wait-time is also more than an inconvenience issue for the clients because, as pointed out by respondents, many clients have pre-paid cellphones “and holding uses up all their minutes.” One of the respondents observed that “clients aren’t dissatisfied with the customer service they receive from workers but are dissatisfied with how the system functions which leaves them waiting on hold or waiting for benefits. I think we do a good job with customer service when we are in contact with the client and they seem to appreciate that talk highly of the level of service a worker gives.”

Serving the elderly population, people with disabilities, and people with mental illness:

The survey results indicated that from 42% to 46% of the respondents experienced either some, significant, or extreme difficulties in serving the elderly population, people with disabilities, or people with mental illness. Many of the respondents also expressed the opinion that the “elderly and mental ill people need the face to face services, they don’t understand the internet, have hard time hearing on the phone and they will not share information with a stranger.” Many of the survey’s respondents also concurred with the recommendation that “Elderly and disabled clients need to be assigned a SSW [Social Service Workers] in their area that will continue to manage the case.”

Serving Non-English Speaking Clients:

The survey results with respect to ACCESSNebraska’s success in serving a Non-English speaking population is also worth noting. It would appear that 64% of the respondents had experienced either some, significant, or extreme difficulty in serving this population. Also, over twice as many respondents who have worked for DHHS for ten years or more reported that they experienced extreme difficulties in working with Non-English speaking population, as compared to respondents who have worked for DHHS two years or fewer. For the Spanish speaking clients in

particular, one of the respondents suggested “utilizing the Spanish speaking workers to work the Spanish applications.”

E. What aspects of ACCESSNebraska are seen as working well

Benefits to clients:

Online access:

Many of the respondents mentioned how “continuing to give our clients access to apply for benefits online helps to expand our reach to the citizens of Nebraska in all areas.” In line with this, many respondents pointed out that clients “can usually call the CSC and talk to someone right away. That did not always happen when cases were assigned to case workers.” However, some of the respondents noted the limitations of online access by emphasizing, “If a customer is technologically savvy and has no physical or mental disabilities, and speaks English fluently, the system seems to be working well for them.” Obviously, the underlying point being made by this respondent was that the utility of the ACCESSNebraska online service was significantly lower for those users who were not technologically savvy, and/or who had physical or mental disabilities, and/or who do not speak English well.

Splitting of the Economic Assistance and Medical assistance programs:

Many of the survey respondents from the Medical Eligibility Program mentioned that “when Medicaid split from the EA programs...The specialization to the Med. program has helped with accuracy, confidence and production.” Some of the respondents reported that the telephone hold times for “Medicaid are also very low - probably due to no longer needing to complete interviews for applications.”

Local offices:

Some of the respondents also viewed “having local offices open to the public is working. People are able to actually talk to a worker face to face.”

Assigned caseworkers:

Many respondents from the local offices pointed out that “cases being assigned to and processed by individual workers seems to be working very well. When one worker does all the steps in determining benefits, you become familiar with the case and are better able to answer any questions that the client may have.” The local office workers also appreciated the fact that some populations have assigned caseworkers for the life of the case. One respondent mentioned that “assigned cases/applications for nursing homes, assisted living and assisted living waiver, community based waiver cases in the home, spousal impoverishment cases because they have one worker that clients have to report to and worker becomes familiar with these cases. If cases are not assigned, then calls go through the Call Centers and they get a different worker every time they may call and these workers do not have the time to review the cases appropriately in the time allotted to answer the questions correctly which causes frustration with the applicants.”

Benefits to employees:

Assigned caseworkers:

Assigning specific caseloads not only helps the clients, but it also helps the employees “to be more efficient and accurate since many of the Medicaid programs are similar but have very different requirements.”

Universal caseload:

Many of the survey respondents particularly mentioned the convenience of the universal caseload model because employees can take time off (e.g. sick leaves, vacations) without their having to worry about their clients’ cases. On a more operational level, many of the respondents appreciated having their weekly meetings that provided them with updates to new policies, team calendars, and the flag system, “Winks which alerts workers of errors that are being made or new information that is not known.”

One call resolution:

As reported by one survey respondent, before the start of the survey, the CSC staff were “only allowed to interview if the call wait time was under 15 mins.” Workers “spent more time telling

clients that they couldn't do the interview.” However, at the time of this survey, workers in the economic assistance call centers were allowed to complete their telephone interviews when clients call the centers. Many workers appreciated this option which they viewed as cutting down the work tasks, along with addressing the long hold time issue. Many of the survey's respondents were thankful for their co-workers and supervisors whom have helped to make their jobs to be more bearable. Many of them felt that the ACCESSNebraska workers were really trying their best to serve the public.

F. What aspects of ACCESSNebraska are seen as needing improvement

More workers:

Although the issue of needing more workers was mentioned earlier in this report, we feel the need to bring it up again because respondents from all areas of the ACCESSNebraska system want to make it clear that they believe that they cannot perform satisfactory work collectively unless more workers are hired to help out. As one of the survey respondents observed, “we need more workers in order to serve the Nebraska population. When we get an application assigned to us that is already over 30 days old, we have to send delay notices and deal with unhappy people from the beginning.” Many of the respondents viewed all of the current problems/issues in the system as going back to their not having enough workers. This would include, for example, having high error rates, stressful work environments, unreasonable work task quotas, and so forth.

Processes and procedures:

The survey did not ask specifically about ACCESSNebraska processes or procedures, but based upon respondents' written comments, it is clear that employees want administration to avoid making frequent (weekly and sometimes daily) changes to the system's operating procedures. One respondent mentioned that “it is hard to provide timeliness and accuracy when procedures and policy are changing so frequently. Narrations show that workers across the state understand policy and procedure in different ways and so different results are seen from case to case.” When procedures need to be changed, many respondents felt that the administration needed to give the new procedure or process some time, to see if the changes have helped with resolving issues, such as the backlog.

Putting “Human” back in Human Services:

According to one of the survey's respondents, "CSC has take away the 'Human Services' out of our agency. We need to get back to making people the most important piece of our organization. We are understaffed and as long as we are, the CSC will not meet the expectations as it was intended. Workers are overworked, overwhelmed and care about the people they help. We are frustrated this change has damaged our image in the eyes of the public as an effective and efficient agency." Many workers indicated that they felt intense pressure to complete "work tasks," instead of spending their time in making sure that they were doing cases well and correctly. Some of the local office workers felt that they were not only were expected to work on their assigned cases, but that they were also expected to fulfill the work tasks quotas.

One respondent expressed that, "Far too much emphasis is put on speed and keeping stats up (number of calls taken per hour by each worker, number of work tasks completed per day by each worker) which is detrimental to accuracy and to serving our clients in the best way possible. We are expected to be accurate and to improve accuracy rates but at the same time we are constantly bombarded with demands to take more calls per hour... I take time to explain programs and actions to clients who are not familiar with our system or who have questions about what has taken place with their case. Many times clients thank me for taking time to explain things and they tell me that they wish more workers would be as helpful. That leads me to believe that many call center workers are not taking the necessary time with our clients. I am sure this is due to the requirements to 'be faster' and get our stats up. If we take time with clients in the first place and take time to make sure their case is correct, then they will not need to call back multiple times for information and that should help our call volume."

The view that ACCESSNebraska not working at all:

Many of the survey respondents did not think the ACCESSNebraska system, especially the call center and universal caseload model, was not working well. Many workers felt like a "glorified telemarketer," and have concluded that the only viable solution is to go back to the old system of having cases assigned to specific caseworkers. One respondent mentioned, "I would like to go back to having a case load where I was familiar with the client's history and they were comfortable with me handling their case."

Putting out fires:

Some ACCESSNebraska employees who responded to the survey said that they felt like they were constantly “putting out fires.” One week, they may have to concentrate on timeliness, but always at the expense of another goal such as accuracy. One respondent commented that it “seems like we work really hard in one area, only to have another area fall behind.” This seemingly ties back to the larger issue of not having enough workers.

Universal caseload:

While some of the employees who responded to the survey viewed universal caseload as being a benefit to Nebraskans and employees, many of them mentioned that the universal caseload model has actually caused backlog due to employees having to take “cold calls,” and having to read through the caller's case history because they had never dealt with the particular caller's case before. Many survey respondents felt that the universal caseload also caused employees to not take accountability for the work that they have done. Many of the responding employees mentioned their frustrations with having to correct another employees' errors. A common sentiment was “too many hands touch the case.” Another survey respondent commented that, “I often correct mistakes made by previous workers, sometimes making corrections that have been overlooked for months by several other workers who have worked on the case.”

Supervisors and lead workers are not available to their employees:

Some survey respondents suggested that, due to the backlog, many supervisors and lead workers ended up doing the daily work that their employees would normally do, which then causes the supervisors and lead workers to be unavailable to their employees when employees have questions. One survey respondent commented that, “Supervisors and lead workers are not able to support staff if they are required to get on the phones so this is one thing that I would like to see end.” When the supervisors and lead workers were available, some workers felt that they often got conflicting answers to their questions due to the constantly changing procedures. Even supervisors mentioned that they were not able to keep up with the constantly changing procedures, and thus were not able to direct or supervise their employees.

Communication among the different entities:

Another common theme from the written responses to the survey related to the need for all entities of the ACCESSNebraska system to communicate better with each other. One of the survey

respondents reported that, “There is a breakdown of information from East to West and CSC to Local Office. If we could improve communication and be more consistent with processes in place and designation of tasks/duties, staff morale would increase which would increase productivity, accuracy and efficiency.” There also seems to be some confusion and “finger-pointing” between call center workers and local office workers in regard to their expectations of what each respective entity should be doing. Both the local offices and call centers are doing their best, but each entity feels that the other one needs to be doing more. Again, it appears that emphasis on communication from administration would help with this issue.

G. Whether the system is improving:

The written answers to the survey's question on whether the ACCESSNebraska system is improving ranged from a resounding “no” to an absolute “yes.” There were also many respondents who commented that due to the system's constantly changing processes and procedures, they really could not tell whether the system was improving or not.

IV. Conclusion

“If I didn't love what I do to assist the families of Nebraska,” one survey respondent said, “I would not still be sitting in this chair.” However, this employee also said that “it's time for Lincoln and the Legislature to assist the front line workers and allow us to do the job we were hired to do, that is to assist the families of Nebraska without the only emphasis being on call wait times.” Another respondent shared a similar sentiment by observing that, “I would just appreciate it if the comments were taken seriously. It is frustrating to receive a survey just to have it ignored. I took time out of my work to complete it. Please take time to read the comments.” Hopefully, this report will demonstrate that we have, in fact, done as this respondent has asked.

Our office has read all written comments, and we have tried, in this report, to provide an accounting of the sense of the responses we received. We hope that 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). Again, we would

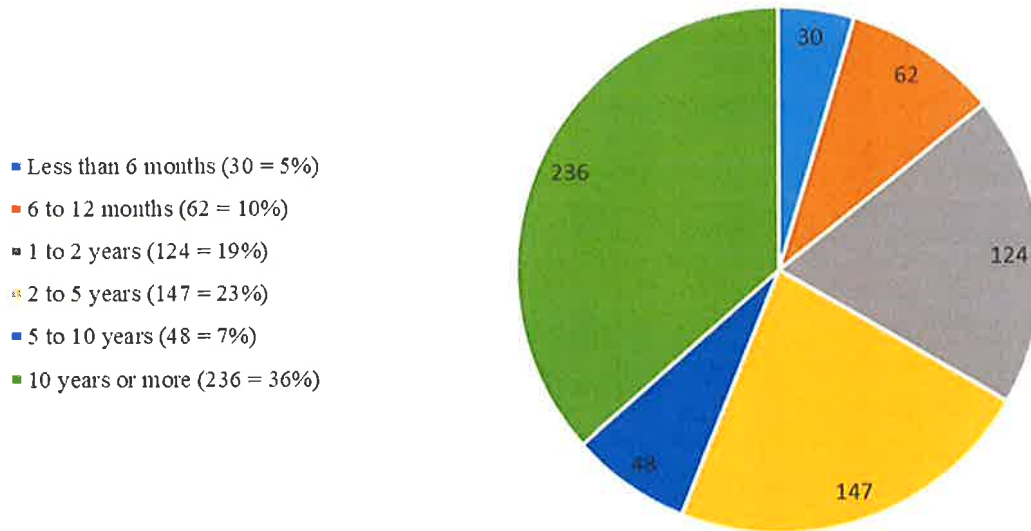
like to express our sincere appreciation to all of the employees who completed the survey, both for their contribution here, and for their work for the citizens of the State of Nebraska.

Respectfully submitted,

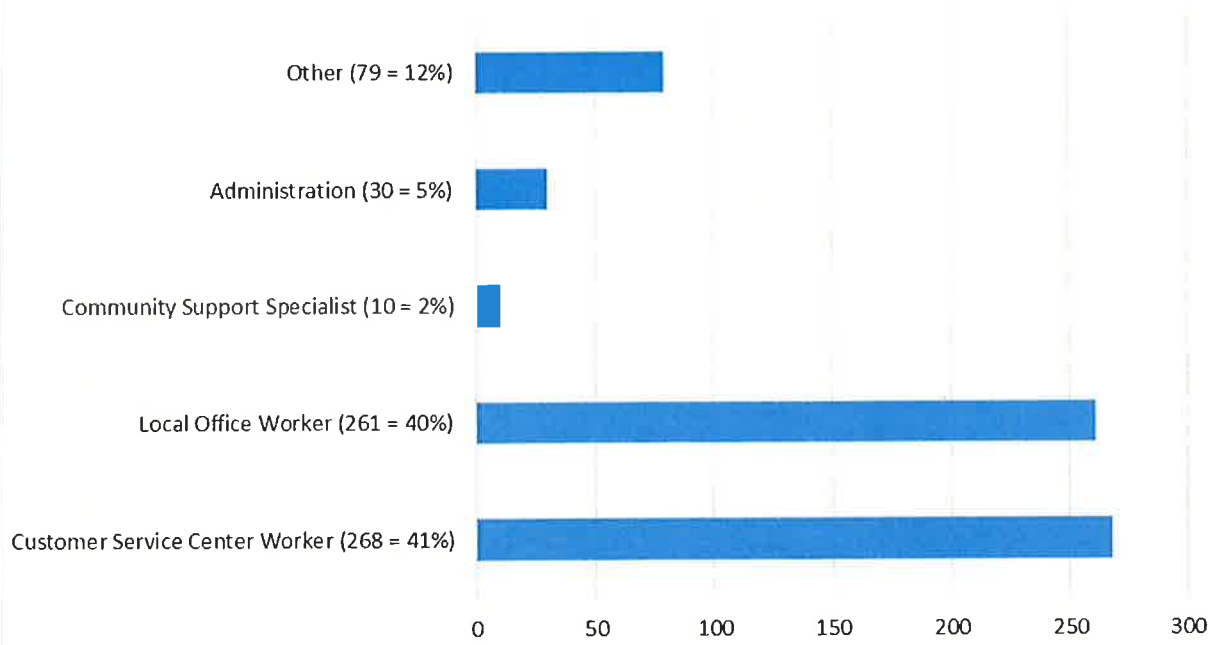
Julie Pham, Deputy Ombudsman for Welfare Services

Marshall Lux, Ombudsman

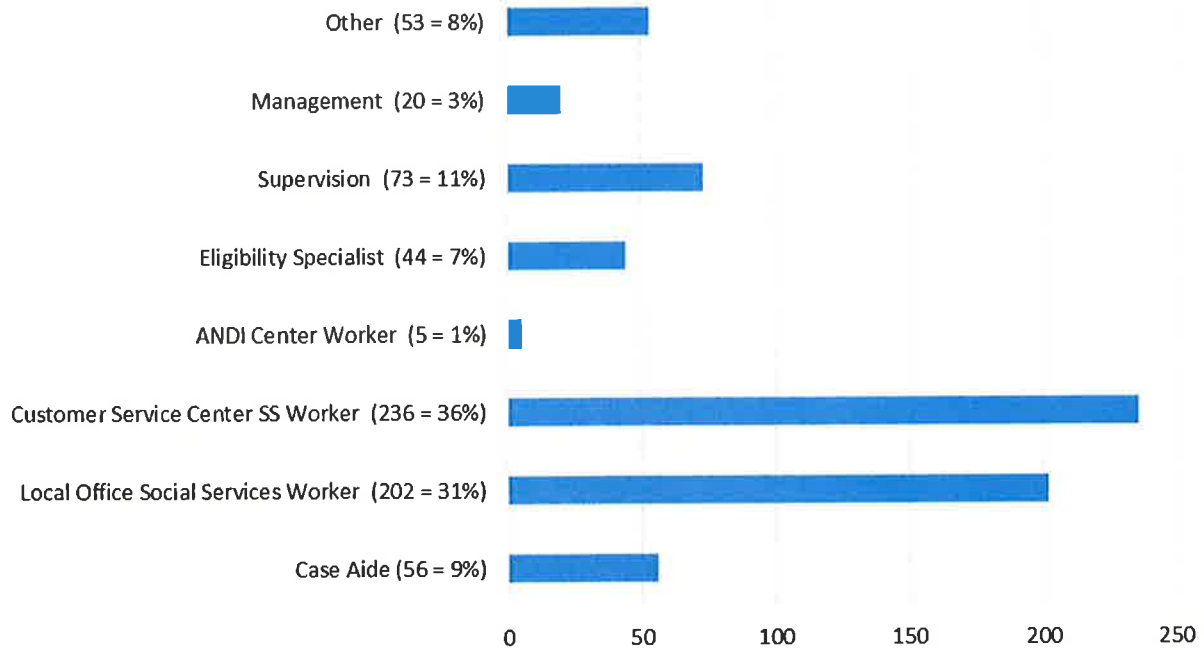
How long have you been employed by the Nebraska Department of Health and Human Services?



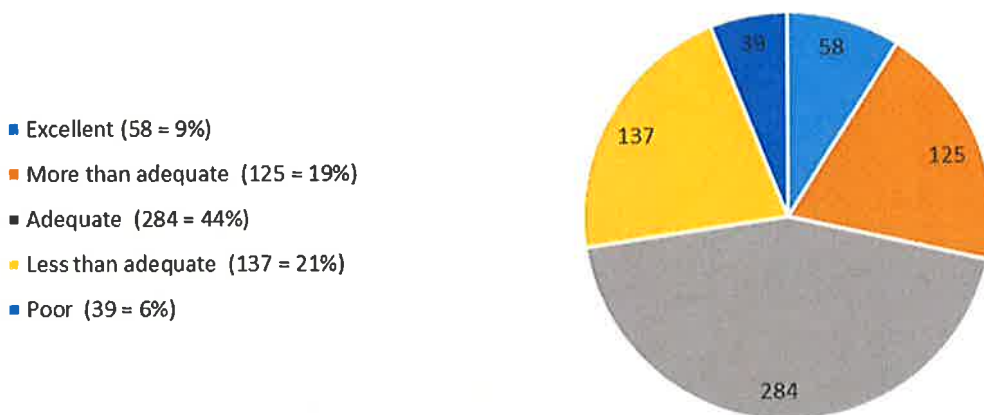
Which of the following best describes your title?



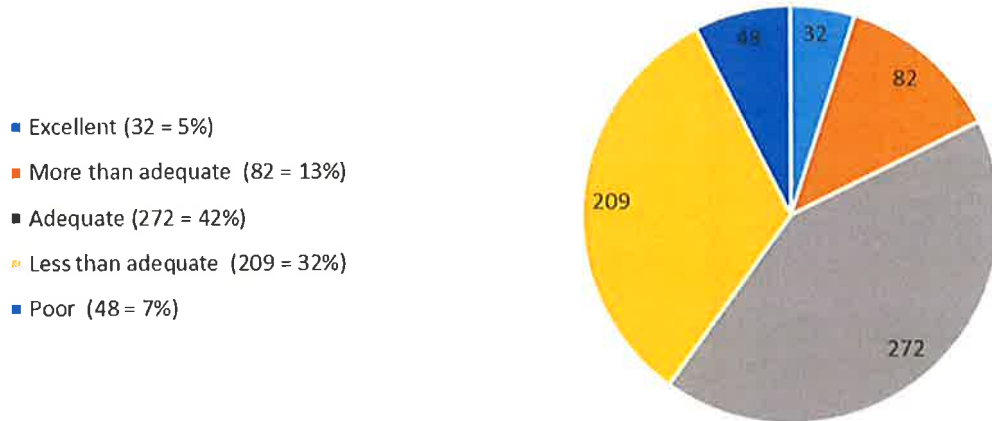
Which of the following best describe your responsibilities?



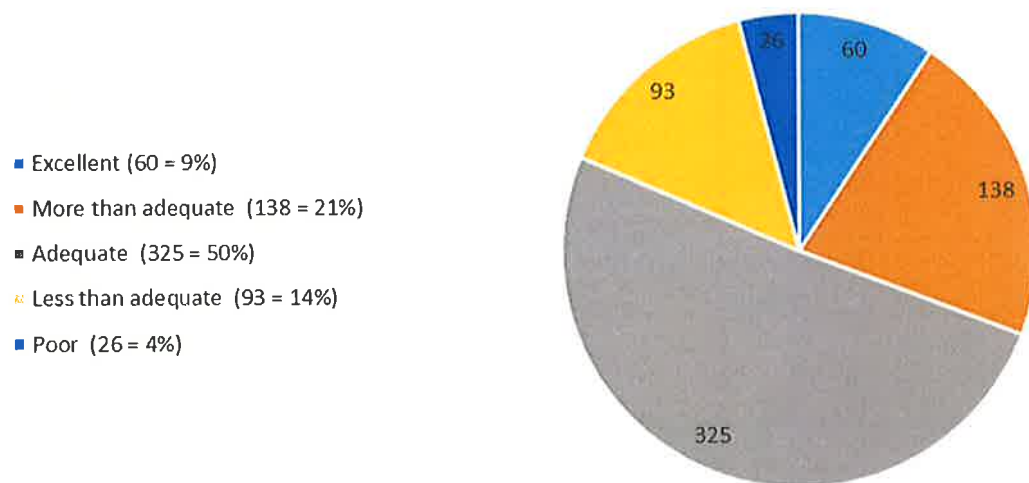
How would you describe the amount of training you received regarding public benefits programs (SNAP, Medicaid, etc.) before you began your responsibilities?



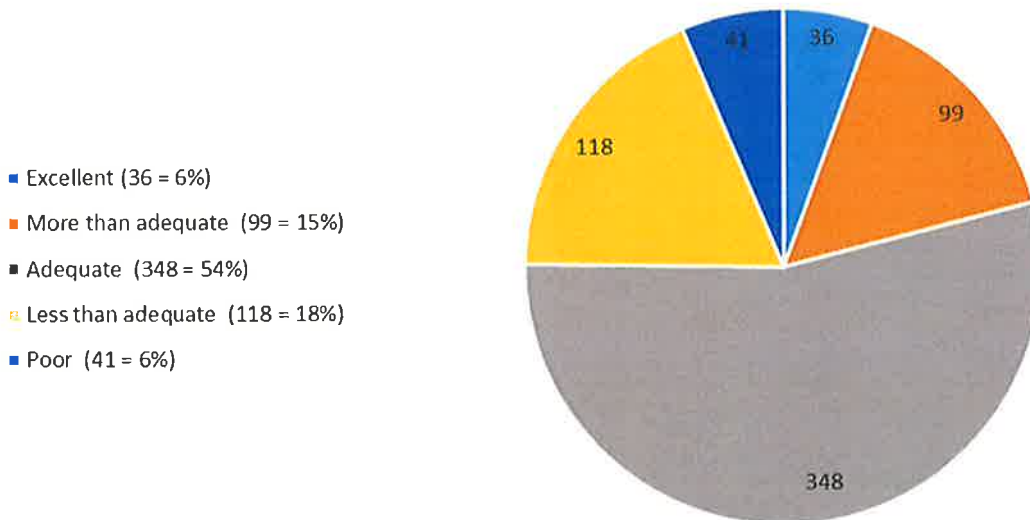
How would you describe the amount of training you continue to receive regarding public benefits programs (SNAP, Medicaid, etc.)?



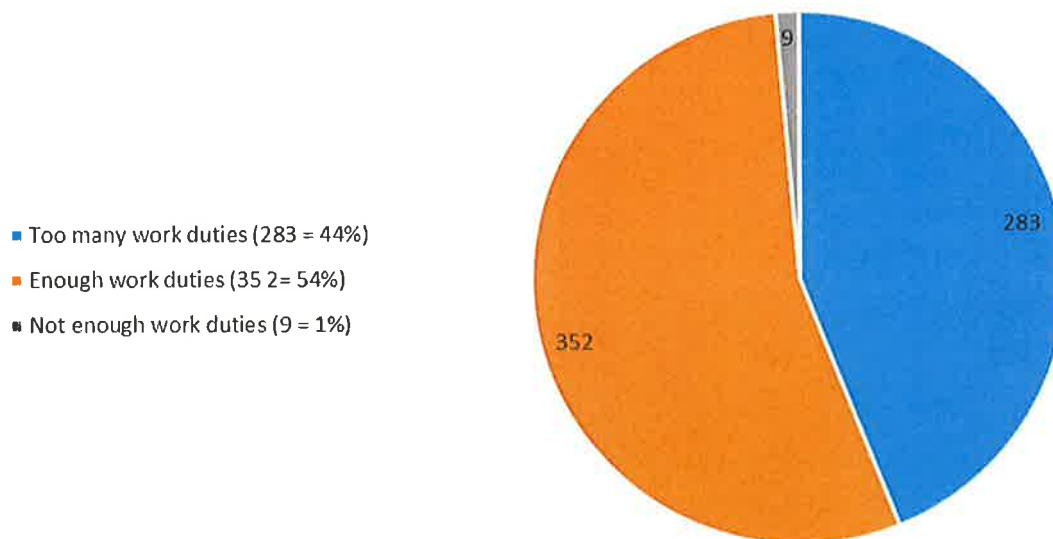
How would you describe the amount of training you received regarding the phone and computer system you use before you began your responsibilities?



How would you describe the amount of training you continue to receive regarding the phone and computer system you use?

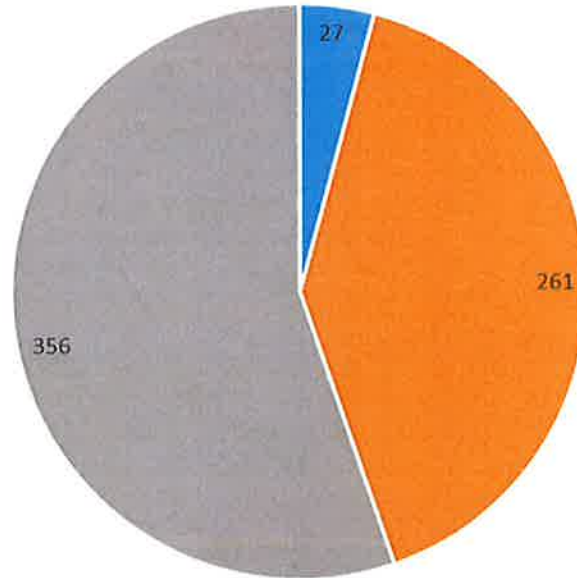


Which of the following best describes the number of work duties required by your position?



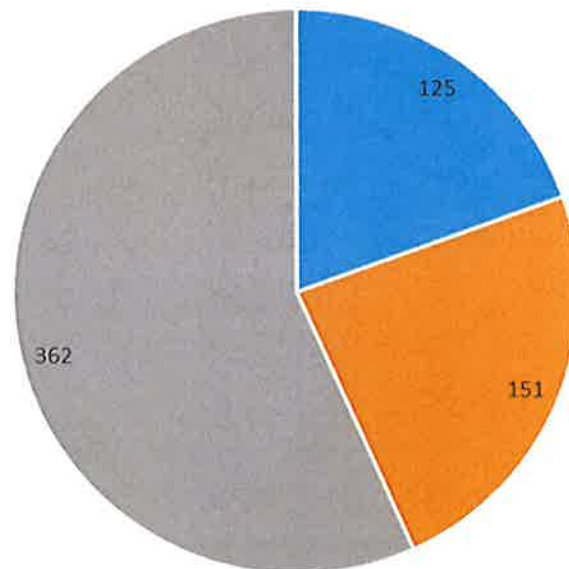
Which of the following best describes the amount of time you have to perform your work duties?

- I have more than enough time to complete my work duties (27 = 4%)
- I have about the right amount of time to complete my work duties (261 = 40%)
- I have less than enough time to complete my work duties (356 = 55%)

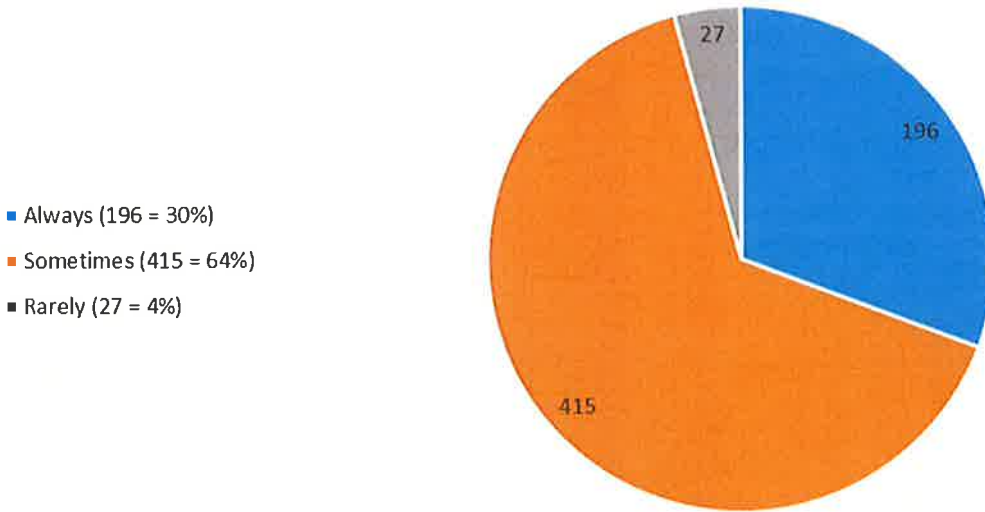


Which of the following best describes the current workload across the system?

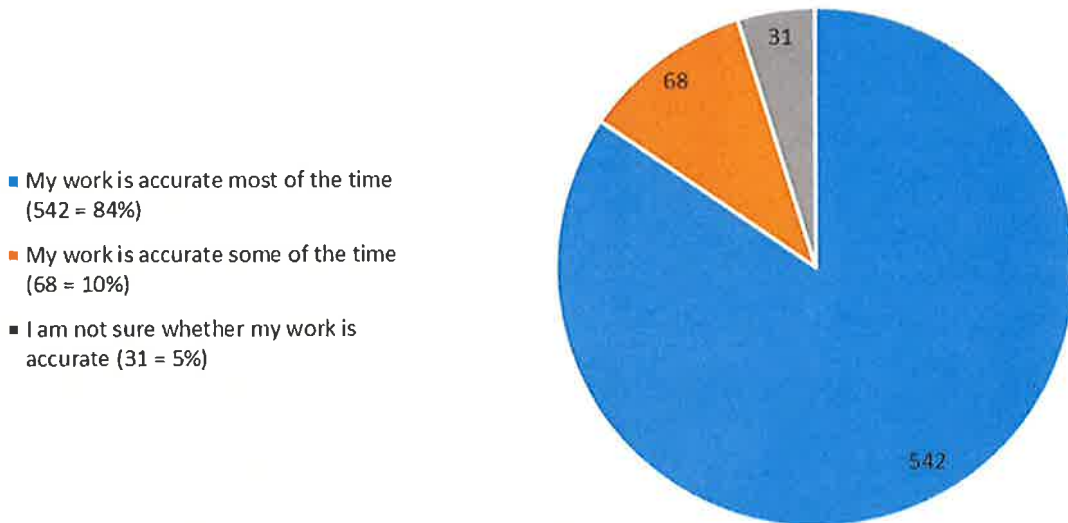
- Most workers are able to regularly complete the pending work duties (125 = 19%)
- Few workers are able to regularly complete the pending work duties (151 = 23%)
- There is a consistent backlog in work duties (362 = 56%)



Do you have the resources needed to answer clients' questions while on the phone?

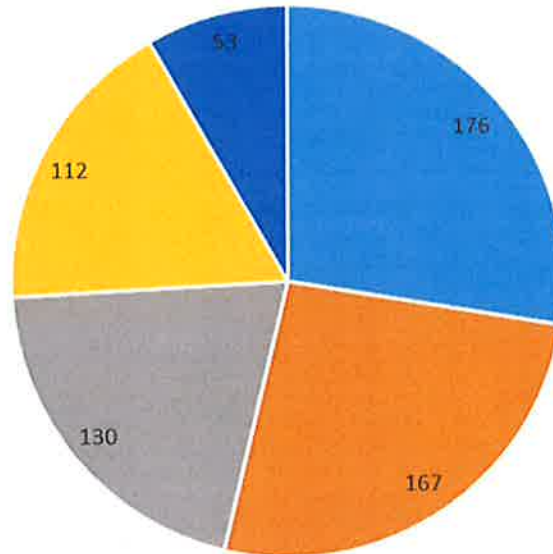


Which of the following best describes your opinion on the accuracy of your work?

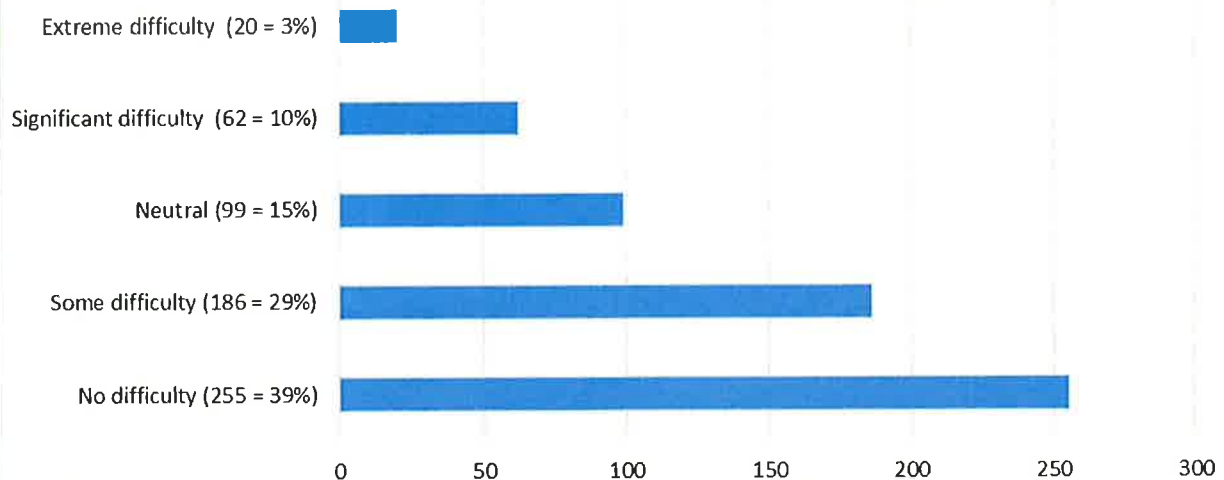


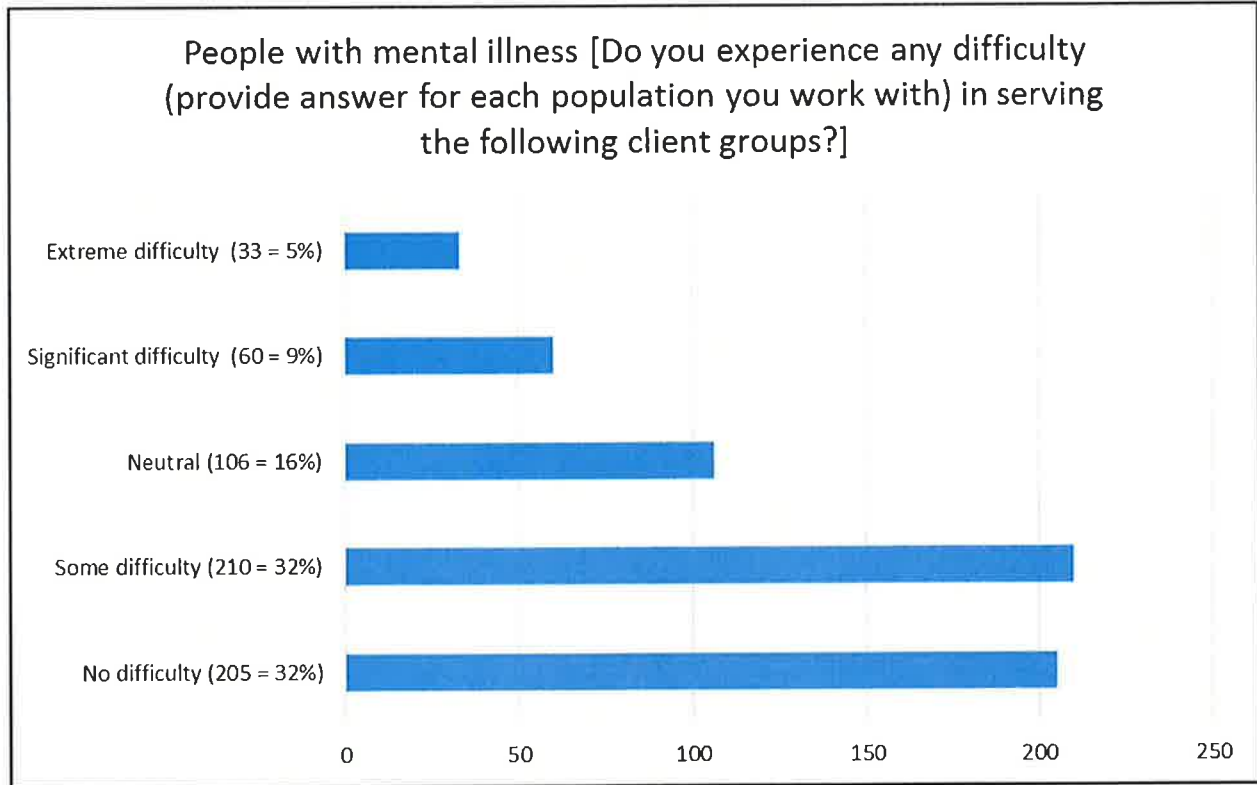
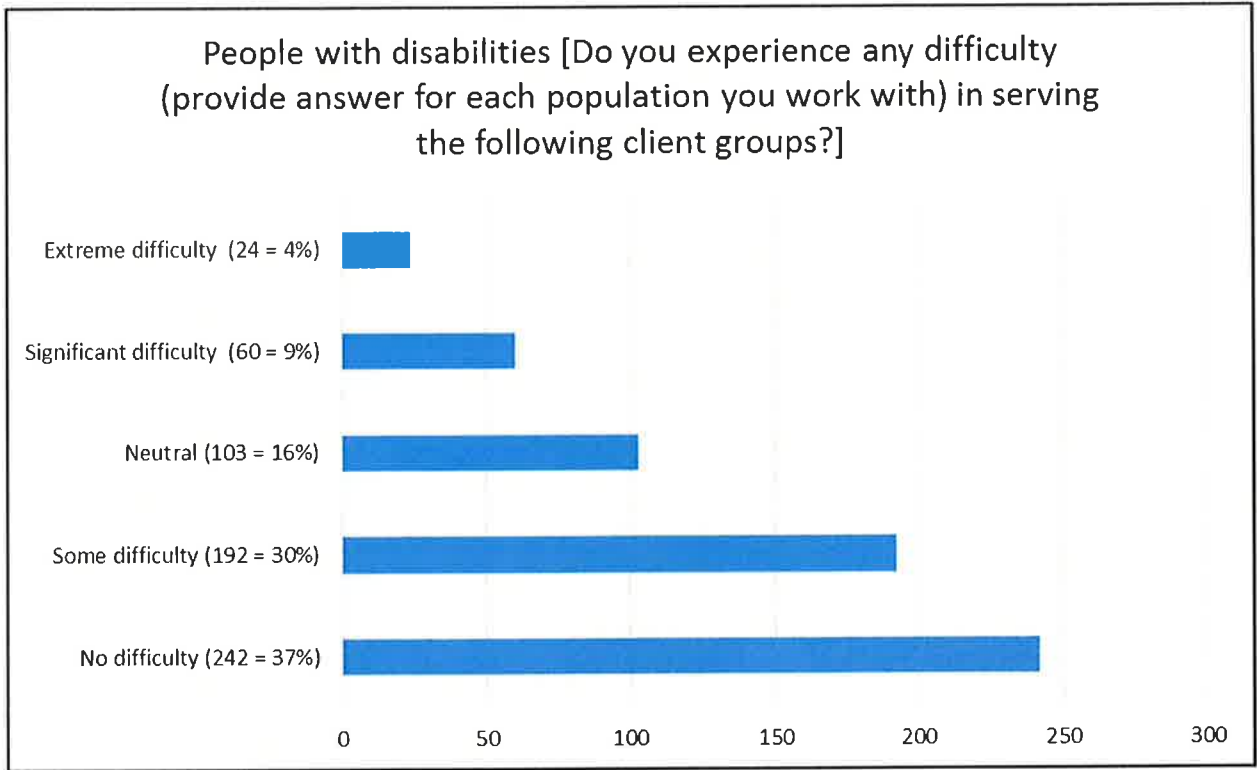
Which of the following best describes your opinion on client satisfaction?

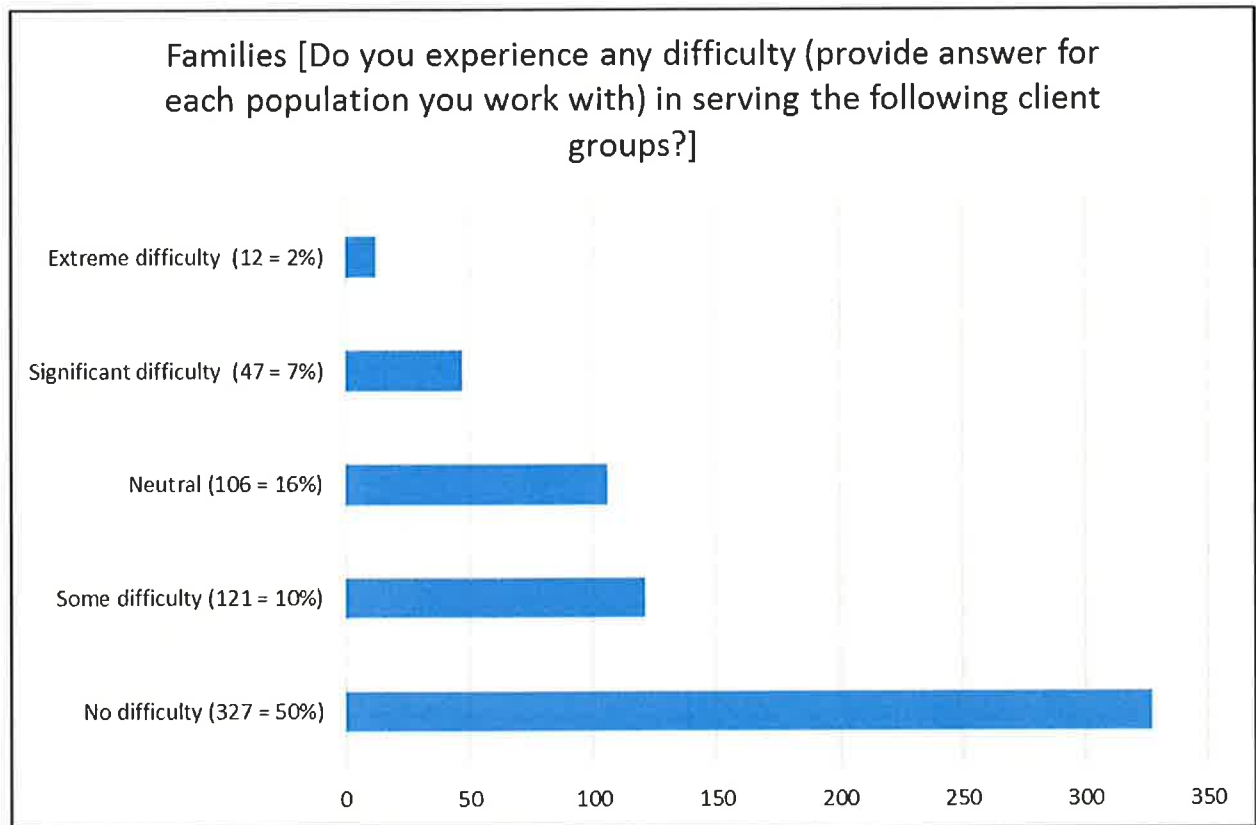
- I believe my clients are very satisfied with the service they receive (176 = 27%)
- I believe my clients are somewhat satisfied with the service they receive (167 = 26%)
- I believe my clients are satisfied with the service they receive (130 = 20%)
- I believe my clients are dissatisfied with the service they receive (112 = 17%)
- I believe my clients are very dissatisfied with the service they receive (53 = 8%)

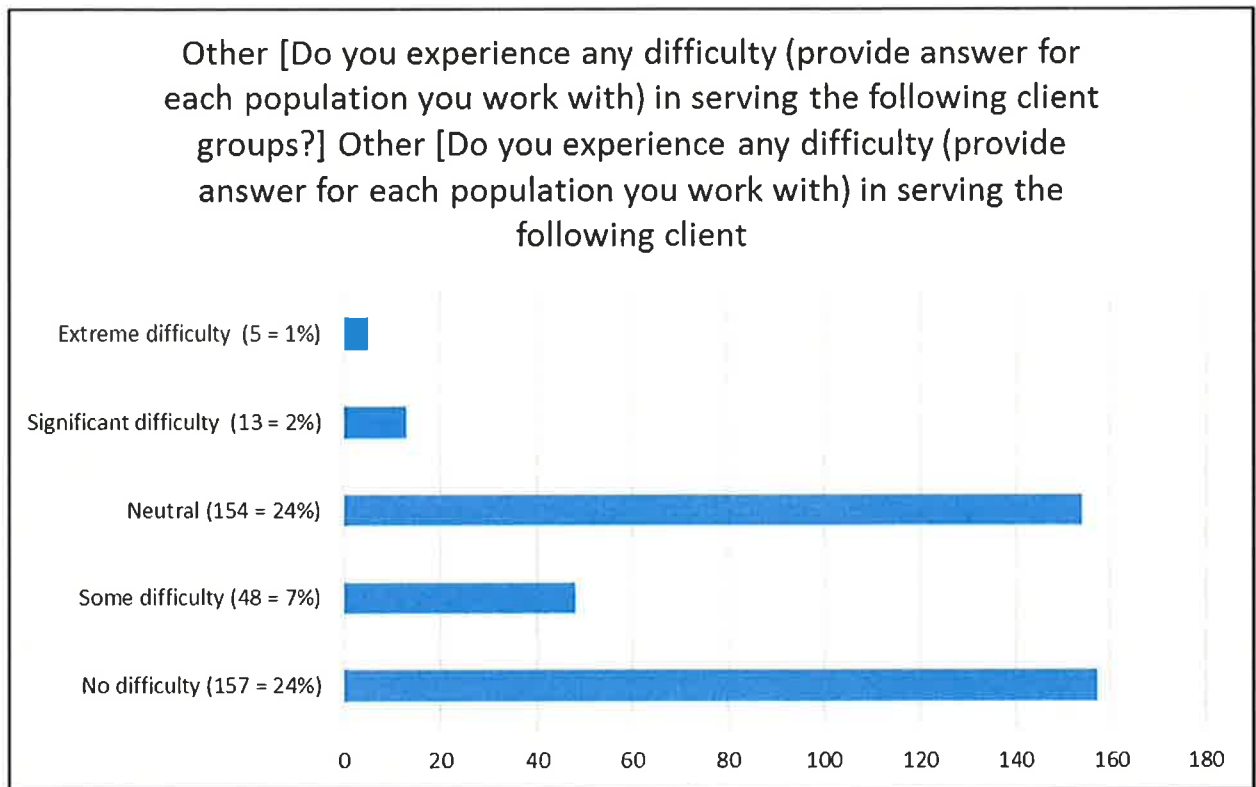
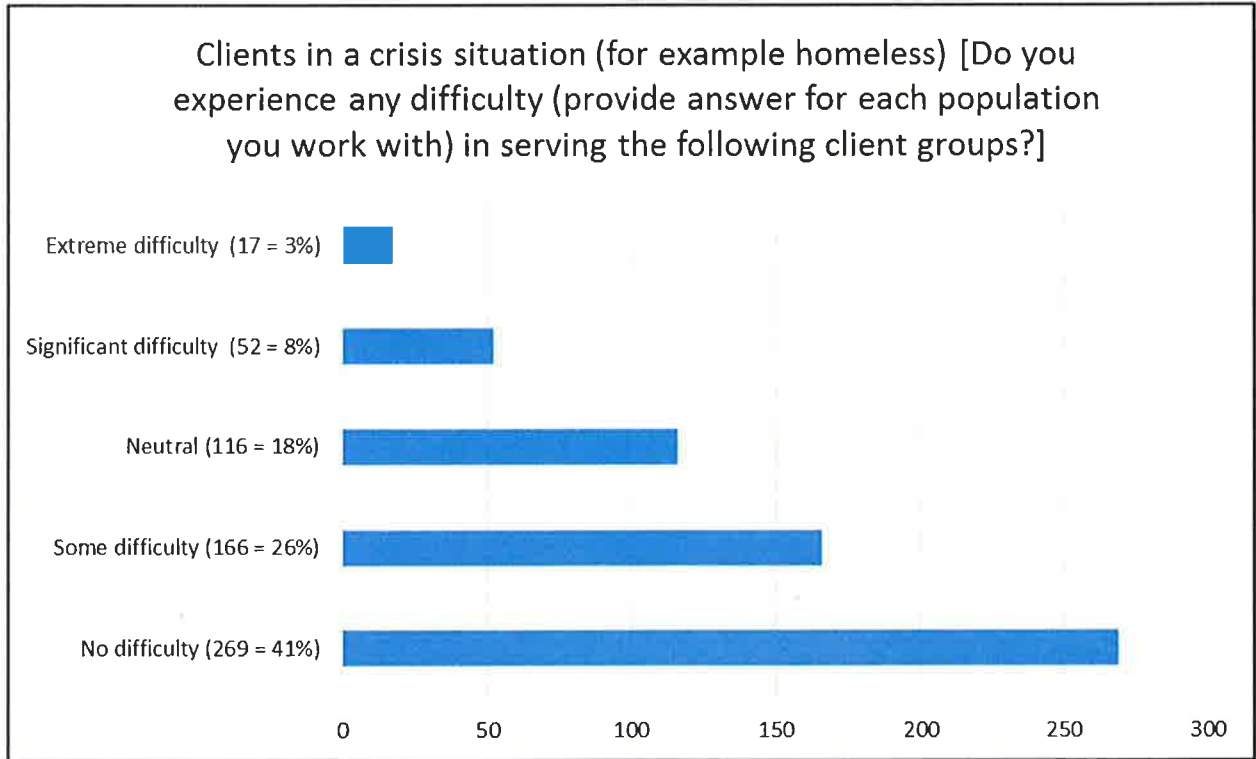


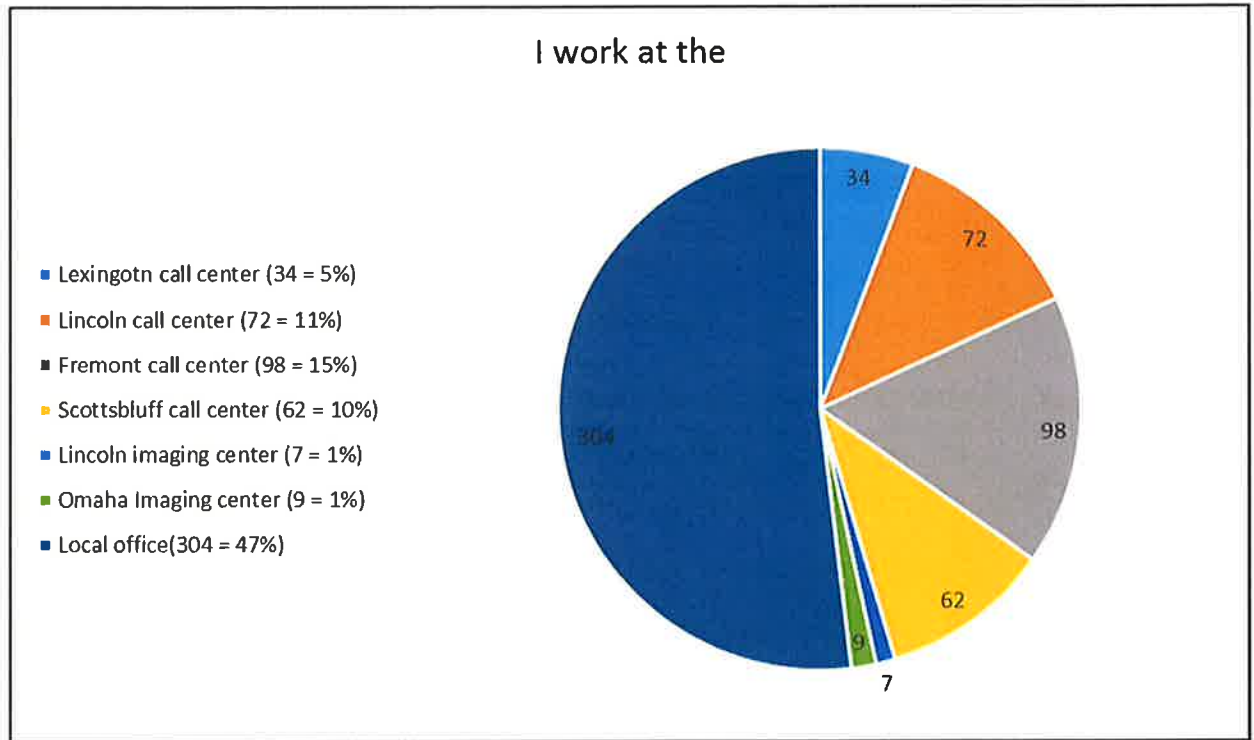
Elderly [Do you experience any difficulty (provide answer for each population you work with) in serving the following client groups?]











10. Technology

In 2008, the DHHS submitted a Project Proposal Form related to the creation of ACCESSNebraska, to the Nebraska Information Technology Commission (NITC). In it, the department lays out its plan for a service delivery redesign, stating the core goals of the project are efficiency and cost reduction. In its review of the proposal the NITC, stated that there is a “clear desire and intent to utilize modern technology to streamline application and casework processes.” The NITC also saw a “clear desire and intent to use appropriate technology (document imaging, web application) to address service delivery challenges.” They warned, “the proposal focuses on approach rather than providing any detail as to the specific technology that will be used and how it will be implemented. Further, the evaluation is very rudimentary suggesting that limited thought has gone into evaluating the project.” The reviewer went on to note that, “risks are significant - and although well described - are heightened by ambitious design, change management (involving management, employees and customers), and implementation assumptions.” It is unclear if the Department addressed any of these concerns before moving forward with the project.

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. It required DHHS to develop a web-based, statewide automated child welfare information system. As part of that plan DHHS commissioned the UmmelGroup 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. It supports most of the service programs offered by the department, including child welfare, foster care, adoption, as well as ACCESSNebraska. In addition, it supports the Social Security Administration, unemployment insurance, Department of Motor Vehicles, Vital Statistics, Child Support Enforcement, Department of Justice, Medicaid payments, Crime Commission, Veteran Affairs, Sexual Offender Registry, and Integrated Voice Response (IVR) System.

Status Quo-“is not really viable due to failure to address state and federal requirements.”

Child Welfare Information System Strategic Plan, by UmmelGroup

The report calls the N-FOCUS system an “information-rich environment,” but the reporting and analysis environment is out-of-date and “cumbersome.” It is based on decades-old technology and goes as far as calling it “archaic”. Some information is stored in an unstructured format, requiring workers to weave structured and unstructured data to perform a variety of processes. Currently data from online forms are not automatically loaded into N-FOCUS. Staff work with dual monitors, where they manually enter information from one screen into N-FOCUS on the other screen. Anytime data has to be manually reentered, there is unnecessary room for error. Transposing numbers, entering a pay period as one week instead of two weeks, etc. are all mistakes that are a result of human error which would likely result in inaccurate processing of benefits. These types of errors could be eliminated if the data was automatically loaded into N-FOCUS.

The report considers several different 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.

DHHS also contracted with NelNet/PROXI to evaluate the call center system and present recommendations. Over a four week period PROXI worked with DHHS senior staff, leadership, and front line workers to take an in-depth look at our call center technology. They conducted on-site reviews, job shadowing and process evaluations at several of the service center locations, observed training sessions and reviewed the training materials, reviewed the call flows, routing and IVR structure and reviewed the desktop applications, tools and integration.

NetNet/Proxi presented a very detailed report that outlined major initiatives needed to develop an effective and efficient call center design. The report focused on Workforce Management, Reporting and Business Intelligence, Training and Learning Management, Quality Control and the PAS Process, Workflow; Call and Work Task Functions (an area of great struggle for the ACCESS program) and Call Center Culture and Retention.

This report was commissioned by DHHS but was certainly presented by NelNet/PROXI with a goal of partnering with the state to incorporate their call center expertise with our Human Services staff experience to serve Nebraskans. In the report NelNet/PROXI firmly believe this type of partnership would provide top notch customer service, use tax payer dollars far more effectively, and efficiently and provide ongoing expertise and technology solutions.

DHHS has done the research and has been presented with solid guidance as to what needs to be done to create a call center system that will deliver on the original goals of the ACCESS program.

The Medicaid Management Information System (MMIS) is the claims processing system for Nebraska's Medicaid Program. MMIS is not supported by N-Focus and is in the process of being replaced. The current MMIS was certified by the federal government in 1978. In August 2013, the Center for Medicare and Medicaid Services (CMS), approved funding to plan for replacing the current system. The state will use the 90/10 federal funding for the replacement system. This transitions is in progress.

11. Findings

The mission of the Division of Children & Family Services is to provide the least disruptive services when needed, for only as long as needed to: give children the opportunity to succeed as adults, help the elderly and disabled live with dignity and respect, and help families care for themselves; resulting in healthier families and safer, more prosperous communities.

ACCESSNebraska has since its inception been under-funded and largely a failure. This failure is not due to a lack of effort; during the last several years, the Department, along with very committed front line workers, has made and continues to make attempts at improving the functionality of the program. The employees of ACCESSNebraska are faced with constant policy and procedural turmoil as the state seeks ways to improve the system. Without a commitment to appropriate funding for additional employees and improved technology in combination with a concerted effort to streamline applications processes and aligning policies, there is nothing that suggests any real consistent improvements will be realized.

In spite of strong evidence that ACCESSNebraska is in need of a serious overhaul the current administration continues to repeat the mantra that everything is just fine and the program is on the road to improving. Seven years of cries from employees, clients and their family members, and community based organizations has not led to a recognition that this program is in need of a major overhaul. Other states that have gone down this road of an automated system have re-evaluated and came back with a hybrid model. One which takes the best that technology has to offer and combines it with the benefits that human interactions provides.

12. Recommendations and Potential Legislation

The ACCESSNebraska Special Investigative Committee has worked to uncover the failings of the current program and make recommendations that focus on providing efficient and effective service delivery within the ACCESSNebraska system. The Committee sought to make recommendations the Legislature can implement regardless of the next administration's commitment to the success of the program.

The Committee has identified five key recommendations for the Legislature:

- Create The Commission on Economic Stability to oversee, among other things, ACCESSNebraska. The Commission would function in an advisory capacity to the three branches of the state government. It would create a strategic plan for reforming ACCESSNebraska and economic assistance in the state. To create and encourage cooperation between the public and private sector to more effectively deliver economic assistance, health coverage, and child care subsidies. It would make recommendations regarding the modernization and streamlining of the process to help low income families receive and keep the full package of benefits they are eligible for. Streamlining the process would not only benefit those families receiving benefits, but would also reduce the burden on ACCESSNebraska and save state dollars. The membership of such commission would include members from the Legislature, the Administration, the Ombudsman's Office, employees of ACCESSNebraska, Community Partners and well as representatives for advocacy groups. Several other states have worked with the federal government to create streamlined policies for Medicaid, CHIP and Economic Assistance. The Commission should make recommendations to implement streamlining procedures that will provide for a simplified application process for clients, increase participation by eligible clients, reduce error rates and create a positive work environment for employees of ACCESSNebraska. The Commission shall discuss and review the following strategies; available federal waivers, development of pilot programs, service provision for special populations such as the elderly, public awareness campaigns, community partners and agreements, cross-program initiatives.
- The ACCESSNebraska Special Investigative Committee should be continued to provide oversight until such time that the Commission on Economic Stability is established.

- The DHHS reporting requirement to the Legislature needs be codified in statute and redefined. Currently, the Department's quarterly reports to the Legislature are not beneficial as they provide very little helpful information. The reporting requirement will address the success of the ACCESSNebraska system in processing applications within federal guidelines, actual experienced call wait times of clients, call abandonment rates, error rates, number of applications received, and workforce stability.
- The state of Nebraska's current Nebraska Family On-line Client User System (N-FOCUS) uses outdated technology. It is based on technology popular in the early- to mid-1990's and is now recognized as archaic. The Ummel Report makes it clear that the state will be required to make significant investment in modernizing our technology. At such time, ACCESSNebraska must be an active participant in designing a web-based ACCESSNebraska portal. Significant efficiencies can be realized with a modernized system. Such modernization should seek to eliminate repeated data entry, reducing data entry errors.
- Until such time that the Department has implemented significant streamlining procedures and obtained improved technology, it is the recommendation of the ACCESSNebraska Special Investigative Committee that the Department be directed to hire additional staff to serve the ACCESSNebraska clients in a timely manner. The additional staffing needs to be maintained until such time that the Department can demonstrate that it has made technological and processing improvements that significantly affect the processing of benefits. Additional staffing should include filling vacant positions and developing new positions as needed, Case aides, social service workers, and policy specialists should be included in the hiring.

Acronyms

AABD- Aid to Aged, Blind and Disabled

ADC- Aid to Dependent Children

AFDC - Aid to Families with Dependent Children

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

CQI – Continuous Quality Improvement

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 Family On-line Client User System

NITC – Nebraska Information Technology Commission

PAS – Program Accuracy Specialist

PDSA- Plan, Do, Study, Act Cycle Reporting

SIPP – Survey of Income and Program Participation

SNAP – Supplemental Nutrition Assistance Program

SON – Standard of Need

SSA – Social Security Administration

SSW – Social Services Worker

TANF – Temporary Assistance for Needy Families

Links

Legislative Performance Audit Report

http://nebraskalegislature.gov/pdf/reports/audit/hhs_access2013.pdf

DHHS CQI Reports

http://dhhs.ne.gov/children_family_services/layouts/mobile/view.aspx?List=c4735fd3-35a7-4f5a-8055-5203e79c2c15&View=3cec7b11-ba6c-4125-b0df-98cddb21e3f4

Ummel Report

http://nebraskalegislature.gov/FloorDocs/102/PDF/Agencies/Health_and_Human_Services_Department_of/301_20121130-164337.pdf

Nebraska Information Technology Commission, Project Proposal Form

http://nitc.ne.gov/state_gov_council/meetings/documents/20081211/25-01.pdf

NITC Summary Sheet

http://nitc.nebraska.gov/commission/project_proposals/documents/fy2009-11/ss/25-01_s.pdf

Review of the Research: Call Centers and Web-based Eligibility Systems

<http://theacademy.sdsu.edu/programs/SACHS/literature/SACHS%20Call%20Center%20Report-FINAL.pdf>

ACCESSNebraska Special Investigative Committee, September 18, 2014, Hearing Transcript Note correction in Appendix 3

<http://www.legislature.ne.gov/FloorDocs/103/PDF/Transcripts/SpecialCommittees/LR400%20ACCESSNebraska%20Special%20Investigative%20Committee%2009-18-14.pdf>

Streamlining information

Streamlining Health Coverage for SNAP Recipients

<http://www.cbpp.org/files/SNAPMedicaidStreamline.pdf>

HHS Announces Opportunity to Streamline Health Coverage for SNAP Participants

<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SHO-13-003.pdf>

Confronting the Child Care Eligibility Maze

<http://www.clasp.org/resources-and-publications/publication-1/WSS-CC-Paper.pdf>

Moving to a 21st Century Public Benefits System

<http://www.clasp.org/resources-and-publications/files/Moving-to-21st-Century-Toolkit.pdf>

Fast-Track Medicaid Enrollment Saves States Money

http://familiesusa.org/sites/default/files/product_documents/ENR_Enrollment%20Accelerators%20Brief_final_web.pdf

Policy Centers

Clasp, Center for Law and Social Policy

<http://www.clasp.org/>

CBPP, Center on Budget and Policy Priorities

<http://www.cbpp.org/>

Appendix 1
Public Hearing Exhibits

Ex 1
Master

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 2992
OMAHA NE 68103-2992

Case Number - 00438614
Case Name - CHASTIDY CLARK
CONTACT - MICHELLE SCHOTT
Phone Number - (402)595-3498
Fax Number - (402)595-1901
Date of Notice - 07-30-2014
Mail Date - 07-30-2014

CHASTIDY R CLARK
6930 DUDLEY ST
LINCOLN NE 68505

An Interview has been scheduled for **08-04-2014 at 10:00 AM Central Time**. An interview must be completed to determine your eligibility for: Child Care, Low Income Home Energy Assistance Program, Supplemental Nutrition Assistance Program (SNAP), (formerly known as the Food Stamp Program) and Aid to Dependent Children.

Please be available so that I can telephone your cell phone at (402)874-0137. Please contact us if this is not a valid number.

- If you are unable to complete the interview at the scheduled time, call the number below from 8:00 AM to 5:00 PM work days to complete your interview.
- There may be a call wait time before a case manager is available to complete the interview.

The eligibility process includes: application, interview and submission of requested verifications. If one of these steps is not completed the eligibility decision process will be delayed or possibly cause the application to be denied.

Examples of verifications required to determine eligibility include: Pay stubs or income statements, ledgers if self employed, bank statements, life insurance cash value, rent receipt, mortgage payment, utility bill, insurance bills. Verifications can be submitted online at www.ACCESSNebraska.ne.gov or mailed to the return address listed above. **A list of verifications that may apply to you is on the back of this letter.**

The interview will take approximately 15 minutes to complete. The length of interview is dependent on the number of programs applied for and the amount of information involved.

TTY telephone number for hearing impaired: (402) 471-7256

Economic Assistance Toll Free: (800)383-4278 Lincoln: (402)323-3900 Omaha: (402)595-1258	Go online: ACCESSNebraska.ne.gov
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 2992
OMAHA NE 68103-2992

Case Number - 00438614
Case Name - CHASTIDY RENEE CLARK
Office - OMAHA-1215 SO 42 ST
CONTACT - MICHELLE SCHOTT
Phone Number - (402)595-3498
Fax Number - (402)595-1901
Date of Notice - 08-04-2014
Mail Date - 08-05-2014

Ex 1
Mantena.

CHASTIDY CLARK
6930 DUDLEY ST
LINCOLN NE 68505

NOTICE OF MISSED INTERVIEW

Your application for Child Care, Low Income Home Energy Assistance Program, Supplemental Nutrition Assistance Program (SNAP), (formerly known as the Food Stamp Program), Aid to Dependent Children benefits was filed on **07-10-2014**.

You were informed that you needed to complete an interview with this office by **08-04-2014**.

You have not contacted this office to hold an interview.

If you want to continue with the application process for benefits it is your responsibility to contact this office and participate in an interview. If you do not participate in an interview within **30** days after your application filing date **07-10-2014**, your application will be denied.

Low Income Home Energy Assistance Program and Medicaid for Children Only applications will be processed without an interview.

NOTE: If you are eligible for expedited service for SNAP benefits (formerly known as Food Stamps) and did not contact the Department of Health and Human Services for an interview in time to meet expedited time frames (during the five days following your application filing date) your application for SNAP benefits will be processed under the regular 30 day time frame.

Economic Assistance
Toll Free: (800)383-4278
Lincoln: (402)323-3900
Omaha: (402)595-1258

Go online:
ACCESSNebraska.ne.gov

Ex 2
Angus

ACCESSNebraska Special Investigative Committee (LR400)

9/18/14
Mary Angus

Good afternoon Chairperson Dubas and Committee Members. My name is Mary Angus, M-A-R-Y A-N-G-U-S. I'm here to describe my experience with ACCESSNebraska between January and May of this year. Let me set the background for you. I have been on Social Security Disability Insurance for many years as a result of severe and persistent bipolar disorder. I deal with obsessive-compulsive features and anxiety, which have left me emotionally paralyzed many times over many years. I have been hospitalized more than 2 dozen times. I started self-employment in 2006. Self-employment works better for someone with bipolar disorder because we can tailor our work to fit our energy cycles.

In January, I was informed that I was due for a Medicaid revue. The prospect of compiling all that information, especially since I usually feel compelled to be absolutely accurate, was a bit overwhelming. I was also informed that my Supplemental Nutritional Assistance Program (SNAP) eligibility was up for recertification. I have been receiving about \$15 a month. (You know, it's sort of absurd, but I feel a need to say I haven't been taking that much, that it hasn't been going on for that long, that I'm ashamed that I get any benefits.)

There was no application included with the SNAP notice. I could complete the process online, download an application, call for a hard copy, or contact a local office to get a copy. It was complicated a little by the fact that my 87-year-old aunt was living with me, but that's another story. I already had prepared most of the documents needed for that, so I was able to submit them within a couple of weeks. Because I am self-employed, the Medicaid app was more daunting. I was informed in February that my coverage would end April 1. I had submitted most of the self-employment ledgers, but ACCESSNebraska needed my bank statements, which I submitted, again within a week or two. I was concerned about the application itself, because it asked for information on any additional persons in the household. "Household" wasn't defined. I wasn't sure if it meant "in the same house" or "a financial unit". I was afraid my aunt's unearned income would jeopardize my benefits, but felt obligated to give the right answer. I believe I asked a worker, who said I didn't need to include that because she had no financial responsibility for me. I submit documents online, which I find I like because I am so comfortable with the Internet. I'm also fortunate to have it in my home so I don't have to face bringing those private documents to a public place to input.

March 7th, I received a notice that I had been scheduled for a phone interview for SNAP. Problem was that the notice was dated 3/5 and mailed 3/6 and the interview was to have been 3/5 at 2:05 pm. I don't know if they called as I was in a meeting.

In the mean time, I was asked to provide Self-Employment Ledgers for 2013, even though I had previously supplied the first quarter twice and the second quarter once. Developing those ledgers drives me up the wall, despite that I've been doing them since 2006.

Although I was providing documentation, HHS notified Medicare that they would no longer be paying their premiums, meaning that my next SSDI check would be docked to pay them.

On March 18th, I was required to submit 12 months of ledgers, including February's. The format for this was a single sheet of paper covering most of the information I had already provided in greater detail, some more than once. The only months they didn't already have were January and February because that quarter hadn't ended yet.

March 20th, I completed a phone interview to complete the Medicaid and SNAP applications and this was mailed to me for a little bit more info and my signature.

April 2nd I was shocked to find that the only medical benefit I would be able to keep was payment of my Medicare premiums. The medical coverage ended 4/1 because my income had changed! As far as I knew, nothing about that was different.

The fun really began then. I called for clarification and was told that there was nothing in my file. Then she found the information and said the previous determination had included my taxes. I asked if that had ended up inflating my income, making it look like I'd made twice as much money. Both the worker and I were rather confused. She also said that I had made too much in December. Remember how I said I was made anxious by paperwork and finances? Well, I had delayed sending in a statement for some of my work and ended up getting two checks that month, one for October and the other for November. The worker suggested it would average out if they had 6 months of data and asked me to send in the full first quarter of 2014 along with a statement that I was providing that so they could spread the income over 6 months. I did that, even though it made no sense. I have been on Medical Insurance for Workers with Disabilities (a.k.a the Medicaid Buy In) since I began working part time. Under that program, once my earned income hit a certain level, I'd start paying a premium, or buy into Medicaid. I'm really informed about Medicaid, so I insisted I was right, but submitted the documents anyway. (That belief came back to haunt me later.) ACCESSNebraska also believed I was omitting income paid by HHS for community support work, so, along with the ledger, I submitted another statement for the debit card the state uses for paying contractors. This one included about a week's more information than the one I'd submitted a few weeks before.

At some point I called again to tell the worker I needed someone who understood MIWD and was told my case would be referred to the MIWD Unit and I'd be contacted again.

I got another verification request. At this point, I had been off medical benefits for about 3 weeks. Now they wanted my 2013 taxes and asked if the expenses I claimed for the business were exclusively business costs. I started fretting about that, afraid that I was doing that wrong, too. By May, I was notified that I was excluded from copays for medical services and that I had been disenrolled from managed care.

When I called to find out what had happened with the MIWD Unit, I was told that the Unit had contacted Social Security and had been told my trial work period under the Ticket to Work program had ended and that I wasn't eligible for MIWD. I responded that Social Security didn't determine my eligibility for a state program. My anxiety was mounting, but I maintained myself enough not to start screaming at the worker, who, as others before, was being courteous and as helpful as she could. That is no small feat, keeping me from going over the edge. The worker told me that the file included a notation that the case had been returned to the "universal caseload". She promised that a supervisor would contact me the following week. I got a call back, but I can't really remember much of it. My head had been

reeling over this for about 4 months. I think one of the workers told me that I'd been considered for the Aged and Disabled Waiver, but my income was too high. Strange, since you have to need nursing home level of care in order to be eligible for the program. I didn't meet the most basic requirement, so the income was irrelevant.

So, several workers had told me that I made too much money for MWID and the A&D waiver. In fact, they'd told me I wasn't eligible for either. I'd been asked for various documents, including my 2013 taxes, despite having been notified I'd lost my medical coverage. And none of the reasons they'd given me for that determination made any sense to me. I was calling my best friend crying, and in a panic, regularly.

I asked an HHS administrator for advice and was told to call Easter Seals. I finally got an explanation that made sense, if anything about all of this can make any sense.

It turned out that they could have told me in February that I wasn't eligible after April. The extended eligibility period under the Ticket to Work Program ended April 1, 2014. Nebraska determines eligibility for MIWD in two parts. I had forgotten this (and my certainty had been wrong.) At the end of the extended eligibility period, HHS starts counting your unearned income from SSDI. That's a Nebraska decision. If your unearned income is over \$721 after disregards, you fail part A and your earned income, no matter how little, isn't even considered. No wonder Nebraska has so few people on the Buy In. I could have been saved 3 months of this had anyone known the answer to my question. Why wasn't I eligible? I'm not even going to go into what I could do to keep the medical coverage.

There was no reason for me to go through all the emotional turmoil. Had the workers been trained in all the programs, I would have gotten an answer that made sense months before Easter Seals had been able to explain things. If the formula for the Buy In made sense, I'd be eligible for that. If Medicaid were expanded, I wouldn't have to worry about seeing my psychiatrist every six months or my family doctor every 3 months for diabetes, about becoming as sick as I have in the past.

You will probably see from the emotional impact of testifying that dealing with HHS and ACCESSNebraska has taken a lot out of me. I'm not sure if I can afford the balances left after Medicare pays. I believe I will be able to avoid major health problems. I hope I'm right.

I really appreciate the chance to testify about workers not being trained in programs they are managing. I'll be wound up for a while, maybe unable to sleep tonight, maybe so exhausted I can't stay awake. Senators, thank you for your time and patience, for your commitment, and for your compassion for all Nebraskans.

Ex 2
Angus

2014 Medicaid Recertification
Mary Angus

Date	Mail date	Effect date	Details		Reason/Comment			
All workers were courteous								
1/2	1/3	2/5	Given a month to complete the application to determine eligibility; form was Medicaid Renewal Aged, Blind, Disabled (Renewal NON-MAGI - RO) Reprinted on 3/19			Reviews/recertifications make me very anxious		
1/20	1/21	2/28	SNAP Eligibility/Recertification notice; submit via website or paper application; to obtain hard copy, call 800-383-4278, contact local office, or download app; same phone for instructions on how find local offices; for timely processing submit by 2/1; to continue, 2/15			only 1 notice; no hard copy included; glad I have internet		
2/3			MBH documents for SNAP submitted	Insurance payments 1401.pdf	Insurance Premium Verification.pdf	Processed=forwarded to Case Manager		
2/3			Documents submitted 5/2 processed					
2/21	2/24	4/1	Notice of action: medical coverage ends 4/1 because case review not completed			Figured it would be worked out; still anxious about compiling info		
2/26			Sub Financial info Docs	140222 ACCESSNebraska Confirmation.pdf	140221 ADC Statement. pdf	140221 BOW Summary. pdf	140221 ReliaCard. pdf	Application for recert; could take 30-60 days; app requests info on 2nd person in household; MBH is in household, but is not financially responsible for me; do I include her income & risk losing benefits? Define "person in household"
2/27			Submitted documents processed					
3/1			Notice on non-emergency medical transportation					
3/5	3/5	3/15	Request for verification of earned income for SNAP w/MBH			MBH has no earned income		

2014 Medicaid Recertification

Mary Angus

3/5	3/6		Notice of SNAP interview scheduled for 3/5 at 2:05 pm (MB + MA); I called (3/6 to 3/9), income too high; asked to only consider MA				Interview scheduled for the day before the notice was mailed; I don't know if they called, I was in a meeting			
3/6			Submitted Docs; + processed	2013 Quarterly SE Ledgers	1303 SE Ledger.pdf	1306 SE Ledger.pdf	2013 3rd Quarter.pdf	2013 4th Quarter.pdf	1303 SE Ledger was also submitted 4/1/13 & on 8/26/13; 1306 SE Ledger submitted 9/3/13	
3/10	3/10		Information: changes = SNAP case is now part of ACCESSNebraska							
3/12	3/10	2/24	SNAP approved for \$15 for MA only							SNAP based on submitted documents and phone interview ? Date
3/18		4/1	SSA Notice reducing monthly payment due to Parts A & B premium self pay (to \$743/mo)							Medicare reports NE not paying Part A or B; I was in the process of completing the review; this reduced my income
3/18			12 months SE Ledgers 3/13-2/14	Submitted documents processed						Ledgers were requested for the entire year in a monthly list format; all but 1/14 and 2/14 had been submitted in more detailed format previously
3/20			9:02 call lost call							
3/23			9:08 am Medicaid Renewal Interview 24 minutes							Application reprinted 3/20; worker called from 959-1178
3/24			Received Medicaid recert in mail for signature 3/21 to 3/23 (date uncertain)							
3/24			Submitted signed application - 140323 MedicaidRecert.pdf	140324 Submitted documents processed						Excluded MBH income questions; application requests info on additional persons in household
4/2	4/2	4/1	Notice: Eligible for Part B premiums; medical coverage (Medicaid insurance) ended 4/1							Allowable Income Changed

2014 Medicaid Recertification
Mary Angus

4/2	4/3	Called for clarification: Worker said the previous determination had "included your taxes". I asked if that had doubled my income. She said to send in my 2014 first quarter ledger and a written request that the income be redetermined based on 6 months (4th quarter 2013 and 1st quarter 2014); 5 minutes	Very confusing call				
4/3		Pin Number					
4/3		Submitted documents: 1403 Reliacard Statement, 140403 MIEA Recert explanation.pdf, 2014 1st Quarter.pdf	Told to submit these for re-consideration of Dec income by caseworker on ACCESSNE call				
4/4		Documents submitted 4/3 processed					
4/24	4/21	<table border="1"> <tr> <td>Verification request</td> <td>Fed Income Tax</td> <td>Self Employment Ledger</td> <td>phone & Internet use exclusive?</td> </tr> </table>	Verification request	Fed Income Tax	Self Employment Ledger	phone & Internet use exclusive?	
Verification request	Fed Income Tax	Self Employment Ledger	phone & Internet use exclusive?				
	4/28	5/1	Excluded from copays for medical service				
5/2	3/31		Notice of disenrollment in managed care				
5/2			Submitted Taxes				
5/2			I called bc I had been told my case was referred to MWID Unit and I would be contacted; Dee reported that the MIWD unit contacted SSA and found the trial work period over and told NE that I was not eligible for MIWD. I was not contacted regarding this. Additional ? Why did I get a request for my Tax Return, get a notice of exclusion from copays; 25 min, 1.1 min, 1 min calls; recorded 140502 ACCESSNE; on medicaid (meaning getting medicare premiums paid); exclusion from copays noted in file (as if this were the notification that MIWD Unit had investigated); Supervisor is going to take a look at this and wants my phone number to call me back; TTW ended 2011 and no longer eligible for MIWD; notes in file say my case has been returned to universal case load				
5/5			Documents submitted 5/2 processed				

2014 Medicaid Recertification

Mary Angus

		<p>I was called back, but I don't remember what was said or when I was called back. At some point I was told that my income was too high for A & D Waiver; I don't qualify for that at any income, I do not need nursing home level of care; http://dhhs.ne.gov/Pages/hcs_programs_ad-waiver.aspx</p>	
			<p>Left Message for Gail Hahn</p>
		<p>My unearned income is over the Part A test maximum</p>	<p>SSDI is excluded in unearned income in MIWD for 36 months (extended period) post TTW; Part A eligibility starts counting SSDI then as unearned income; \$1010/mo would throw me off Medicaid: There is a \$20 disregard on unearned income; disregard for one mo earned income = \$65; Part B: Income is divided in half, then counted</p> <p>Explanation from Easter Seals</p>

ACCESSNebraska Special Investigative Committee

Thursday, September 18, 2014

1:30 pm, Room 1113

Good afternoon, Senator Dubas and members of the Committee. My name is Tammy Ward, W-A-R-D. I am the Director of Mission Development and Advocacy at Tabitha in Lincoln. Thank you for the opportunity to be here today.

Tabitha is a non-profit, faith-based Elder health care provider in 28 southeast Nebraska counties, and our main campus is located in Lincoln. We are honored to serve on the Aging Task Force, and it was through discussion at a recent roundtable meeting of the Task Force that the subject of ACCESSNebraska came up and how some recent changes have affected Tabitha and those we serve through Meals on Wheels in the Lincoln community.

We hope you find it interesting and useful to know some of the following information on how some of the changes have specifically affected the Meals on Wheels program services Tabitha provides in Lincoln, 7 days a week, 52 weeks of the year. Here's a recap of what has been happening and how it works at Tabitha:

Late last year, it was announced by the Department of Health and Human Services that the application and authorizing process for its Economic Assistance programs, which encompasses Meals on Wheels were being changed.

Clients are now authorized for only 6 months at a time, meaning they would now need to apply 2 times a year. This also means that if a client also qualifies for Medicaid, they now complete 3 applications for eligibility per year.

As you know, many elderly clients and the population Tabitha serves for Meals on Wheels are simply not able to navigate the complexity of ACCESSNebraska without assistance. Many of our clients believe when they reapply for Medicaid and are renewed; their meals (Meals on Wheels) are renewed, too. Sadly, it is often the case; they simply do not understand that they have to complete a separate application.

At Tabitha, we serve approximately 500 meals through Meals on Wheels, every day, and of those approximately 250 are eligible for Medicaid or economic assistance. We have approximately 39 different routes daily and rely on 2 volunteers for each route. So in a month's time, we rely on approximately 80 trained volunteers to deliver meals and perform safety checks.

Historically, Tabitha has operated at a loss of about \$30,000 per year for its Meals on Wheels program in order to serve our clients. Since 2011, Tabitha has experienced a doubling of that amount where to date that amount is closer to \$60,000 per year.

Tabitha continues to serve those clients meals while waiting for authorization and approval, which can sometimes, take up to as long as 45 days, because we believe in assuring nutrition and safety checks continue on a regular basis for those persons we serve. More often than not, this is the only nutritional meal and the only visit, or safety check, provided to many of our clients each day of the week.

Another change to ACCESSNebraska has been the requirement of a signed release of information form from the Department of Health and Human Services by our Meals on Wheels clients. Due to the change and additional administrative requirements, Tabitha has now implemented systems and strategies to audit our authorizations for accuracy, which has recently included the addition of a case aide position (an additional staff person in Tabitha) dedicated to auditing the authorizations, assuring we get release of information forms signed and returned to HHS, and also calling our clients to remind them their authorization will expire soon and offer assistance in reapplying.

Tabitha values its Meals on Wheels programs as one of its strongest missions to the Lincoln community. Seventy percent of those clients who pay for their meal cannot afford the entire \$5.75 per meal. We rely greatly on the generosity of the Lincoln community to support this program through volunteers who deliver Meals on Wheels every day as well as people and corporations who donate. Senator Bolz is a regular volunteer for Meals on Wheels. Tabitha certainly appreciates your support and service, Senator Bolz.

Tabitha would hope for future changes to help streamline the eligibility and authorization process to help make meal delivery and safety checks easier for this important population rather than more difficult. We would also hope for program administrative staff expenses to be more manageable and less cumbersome.

Thank you for the opportunity to be here today. I'm glad to answer any questions you may have.

Σ41
Bainbridge

Good morning Senators. My name is Kim Bainbridge and I am here to testify on my experience with Access NE.

I use Access Nebraska because I have a 25 year old son who has Down Syndrome and uses Medicaid and the resultant other DHHS Services. (You have to be on Medicaid to get the other services.)

In 2013, I had an 8 month ordeal with Medicaid trying to keep my son on Medicaid. Basically, this issue was not resolved until I contacted the Health and Human Services Legislative Committee for Assistance. I could not reach anyone within Access NE or NE Medicaid to help me.

My concern is - is the State of Nebraska trying to make the system so difficult that many children and adults with disabilities and their families just give up and don't get the services they need?

I am a college graduate, a CPA and a former auditor. I am a tazmanian devil when it comes to getting services for my son Justin. I have attended meetings, seminars, conferences since Justin was born to keep up to date. If I don't know the answer, I know who to call and try to get an answer. I also have an employer who lets me do a 20 minute phone interview during work hours (I had to make up the time later).

What about the following parents. What do they do?

- 1) They are a nurse or teacher or manufacturing worker and can't do a phone interview during the day. Nor can they sit on hold for 57 minutes. But for that matter no one should have to wait on hold for 57 minutes.
- 2) Wonder if they only have a cell phone. Even though Access NE is an 800 numbers you still get charged for your minutes. Wonder if they don't have 57 extra minutes.
- 3) Wonder if English is not their first language and they cannot understand the maze and automatic generated letters telling you that you are going to lose your services?
- 4) Wonder if they don't know of any advocacy group to help them?
- 5) Wonder if they don't know that you can get an instant reponse if you email Thomas Pristow or Kathy Campbell? Wonder if they don't even know who you are? Wonder if they are exhausted from working and taking care of their child and don't have the time to follow through with detailed emails like I did.
- 6) Wonder if they give up after the 4th busy signal vs. trying 12 times like I did? Why is the system so overloaded that you get a busy signal. (I have heard this from my son's service coordinator and many other families)
- 7) Wonder if you give up after 10 minutes on hold? You can't even get through to anyone to reschedule to another time. Is the system scheduling too many phone interviews at the same time so individuals have to wait?

This isn't about Kim Bainbridge. This is about how do we get the system to work for all Nebraskans. I am hoping my 8 month ordeal will soon be over. I don't think that is true for other parents.

Sincerely,
Kim Bainbridge
1811 S 172 Plz
Omaha, NE 68130
cell: 402-639-3184

Statement on LR 400
ACCESS Nebraska Special Investigative Committee
September 18, 2014
Presented by Mark Intermill

Those Who Need ACCESS Nebraska are not Well-Positioned to Navigate ACCESS Nebraska

I will begin by drawing your attention to the first sheet that is attached to my statement. It describes the criteria that must be met for a person to be able to receive Medicaid reimbursement for long-term care in a nursing facility or for care provided at home or in an assisted living facility that is covered by the Home and Community Based Service Waiver for the Aged and Disabled.

Basically, in order receive Medicaid coverage for those services you have to need assistance to perform three of the seven listed activities of daily living listed AND need ongoing medical treatment or have a cognitive problem or have one of three independence risk factors that are listed. Alternatively, a person could qualify for Medicaid coverage by having a deficit in one activity of daily living and both a cognitive problem and an independence risk factor.

Most of the 18,000 Nebraskans over the age of 65 who are covered by Medicaid meet these criteria and are receiving Medicaid-covered long-term care services. In 2013, Medicaid paid more than \$283 million for long-term care services that were provided to persons over 65. As a result of their participation in the Home and Community-Services Waiver, they have been able to receive home-delivered meals, because they don't have the stamina to prepare a meal. They have been able to get a personal emergency response system because they are at risk of falling and need the assurance that someone would come if needed. They have been able to receive services of personal care aides because they may need help getting out of bed in the morning. They have been able to get transportation services because, as much as they would like to, they don't drive any more.

We need to consider whether our expectations of the customers who use ACCESS Nebraska are realistic.

Community-Based Organizations Have Had to Fill the Breach

Since many of the people who are served by the HCBS Waiver have significant challenges in navigating the day-to-day activities of life, you might wonder – how do they manage to navigate ACCESS Nebraska? And the short answer is that they don't – not by themselves. They rely on the assistance of family member or a community-based organization to make the connections that they would not be able to make on their own.

Community-based organizations have borne the brunt of the dysfunction of ACCESS Nebraska. Resources of those organizations that were intended to meet other pressing needs are directed to

helping people maintain their eligibility for essential services. This is why we supported LB 825 back in 2012. The bill established a framework for entering into contracts with community-based organizations to allow colocation of DHHS staff to assume some of the responsibility that was and is falling on the staff of the community-based organizations. It is probably generous to describe the implementation of LB 825 as half-hearted.

We need to consider the demands that ACCESS Nebraska has placed on community-based organizations and how we can alleviate those risks or compensate them for the additional work that ACCESS Nebraska has created for them.

ACCESS Nebraska Needs Additional Resources

For those who see the challenges that low-income Nebraskans with disabilities are facing with ACCESS Nebraska, the frustration is exacerbated by the solution to the problem being so clear. There just aren't enough people to make it work. According to the Nebraska Personnel Almanac, in 2012, the staffing in the Department of Health and Human Services was 674 FTE less than it was for its predecessor agencies in 2006. That was about an 11.5% staffing reduction during the time that ACCESS Nebraska was being implemented. And while there has been growth in staffing in the subsequent two years, the staffing level in 2014 was 6% less than it was in 2006. I can't say that the 2006 was exactly the right level of staffing. But I feel confident in saying that, given the tasks on its plate, the 2014 HHS staffing level is too low.

We need to assure that we are providing sufficient resources for ACCESS Nebraska to assure its success. It appears to me that, by underestimating the realistic costs of the program, we have set it up to fail.

Bifurcation Has Added Complexity for Some Customers

Some of the challenges that customers are facing from ACCESS Nebraska are the result of a decision within HHS to split the economic assistance system from the Medicaid system.

Bifurcation of the system means that those families and community-based organizations who are helping a person with a disability enroll in public benefits programs now have to work with two systems if the customer needs both Medicaid and another economic assistance program. I'm not sure why the system was split between Medicaid and Economic Assistance programs, but it was not required as part of implementing the MAGI rules in Medicaid. Most states have maintained an integrated eligibility system.

The second attachment is a section of a report from the Center for Budget and Policy Priorities that discusses the compatibility of the MAGI Medicaid and SNAP eligibility criteria. It provides some information on state eligibility determination structures and how they may be able to integrate eligibility determination. It could be argued that the MAGI structure is more compatible with many economic assistance eligibility structures than the asset-based eligibility structure. And it should also be noted that the asset-based eligibility system is still being used to determine eligibility for the long-term care population.

We need to reconsider the split between economic assistance and Medicaid and look at ways in which we can integrate and streamline the eligibility process.

Medicaid Enrollment is Down

Finally I wanted to share information with committee on a portion of the Medicaid Enrollment report that was released by CMS on August 8. The table that is attached to my statement compares Medicaid enrollment in May and June of 2014 with the average enrollment during the second quarter of 2013. CMS is tracking this information to see how the Affordable Care Act has affected Medicaid enrollment.

The chart only lists states that had not yet expanded Medicaid as of the date of the compilation of the report. As you can see, the average rate of growth in Medicaid enrollment for those states was 4.01%. It was anticipated that Nebraska's Medicaid enrollment would increase due to the public information about the Affordable Care Act and the mandate to have health insurance coverage. What the report shows is that, in Nebraska, Medicaid enrollment has declined by 12,383. Enrollment in June was 5.06% less than during the baseline period (Jul-Sep 2013). Nebraska is one of four states where there has been a decline in enrollment. Nebraska had the largest decline of any state. CMS reports that Nebraska Medicaid and CHIP enrollment was 232,137 in June. The 2013 Medicaid Reform Report projected an average monthly caseload of 259,075 in FY 14 growing to 282,780 in FY 15. Based on those projections, we would have expected enrollment of about 270,000 in June of 2014.

We need to understand why Medicaid and CHIP enrollment is 14% below where it was projected to be with particular attention to the role that ACCESS Nebraska may have had.

To close I would like to recognize the efforts of the staff of the Department of Health and Human Services who are trying to make ACCESS Nebraska work. I don't believe that the problems facing ACCESS Nebraska are due to a lack of effort on their part. I believe that the problems are the result of system's design and decisions about its implementation. The HHS employees who are trying to make it work have been dealt a pretty bad hand.

Mark Intermill
mintermill@aarp.org
402-323-5424

Attachments: Nursing Facility Level of Care Criteria
CBPP, "A Technical Assessment of SNAP and Medicaid Financial Eligibility"
Medicaid and CHIP: May and June 2014 Preliminary Monthly Enrollment

12-003.02 Nursing Facility Level of Care Criteria: HHS F&S applies the following criteria to determine the appropriateness of services on admission and at each subsequent review: Services coordinators (HHS staff or contractors) collect information in the following assessment categories:

1. Activities of daily living (ADL) -

- a. Bathing: The ability to get to the bathing area and cleanse all parts of the body and the hair to maintain proper hygiene and prevent body odor, including tub, shower, and/or sponge bath.
- b. Continence: The control of one's body to empty the bladder and/or bowel on time; the ability to change incontinence pads/briefs, cleansing, and disposing of soiled articles; ability to manage ostomy equipment; ability to self-catheterize.
- c. Dressing/Grooming: The ability to put on and remove clothing as needed from both upper and lower body; the ability to do routine daily personal hygiene (combing hair, brushing teeth, caring for dentures, washing face and hands, and shaving).
- d. Eating: The ability to take nourishment. This may include the act of getting food from the plate to the mouth, and does not include meal preparation.
- e. Mobility: The ability to move from place to place indoors or outside.
- f. Toileting: The ability to get to and from the toilet, commode, bedpan, or urinal, including transfer to and from the toilet, management of clothing, and cleansing.
- g. Transferring: The ability to move from one place to another, including bed to chair and back, and into and out of a vehicle. (It does not include toilet transfer.)

2. Risk Factors -

- a. Behavior: The ability to act on one's own behalf, including the interest or motivation to eat, take medications, care for one's self, safeguard personal safety, participate in social situations, and relate to others in a socially-appropriate manner.
- b. Frailty: The ability to function independently without the presence of a support person, including good judgment about abilities and combinations of health factors to safeguard well-being and avoid inappropriate safety risk.
- c. Safety: The availability of adequate housing, including the need for home modification or adaptive equipment to assure safety and accessibility; the existence of a formal and/or informal support system; and/or freedom from abuse or neglect.

3. Medical Treatment or Observation

- a. A medical condition is present which requires observation and assessment to assure evaluation of the individual's need for treatment modification or additional medical procedures to prevent destabilization and the person has demonstrated an inability to self-observe and/or evaluate the need to contact skilled medical professionals; or
- b. Due to the complexity created by multiple, interrelated medical conditions, the potential for the individual's medical instability is high or exists; or
- c. The individual requires at least one ongoing medical/nursing service. The following is a non-inclusive list of such services which may, but not necessarily, indicate need for medical or nursing supervision or care:
 - (1) Application of aseptic dressing;
 - (2) Routine catheter care;
 - (3) Respiratory therapy;
 - (4) Supervision for adequate nutrition and hydration due to clinical evidence of malnourishment or dehydration or due to a recent history of weight loss or inadequate hydration which, if unsupervised, would be expected to result in malnourishment or dehydration;
 - (5) Therapeutic exercise and positioning;
 - (6) Routine colostomy or ileostomy care or management of neurogenic bowel and bladder;
 - (7) Use of physical (side rails, poseys, locked-wards) and/or chemical restraints;
 - (8) Routine skin care to prevent pressure ulcers for individuals who are immobile;

- (9) Care of small, uncomplicated pressure ulcers and local skin rashes;
- (10) Management of those with sensory, metabolic, or circulatory impairment with demonstrated clinical evidence of medical instability;
- (11) Chemotherapy;
- (12) Radiation;
- (13) Dialysis;
- (14) Suctioning;
- (15) Tracheostomy care;
- (16) Infusion therapy;
- (17) Oxygen;
- (18) Open lesions other than stasis or pressure sores (e.g., cuts);
- (19) Wound care or treatment (e.g., pressure ulcer care, surgical wound);
- (20) Intravenous medications;
- (21) Transfusions;
- (22) Medication monitoring; and/or
- (23) Other special treatment or procedure.

4. Cognition

- a. Memory: Ability to remember past and present events; does not need cueing;
- b. Orientation: Fully oriented to person, place, and time.
- c. Communication: Ability to communicate information in an intelligible manner, and the ability to understand information conveyed.
- d. Judgment: Ability to solve problems well and make appropriate decisions.

The services coordinator may administer a standard mini-mental test, as appropriate, to further identify memory, orientation, and communication limitations. Additional exploration of judgment may also be necessary.

12-003.02A Determining NF Level of Care: Services coordinators collect the above information on each individual seeking NF or waiver services to determine the functional abilities and care needs of that individual. Information may be gathered from a variety of sources (e.g., the individual, family, care providers, physicians, facility staff, case files, medical charts), using observation, documentation review, and/or interview until sufficient information is obtained to determine the individual's current functioning in each area.

Persons who require assistance, supervision, or care in at least one of the following four categories meet the level of care criteria for Nursing Facility or Aged and Disabled Home and Community-based Waiver services:

- 1. Limitations in three or more Activities of Daily Living (ADL) AND Medical treatment or observation.
- 2. Limitations in three or more ADLs AND one or more Risk factors.
- 3. Limitations in three or more ADLs AND one or more Cognition factors.
- 4. Limitations in one or more ADLs AND one or more Cognition AND one or more Risk factors.

If the potential client does not meet the NF level of care criteria, the services coordinator shall inform the referral source of this decision and provide notice to the potential client/guardian, if that contact has been made. The services coordinator shall also provide appropriate information and referral. Notices to clients must contain -

- 1. A clear statement of the action to be taken;
- 2. A clear statement of the reason for the action;
- 3. A specific policy reference which supports such action; and
- 4. A complete statement of the client's right to appeal.

Ex 6
Goddard



NEBRASKA
APPLESEED
STAND UP FOR JUSTICE

September 18, 2014

Senator Annette Dubas, Chairperson
ACCESS Nebraska Special Investigative Committee

RE: LR 400

Chairperson Dubas and Members of the Committee,

My name is James Goddard and I am the Director of the Economic Justice and Health Care Access Programs at Nebraska Appleseed. Nebraska Appleseed is a nonprofit organization that fights for justice and opportunity for all Nebraskans. I am here today to testify in regards to recent client experiences with ACCESS Nebraska.

As you may know, Nebraska Appleseed has an Intake and Information Line to allow people to contact us and seek assistance for issues that fall within our areas of focus. Through this mechanism we continue to hear from clients regarding problems with ACCESS Nebraska that have been present for years, including lost paperwork, long call wait times, and delays in benefit processing. One caller, Carrie Thibodeau from Red Cloud, a mother of three children, two of whom are disabled, expressed concern that the system is not improving. According to Thibodeau:

“The system is getting worse, and the changes and problems within the last year have been the worst yet. Last year, you would get transferred from person to person, but you would always reach someone who could eventually help you. Now, there’s less people, you wait on hold forever and then get connected to someone who says, ‘sorry, I can’t help you’ and then puts you on hold and transfers you to someone else....”

Additionally, in the last six months we have heard from many families facing delays in being approved for assistance under the Supplemental Nutrition Assistance Program (SNAP). According to the Department’s own figures, 30.9 % of SNAP applications were not processed in a timely manner in 2013, placing Nebraska almost dead last in the nation. Due to these problems, we have filed a class action lawsuit on behalf of two plaintiffs, alleging violations of federal timeliness requirements. Many families have faced hardship and hunger as a result of these delays, and this lawsuit is intended to remedy timeliness problems.

We have also heard from clients through surveying done by the ACCESS Nebraska Working Group, which has been meeting for several years. We recently collected survey results of client experiences. Although the sample size is small,ⁱ there are some notable results to consider:

- 88% reported experiencing difficulty with the ACCESS Nebraska system;
- 40% of clients that experienced difficulty had problems with both Medicaid and Economic Assistance;
- 60% of clients that experienced difficulty indicated the system was working the same as it had been for months.

Survey respondents further indicated they faced problems with wait times longer than 15 minutes (76%), sending the same documents more than once (32%), receiving inconsistent information from caseworkers (48%), and difficulty renewing benefits (52%).

In summary, clients we have come into contact with have indicated that problems continue with ACCESS Nebraska, underscoring the importance of the work of this committee. We appreciate the committee's time and efforts, and would offer to help in any way with its investigation.

Sincerely,

NEBRASKA APPLESEED

James A. Goddard, Esq.
Director, Economic Justice &
Health Care Access Programs



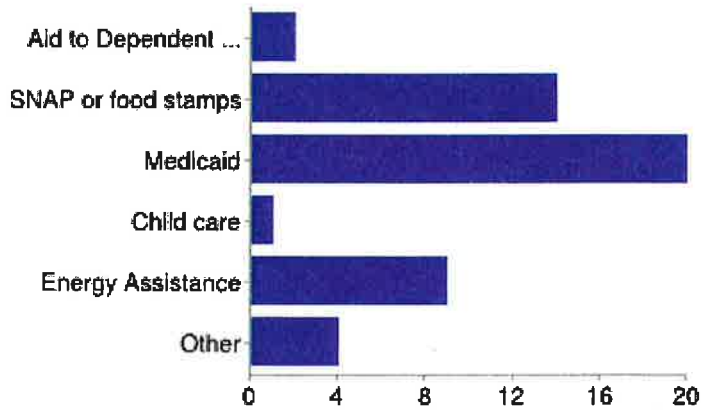
ⁱ The total sample size is 25 respondents.

25 responses

[View all responses](#) [Publish analytics](#)

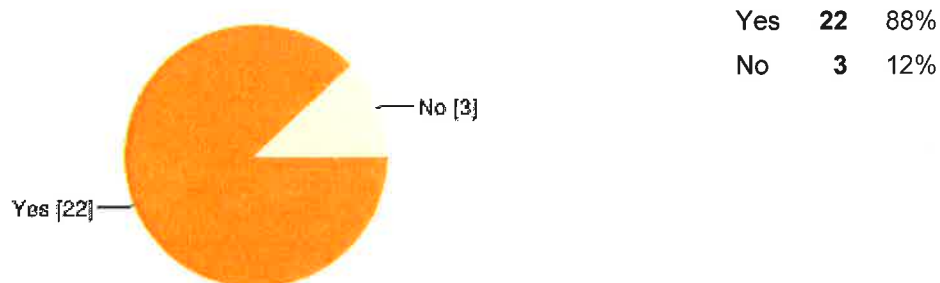
Summary

1. What assistance programs have you used (check all that apply)?

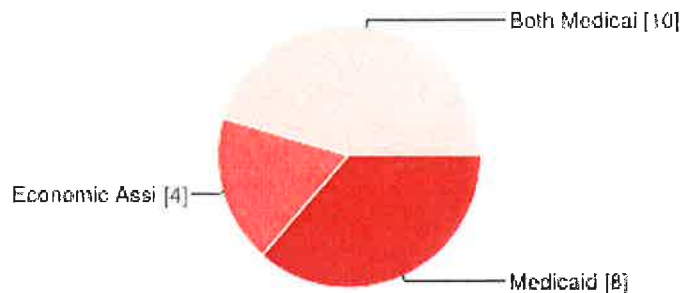


Aid to Dependent Children (ADC)	2	8%
SNAP or food stamps	14	56%
Medicaid	20	80%
Child care	1	4%
Energy Assistance	9	36%
Other	4	16%

2. Have you experienced difficulty with the ACCESS Nebraska system?

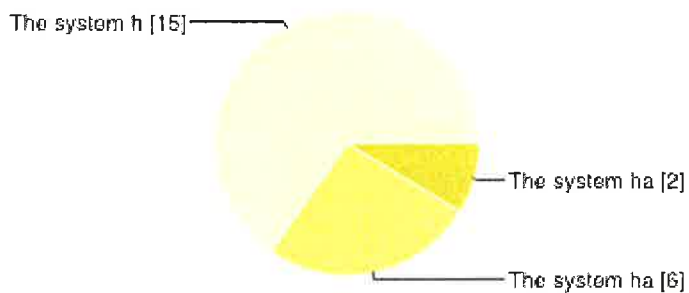


3. If you said yes to Question 2, which parts of the ACCESS Nebraska system have you had problems with?



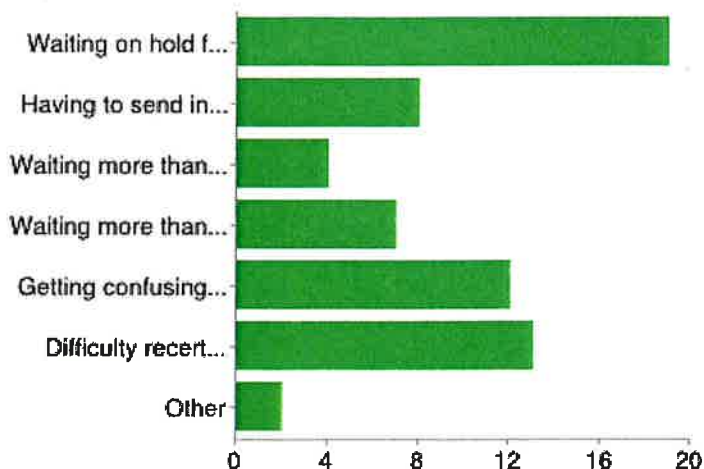
Medicaid	8	32%
Economic Assistance (SNAP, ADC, Child care)	4	16%
Both Medicaid and Economic Assistance	10	40%

4. If you said yes to Question 2, would you say:



The system has been a problem, but it is getting better	2	8%
The system has been a problem, and it is getting worse	6	24%
The system has been a problem, and seems the same as it has for months	15	60%

5. In the last three months, have you experienced (check all that apply):



Waiting on hold for over 15 minutes	19	76%
Having to send in the same documents more than once	8	32%

Waiting more than 30 days to get SNAP	4	16%
Waiting more than 45 days to get Medicaid	7	28%
Getting confusing or inconsistent information from caseworkers	12	48%
Difficulty recertifying your benefits (difficulty reapplying for assistance or benefits after 6 or 12 months)	13	52%
Other	2	8%

Hello Senators. My name is JaToya McIntosh. That is spelled J a T o y a M c I n t o s h.

I am here today to share my experience with Access NE.

I am a single mother of two children who lives in Omaha, NE. My two boys are 4 and 9. My 4 year-old, Jarez, has Cerebral Palsy like me. My other son, JaSohni does not.

I use Access Nebraska to apply for Medicaid, and economic assistance programs. My experience with Access NE is good sometimes and other times has not been so good.

When you first call, you are connected to an automated system and then you have to push a couple of buttons to get connected to someone. Then (typically) a woman will say, "Who can I connect you to?" Then I will tell her and she will say, "Please hold." And you are on hold for 45 minutes. As you wait, you hear a man's voice say, "If you would like to go online you can complete your application by going to www.accessne.gov and talks about how you can do everything online."

I would go through the online application, but it's like 10 pages long and if you don't provide the right information, you have to do that page over. Plus, if you don't know what they want, you cannot move forward or complete the application at all.

It can be frustrating. We need Medicaid so that we can receive medical care, physical therapy and pay for things like my wheelchair and my son's braces, glasses, pull-ups and medicine. We also need Title 20, so that I can have daycare for the kids so that I can work. I want to work and I want to provide for my kids. The system needs to be set up so that I can do that. My employer does not like me to be on hold for 45 minutes and not working. Most employers would not like this. Also, many people do not have the internet to apply online. That is why the call center needs to get better. The workers need better training and they need have better customer service skills. They need to learn how to talk to people and understand their needs instead of dissing them. In addition, they need to not lose paperwork. I am tired of having to refax or mail stuff because they lose it.

I would be happy to tell you more about my experience if you would like.

Ex 8
Cottingham



LR 400 Testimony
September 18, 2014

Good afternoon Senators, my name is Patricia Cottingham, Program Coordinator for the Arc of Nebraska. I would like to thank you for the hard work you do for the citizens of Nebraska. LR 400 is an important opportunity for you to hear the voices of other hard working Nebraskans who count on you to help them live their lives, raise their families and enable them to contribute to the livelihood of their communities.

In all of our endeavors, we seek to improve the services that the citizens of this State have determined to be the best way to combine our resources for the good of all. AccessNebraska was no different at its inception; a seamless way to apply for the services and supports that families need. Unfortunately, despite the explosion of technology in our culture, families were not well served by the electronic, call center model of business. In 2013, the Arc of Nebraska conducted a state wide survey of the experiences of families with the services and supports available for Nebraska's children and families living with disabilities. A report on Family Supports in Nebraska is available on the Nebraska Planning Council for Developmental Disabilities website at:

http://dhhs.ne.gov/developmental_disabilities/Documents/Family%20Supports%20Project%20Report%205-14.pdf

Their voices were loud and clear: they asked for human beings who understand the complex maze of eligibility and supports to help them determine the best solutions for their unique situations.

Unlike some of the counter narratives that we hear, these are Nebraskans who work hard, do the best they can to raise responsible and healthy children and only ask for help when their resources are exhausted. Long wait times, lost documents, weeks of waiting to hear if they qualify for help, people who have little understanding of the supports that might help and the requirement of telling and retelling their stories to disembodied voices is humiliating and discouraging. This is what families told us again and again. They asked for someone who would be there, who knew their family and their situation, who had all their paperwork in one place and could access it quickly. They asked for someone who was trained in the complexity of the system and could guide them in their quest for assistance.

Further complicating the issue, the new Balancing Incentives Program proposal intends to make AccessNebraska the platform for entering into the eligibility process, with other web-based applications that must be accessed to determine what programs one might attempt to apply for. The complexity, while appearing simple on paper, can be mind numbing for the family member who has worked a full day, made a dent in the activities of maintaining a household, fed and nurtured the children and now must spend hours at the computer looking for anything that could help. These are the experiences we were told about. Families who have given up and struggle by, falling further and further behind because there is no time. No

Achieve with us.

time to wait on hold, no time to search through complicated web sites, no time send and resend documents, no time to come here to the capitol to tell you about it.

As you explore a solution to the AccessNebraska problem, think of all those families trying to find time to live their lives. Think of ways that do not further isolate, but ways that bring us together to help and support one another.

Thank you for your time.

Ex 9
Swanson

Good afternoon Senator Dubas and members of the Access Nebraska Special Investigative Committee. My name is Sarah Swanson; and for the record that is spelled, S-A-R-A-H-S-W-A-N-S-O-N. I am a family support and outreach specialist at the UNMC Munroe-Meyer Institute working as part of the team on our University Center for Excellence in Developmental Disabilities grant project. My testimony today does not represent the University of Nebraska, however information being shared has come in part from my work on the MMI University Center project. I am a parent of an adolescent with special healthcare needs.

“Access Nebraska” is currently the way all Nebraska citizens gain information and entry into Medicaid and other economic assistance programs. While Medicaid is recognized for providing healthcare access for individuals who meet income guidelines it also provides support to individuals in need of long-term services and supports, specifically our Nebraska citizens who are aging or have disabilities. For these individuals, Medicaid is the lifeline to community living. It often provides coverage that traditional insurance has not offered such as habilitation and personal assistant services. Medicaid can also be a supplement for families that have health insurance coverage but need enhanced coverage due to their child’s needs and it will always be the payer of last resort.

Nebraska currently has 5 Medicaid waivers that have been approved by the Centers for Medicare and Medicaid Services (CMS). These include the Traumatic Brain Injury (TBI) Waiver, the Children’s’ Developmental Disabilities Waiver, the Adult Developmental Disabilities Waiver, the Aged and Disabled Waiver (A& D Waiver) and the Autism Waiver (currently unfunded).¹ These Medicaid Waivers are instrumental in keeping individuals with disabilities and seniors in their homes, keeping families together and helps to keep our Medicaid costs down by avoiding costly institutional care. There are also programs available to support families through our Title V block grant and the Nebraska Respite Program. Yet, these programs each have specific eligibility guidelines which families that I have spoken with have limited knowledge and that are not easily accessible via “Access Nebraska.” In my experience in working with dozens of families, they share that they must know the name of the program, as well as the eligibility guidelines to gain access to the application for these programs. Families often complain that they will often get inconsistent answers from Access Nebraska staff, and often must request to speak to the initial call-center worker’s supervisor.

As detailed in previous hearings and reports regarding Access Nebraska, families and individuals who are trying to apply or renew for programs through “Access Nebraska” often are still on hold for 45 minutes, have calls dropped and report lost paperwork. For many of these families, these issues have created problems with their employers, added additional stress to their already stressed lives and result in unmet needs. I speak to you today in an effort to represent their voices including the parents who have to be at work so they can provide for their family’s next meal, the mother who is at home providing direct care for her teenage son with a

¹ http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers_faceted.html

developmental disability by changing his diapers and insuring his growth with round the clock tube feedings, the husband who is caring for his wife who has Alzheimer's and also for those individuals who wanted to be at this hearing to tell you firsthand of their experiences with Access NE, but cannot afford to make the trip to Lincoln.

Last year, the Legislature passed LB 690, and required the state to apply for the Balancing Incentives Program. The Balancing Incentives Program is one way that the federal government has allowed states to innovate the way they provide long-term services and supports to those Medicaid by providing home and community based services rather than costly institutional care. Nebraska has built "Access Nebraska" into its application to CMS, promoting its virtual accessibility and #800.² While these things are very important, many states who have BIP, provide face-to-face options counseling and individualized assessments into the system, offering these by competitive bid to agencies such as the Centers for Independent Living or the Area Agencies on Aging.³ In addition, many states have incorporated their Aged and Disabled Resource Centers (ADRCs) as a no wrong door/single entry into their state Medicaid and long-term care services.⁴ The Access system is not adequate to meet the needs of Nebraska citizens. The federal government has provided new opportunities for the state to innovate and improve its current system. However, it is up to the state to do so.

In conclusion, Face-to-face contact has been a repeated request of many of Nebraska's citizens. This no wrong door/single entry into the long-term care system is being promoted by both CMS and the federal Administration for Community Living which currently houses the Administration on Aging, the Administration for Intellectual Disabilities and the Administration for Community Living. I encourage you to continue your advocacy for these and other programs impacted by the effectiveness of Access Nebraska.

As you move forward with your work, I would like to ask that you consider myself and my many colleagues at the Munroe-Meyer Institute as a resource. Thank you for your consideration.

² http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers_faceted.html (NE's application to CMS for the Balancing Incentives Program)

³ <http://www.balancingincentiveprogram.org/> (Technical assistance page for the Balancing Incentives Program)

⁴ <http://www.adrc-tac.acl.gov/tiki-index.php?page=HomePage> (Technical assistance center for Aging & Disability Resource Centers)

Thoughts from a 25 year Social Service Worker at NE Dept. of Health & Human Services & my co-workers about AccessNebraska –

PROS –

1. Document Imaging works pretty well except for emergency requests. No longer need paper files so less storage & office space needed. Less likely to lose documents or files.
2. N-FOCUS Computer System was updated to be more efficient.
3. Online access is great for clients to apply for benefits, report changes, check benefits, print forms & notices, etc.

CONS –

1. Customer Service Centers – Does not work well for EA cases & never will.
 - A. Huge waste of money, time & experienced workers.
 - B. Staff was cut drastically, drove experienced staff away, now high turnover rate so too many new inexperienced workers, hard to hire enough qualified workers in the smaller towns where CSCs were placed.
 - C. Still can't handle all of the calls that come in. Over 1/3 still abandoned daily.
 - D. Clients can't leave a message so must keep trying to call.
 - E. Creates poor customer service & clients fall through the cracks.
 - F. Critical benefits are disrupted, utilities disconnected or clients are evicted before they can even get through to request help.
 - G. Inhibits Accuracy & Timeliness – too few staff, work too disjointed & huge backlog.
2. Universal Caseload & Work Tasks – Do not work well with EA cases
 - A. The various programs and regulations are too complicated to be handled this way. Workers need to know policy, can't just enter data because the computer does not figure in all of the policy regulations; plus they change a lot.
 - B. Each case & client has unique circumstances & needs. One size does NOT fit all.
 - C. Casework is too disjointed & impersonal. Too many workers have to handle the same case without knowing that client's or case's particular circumstances & the worker doesn't have time to research the case properly, so they make a lot of errors.
 - D. There is no accountability or learning from your mistakes because IF the error is found, it is usually corrected by the next worker who works on the case, not the worker who made the error.
 - E. Not enough hands-on training because of the high turnover (that we didn't have before), there are too many new Inexperienced workers, & Supervisors don't have enough time to do hands-on training & oversight with all of them.
 - F. Clients don't like it, have to explain their situation over & over because they talk to a different worker every time.
 - G. Because of the high turnover (that we didn't have before), there are too many new Inexperienced workers, & Supervisors don't have enough time to do hands-on training & oversight with all of them.

In 25 years & longer, we have NEVER been this far behind on processing cases, and our accuracy rates have NEVER been this low. Even when our N-FOCUS computer system was brand new & very slow & cumbersome, it didn't get this bad.

Management has tried many temporary fixes to improve timeliness & accuracy problems, but they just shift the work around by focusing on Work Tasks for Change Management for a while, then on Interviewing or Processing Applications - this doesn't help in the long run since the other areas get behind while we focus on one area. Voluntary overtime was offered for a while but the backlog kept growing so on 9-2-14 they announced Mandatory Overtime for all SSWs, Supervisors & Lead Workers for 1 month to try to assign the backlog of pending applications to workers & try to process as many as possible. However, when the overtime ends, we will just start getting behind again because the basic problems won't be fixed.

The ONLY long term solutions that will work to fix these problems are:

1. NEED MORE EA WORKERS & RETAIN EXPERIENCED ONES!! We haven't had sufficient staff to answer calls & process cases accurately & timely since 2010, right after AccessNE & Downsizing was announced. In September, 2009, the AccessNebraska Project said that we had 650 Economic Assistance Staff (& we barely kept up). They planned to reduce that by 25% by 2012 because AccessNebraska would streamline the work so much. Document Imaging and some of the policy changes did help simplify some of the work, but the rest has just been shifted around many times in an attempt to improve timeliness. Several staff left because they figured they would be laid off or did not want to work at an impersonal 'call center'. Then in 10-2013, remaining staff was split between EA & MLTC. Too many workers were switched to MLTC. So now, the MLTC workers are not very busy, but EA workers are drowning. EA Customer Service Centers only have 164 SSWs to handle 2000-4500 incoming calls daily, plus process 2,000-4,400 daily Work Tasks, plus a backlog of 40,000 Work Tasks. As of 9-9-2014, 1/3 of the incoming calls are still abandoned daily. Clients are on hold for average of 20-35 minutes, with maximum of over 1 hour. In the local offices, only 118 SSWs process new applications that average around 708 per day, so total SNAP applications pending as of 8-25-14 was 10,074 because they can't keep up.

2. FIX THE SYSTEM & PROCESSES!!! Change EA back to Assigned Caseloads. Many clients NEED an assigned worker because of their unique circumstances & the complicated regulations for each of 8 different programs. The worker gets to know & understand their clients & their situation better so make fewer errors. The clients can call their worker or leave a voice mail, knowing they will be called back quickly. If a worker does make an error on a case, the client knows who to contact & usually the error is corrected quickly, or the client can contact the worker's supervisor or appeal more quickly if they don't agree. Workers learn from their mistakes that way so don't repeat the same error on other cases. We had less worker turnover because less stressful, and they felt they were making a difference, doing more accurate & timely work, helping clients.

Thank you!

Ex 11
Pucp

Access NE contact from Mindy Price:

Mindy turned in application via website for daycare assistance (it took a month for her to hear back from a case worker) they called back via phone call & sent a letter in the mail. When Mindy called back she was on hold on time for 45 minutes the next time for 3 hours. She called Access at 2 pm and stayed on hold for 3 hours, and she was disconnected at 5pm when Access NE closed. Mindy had to go downtown in person the next day because she couldn't miss work and be on hold for hours again.

Sx 12
Jody Faltys

I am writing today to express my concerns regarding the continuing problems with Access Nebraska. Wait times on the phone continue to be lengthy and staff is very behind in getting applications processed. A recent issue regarding my SNAP benefits resulting in me not being able to buy food for over a month.

After receiving SNAP benefits for 20 years I received a letter 5 months ago saying I was in the wrong reporting category (the meaning of which was never explained to me) and that I'd have to reapply. As I'm a quadriplegic and don't have a computer I called Access Nebraska to get a paper application sent to me and had to wait over 30 minutes to get this achieved. When the application arrived it was all in Spanish (of which I don't speak, nor did I request--this is the second time this has happened to me through this office too). I ultimately had a family member help me physically get to the office where I filled out the correct application and turned it in. I was told that it would be a week before I got my benefits back as they no longer dealt with applications in Lincoln, they go to Omaha, but to call back in a week and check. After a week I called and was told they were over two weeks behind in processing applications. When I asked what I was supposed to do for food in the meantime I never got an answer. The worker just reiterated that they were behind and I could keep calling back to check on the status. The time frame for me actually getting my SNAP benefits back was even longer though as I had to wait for an appointment with a case worker to be set up by Access Nebraska to complete the application. The whole process took five weeks and I had no option but to eat only every other day to make sure what food I had left lasted.

It was very disheartening and demoralizing, not to mention very unhealthy, being forced into that position. This is a broken system that desperately needs to be overhauled. People are getting dropped off services they've had for years for unclear reasons and then having to struggle to get their benefits back. To have lengthy time frames in addition will result in people giving up and going hungry, or without electricity, or other forms of assistance, out of pure frustration. I implore all of you to overhaul Access Nebraska to make it more user friendly and to give us a reason to once again be a proud Nebraskan.

Jody Faltys

Appendix 2
Handouts from Briefing

Sarah A. Comer
Food Bank of Lincoln
4840 Doris Bair Cir, Suite A
Lincoln, NE 68504
(402) 466-8170 x 115
scomer@lincolnfoodbank.org

August 29, 2014

Good morning Senators -

My name is Sarah Comer and I am a SNAP Outreach Coordinator with the Food Bank of Lincoln. I have been on the team since the end of January of this year, and even in that short time I have seen things change within DHHS.

We have been contracted by DHHS to assist Nebraskans in applying for SNAP, also known as food stamps. We also have access to DHHS' internal case management system, N-FOCUS. Our focus is SNAP all day, every day. We inform clients, agencies, and the general public about SNAP - including information about the eligibility requirements and specific rules and regulations in regards to the program. We also assist with applications and provide extensive client case management if follow up is necessary post application. We receive 50% reimbursement for most of our work around SNAP from the USDA funneled through DHHS.

The application process has 3 parts - the application, an interview with a DHHS caseworker to verify the information on the application, and official requests from DHHS regarding various verifications including, but not limited to - employment information, identity verifications, and other paperwork needed by DHHS to prove eligibility. Year to date we've completed 3328 apps, 78% are initial SNAP applications and we have a 74% approval rating. Our approval rating is higher than the state average because through N-FOCUS we are able to track the case and see if the interview or verifications are still necessary. We provide all-encompassing follow up with clients to help get their SNAP cases approved.

One of the ways we connect with our clients is through a statewide hotline run by the food banks in Nebraska. We are able to assist clients over the phone by guiding them through the application process and answering general case questions. Our hotline is significantly easier to call than contacting the DHHS Economic Assistance line - with our hotline there is no hold times, wait times, or long queues. Our phones are almost ringing off the hook because clients can't get through to a case manager on the DHHS line.

Year to date we have assisted over 4,200 unduplicated clients with non-application case management. DHHS is swamped with cases, especially since they switched from a 12 month to a 6 month certification period last October. Our team sends an average of 20 emails per week to DHHS because clients cannot access their case manager or a DHHS employee independently. Earlier this week one of our team members received an email from a DHHS employee asking our team member to track down employment verifications for a client. Our team provides case management and follow up that DHHS employees simply do not have time for. If DHHS was functioning more efficiently, we would not have to do these types of things to the extent that we are. DHHS has doubled their work load and the system is feeling it. Often we're covering the gaps.

Since the split in Medicaid and Economic Assistance in January, Nebraskans have been suffering. What was once one lengthy process is now two - with clients often searching for Medicaid application assistance. Very frequently we are asked if we can help with Medicaid, which our team used to be able to do with a joint application. We now have to refer clients to other agencies daily. This makes clients feel passed around, undignified, and easily forgotten while being bounced through the system. This is unacceptable that we are forced to make clients feel this way. I recently helped a family of two married adults with 3 children with a SNAP application and then had to tell the mother that I couldn't help with Medicaid. She almost broke down. She had been searching and calling for help with Medicaid; agencies keep telling her to call other agencies. It is very demeaning and demoralizing to constantly be seeking for help and having doors closed in your face.

Overall, the system is very messy. We see it every day; there is a significantly higher amount of clients being marked as 'agency delay' and not being assisted within the appropriate 30 day window. DHHS is struggling to provide assistance to low-income clients - I am confident that they are doing the best that they can with the dysfunctional system and minimal staffing that they have. They need an overhaul of the process to offer the customer service that every Nebraskan deserves.

August 29, 2014

Senator Annette Dubas
Chair, ACCESS Nebraska Special Investigative Committee
Room 1113, State Capitol
Lincoln, NE 68509

RE: Testimony on ACCESS Nebraska

Dear Senator Dubas and Members of the ACCESS Nebraska Special Investigative Committee:

Thank you for the opportunity to discuss ACCESS Nebraska and how it is impacting Aging Partners, an Area Agency on Aging and Community Partner. In our last fiscal year, Aging Partners served 43% of the impoverished people aged 65 and older in our 8 Nebraska counties. I am the care management supervisor of a 12 member team. We help elderly, frail individuals who want to live in the community, and we are familiar with the issues they face in accessing benefits. The vast majority of these older people do not have computer access. Many no longer have landline phones, and some pay by the minute for their cell phone connections. This means they need help completing online applications and with calling DHHS. Our agency funding does not support laptops and internet access away from the office, so we are forced to use paper applications when we visit the homes of our isolated, elderly clients. Then we go back to our offices and enter the application on-line or fax and/or scan the paper application. This is labor intensive and time consuming. We have been instructed by DHHS that we should call in to check to see if the applications have been received or processed. It is not unusual to find that DHHS has lost applications or verifications. The only way to know this is often through a phone call we initiate to see if the case is going to be opened. As one of our care managers described it, "We get less done but it takes more time".

Barriers to communication are a major issue. Our agency has continued to experience long wait times when calling ACCESS Nebraska. We do not understand why DHHS reports the wait time average is seven minutes. Just this week I waited for 23 minutes to get a question answered, but had to abandon the call to go to a meeting, and only after a second call with a wait of 38 minutes, did I finally get a human to answer. Also, not all information or forms are available on line so it is necessary to call in then, too. We were offered an email access option to expedite communication, but in the last Community Partners email from our DHHS liaison, it was stated, "We want to clarify the use of this email address. It really is meant as a last resort, for people that cannot get through on the phone or have no other way of communicating with us."

DHHS does not provide the option of a face to face meeting with someone who is not yet on any program, but wants to find out about benefits. Our information and referral supervisor said that older, and even some younger people, who go to the local DHHS office to ask questions about programs are told to come to our office to get information, because they do not offer that service. They have also sent people to our office to make copies of their personal papers.

I have brought five examples of the many release of information forms we have been provided so we can talk to DHHS workers about our clients. There is still confusion about what form to use, and even when we have releases signed they are not always honored by individual DHHS workers. This is another barrier to effective and efficient communication.

The separation of Medicaid and Economic Assistance has increased the time needed to help our clients who are eligible for both Medicaid for health care and other economic assistance programs like SNAP and Energy Assistance. The annual renewal dates for these programs are not always in the same month. This means our care managers must visit homebound and disabled clients twice to complete applications instead of the one visit we could do when these departments were together, effectively doubling our efforts. This is happening at the same time that we are experiencing a large increase in the number of older people in need.

The length of time it takes to get cases opened can be a problem, especially in a crisis situation. Clients who need in home services and cannot afford to pay are at the mercy of DHHS's waiting list. We were told last week that an enrolled Medicaid recipient who suddenly needed Personal Assistant Services would need to wait 2 to 4 weeks to process an application for in home help, even though her regular caregiver had a sudden illness and she had no one to help her with bathing or personal care.

We are concerned about errors that can lead to reduced or lost benefits. Recently a care manager reported a Spousal Impoverishment client was given incorrect information that could have resulted in an unnecessary loss of \$3000 to that client.

These are not issues from the past, they are happening now. What are some possible solutions? Medicaid Waiver clients, people in nursing homes and assisted living, or doing a Division of Resources, do get an assigned worker and that is helpful. However homebound elderly and disabled people who do not fit in these categories also need an on-going assigned worker, especially when they do not have computer access or families who can help them. One solution might be assigned workers for those who can't use the ACCESS Nebraska phone lines or web site. Ultimately it comes down to communication and accountability. If trained care managers find it confusing and frustrating to get answers from ACCESS Nebraska, you can only imagine how overwhelming this process must be for someone who is ill, alone, and poor. It reminds me of the movie, "The Wizard of Oz". You know there is a lot going on behind the curtain, but you don't know how to find out what gears need to be pushed or pulled. We desperately need a contact method that is reasonably timely with knowledgeable staff who feel accountable and able to solve the problems we all face. Pull back the curtain and help us work together with DHHS.

We are very committed to improving the lives of our older clients and I would welcome any questions you may have for me.

Sincerely,



Joyce Kubicek MS, CSW

Aging Program Coordinator

August 29, 2014

Senator Annette Dubas
Room 1113, State Capitol
Lincoln, NE 68509

Chairman Dubas and the members of the ACCESSNebraska Special Investigative Committee, On behalf of the Center for People in Need, thank you for having me here today, and for listening to my experiences in working with the Department of Health and Human services to assist the Center for People in Need's clients.

In my current position with the Center for People in Need, I work assisting Center clients with DHHS paperwork, this includes helping complete applications, and dealing with support documentation. Also, I help resolve any issues that the client may have had in the application of those benefits. For the past 3 years I have been work with ACCESSNebraska, and typically make around 130 to 140 contacts per month. Although there has been a small improvement of late, there are still many aspects of the system which I believe make it unnecessarily challenging for clients to navigate.

A current area of improvement is the addition of a pre-populated application for a client to review upon recertification. Now, when clients need to recertify, instead of creating a completely new application, they have information filled in from the previous year, and only have to verify that it is still correct, and note any changes. This small change has immensely sped up the process in assisting clients in recertification. Additionally, I would like to note the helpfulness of the two DHHS community support specialists, Rajeeana Harris and Serena Reeves.

I am grateful for these small changes, however, there are still much larger issues that need to be addressed. This year in particular, we have witnessed an increase in lapses in certification by ACCESSNebraska, causing clients to lose benefits, through no fault of their own. After one year, when benefits must be recertified to determine eligibility, there is a 35-40 day window for DHHS to receive this notice. Recently, ACCESSNebraska has not processed these recertifications quickly enough to meet this requirement, causing benefits to lapse, without notification or explanation to the client. After figuring out this issue, it can take months for DHHS to resolve the lapsed benefits, since these cases are thrown back into a system that has experienced complaints about slow processing times. Obviously, this is quite disruptive to the lives of these clients, who for various reasons, including disability, depend on these services to get by.

This problem is heightened by a new ACCESSNebraska insistence that we no longer call on behalf of the clients we serve. In the past, we were able to call and work with DHHS to sort through issues that arose. For the population that the Center serves, this is crucial. I understand the important privacy concerns, and sometimes, clients probably could have handled a relatively mundane request without my assistance. But for a large segment of the population I see, personal

assistance is necessary. Whether language barriers, intellectual disability, or lack of understanding of a program's rules, having someone with expertise talk to staff at DHHS is critical to procuring a positive outcome. For example, even with English speakers, I see people struggle with questions like, "Do your shelter costs exceed your monthly income and resources?" For well-educated residents, this language is easy to understand, but for many less educated residents, this becomes too technical.

When contacting ACCESSNebraska over the phone, the user experience varies greatly. I have had times with incredibly helpful staffers and gotten through with a reasonable wait. However, I have also had experiences where I was hung-up on by staff, had to work with staff that appeared to lack full training, or were generally unhelpful. Wait times vary, but this summer, it has not been uncommon to wait for as long as 40 minutes. Additionally, when dealing with written consent forms that we fax or mail, we have challenges in securing acknowledgement or confirmation from ACCESSNebraska.

Providing assistance to new ACCESSNebraska clients can also be challenging. These are often people who have recently fallen into poverty, or have moved from another state and are having trouble working through our system. DHHS will only handle questions about cases over the phone if a preexisting case is only on file. Because of this, after coming to the Center for assistance, we have to direct new clients to a DHHS office. I realize that for many of us, this would seem like a minor annoyance. However, for those with little money for gas or bus fares, it becomes a larger problem.

Moving forward, it is my hope that these issues will be resolved. In addition fixing these issues, I would also like to suggest that we expand the base of languages used in form letters that are sent out to clients. Currently, clients only receive English and Spanish letters. At the Center, this excludes our fastest growing population bases, the Arabic and Karen communities. Many of the questions that I field from members of these communities comes down to simple translation. By implementing this, and other suggestions, I believe we can greatly strengthen ACCESSNebraska.

Thank you for the opportunity to testify today, and for your continued commitment to this issue.

Sincerely,

Jim Rains
Intake Specialist
Center for People in Need

Appendix 3

Correction to September 18th Hearing Transcript



Anna Eickholt <aeickholt@leg.ne.gov>

LR 400 Testimony information

1 message

Bartels, Bryson <Bryson.Bartels@nebraska.gov>
To: Anna Eickholt <aeickholt@leg.ne.gov>

Thu, Sep 25, 2014 at 9:12 AM

Please see the following information: Thanks

We would like to clarify information shared at the ACCESSNebraska hearing last week.

Expedited SNAP cases over 7 days. At the hearing we reported that the number of expedited SNAP cases over 7 days went from 105 the week ending July 11 to three cases the week ending September 14. That is a Sunday; the end date should have been Friday, September 12.

SNAP cases over 30 days. At the hearing, Jill provided that the number of SNAP cases over 30 days was 3,495 cases the week ending July 4. This data included both the initial cases (1,477) and the recertification cases (2,018). Unfortunately, the data provided for the week ending September 12 (466 cases), was only the initial cases for that week. The recertification cases (744) should be added to be consistent with the July data. Therefore, the correct comparison should be 3,495 total cases over 30 days the week ending July 4 compared to 1,240 the week ending September 12.

Thank you.

Appendix 4
Proxi/NelNet Report



Economic Assistance Call Center Services

Strategic Discovery



PROCESS AND TECHNOLOGY REVIEW

PREPARED FOR:

State of Nebraska,

Department of Health and Human Services:

Economic Assistance Channel

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EXECUTIVE OVERVIEW

This document outlines key initiatives and opportunities for DHHS consideration, based on a comprehensive business review conducted by Proxi personnel. Within the Economic Assistance channel, the team focused on four core objectives tailored to existing pain points within the division:

- Achieve Service Levels and Timeliness Metrics
- Identify Opportunities to Leverage Technology
- Evaluate Processes for Efficiency Gains and Re-Engineering
- Improved Experience for the Constituents of Nebraska

The following sections explore the evaluation process, key initiative themes, and the structure of the recommendations.

METHODOLOGY AND REVIEW PROCESS

Over a four week period, the Proxi team collaborated with DHHS senior staff, leadership, and front line personnel as part of an accelerated, deep-dive business and technology review. The purpose of this review was to build a solid understanding of the business process, and in parallel, ascertain potential areas for improvement. In order to provide a better vantage on DHHS’s complex operations, the Proxi team worked to study the business using a diverse set of methods and sources:

- Introductory session with the Division Director and senior staff
- On-site review, job shadowing, and process evaluation at the Fremont Service Center
- On-site review and process evaluation at the Scottsbluff Service Center
- On-site review with the Lincoln Local Office
- Interviews and dialogue with the Deputy Director team, Site Administrators, Supervisors, PAS team members, and SSWs
- Live observation of the training process; interviews with training personnel and review of the training materials
- Review of reports and business analysis tools; discussion with the Research, Planning, and Evaluation team
- Review of call flows, routing, and the IVR structure
- Review of desktop applications, tools, and integration

Proxi team members conducting the business review and analysis included:

<u>Business</u>	<ul style="list-style-type: none"> ▪ Matt Osmond, Director, Call Center Operations ▪ Brendan Brown, Director, WFM & Diversified Analytics ▪ Michael Bruntz, Manager, Training and Development ▪ Melissa Marks, Director, Business Development 	<u>IT Team</u>	<ul style="list-style-type: none"> ▪ Jeff Elder, IT Director, Voice and Networks ▪ Jerry Prange, IT Manager, Data Centers ▪ Curtis Oie, IT Manager, Desktop Support ▪ Andy Gunther, Senior Voice Architect
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KEY REVIEW THEMES

While Proxi's observations and initiatives span the entire operational process, there are several key themes that emerged as part of the analysis. These are unifying concepts that incorporate multiple initiatives across several operational components. They are the most critical areas of the business to tackle when driving towards the objectives highlighted above.

In particular, we believe there are numerous ways to solve an understaffed environment, and while easy, hiring additional personnel is often the least favorable answer. The themes below are designed to achieve goals without adding cost or sacrificing quality – each should be given additional focus and urgency when looking to build an implementation strategy:

- **Performance** as a cornerstone of the culture
- **Automation** as a path to accuracy and efficiency
- **Centralization** of support functions to free up resources
- **Specialization** of operational teams to increase output
- **Analysis** to guide workflow and be proactive

PROCESS AND TECHNOLOGY FINDINGS

The following section outlines the major initiatives and recommendations identified by the Proxi team. Each initiative covers the suggested implementation changes, the underlying strategy, and the expected outcomes of the change. The initiatives have been grouped into six primary operational categories:

- Workforce Management
- Reporting and Business Intelligence
- Training and Learning Management
- Quality Control and PAS Process
- Workflow: Call and Work Task Functions
- Call Center Culture and Retention

WORKFORCE MANAGEMENT

Process Enhancements



Resource Allocation – Determined Adhoc by Site Admin
 Queues & SSWs Monitored in Real-Time by Supervisors

ETO – Fixed at 20% / Day. Tracked by Supervisors
 Breaks/Meetings – Tracked by Supervisors
 Scheduling – Determined by Site Admin in Excel

As-Is

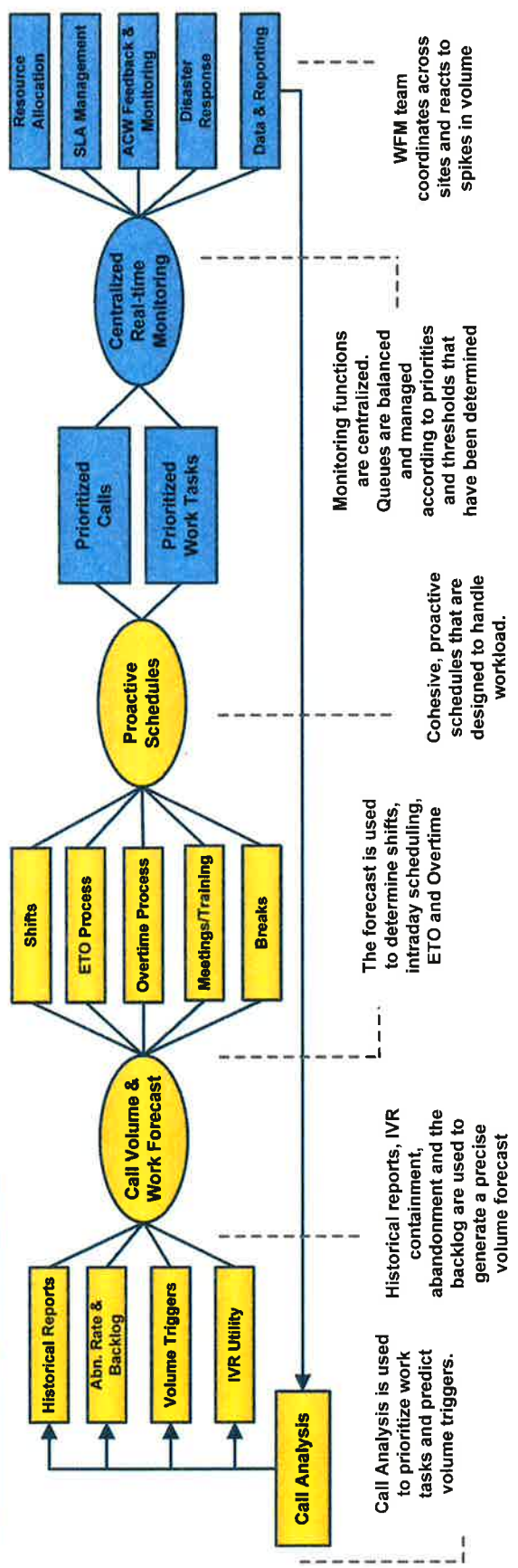
Forecasting

Staffing

Resource Management



Ideal



Call Analysis is used to prioritize work tasks and predict volume triggers.
 Historical reports, IVR containment, and the backlog are used to generate a precise volume forecast

The forecast is used to determine shifts, intraday scheduling, ETO and Overtime

Cohesive, proactive schedules that are designed to handle workload.

Monitoring functions are centralized. Queues are balanced and managed according to priorities and thresholds that have been determined

WFM team coordinates across sites and reacts to spikes in volume

Initiative	Key Changes	Outcomes
<p>1</p> <p>Perform In-Depth Call Analysis</p>	<p>Assign a WFM analyst to focus on quantitative call trending:</p> <ol style="list-style-type: none"> 1) Correlate which work tasks in the backlog drive additional calls, to help prioritize effort. 2) Analyze volume triggers (ex: mailings, abandons, and regulatory changes) to forecast the impact to calls. 	<ul style="list-style-type: none"> • Strategic workflow designed to reduce call volume by targeting specific work tasks before they generate a callback. • Proactively predict and plan for irregular spikes in work volume.
<p>2</p> <p>IVR Utilization Analysis</p>	<p>Dissect IVR utilization to identify self-service opportunities.</p> <p>Determine which paths clients are selecting within the IVR, where they are dropping out, and where they are selecting to speak with an SSW.</p>	<ul style="list-style-type: none"> • Data-driven insight for the OCIO on which enhancements to the IVR will drive the most impact. Increased self-service resolution. • Identification of pain-points in the IVR where changes to call flow or scripting can increase IVR containment.
<p>3</p> <p>Create proactive, business-driven scheduling units</p>	<p>Mold staffing needs to the expected work inflow:</p> <ol style="list-style-type: none"> 1) Use the call forecast to drive the vacation policy 2) Use the call forecast to set overtime thresholds 3) Intra-day activities (meeting/training/lunch/break) are scheduled around achieving service levels. 	<ul style="list-style-type: none"> • Mitigated impact to service levels from planned events and during the lunch hour. • Improved control and management of workload. • Reduction in the amount of time lost between transition activities (switching between phone tasks, work tasks, meetings and breaks).
<p>4</p> <p>Centralize Resource Management Functions</p>	<p>Create a centralized team of support staff responsible for:</p> <ol style="list-style-type: none"> 1) Allocating agents between calls/work tasks 2) Managing call queues and service levels 3) Real-time monitoring of agents <p>Utilizing a dedicated WFM team is preferable.</p>	<ul style="list-style-type: none"> • Faster reaction to fluctuations in volume. Dynamic shifting of agents between calls and work tasks to boost productivity. • Supervisors focused on leading their teams versus monitoring queues and handle times. • Coordination and collaboration across sites.

<p>5</p> <p>Implement WFM Software</p>	<p>Implement a tailored WFM software solution to tie together all of the Workforce Management components and streamline WFM activities: volume forecasting, SSW scheduling, real-time monitoring, reporting, and staffing scenario analysis.</p>	<ul style="list-style-type: none"> • Ability to quickly identify patterns and anomalies with call volume in order to shift resources. • Increased efficiency for WFM personnel when building schedules and managing queues. • Increased precision of forecasting, and an integrated long term planning/budgeting tool. 																											
<p>6</p> <p>Align Staffing With the Hourly Volume</p>	<p>Ramp staffing levels up/down to match the forecasted volume per hour. Stagger shifts and resource levels.</p> <p>Flat staffing throughout the week and intraday creates pockets of inefficiency where the center is over or under staffed.</p> <table border="1"> <caption>Call Volume vs Staffing Data</caption> <thead> <tr> <th>Date</th> <th>Call Volume (Approx.)</th> <th>Staffing (Approx.)</th> </tr> </thead> <tbody> <tr><td>Oct 01</td><td>3,500</td><td>250</td></tr> <tr><td>Oct 02</td><td>3,500</td><td>250</td></tr> <tr><td>Oct 03</td><td>3,500</td><td>250</td></tr> <tr><td>Oct 04</td><td>3,500</td><td>250</td></tr> <tr><td>Oct 05</td><td>3,500</td><td>250</td></tr> <tr><td>Oct 06</td><td>3,500</td><td>250</td></tr> <tr><td>Oct 07</td><td>3,500</td><td>250</td></tr> <tr><td>Oct 08</td><td>3,500</td><td>250</td></tr> </tbody> </table>	Date	Call Volume (Approx.)	Staffing (Approx.)	Oct 01	3,500	250	Oct 02	3,500	250	Oct 03	3,500	250	Oct 04	3,500	250	Oct 05	3,500	250	Oct 06	3,500	250	Oct 07	3,500	250	Oct 08	3,500	250	<ul style="list-style-type: none"> • A consistent experience is delivered to customers throughout the day. • Wait times can be estimated more accurately via telephony systems. • Ability to quickly recover from stacked calls and spikes in volume.
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<p>7</p> <p>Manage and Predict Attrition and Vacancy Rate</p>	<p>Forecast attrition rate and incorporate future vacancy into reporting and staffing plans. Proactively hire to keep site vacancy low and fully utilize budgeted headcounts.</p> <p>Generate new hire schedules that look 3 to 4 months into the future. Conduct root cause analysis on turnover rate.</p>	<ul style="list-style-type: none"> • Headcount maintained at budgeted levels. • Improved precision of budget. • Proactive recruiting, training, and planning. 																											


REPORTING AND BUSINESS INTELLIGENCE

Initiative	Key Changes	Outcomes																																																	
<p>8</p> <p>Inventory Management Reporting</p>	<p>Build an Inventory Management report that quantifies:</p> <ul style="list-style-type: none"> ▪ How much new work was received the prior day. ▪ How much work was completed the prior day. ▪ Analyzes RE by work task and quantifies the <i>hours</i> needed to complete the backlog. ▪ Provides backlog aging for each specific work task. ▪ Allows for monthly trending on key variables. 	<ul style="list-style-type: none"> • Understanding of the size and directional trending of the backlog. Awareness of the aging and pipeline of backlogged tasks. • In conjunction with call analysis, prioritized work tasks and a cohesive strategy to reduce inventory and calls. <table border="1" data-bbox="609 205 841 819"> <thead> <tr> <th rowspan="2">Work Task</th> <th rowspan="2">Completed</th> <th rowspan="2">New</th> <th rowspan="2">Net</th> <th colspan="3">Backlog Aging (Days)</th> <th rowspan="2">Total</th> <th rowspan="2">RE</th> </tr> <tr> <th><5</th> <th>5-15</th> <th>16-30</th> <th>31+</th> </tr> </thead> <tbody> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Work Task	Completed	New	Net	Backlog Aging (Days)			Total	RE	<5	5-15	16-30	31+	A									B									C									D								
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<p>9</p> <p>Balanced SSW Scorecard</p>	<p>Create a Balanced Scorecard to measure and report on performance. Evaluate down to the SSW level with team and site roll-ups. Provide up to date insight to SSWs on how they are performing relative to goals and to other team members.</p> <p>Leverage technology to dynamically assemble and pre-populate data-driven fields for the leadership team.</p>	<ul style="list-style-type: none"> • Objective and consistent performance appraisal and ranking. • Streamlined report compilation, freeing up time and resources for the leadership team. • Ability to easily trend month over month performance, and access historical reports. 																																																	
<p>10</p> <p>Repeat Caller Reporting</p>	<p>Build a Repeat Caller report to measure first call resolution. Link repeat calls to prior SSW and prior call type.</p>	<ul style="list-style-type: none"> • Rapid identification of SSWs needing follow up training and processes that need tuning / re-engineering. • Understanding of how much capacity is tied up with redundant effort; impact to customer service. 																																																	

<p>11</p> <p>Client Insight</p>	<p>Develop a Client Insight report that captures trending and key demographics of the customer base. Tie client information to call and work task analysis.</p>	<ul style="list-style-type: none"> • Business intelligence behind which client attributes are indicative of frequent call-ins. • Trending on the overall size of the client base and correlation to economic factors and predictors.
<p>12</p> <p>Work Code Reporting</p>	<p>Implement a Work Code process and report:</p> <ul style="list-style-type: none"> ▪ Implement a detailed after-call coding process that captures the purpose of each interaction received. ▪ Create reporting that evaluates the number, percentage, and average handle time by call type. ▪ Create a monthly trend report. 	<ul style="list-style-type: none"> • Quantified insight into what is driving call volume and how effective SSWs are at resolving each call type. • Trending that measures the impact of seasonality and unique events like specialty mailings or regulatory changes. • Faster identification and reaction to technology or process issues that are triggering call-ins.

Work Code	A	B	C	D	Count	Percent	AHT	Variance

TRAINING AND LEARNING MANAGEMENT

Initiative	Key Changes	Outcomes
<p>13</p> <p>Create Certified Training for Mentors</p>	<p>Develop a certified training course for future mentors to prepare them for these roles. Focus on coaching techniques, side-by-side training, de-escalation and general questions.</p>	<ul style="list-style-type: none"> Improved mentor ability and effectiveness. Ability to incorporate the mentor experience into formalized leadership development and career path initiatives.
<p>14</p> <p>Advance the Learning and Resource Site</p>	<p>Create a centralized and consistent resource for all SSW information. Merge current information sources (SSW resources, Intranet, ACCESSNebraska, policies, SharePoint, LOTUS) into one cohesive SharePoint knowledge base.</p> 	<ul style="list-style-type: none"> Ability to locate information and resources quickly. Goal of 2 clicks to locate information, training manuals, policy changes, procedures, and cheat sheets. Reduced SSW handle times and error rates. Consistent and current information delivered to SSWs. Fewer paper documents and manuals that create inefficiency and risk.
<p>15</p> <p>Establish a Training Bubble</p>	<p>Establish a training bubble to manage the transition to the work environment. Set up a controlled environment for new hires that allows for quick access to subject matter experts and resources. Provide additional coaching and oversight.</p>	<ul style="list-style-type: none"> Reduced error rates for new hires entering the work environment. Reduced SSW stress and attrition during the onboarding and ramp-up periods. Reduced resource drag on the leadership team for new hires.

<p>16</p> <p>Develop an On Boarding Path</p>	<p>Develop 30, 60, and 90 day on boarding training courses. Tailor curriculum with escalating complexity as SSWs gain familiarity and transition to the work environment.</p> <p>Develop refresher material that SSWs can reference as they put the concepts learned in training into everyday practice.</p>	<ul style="list-style-type: none"> • A smooth transition from the training environment to the work environment. • Follow-up training that is targeted to reduce error rates. • Shortened learning curve that allows SSWs to hit full proficiency earlier in their tenure. • Improved knowledge and retention of complex work tasks.
<p>17</p> <p>Build Structure Around Continuous Soft-Skill Training</p>	<p>Create a structured continuous training and certification program for ongoing soft-skill development . Areas of focus include:</p> <ul style="list-style-type: none"> ▪ De-escalation ▪ Managing the Moment ▪ Understanding your Customer ▪ Who Killed Customer Service? ▪ Working on the Frontline 	<ul style="list-style-type: none"> • Continuous improvement in soft-skill areas and overall customer satisfaction. • Increased SSW engagement and retention. • Ability to combine training certifications with career path initiatives. • Formal leadership development program.
<p>18</p> <p>Introduce Training Performance Measurements</p>	<p>Implement technology and tools to measure the effectiveness of the training process:</p> <ol style="list-style-type: none"> 1) Implement a Learning Management System that can track training completion and progress for SSWs. 2) Incorporate post-training surveys. 3) Create new hire ramp up metrics and measure progress against goals. 	<ul style="list-style-type: none"> • Identification of training gaps and continuous improvement of the training process. • Visibility into SSW course completion. • Business intelligence and trending on the new hire ramp up period and on boarding costs.
<p>19</p> <p>Enhance Training Development and Delivery</p>	<p>Add a training module for phone preparation and call handling. Listen to live calls and work through call scripts and techniques.</p> <p>Incorporate live work task processing into the training program.</p>	<ul style="list-style-type: none"> • Better understanding of call handling concepts before entering a production work environment. • Improved comfort and confidence for new hires. • Better comprehension of processing functions, and productivity output from the training classes.

QUALITY CONTROL AND PAS PROCESS

Initiative	Key Changes	Outcomes
<p>20</p> <p>Structure a Consistent Workflow for Reviews</p>	<p>Create a consistent process for flagging, assigning, and conducting task reviews. Structure the process to balance the number of reviews per SSW. Allow flexibility to modify the review count per SSW based on prior error rate and tenure.</p>	<ul style="list-style-type: none"> • Managed coverage of the number of reviews completed across SSWs and work types. • Increased quality control for new hires and SSWs with high prior error rates.
<p>21</p> <p>Implement a Formal Coaching Process</p>	<p>Create a structured coaching process for PAS associates to work with SSWs following a review. This follow up is used to provide feedback on:</p> <ol style="list-style-type: none"> 1) Reviewing any incorrectly processed tasks. 2) Reviewing policies and processes. 3) Coaching on call management and efficiency <p>Create a structured scoring process for each review. Each element within a work task is assigned a weighting that aggregates into an overall score for the function. Pass/fail criteria can be added for regulatory errors.</p> <p>Soft-skill and customer service elements can be included in the score to drive SSW behavior on phone interactions.</p>	<ul style="list-style-type: none"> • Improved understanding of processes and policy, resulting in a reduced error rate. • Closed feedback loop with SSWs on the work reviewed. • Greater buy-in and collaboration with the PAS team.
<p>22</p> <p>Implement a Formal Scoring Process</p>	<p>Make it a consistent practice to listen to the associated phone call when conducting a review (when applicable).</p> <p>Add screen capture technology linked to the phone call to incorporate system navigation and processing.</p> <p>Implement technology and reporting that identifies processing errors and incomplete tasks in an automated fashion. Only exceptions are passed on for further review, correction, and SSW follow up.</p>	<ul style="list-style-type: none"> • Deeper insight into the overall quality of work being delivered and the magnitude of errors uncovered. • Improved customer service and focus on soft-skills. • Enhanced ability to roll quality measurements into a balanced SSW performance scorecard.
<p>23</p> <p>Add Call Listening and Screen Capture to Reviews</p>	<p>Implement technology and reporting that identifies processing errors and incomplete tasks in an automated fashion. Only exceptions are passed on for further review, correction, and SSW follow up.</p>	<ul style="list-style-type: none"> • Increased oversight and control of the phone interaction; free up leadership time • Full understanding of the client request and the SSW follow through; increased first call resolution. • Ability to identify SSW opportunities in navigating systems and composing narratives. • Improved Federal error rankings.
<p>24</p> <p>Automation of Task Management Controls</p>	<p>Minimize DHHS and Customer Facing risk associated with tasks not being properly complete.</p> <p>Ability for the PAS team to concentrate effort on task resolution, process improvement, and coaching.</p>	<ul style="list-style-type: none"> • Minimize DHHS and Customer Facing risk associated with tasks not being properly complete. • Ability for the PAS team to concentrate effort on task resolution, process improvement, and coaching.

WORKFLOW: CALL AND WORK TASK FUNCTIONS

Initiative	Key Changes	Outcomes
<p>25</p> <p>Streamline Work Flow and Reduce After Call Work</p>	<p>There are several initiatives that can help streamline work flow and generate efficiency:</p> <ol style="list-style-type: none"> 1) Re-evaluate the purpose and process of narratives. Reduce the time SSWs spend composing and editing narratives. <ul style="list-style-type: none"> • Identify the critical data needed to document the record and inform subsequent SSWs. • Recalibrate PAS guidelines to only require the key criteria. • Encourage a short-hand notation process. 2) Implement a comment generator application to be used when entering notations for frequent and repetitive activities. This allows descriptive notes to be entered automatically by selecting a modifiable, pre-written comment from a stored list. 3) Implement post-call wrap up codes to capture intent. 4) Create scripting for common call types that guides the SSW through the interaction. 	<ul style="list-style-type: none"> • Increased capacity and productivity. Faster processing times and reduced after call work. • Ability for subsequent SSWs to quickly process and synthesize key information about the client; reduced time reading through lengthy narratives to determine the account history. • Simplified and unambiguous quality/review guidelines. • Consistent and accurate narratives. Notes entered via a comment generator are easy to recognize and understand. • Natural and consistent call flows for client interactions. Better call control for SSWs. • Improved response handling and faster ramp-up for new hires.
<p>26</p> <p>Build a Universal Form Repository</p>	<p>Create a universal document repository where team members can obtain up to date and approved forms for mailing/emailing. Generation and maintenance of approved forms is defined by the leadership team. The repository location can be included in the centralized resource management site.</p>	<ul style="list-style-type: none"> • Reduced time spent searching for up to date documentation and modifying previous communications. Centralized team resource. • Only accurate and approved forms are distributed to clients.

<p>27</p> <p>Extend Hours of Operation for Call Centers</p>	<p>Extend the hours of non-phone coverage to span 7:00 a.m. to 8:00 p.m. CST. Extending the hours of operation creates new opportunities and advantages:</p> <ul style="list-style-type: none"> ▪ Allows for increased staggering of shift starts, lunches, and breaks to match incoming call volume. ▪ Allows for focused and uninterrupted processing time. ▪ Creates additional shift choices for SSWs. 	<ul style="list-style-type: none"> • Improved service levels and reduced impact from overlapping lunches and breaks. • Improved efficiency and processing times. • Increased engagement and job satisfaction for team members who prefer to work non-traditional hours. Potential to attract and recruit from a new pool of employees.
<p>28</p> <p>Utilize Part-Time Staff</p>	<p>Re-review the viability of part-time staff now that economic assistance and Medicaid are partitioned. Part-time staff adds flexibility to scheduling units, attracts a new pool of employees, and can reduce costs.</p> <p><i>*Recognize part time staff can also create complications stemming from training complexity, space consideration, and attrition.</i></p>	<ul style="list-style-type: none"> • Ability to match staffing level to call volume throughout the day. • Reduced cost per FTE. • Potential to attract and recruit from a new pool of employees.
<p>29</p> <p>Modify Leadership Ratios</p>	<p>The current leadership ratios (for both Supervisors and Team Leads) are top-heavy at 1:8. Expense could be reduced by offloading specific functions to centralized teams (Ex: WFM) and allowing team size to grow up to a 1:20 ratio.</p>	<ul style="list-style-type: none"> • Reduced operational costs. • Increased responsibility and empowerment of the leadership team.
<p>30</p> <p>Reduce Application and Task Backlog</p>	<p>Implement a targeted strategy to reduce the backlog, with a focus on tasks that drive future calls when sitting uncompleted. Allocate additional resources to these processing areas.</p> <p>Build a business case that demonstrates temporary, focused overtime can reduce downstream workload and cost.</p>	<ul style="list-style-type: none"> • Reduced call volume and improved service levels. • Improved turn times and customer service.

<p>31</p> <p>Separation of Phone and Processing Tasks</p>	<p>Separate the call center and processing functions to gain efficiencies in both areas.</p> <ul style="list-style-type: none"> ▪ Define which processing tasks should be partitioned and handled by a dedicated unit. ▪ Create a smaller, cross-functional FLEX team that can be allocated to both functions depending on volume needs. ▪ Build structured communication channels to ensure process and procedural changes are executed consistently. 	<ul style="list-style-type: none"> • Ability for each team to stay focused on their specific tasks; reduction in the inefficiency created by transitioning between functions. • Increased specialization and improved job/functional knowledge of SSWs.
<p>32</p> <p>Implement a Multi-Channel Solution</p>	<p>Implement a technology solution that includes “Virtual Hold”, allowing clients to reserve their spot in queue, hang up, and receive a callback when they hit the front of the line.</p> <p>Offer webchat and email as alternative interaction channels for clients to have issues resolved.</p>	<ul style="list-style-type: none"> • Improved customer experience and reduced frustration from wait times. • Better utilization of telephony capacity since fewer lines will be tied up with clients on hold. • Assist clients in a way that is convenient for them, and offer a channel with built in anonymity. • Smoother call volume patterns.

CALL CENTER CULTURE AND RETENTION

Initiative	Key Changes	Outcomes
<p>33</p> <p>Determine a Set of Key Performance Indicators (KPIs) and Build an Implementation Plan</p>	<p>What gets measured gets done. Determine a set of KPIs to drive and direct SSW behavior. Evaluate SSWs on ALL of the performance metrics that are critical to their job functions, and weight each component according to its priority. The metrics should at the very least encompass:</p> <ul style="list-style-type: none"> Quality (Ex: Error rate, CSat, QA score) Productivity (Ex: Average Handle Time, Work Task RE) Soft-skills (Ex: 360-review, Teamwork, Communication) <p>Team performance is introduced as a component of the Supervisor evaluation criteria.</p> <p>Once KPIs are selected, create an implementation plan that phases in achievement toward each metric and provides SSWs a transition period to work toward goals.</p>	<ul style="list-style-type: none"> • Objective ranking process, guidelines, and performance evaluations. Ability to objectively reward top performers. • Clear SSW goals that align with organizational targets. • Weighted system that improves productivity without sacrificing quality. Performance as a cornerstone of the culture. • Increased accountability, ownership, and engagement for supervisors and team leaders. • A smooth transition period that allows SSWs to become familiar with the metrics and develop areas needing improvement before being held accountable to targets.
<p>34</p> <p>Implement Performance Based Compensation</p>	<p>Create a culture where team members are financially rewarded for top performance, skills growth, and improvement:</p> <ol style="list-style-type: none"> 1) Implement quarterly incentives based on knowledge obtained and work performed over the period. 2) Tie the size of annual merit increases to annual performance. 3) Use objective performance measurements to dictate promotion and advancement opportunities. 	<ul style="list-style-type: none"> • A performance based culture where SSWs will work harder, smarter, and with better quality; compensation for SSWs that achieve greater results. • Increased operational capacity and improved quality of services. • Increased tenure and retention of top performing team members.

<p>35</p> <p>Establish a Career Ladder for Frontline Staff</p>	<p>Establish a career ladder for frontline associates that create opportunities for advancement within the SSW role. Use a three tiered structure that allows for merit-based promotion without moving into a leadership role. Advancement to higher tier is driven by:</p> <ul style="list-style-type: none"> ▪ Performance criteria sustained for a set period of time. ▪ Skills-based knowledge and certification. 	<ul style="list-style-type: none"> • Increased SSW engagement and retention. Reduced burnout. • Improved performance and job knowledge. • Deepened bench strength of emerging leaders. • A culture with tangible advancement opportunities for SSWs that are not interested in a leadership path.
<p>36</p> <p>Allocate a Motivation Budget</p>	<p>Demonstrate a commitment to an energizing, fun, and engaged culture by allocating a budget for team motivation. Supervisors and site leadership can collaborate to drive engagement without spending their own money.</p>	<ul style="list-style-type: none"> • Increased SSW engagement and retention. Reduced burnout. • Fun and healthy competition between teams and sites.

RECOMMENDATIONS FOR NEXT STEPS

Proxi's foremost recommendation is that DHHS Economic Assistance engage in an outsourcing partnership for handling call functions. Phone and processing work would be separated operationally and worked by two distinct teams: the call center work would move to the outsourcing agency while DHHS Economic Assistance would retain and focus on interviewing clients, eligibility qualification, and processing functions. This recommendation is based on two principle rationales evaluated and observed during the business and technology review:

- 1) We believe DHHS's core competencies lie in fundamental social service work – not in the call center. Call center work is not what many SSWs expected or were trained for when embarking on their career path. This misalignment is negative for both the team and the customers. Generally, the SSWs prefer to concentrate on non-phone tasks, which they excel at – evidenced through their attention to detail and meticulous approach to case procedure and policy. There is an existing and critical need for more resources in the processing area to reduce the current backlog; DHHS could focus on resolving this issue while in turn letting experienced outsourcer employees with a call center and customer centric approach handle the phone interactions.
- 2) We believe DHHS faces significant barriers to implementing many of the key initiatives identified for improvement. Utilizing the help of an outsourcer would reduce implementation cost and run rate, while greatly accelerating project timeline. It would allow DHHS to capitalize on all of the experience, process and technology value, while only incurring a fraction of the cost of investment and resources. Specifically:
 - The inherent value of big infrastructure, developed and centralized support teams, technology, disaster recovery, and regulatory compliance comes at a cost. Outsourcers are able to leverage their size to build economies of scale, spreading these costs out across a broad, per-unit base. DHHS would have difficulty maintaining these systems and processes without major increases to overall expense.
 - The union labor contract inhibits the organization's ability to financially motivate results and build performance as a cornerstone of the culture. Tangible, monetary rewards would be difficult to implement.
 - Many of the technology enhancements would require large-scale IT changes and capital expenditures. These build-outs often require the addition of specialized IT staff, significant professional services costs, and bolting new systems onto existing infrastructure. Timelines alone can span 6 to 18 months for individual components.

OUTSOURCING OPPORTUNITIES

Outsourcer Expertise
Day One Ready

WORKFORCE MANAGEMENT

WFM Analyst for Call Analysis	X	X
IVR Utilization Analysis	X	
Proactive Scheduling Processes	X	X
Centralized WFM Monitoring Team	X	X
Attrition and Vacancy Reporting	X	
WFM Application and Technology Solution	X	X

TRAINING AND LEARNING MANAGEMENT

Mentor Certification Process	X	
Centralized LEARN Resource Site	X	
Training Bubble for Recent Hires	X	X
30/60/90 Day Onboarding Curriculum	X	
Training Performance Analysis	X	X
Learning Management Software Solution	X	X

QUALITY AND PAS PROCESS

Formalized Coaching Process	X	X
Formalized Scoring and Score Guides	X	
Utilize Screen Capture Technology	X	X
Quality Control Automation	X	
Workflow Technology to Control Reviews	X	X

WORKFLOW: CALL AND WORK TASKS

Outsourcer Expertise
Day One Ready

Extended Operational Hours	X	X
Utilization of Part Time Staff	X	X
Tightened Leadership Ratios	X	X
Universal Form Repository	X	
Separation of Phone and Processing Work	X	X
Comment Generator Application	X	
Call Scripting for Streamlining	X	
Cross-Functional FLEX Team	X	X

CALL CENTER CULTURE AND RETENTION

Balanced KPI Scorecard and Reporting	X	
Performance Based Culture	X	X
Merit-Based Bonus and Incentive Program	X	X
Career Ladder	X	X
Motivational Budget for Frontline Team	X	X

REPORTING AND BUSINESS INTELLIGENCE

Flexible, Turn Key Reporting Platform	X	X
Established Workcode Process	X	X
Client Insight and Business Intelligence	X	

RISK AND CHALLENGE MITIGATION

Outsource Risk / Challenge	Outsourcer Mitigation
<p><u>Complexity.</u> DHHS operates within a very complex business. Clients are often in stressful and emotional situations. There are many policies, regulations, procedures, and nuances. The application and enrollment process is lengthy and can span multiple interactions with the client. This is not basic payment processing.</p>	<p>Outsourcers have expertise dealing with complex and escalated calls. The interactions and processes observed within the Economic Assistance branch of DHHS are actually very similar to other heavily regulated, Federal or financial call environments. Many of these also bridge multiple touch points and cover prolonged enrollment and/or monitoring periods, and often have fragile or agitated customers.</p>
<p><u>Changing Environment.</u> Regulations and policies consistently change. The ramp up curve to become proficient in the business, and then stay proficient, is long. Mastery of the subject matter takes years.</p>	<p>Outsourcers have large and developed operations, policy, and communication teams to quickly and effectively channel information and update guidance. Dedicated training teams specialize in creating, delivering, and reinforcing information for easy consumption.</p>
<p><u>Quality vs. Quantity.</u> Re-introducing efficiency metrics will cause the quality of work to suffer. Errors will increase creating re-work and downstream problems.</p>	<p>Quality and productivity do not have to be a trade-off if the right metrics are balanced to include both aspects of performance. Automation can reduce manual errors while increasing output. Customers prefer to be resolved efficiently.</p>
<p><u>Federal Compliance.</u> Certain components of SNAP eligibility, processing, and handling must be performed by State employees, or need to be exempted through a special appeals process.</p>	<p>After conducting a policy review, we believe there is opportunity within the boundaries of the Federal guidelines to partner with an outsourcer. For compliance, the scope of outsourced work should be limited to exclude the interview and eligibility processes.</p>

<p>People. Outsourcing may impact the jobs of DHHS' current employees – we will need to determine what roles will be impacted and how this will affect union contracts.</p>	<p>Existing employees can shift their effort to decreasing the current processing backlog and re-focus their skill set on traditional social service functions. Some employees may also be transitioned into other key roles and departments at DHHS to support services not provided by an outsourced entity. Depending on union contracts, some positions may be eliminated and lead to additional cost savings.</p>
<p>Timeline. These recommendations will be time consuming to implement, and DHHS needs solutions fast. The transition period with an outsourcer will be too long to meet needs.</p>	<p>Outsourcers have streamlined, accelerated transition paths. They are able to leverage sizeable infrastructure and competencies in training, technology, process and analytics to rapidly build out platforms and work through hurdles encountered. In addition, many value-add functions should be available on day 1 of implementation (see "Opportunities", page 18).</p>
<p>Integration. The ability to integrate technology and processes will be challenging. There is an understanding that DHHS platforms may do what we have discussed, but have never tested it.</p>	<p>Outsource providers have completed integrations with many platforms and providers. Implementation teams are focused on understanding constraints and work collaboratively to build solutions that provide the desired outcomes. Ample time should be built into a project plan to allow for complete testing.</p>

SUMMARY

Following the process and technology review, Proxi believes there is extensive value in leveraging the resources and expertise of an outsourcing entity to complement DHHS' team of internal staff. This is the fastest, most cost-effective, and sustainable path to transformational improvements within the operations area – and to unlocking milestone achievements:

Deliver Unparalleled Customer Service. Utilize experienced call center agents that are rigorously measured on customer care through the use of surveying tools and metrics-based reporting. Provide multi-channel support so clients can reach DHHS through their preferred method. Reduce phone wait times and processing turn times, while taking advantage of customer centric technology like Virtual Hold.

Create Taxpayer Financial Return. Reduce operational costs through process re-engineering and automation. Build specialization within teams to strengthen job knowledge and streamline workflow. Improve self-service by using IVR and web trend analysis to drive future enhancement. Generate efficiency by measuring and rewarding performance. Reduce call and work task volume by strategically managing the processing backlog. Handle clients with urgency and efficacy, without having to add to staff.

Build an Enterprise Technology Solution. Lay the groundwork and integration model for a technology solution that can be leveraged across the organization as needed. Capitalize on systems that are easily scalable and have built-in disaster recovery capabilities. Gain the ability to quickly throttle phone lines and capacity based on changing business needs. Benefit from cutting-edge technology and big infrastructure, without the big expense.

Be #1 in the Federal SNAP Rankings. Simply put, be the best in the business. Tighten up phone service levels while allowing the internal team to concentrate effort on turn time metrics and procedure. Let automated quality processes scan ALL tasks, proactively identifying risks and eliminating the majority of errors. Secure additional bonus money and demonstrate the quality of departmental operations.