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LR400 ACCESSNEBRASKA SPECIAL INVESTIGATIVE COMMITTEE
September 18, 2014

[LR400]

The ACCESSNebraska Special Investigative Committee met at 1:30 p.m. on Thursday, September 18, 2014, in Room 1113 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LR400. Senators present: Annette Dubas, Chairperson; Sara Howard, Vice Chairperson; Kate Bolz; Sue Crawford; Amanda McGill; and Jeremy Nordquist. Senators absent: Mike Gloor.

SENATOR DUBAS: Good afternoon and welcome to the Special Investigative, that's a hard word to say, Committee on ACCESSNebraska, and I thank you for taking the time to come and share your views and observations with us this afternoon. I guess I'll start out with a few housekeeping notes, and then we'll get started. But first I'd like to say this is not a typical hearing like you have during the legislative session. These types of committees and hearings during the interim is the chance for the Legislature and senators to gather information about specific issues or a variety of issues and then that could possibly lead to future legislation. So there's not testimony where you come forward and testify in support or in opposition or in a neutral capacity. You just come forward and share the information that you want to share with the committee. We will still ask that you fill out a testifier sheet, and those are the blue sheets on the table back by the door. It's important for us to have that information. If the page is here, you can hand it to the page. Otherwise, just hand it to the clerk when you come up to testify. And then when you do sit down in the chair to testify ask that you state and spell your name clearly for the record. Again, this helps our clerk with her duties and the transcribers as they put together this record. This will...it is a hearing so everything will be transcribed and recorded. I'll take a moment to introduce the committee members that are with us today. To my far right is Senator Kate Bolz; we have Senator Amanda McGill; Senator Sue Crawford. To my immediate right is Anna Eickholt; she is my research analyst but she is helping out with this committee as well, doing a lot of the research for this committee work. To my immediate left is Anne Hajek. She is the committee clerk. As I said, it's her job to make sure that we get an accurate recording of this hearing. And to

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my far left is Senator Jeremy Nordquist. We do have a page who will kind of be coming in and out. He's doing double duty today, so we appreciate him being with us at the start of the hearing. His name is Peter Breunig from Wahoo. He is a student at UNL majoring in business administration so we do thank him for assisting us today. I appreciate that. Let's see. I would ask that you silence your cell phones. They can tend to interfere with our recording equipment, so if you could please silence those it won't be disruptive as people testify as well. Also when you come up to testify, it is just our nature to grab the microphone and kind of move it around and make sure it's in the right position. And these microphones are more for recording than they are for amplifying and they are very sensitive. So as you're moving them around, what it's doing is making a lot of noise into the recording which makes it difficult as they transcribe it. So if you can try to resist that urge to move the microphone a lot, it will be helpful for us as well. I think I've taken care of all of the housekeeping duties. As I said, there's no pro, con, and neutral so it's just whoever wants to be the first person, the bravest person to come up and testify and break the ice for us. We open it up to testimony so please feel free to come forward. You should always have someone invited to come and testify. Thank you. Welcome.

[LR400]

CATHY MARTINEZ: (Exhibit 1) Hi. I guess I'm the bravest. (Laughter) My name is Cathy Martinez, C-a-t-h-y M-a-r-t-i-n-e-z. I'm from Lincoln, Nebraska. I run the Autism Family Network and I'm also a day care provider for more than 21 years. I have two experiences in the last three years that were negative with the ACCESSNebraska call center. One I would like to report was on behalf of another individual. A woman came to my day care with her two small children. They had just moved to Lancaster County in July and so she was receiving assistance in Otoe County, but she got a full-time job here in Lincoln that paid \$2.50 more an hour. So she took it and moved to Lincoln, and she was transferring all of her caseload to Lancaster County. And she was trying to get day care set up because she had a full-time job that started July 17. She works 38 hours a week at Super Saver for \$9.50 an hour. Her monthly take-home pay is around \$1,300. Her rent is \$550 plus gas and electric. And day care costs for two children is

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\$1,050 a month. So in order to maintain her employment, she'd have to maintain day care and she needed to get the Title XX approval. On July 10, she reported her move to Lincoln to her caseworker in Otoe County. She sent her list of documents that she needed to send to the call center. And on July 19, she doesn't have, well, she didn't have access to a computer or Internet so she asked me to e-mail the requested documents. So I e-mailed those to the e-mail address provided on the ACCESSNebraska Web site. I didn't receive confirmation of anyone receiving those so on July 20, which was the deadline to receive those documents, I uploaded those requested documents to the ACCESSNebraska Web site. On July 30, still had not received confirmation of anybody receiving the documents from July 19 e-mail or July 20 upload so I called on behalf of the single mother as she knew the wait time would be significant and she was working and would not be able to make the call from work and have permission to be on the phone for an hour hold time. When I called, the phone rang busy for over 35 minutes. When I finally got through, I sat on hold for over 50 minutes. I had to hang up and attend to the children as nap time was finished. So over an hour and a half I spent on the phone, never speaking to a representative from the call center. She needed her day care authorization by August 1 as she had been employed since July 17 but she had Title XX approval through the end of July, but August 1 nothing had come of her documents. Nobody had contacted her. I e-mailed the DHHS, there was like an e-mail to ask questions, asking if her documents had been processed and if she had been assigned a caseworker. Then she was assigned a caseworker after I asked for Senator McGill's assistance in this, as she was a constituent in Senator McGill's district as I am also. The caseworker set up a phone interview for Monday, August 4, at 10:00 a.m. which I provided the document and asked him to make copies for you. The caseworker never made or was available to receive the call at the time she said she would call this young woman. The next day a letter was sent to the young mother telling her that since she missed the phone interview her application was terminated. I have copies of each of those letters for review. The mother had taken the entire day Monday off work, losing \$75 in pay, in order to take the one-hour application phone call that never occurred. So again, I asked for Senator

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McGill's assistance because the mother did call the caseworker twice, even though the letter stated that she would be calling the young mother and said please verify that this is the correct number that I should call you and she never called and never returned the calls and then the next day terminated her application saying that the phone interview didn't happen. So Senator McGill intervened on our behalf and then she received her Title XX and her food stamp benefits the following day. So I just...in my opinion, if she didn't have someone advocating on her behalf, she would have had to quit her job; she would have lost her day care. And I wonder how many people that happens to that don't have somebody advocating and that is connected with their senator or with other advocates down here at the State Capitol. And I think it happens frequently. And on my experience, my son is on the DD waiver. He has severe autism and he was added to the waiver three years ago. But as a formality process to go through the DD waiver, even though it's not an income-dependent waiver, we have to apply for Medicaid. And our Medicaid application was rejected because we made too much money to receive Medicaid. So I had to call the call center and explain to the person that this was a DD waiver application and that his application for Medicaid was just a formality through the DD process. She was unaware of what the DD waiver was, and I had to refer her to the appropriate people within developmental disabilities division and who she needed to speak with because she was even unaware that such a waiver existed. And again, I think that if I was just a person who wasn't an advocate in an agency, I would have accepted that denial potentially and then my son wouldn't have received the Medicaid benefit that he's entitled to under the waiver that he's been approved for. I think it's sad that the call center employees aren't aware of the waivers that they're supposed to be processing applications for. Any questions? [LR400]

SENATOR DUBAS: Very good. Are there questions for Ms. Martinez? Senator Nordquist. [LR400]

SENATOR NORDQUIST: Cathy, how long ago was the waiver issue? [LR400]

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CATHY MARTINEZ: It was in 2011. [LR400]

SENATOR DUBAS: Other questions? Senator McGill. [LR400]

SENATOR McGILL: I just want to thank you for being so awesome and, you know, my experience with you has been wonderful. And, I mean, it speaks volumes that frequently when you're having troubles with HHS you start CCing me on things and all of a sudden there's a change in people's attitudes towards you. [LR400]

CATHY MARTINEZ: Um-hum. Sometimes I feel a little guilty for flooding your inbox, but it does...when someone sees your e-mail CCed in, things do...it happens. And I don't...I just think of all...this is serving an impoverished population, and they don't all have access to the Internet or a computer. And I think it's sad that ACCESSNebraska is not accessible to people that need it. If you have to apply by phone and the call wait time is over an hour and you're at work, that's not feasible. [LR400]

SENATOR McGILL: Well, thank you very much for coming and sharing your story.
[LR400]

CATHY MARTINEZ: Thank you. [LR400]

SENATOR DUBAS: Are there other questions? I would have one for you. I would ask you just to explain to me a little bit more about this. Okay, you're DD but you still have to call in to the Medicaid site. [LR400]

CATHY MARTINEZ: I'm not sure why I have to. [LR400]

SENATOR DUBAS: Okay. [LR400]

CATHY MARTINEZ: And I've questioned that from the beginning. And I have to reapply

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each year for him even though the DD waiver is a lifetime waiver. So that's a bureaucratic faux pas if you ask my opinion because he's guaranteed this waiver for life but yet I have to apply for Medicaid on his behalf every year and explain to someone in the sheet that this is a lifetime waiver. It's DD. It's not income dependent. [LR400]

SENATOR DUBAS: Okay. So are you having to provide all of your income then? Are you filling out the app...? [LR400]

CATHY MARTINEZ: We do under one segment of DD because we have to show what our ability to pay is. But we also have to apply for Medicaid and some years there's a question if it's somebody who's not familiar with the waiver. They will say, well, your income exceeds it, and then I have to refer them back to the developmental delay division. And so I spoke with Marla Fischer-Lemke this year just to make sure I was going to do it without question, and she said just write across that this child is on the DD waiver and it's not income dependent in the comment section and we had no questions. But I think it's a waste of time and money that I have to reapply every year when it's something he's guaranteed for life. I don't know why we have to do it, which I'm okay with doing it because I'm grateful that he has the program. But on the other hand, I think it's unnecessary because it's a waste of taxpayers' time and money because there's mailings going back and forth for something that he's already obtained approval for. [LR400]

SENATOR DUBAS: So everybody who's on this DD waiver is having to... [LR400]

CATHY MARTINEZ: I assume so. [LR400]

SENATOR DUBAS: Okay, all right. [LR400]

CATHY MARTINEZ: I know we do. [LR400]

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SENATOR DUBAS: We could do some follow up on that too. Well, I guess I, too, would just like to echo your willingness to advocate on behalf of not only yourself but others involved. Now you said you're with the Autism Family Network. Is this...is your network...would you have the capacity to operate as a community partner to help others who are needing to access ACCESSNebraska? Would you have the capacity to help people file their applications, make calls? [LR400]

CATHY MARTINEZ: We do all the time. [LR400]

SENATOR DUBAS: You do. [LR400]

CATHY MARTINEZ: I run a day care and I had a young mother applying for DD waiver for her child who came over the other day during...we schedule it during nap time and she comes over, or anybody, and I make my...it's a volunteer organization and the board member is comprised of six parents of children with autism. So we all have full-time jobs also but we make ourselves accessible to people that need assistance filling the waiver or we direct them to someone who can help if it's a question we can't answer. [LR400]

SENATOR DUBAS: Well, I think what you're doing, as well as we had a briefing with community partners here a couple weeks ago, I think there's a resource out there that you can provide that could really be helpful not only to the department but to the people we are trying to serve, just trying to alleviate some of this confusion and access to computers or understanding the process. A lot of it is just I don't understand the process and if you have someone who can kind of walk you through it. So thank you for your willingness to volunteer and... [LR400]

CATHY MARTINEZ: It's my pleasure. [LR400]

SENATOR DUBAS: Any other questions for Ms. Martinez? Thank you so much for

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testifying and being the first one to come up. We have been joined by Senator Sara Howard. So welcome. [LR400]

LEE CARR: Hello. I'm Lee Carr. C-a-r-r is the last and Lee, L-e-e, the first. I just first want to thank you guys again. I've talked...this is my third time here. There's a lot of issues pertaining to ACCESSNebraska. I got a phone call just the other day from a young girl that she got a letter to recertify on the sixth. It was postmarked the sixth. She got it the seventh. But the interview was the fifth. They took her food stamps away, had a nine-month-old baby that needed formula. And Friday she called and called. She missed work. Finally, when she got through after I think it was two and a half hours on hold because it was busy to begin with, they said, well, we'll reinstate him but it won't be until next week. Well, when you have a nine-month-old baby, what do you feed him? And, you know, she called me. It was someone that we knew and she knew I'd been in front of you guys. And I made some phone calls and luckily I knew someone in her area, because she's in a rural area, that actually went out and bought her formula. Didn't have to but, you know, the state of Nebraska failed her, you know. What's worse, it failed a nine-month-old baby and, you know, a child that shouldn't be in that position because, you know, they can't get the paperwork right. Another person...I do a lot of advocating in my area for people because they've known I've been up here and testified. And I'm not afraid, I guess, to put my feet in the water and say we need to do something right. She was on hold for about an hour. She's in a rural area, doesn't have a home phone. She has a cell phone. She lost ACCESSNebraska three different times because of the cell tower in rural Nebraska. Each time she was on hold for at least 45 minutes before she got cut off. I said, well, please come to my house because we've got better reception. We called...she called and they were kind of giving her the runaround. And she asked if I could talk to them. I asked for a supervisor. The supervisor hung up on me because I asked a question and she refused to answer. So we had to turn around and call again to get the question answered. And according to them, that we're supposed to write down everybody's name anytime you call so you know who you talked to. Well, when you're on hold for 45 minutes to an hour to an hour and a half, at that point you don't care

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about a name. You're just...I mean, you're pissed, I mean, just plain and simple. And, you know, it's hard, you know. I've seen, because of ACCESSNebraska and the way Medicaid is set up and Medicare and everything, families having to get divorces because of medical situations. Right now we've chose for my medical care instead of my mortgage because we cannot get help, you know. So we're losing our home, which is a family, you know, because we had to choose medical treatment over, you know, a mortgage. And you know, we will live through it. But I see over and over ACCESSNebraska failing people. And it's not just, you know, one part; it's a lot of parts. And you know, I've called the Governor's Office. They won't...he won't take time to talk to me. I've called Kerry Winterer. I talked to him for about five minutes one day and, you know, I asked questions and they don't like it because questions need to be answered, and when no one wants to answer them to me they're hiding something or they're not doing their job. And I've seen numerous, numerous people lose benefits because of, you know, either wait times, you know...a girl that I know that had to take off a couple hours of work because of the hold time. You know, that's...it's costing the state more money because the less she makes the more the state has to accommodate her. You know, you guys being here, it's wasting money. You could be...you know, it's a broken system, horribly broken system. You know, a person shouldn't have to decide, you know, a mortgage over health or being together, you know, in a marriage. My wife has lost three jobs because, according to ACCESSNebraska, I am her dependent at this point and she is responsible for taking me to transportation. We had to alter our living arrangements, which has affected our kids, so I could get transportation. It's just one thing after another and it's actually costing the state much more money than helping out a bit. There's a lot of flaws here. People shouldn't have to struggle and, you know...and then you put them in a situation they have to help. Being...ACCESSNebraska is not an easy system to navigate. Go out and have some friends try to navigate that system on-line for Medicare or Medicaid in assistance. You know, I was an LPN at once. I have a hard time. I worked for the state for seven years. I have a hard time with it, you know, navigating it, because of the difficulties. And, you know, to me, I have some technical skill that I should be able to, but how about the people that don't, the elderly? I mean, I

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know the elderly has a hard time with it. You know, what do we do? You know, we're leaving elderly hungry, young people going without. I've seen it firsthand all the time: long wait calls; busy signals. I had busy signals the other day, you know. I called and ask why. There was times the phone lines were down and you call to ask why and it's everybody else's fault. It's no one takes responsibility, you know. This is a two-year process right now that ACCESSNebraska has been, you know, looked into and problems. You know, this is insane, you know, so. [LR400]

SENATOR DUBAS: Thank you, Mr. Carr. Are there questions? Senator Crawford.
[LR400]

SENATOR CRAWFORD: Thank you, Mr. Carr, for being here. You mentioned that you had several questions you were asking and having trouble getting answers to those. Could you give us just some examples of what some of those questions might be so we might pursue answers to those? [LR400]

LEE CARR: Oh, I don't remember. I called a week ago and I still haven't got a phone call back. But I has to do with a person got told to go to ResCare to help with employment opportunities. She gets there and was told that she was not supposed to be there. Someone on ACCESSNebraska told her to go there. Well, if you're not working, that gas is very...I mean, it's about a 40-mile round trip for her. And I asked...you know, that's the reason this manager hung up on me because I says, why was she sent there? Well, if you don't have the name, we can't do nothing about it. Well, I said, you know, when you talk to everybody...if I...you know, I have a caseworker. But I know one individual that's had to call many times because of screw-ups. And I bet you she would have probably 50 names that she would have talked to. I mean, when you've been put on hold for so long, that would be the last thing I'd ask for probably. But I've never got an answer. You know, I said, she was sent up there, you know, how is she supposed to pay for the gas when someone made a mistake? And I've never got an answer and I think...if there's a screw-up like that, why does the person in poverty have

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to pay for a worker's, you know...and there's a lot of questions that are asked that these people--and I don't want to be mean because I know a lot of people are new--but, you know, if they can't navigate it, how do you expect the person calling to navigate?
[LR400]

SENATOR CRAWFORD: Thank you. That's a good, helpful example... [LR400]

LEE CARR: Yeah. [LR400]

SENATOR CRAWFORD: ...of the kind of cost that people experience when there's a mistake, and the challenge, right. [LR400]

LEE CARR: Well, cell phone cost is a big thing because some people have pay by the minute and stuff. [LR400]

SENATOR CRAWFORD: Sure. [LR400]

LEE CARR: If you're on hold for 40 minutes, that's pretty darn pricey. [LR400]

SENATOR DUBAS: Other questions? Senator Bolz. [LR400]

SENATOR BOLZ: Good afternoon. Did I hear you say that you personally have a dedicated caseworker? [LR400]

LEE CARR: Yes, I do. [LR400]

SENATOR BOLZ: Can you describe how you got that caseworker and what that process has been like for you? [LR400]

LEE CARR: Well, first of all, the reason I got it, because I testified at the first

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ACCESSNebraska with a lot of issues. And with the help of...I'm not sure exactly which one. I know I talked to Ms. McGill's office and Dubas and Ms. Campbell's office and my own senator. But, you know, I want you guys aware, I'm not sure who set it up, but the difference is tremendous. First of all, I have a lot of respect for the lady because she always finds a lot of these answers for me. If it's not my case then, you know, she can't answer those because we have to...you know, if it's someone else, they have to go through ACCESSNebraska. This lady that is my caseworker is very knowledgeable, great about returning calls to me. She's what we want at HHS, I mean, absolutely what we want. And I mean, you know, there's some times I might not like what she tells me, but at least you know what it is. [LR400]

SENATOR BOLZ: And I don't mean to pry, Mr. Carr. But you referenced you have a medical challenge. [LR400]

LEE CARR: Yes. [LR400]

SENATOR BOLZ: And so this caseworker that you work with, you feel that she has a depth of knowledge in Medicaid and... [LR400]

LEE CARR: For the...no. All they do is ACCESSNebraska, and all they do is the food stamps. They...the Medicaid is totally different. A lot of the transportation issues I can say that the transportation department has been very helpful. Ms. Miller and...Courtney Miller and Dawn Vosteen has been excellent to us. You know, to me, they were wonderful people too. One thing I could say, I always get a call back from them and, you know, but... [LR400]

SENATOR BOLZ: So I just...I want to make sure I understand. You have...do you have a dedicated caseworker on the economic assistance side? [LR400]

LEE CARR: Yes, yes. [LR400]

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SENATOR BOLZ: And then do you have a dedicated caseworker on the Medicaid side?
[LR400]

LEE CARR: Technically, yes, but a lot of the problems that I have is through transportation because my wife and I have had to separate so I could get help with transportation because the cost of transportation is more than our income. And every time she goes back to work, the state says, you have to drive him, because I am her dependent. [LR400]

SENATOR McGILL: So you got divorced because of this? [LR400]

LEE CARR: Not yet. We're separated. [LR400]

SENATOR McGILL: Okay. [LR400]

LEE CARR: And I know of five people within my community of 1,700 that's had to do that and it comes right down to transportation. I was going to Omaha almost every day to the (inaudible) clinic. I've had over 20 surgeries in my life. I just got done with a surgery at...in February that I'm one of five people that's ever had it. And, you know, the choice was to stay married and separate and live in separate houses so I could get help with transportation. [LR400]

SENATOR BOLZ: Well, I'm sorry you've faced all those challenges. [LR400]

LEE CARR: No. I mean, you know what, life brings you, you know, hard times. [LR400]

SENATOR BOLZ: Right. [LR400]

LEE CARR: And I think it makes us stronger as people. But the sad part is it's not

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affecting me and her because we still love each other and we can still see each other. We just can't live together. But our kids are the ones that are affected. And if you look at the situation, you know, this program was supposed to help families be families and not destroy them. And thank god my kids are tough. I mean, you know, they've hanged in there well. They understand the situation. [LR400]

SENATOR BOLZ: And just one last question, just so I'm clear. [LR400]

LEE CARR: Yeah. [LR400]

SENATOR BOLZ: You have a dedicated caseworker on the economic assistance side? [LR400]

LEE CARR: Yes. [LR400]

SENATOR BOLZ: And does that dedicated caseworker on the economic assistance side, do you feel that that caseworker is able to communicate with the Medicaid side so that the dots are connected between what's happening with your health needs and what's happening with your economic stability needs? [LR400]

LEE CARR: That's tough. I think she tries, but I'm probably the biggest advocate for myself because, you know, I'm not going to let someone push me around when it comes to living or dying. I mean that's just...and that's the way I am and that's why there's a lot of people that have asked me to help them, because I'm not afraid to put it out there. And it's not easy at times, don't take me wrong, but, you know, it is what it is and the only way we're going to do it is if we get it changed. [LR400]

SENATOR BOLZ: Okay. Thanks for your thoughts. [LR400]

LEE CARR: Yes. [LR400]

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SENATOR DUBAS: Senator Howard. [LR400]

LEE CARR: Yes. [LR400]

SENATOR HOWARD: Thank you, Mr. Carr, for your testimony. I wanted to ask, you mentioned that you're supposed to write down everyone's name when you talk to them, is that a rule...is that more of a commonsense rule or is that something that's articulated by folks at ACCESSNebraska as a reminder to folks who are calling? [LR400]

LEE CARR: That's the first time I saw ever told that, and it was by a supervisor that hung up on me. [LR400]

SENATOR HOWARD: Okay. [LR400]

LEE CARR: And I asked about why she hung up on me and that was the other question I asked someone in the head office and for some reason no one will respond back about that one. [LR400]

SENATOR HOWARD: Okay. Thank you. [LR400]

LEE CARR: So... [LR400]

SENATOR DUBAS: Any other questions? Thank you very much for coming forward and sharing. [LR400]

LEE CARR: Thank you for taking your time too. [LR400]

SENATOR DUBAS: You bet, you bet. Welcome. [LR400]

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MARY ANGUS: (Exhibit 2) Hi. I'm having passed out a... three-pager which I'm not going to read because it's got more detail in it. Thank you, Senator Nordquist. [LR400]

SENATOR NORDQUIST: Yep. [LR400]

MARY ANGUS: You've always been an advocate. (Laugh) Just as an example, I have three pages of an Excel file. [LR400]

SENATOR DUBAS: Can I have you state and spell your name, please? [LR400]

MARY ANGUS: I'm sorry. My name is Mary Angus. Thank you, Senators and Senator Dubas. It's 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. I have been on Social Security disability insurance, SSDI, for many years as a result of bipolar disorder. I deal with obsessive compulsive features and severe anxiety which has left me emotionally paralyzed at times, many times. I had a Medicaid review in January. This overwhelmed me because I'd (inaudible) on the questions. I was notified also that my SNAP food stamps would also be reviewed. No application was included in that notification. I managed to complete the work, the material, but the Medicaid app was more daunting because I'm self-employed. In February, I was told that my Medicaid would end April 1 because I hadn't completed the certification. To remedy that I submitted my bank statements. I agonized over the details. I had trouble sleeping because I was so worried. On March 7, I think this might have been the same set of letter notifications, I was told I had a March 5 phone interview on SNAP. I had to provide all of my self-employment ledgers for 2013, although I'd already supplied the first and second quarters, one of them twice. HHS notified Medicare that it would stop paying my Medicare premiums and my next Social Security check was docked. March 18, I was told to submit 12 months of ledgers, although I had already provided most of them in greater detail, some more than once. I worried about that too. After a phone interview on March 20, I was shocked to learn that all I would get is the Medicare premiums

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covered because my income had changed. As far as I knew, nothing was different. I wasn't bringing in any more money. I called for clarification. I was first told, there's nothing in your file. Then I was told that my taxes had been included and inflated my income. They needed more information. Nothing made sense. HHS also claimed I'd omitted some income. I stated what it was, included and submitted another bank statement. I needed someone who understood the Medicaid insurance for workers with disabilities program. I was ineligible for Medicaid benefits. ACCESSNebraska requested my 2013 tax forms. I managed not to scream at workers who tried in vain to explain things. One worker told me my income was too high for the aged and disabled waiver. I don't meet the nursing home level of care. Didn't matter what my income was, I'm not eligible for the A&D waiver. I was calling my best friend crying in panic regularly. I finally called Easter Seals. I got the explanation. This was in May. Workers could have told me in February that I wasn't eligible had they known the programs. I shouldn't have had to go through all that emotional turmoil. Workers weren't adequately trained. ACCESSNebraska has taken a lot out of me. Writing this made me nauseous. I appreciate the chance to testify in front of you all about program managers not being trained and the anguish that it's caused me. I'll be wound up for awhile, maybe unable to sleep tonight, maybe too exhausted to stay awake. Thank you for your time and your patience and your commitment to people of Nebraska. I'd be happy to answer any questions that you may have. [LR400]

SENATOR DUBAS: Thank you, Ms. Angus. Are there questions? So you're applying for a...this was a different program than what you had been on or applied for in the past? Am I understanding that? [LR400]

MARY ANGUS: I've been on Medicaid since 1995, I believe. [LR400]

SENATOR DUBAS: Okay, so what you are finding out now was...they made you go through, submit a lot of documentation for a program that you weren't ultimately going to be qualified for. [LR400]

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MARY ANGUS: Correct. [LR400]

SENATOR DUBAS: And they could have... [LR400]

MARY ANGUS: And they could not explain why I was no longer eligible. I went through Easter Seals for a benefit analysis in 2006 when I started self-employment part time. At that time, the whole process was explained by Easter Seals. However, that's been eight years and I had forgotten some parts of it. I am extremely knowledgeable about Medicaid but I had forgotten that piece, especially since there are only about 75 or 80 people on the Medicaid insurance for workers with disabilities program because it is so difficult to obtain. The way they determine eligibility, it throws most of us off. That's what happened. After the amount of time that I had been on the Ticket to Work, they started including my unearned income, my Social Security check, and I was immediately off of...I failed Part A. My income, I think it was, let's see, more than \$672. You've got it in that paperwork. And so it didn't matter. The Medicaid insurance for workers with disabilities is supposed to be designed so that you can go back to work and end up paying a premium to get to Medicaid. But those of us who are more likely to be able to become employed again for any amount of money are probably somebody that's...was in the work force longer and was making more money, thus, my Social Security check was well over \$1,000, which meant I would have had to have purchased about \$500 worth of insurance in order to keep my medical benefits. Because I'd become more stable, it wasn't worth the \$500 a month for me to keep those benefits. But the biggest part was they could have told me in February that I didn't have a chance. [LR400]

SENATOR DUBAS: So when you finally called Easter Seals, how soon was it before they told you... [LR400]

MARY ANGUS: They called me back and gave me the explanation right away, yeah.
[LR400]

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SENATOR DUBAS: Okay. [LR400]

MARY ANGUS: And I have...I have more of that in that...this file that I showed you, the whole thing, and it's the details. You don't really need to go into the details unless we were doing a buy-in at a hearing, so. [LR400]

SENATOR DUBAS: So have...do you rely on Easter Seals to help you with any other programs that you're applying for? [LR400]

MARY ANGUS: No. I have...that was the first time I had contacted them in several years. [LR400]

SENATOR DUBAS: Do you know... [LR400]

MARY ANGUS: I was just told that they would probably have the answer, although ACCESSNebraska workers did not. [LR400]

SENATOR DUBAS: Okay. [LR400]

MARY ANGUS: As a matter of fact, I was referred to the Medicaid insurance for workers with disabilities unit and they were told that they had contacted Social Security and they had been told that I was off the Ticket to Work and was ineligible for the Medicaid insurance for workers with disabilities. However, Social Security doesn't make any determinations about that state program. They couldn't tell me. I mean when they told me I...well, you're not eligible for the A&D waiver because you make too much money, which made no sense. And after they'd cut me off of benefits, they asked for my 2013 taxes. I sent them everything they asked for and some of it two and three times. And when I called and was told there was nothing in my file, I went, oh, my god, I've been on Medicaid for close to 20 years and there's nothing in my file? They didn't have access to

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anything--which is interesting because it's ACCESSNebraska. [LR400]

SENATOR DUBAS: You also talk about qualifying for SNAP benefits even though they're minimal. Has...did you have any problems with that application? Did that get processed in a timely fashion? Are you... [LR400]

MARY ANGUS: Well, on that, it was a little different issue for me. My aunt was living with me at the time, she's 87 years old, and together our income was too high to benefit from SNAP. And when I had them separated, which I don't think they would have said let's separate it and see what happens, but then I was able to qualify for \$15 a month. Now in what I gave you I noticed that I was saying in my testimony at that time, well, I don't get very much and it hasn't been for very long. I have not used food stamps most of those 20 years, as a matter of fact, until very recently. And I found myself in the absurd position of trying to explain that I was ashamed of being on benefits and it hadn't been very long and I really wasn't taking too much money, but...and I was surprised when I find myself including that in my testimony. [LR400]

SENATOR DUBAS: Well, I'm sorry you feel like you need to apologize because you certainly don't need to apologize. [LR400]

MARY ANGUS: Thank you. [LR400]

SENATOR DUBAS: That's what these programs are here for. And, you know, and I firmly believe, as I've had the opportunity to visit with workers, that they want to help you as well. There's just a lot of... [LR400]

MARY ANGUS: I've found no one that was not courteous. I did have one experience where they called me for something and when I asked if I could do the interview then they said, no, please call back, because I'm on a toll number, I have to pay long distance if I talk to you when I call you. I wasn't sure how to handle that. [LR400]

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SENATOR DUBAS: They called you? [LR400]

MARY ANGUS: Yeah. I can't remember what it was about, but I asked if I could...
[LR400]

SENATOR DUBAS: Okay, and so they were saying that it was a long-distance charge,
and so... [LR400]

MARY ANGUS: Yeah, call me back on the ACCESSNebraska number. [LR400]

SENATOR DUBAS: Okay. All right. I'll do some follow up on that to get some
clarification. [LR400]

MARY ANGUS: It was...I'm just...it's been interesting. Back to the SNAP, my main
problem was, first off, when I was notified, there was no paper application. I was told to
get on the Internet and apply through...you know, put it in through ACCESSNebraska.
Now I'm very good at using the Internet. If I didn't have it at home, I really would have
been upset about having to provide that private data and going to, you know, a library or
a friend's house. But anyway, on that they ask for the information on a second person in
the household. Well, when I get into my "what does that mean, what does that mean,
what does that mean" state, it can really throw me off. But household wasn't defined.
Does household mean somebody else that lives in the same house? Does it mean
somebody for whom you or they have financial responsibility for the other? Does it...am
I going to get thrown off all my benefits because of my aunt's income? I think I finally got
a worker that said, don't worry about that, it's not going to throw you off, and I just didn't
put her income in because it was all immaterial. I have no financial connection. So that
was the main problem. It wasn't clearly defined. Maybe somebody else would have said,
oh, okay, fine. But if you look at this Excel file, you will find that I was, like, really trying
to keep track of what was said and who said it. As a matter of fact, I did actually tape

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record one of the interviews that I had at the...towards the end. And like I said, the workers have been very courteous and as helpful as they could, but it was clear to me that they had no idea, especially about Medicaid buy-in, but... [LR400]

SENATOR DUBAS: Would you like to have that Excel sheet shared with the committee? We can make copies. [LR400]

MARY ANGUS: That's fine, if they'd like it. That's fine. I've got it on computer at home. I don't need the original. [LR400]

SENATOR DUBAS: Okay, we can enter that into the record as well, so I'll make sure that we get copies and get that back to you before... [LR400]

MARY ANGUS: Thank you. It might not make as much sense to you and if they...anybody has a question, they can call me, but... [LR400]

SENATOR DUBAS: We have your name and number and we can call you if we want some clarification. [LR400]

MARY ANGUS: Yeah, you do. You've got my number. [LR400]

SENATOR DUBAS: But I know that it's not easy for you to come forward and share your story and the challenges that you face publicly, but I just want to tell you how much we need to hear from people such as yourself because we can't even begin to address the challenges. [LR400]

MARY ANGUS: Thank you. And what I'm talking about is not just applying to people with disabilities or mental health issues. This stuff just drives people up the wall--notice I didn't say crazy--drives people up the wall and many...like I said, I know a lot about Medicaid. If I had gotten that first one and said I was ineligible, I would have said, okay,

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I guess I'm going to do without. But I just...I insisted upon doing so. And as a matter of fact, I was...I worked with another person who's in the room, who may or may not want to testify and is probably killing me for saying this, to get my aunt eligible for Medicaid so that she could go into assisted living and a program for all-inclusive care which she just carefully, definitely needed with her age, her arthritis, a heart condition, and anxiety disorder and the fact that she and I were going to tear each other's hair out because we weren't doing very well together. Like I said, it's just not exclusive to those of us with a mental illness and who have become so anxious. I have been stable for many years now, probably ten, maybe eight. Otherwise this would have put me in the hospital, and I'm not kidding. I've been hospitalized about two dozen times prior to that day. It would have put me in the hospital. [LR400]

SENATOR DUBAS: Well, again, I really thank you for coming forward and helping us get a better grip about what's going on with the program. Are there any other questions? Seeing none. [LR400]

MARY ANGUS: I've filled you in on more than most of you ever wanted to know.
[LR400]

SENATOR DUBAS: And I'll make sure we get...we'll get copies of that made and then...
[LR400]

MARY ANGUS: I don't need the original back, so. [LR400]

SENATOR DUBAS: You don't need it back. All right. I'll make sure it gets entered into the record then. [LR400]

MARY ANGUS: Thank you. [LR400]

SENATOR DUBAS: We also have a page: Senator Jeremy Nordquist as page today.

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(Laughter) [LR400]

SENATOR NORDQUIST: It's a pay increase. [LR400]

SENATOR McGILL: Yes. The man on the committee. (Laugh) [LR400]

SENATOR DUBAS: Welcome. [LR400]

TAMMY WARD: (Exhibit 3) Thank you. Thank you. Good afternoon, Senator Dubas and members of the committee. My name is Tammy Ward, W-a-r-d. I'm the director of mission development and advocacy here at Tabitha in Lincoln, and we really appreciate the opportunity to be here today. For those of you that don't know, Tabitha is a nonprofit, faith-based elder healthcare provider in 28 southeast Nebraska counties. Our main campus is located here in Lincoln. We're honored to be part of the Aging Task Force--thank you, Senator Bolz and others that made that possible. And it was recently 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 specifically Meals on Wheels in the Lincoln community, and that's what we'd like to talk about today. So we hope you find it interesting and useful to know some of the following information on how some of these changes have specifically affected the Meals on Wheels program services here at Tabitha in Lincoln, a service that we offer seven days a week, 52 weeks of the year. So here's a recap of sort of what's going on for us at Tabitha. As you know, late last year it was announced by HHS that the application and authorizing process for the economic assistance programs was changing. That encompasses Meals on Wheels because meals are involved, so that was changing. Our clients are now authorized for only six months at a time, so this means they would now need to apply two times a year; and this also means if the client is qualified for Medicaid, now they complete three applications every year for eligibility. As you also know, many elderly clients, and we've already heard today and, in addition, the population that we serve at Tabitha, are simply not able to navigate the complexity

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of ACCESSNebraska without some help. So the clients, we believe, when they reapply...they believe when they reapply for Medicaid and they're renewed, they often think that they're also renewed for their meals for Meals on Wheels. But what they often don't realize that that's not the case, that now they have a separate application to fill out. At Tabitha, we serve approximately 500 meals through Meals on Wheels every single day. And of those, approximately 250 people, 250 of our clients are eligible for Medicaid or economic assistance. We have approximately 39 different routes every day at noon, and we rely on two 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 every year for its Meals on Wheels program in order to serve our clients. Since 2011, Tabitha has experienced a doubling of that amount; or to date, that's closer to \$60,000 every year. We continue to serve those clients meals while waiting for the authorization and approval, which can sometimes, again, as we've heard already today, take as long as 45 days for approval because at Tabitha we believe in assuring their nutrition and their safety checks every day go on and continue on a regular basis, again, for this special population that we serve. More often than not, this is the only nutritional meal and the only visit these people get. It's our safety check that we provide to these clients each day of the week. Another change to ACCESSNebraska has been the requirement of a signed release of information form that DHHS needs us to return with our clients' signature. Due to the change in additional administrative requirements, Tabitha has now implemented systems and strategies to audit our authorizations for accuracy, which has recently included the addition of a new case aide position or another staff person at Tabitha just to do this work. This person is dedicated to auditing the authorizations, assuring we get release of information forms signed and returned to HHS, and we also call all of these clients to remind them that their authorization will expire soon and offer assistance in reapplying, again, because of the difficulties that they have. Tabitha values its Meals on Wheels programs as one of its strongest missions in our Lincoln community. Seventy percent of those clients who pay for their meal cannot afford the entire \$5.75 that that meal costs every day. We rely greatly on the generosity of the Lincoln community to

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support this program through volunteers who deliver Meals on Wheels every single day, as well as people and corporations who donate to help this work. Senator Bolz is a regular volunteer for Meals on Wheels. She delivers I don't know how often, but often, so we certainly appreciate your support and service, Senator Bolz. We'd encourage others, if you have not done so, we always are looking for great volunteers. (Laughter) Okay, that was an unfair commercial, wasn't it? That was not in the script. I always do that. 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'd also hope for program administrative staff expenses to become more manageable and less cumbersome and certainly less expensive. Thank you for the opportunity again to be here today. I'm glad to answer any questions you may have. [LR400]

SENATOR DUBAS: Thank you very much. Are there questions? Senator Howard.
[LR400]

SENATOR HOWARD: Thank you, Senator Dubas. Thank you for your testimony. I'm curious about the release of information form. When did they start requiring that?
[LR400]

TAMMY WARD: Last year is my understanding, yep. [LR400]

SENATOR HOWARD: Okay. And then prior to that time, were you using a release of information that was sort of homemade? Were you using just a regular release?
[LR400]

TAMMY WARD: We would have records, is my understanding, of the clients that we served in our system but not... [LR400]

SENATOR HOWARD: Okay. [LR400]

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TAMMY WARD: We didn't use it as a release, per se, and...did you have more to the question? [LR400]

SENATOR HOWARD: Well, it was more. Are you using the DHHS standardized form now? [LR400]

TAMMY WARD: Yes, we are. We are. Currently, they require us to do that, and what I learned this morning as I talked to the hands-on people that do the data entry for this form is our encryption system at Tabitha, which is large because we're a large organization, is not compatible with that we have to use for HHS. So we're having to reenter all of this information, which is very cumbersome. We're glad to do it. We have to adhere. But what it's meant is part of this administrative cost burden and another reason why at Tabitha we've had to hire another full-time person just to start this whole process over in order to comply. [LR400]

SENATOR HOWARD: And then do you find that the release form is what we would consider patient friendly or client friendly? Is it easy for them to understand what they're signing away? [LR400]

TAMMY WARD: With this population, not so much. It's not that easy. And for Tabitha's purposes, it's not necessarily friendly for what we use. Meals on Wheels at Tabitha is seven days a week. That's unlike a lot of Meals on Wheels programs in the state are typically five days a week. That form is only for five. So everybody we serve, which is typically seven days, once in awhile we'll serve someone maybe two or three meals a week depending on their needs, maybe they're rehabbing instead of just needing that nutritional meal, so every time we have someone that's seven days a week, which is the majority, we have to work with HHS to change that form on the phone. So we go through the process on...and wait and wait and wait on behalf of our clients who can't manage the system in order just to change it so that we can give them a meal seven

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days a week. [LR400]

SENATOR HOWARD: And then how long do those releases last for? [LR400]

TAMMY WARD: I believe it's annually, and I'd really need to check, but... [LR400]

SENATOR HOWARD: Okay. Thank you. [LR400]

TAMMY WARD: ...because they do expire. [LR400]

SENATOR HOWARD: Right. [LR400]

TAMMY WARD: And so we try to stay ahead of it for our client... [LR400]

SENATOR HOWARD: Okay. [LR400]

TAMMY WARD: ...because we've had people that didn't...and we weren't...as the system was changing, we were still trying to stay ahead of the changes. And so people have gone without meals because those forms were not filled out. So at Tabitha, because it's part of our mission, we try to stay ahead of that so people don't go without their meal and without their safety check. So I think it's a year, but I'd have to check. [LR400]

SENATOR HOWARD: Okay. Thank you. Thank you. [LR400]

SENATOR DUBAS: Other questions? Senator Bolz. [LR400]

SENATOR BOLZ: Thanks for coming this afternoon. I don't want to put words in your mouth, but for the record I just...I want to pull through what I hear you recommending. I mean, it sounds to me as though streamlining paperwork, decreasing the number of

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times a year someone needs to fill out those recertification forms, for example, that would be helpful to you. Is that right? [LR400]

TAMMY WARD: Correct. That's right. Absolutely, um-hum. [LR400]

SENATOR BOLZ: And it sounds to me as though the relationship between Medicaid and economic assistance, in terms of sharing information when a client communicates with one side, could we improve the way that that person is able to engage with the system and communicate with the other side as well? Is that what you're... [LR400]

TAMMY WARD: That's also correct. [LR400]

SENATOR BOLZ: Okay. [LR400]

TAMMY WARD: Could I expand on that when you're ready? [LR400]

SENATOR BOLZ: Please, please. [LR400]

TAMMY WARD: Is this a good...I'm glad you really brought that up because I was told this morning what often happens at Tabitha is they're approved, our client is approved on the economic assistance end, but it doesn't coincide with the Medicaid authorization. So we have meals expiring at a different time than their physician visits are expiring, and so it's not consistent, and so then the form is expiring. And so we have Mabel at home who can't see, can't eat, has no family, can't go to the doctor, isn't getting a meal, until nothing that we can do at Tabitha...because we're on the phone with HHS for a long, long time, there's no way to help Mabel and all of a sudden she has no food and can't get to the doctor and have it paid for. And so we struggle as a big organization almost as much as that person. So it would be very helpful to have those caseworkers talk to each other, like someone asked just a little bit ago, because it doesn't coincide. [LR400]

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SENATOR BOLZ: Very good. I think that's good clarity. And the third thing I'm hearing you asking for is a stronger partnership with the Department of Health and Human Services and that...I don't want to put words in your mouth, but that may be just greater partnership or communication or access to information or having assistance with your technology systems that can figure out how to talk to each other. [LR400]

TAMMY WARD: Yeah. [LR400]

SENATOR BOLZ: But it may also mean, and I don't want to put words in your mouth, but it may also mean some sort of financial relationship. Could you just expand on what would be helpful in terms of that partnership? [LR400]

TAMMY WARD: I would be happy to. Tabitha does have a seat at the table. I was...when I met with, again, the frontline people that are so responsible for the administrative portion of this with ongoing conference calls with certain folks at HHS that set up the changes, which has been absolutely helpful, but when our systems and our technology doesn't work with one another, that leads to the administrative costs. Now Tabitha, our mission states...we do this at a loss because that's part of our mission statement. But I can't imagine if Tabitha struggles so and we're so large...our other business lines support programs like Meals on Wheels because that's what we do because we have hospice, we have assisted living, we have a wonderful continuum. Now I get all passionate what the rest of us what...that we can do. But for the average person, the people that we've heard about today that can't have the other support of the person reminding them that they need to get their authorization form filled out again...so the financial component we can support with other business lines at Tabitha. But for the average person, the average consumer, that's not there. So we would always welcome more communication. We're fortunate to have the relationships that we do with HHS that have been long term. Staff at Tabitha has been there long term, certainly longer than I, as most of you know. But any of that would help our business lines, certainly

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Meals on Wheels, that we can operate without volunteers, without other business lines. So that's a really long answer, but... [LR400]

SENATOR BOLZ: It's very helpful. Thank you. [LR400]

TAMMY WARD: Thank you, Senator. [LR400]

SENATOR DUBAS: Senator Crawford. [LR400]

SENATOR CRAWFORD: Thank you, and thank you for your testimony. I'm trying to understand in my mind the release form. So what is being released and how does that fit in with the Meals on Wheels program? [LR400]

TAMMY WARD: It's my understanding, and others may have a better understanding, that's sort of a privacy thing. So if I'm being served Meals on Wheels, it's a release form that I would sign that allows Tabitha to come and bring me a meal every day at noon and do the safety check. And it's required by HHS and it's also my understanding that this release form, if there are changes to be made to my services, that if I'm a Tabitha continuing navigator, that unless that form is signed and sitting in the HHS files, I can't call. I can't...Tammy Ward cannot call on behalf of Mabel unless that's signed and in the file, even to make the changes from five days a week for meals to seven days a week. That's the kind of the release form that we're experiencing, Senator. [LR400]

SENATOR CRAWFORD: So is it also the case then, if you have a release form from Mabel, that you're able to call ACCESSNebraska on her behalf for other questions, other services? [LR400]

TAMMY WARD: Sometimes, depending on what those services may be. What I'm being told by other Tabitha staff is not...it doesn't work that way and it's very frustrating mostly for the...our client because we can't make those changes like we used to be and we

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can't advocate like we used to be able to do for our clients because of this release form.
[LR400]

SENATOR CRAWFORD: Now is that because, in addition to providing meals, you're doing the safety check? Or is it the form is required to provide a meal? [LR400]

TAMMY WARD: I think both and I think HHS would be better qualified to answer that than I would, but that's... [LR400]

SENATOR CRAWFORD: Okay. Sure. I'm just kind of...yeah. [LR400]

TAMMY WARD: Yeah, but I think so. I think both. I mean it's a big deal and often these, as you know, these clients don't have families. Often they do, but they're working families and often it's not that population that's at risk. Sometimes it is people that are rehabbing that, you know, can't cook yet, again, and so there are good reasons certainly for the form. You know, if it were my loved ones on rehabbing, I'd certainly kind of probably want to know who's at the door every day with my mom and dad. So there's certainly a good reason for them. It's just been really cumbersome and really slowed down what was already a pretty big of a monster project when you work with volunteers in a city this large. And now comes this form for people that have a hard time coming to the door. And now they're expiring and you're trying to stay ahead of this all the time, so we'd like to make our, number one, make our computer systems compatible somehow. But I digress. [LR400]

SENATOR CRAWFORD: Okay. Thank you. [LR400]

SENATOR DUBAS: Other questions? This may be out of your area of expertise or understanding, but it...I had received a lot of calls early on with ACCESSNebraska from nursing homes who are very, very frustrated with, you know, I'm trying to help one of my residents but I can't get through this, that, and the other thing. Well, I've been told

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recently that on the Medicaid side of the call center there is now some dedicated people or phone lines or whatever that are specifically for nursing homes to use so that they can talk about all of their residents or get answers for all of their residents. Is that...are you familiar with that? [LR400]

TAMMY WARD: I'm not but I'm certainly...I think people at Tabitha would be. [LR400]

SENATOR DUBAS: Okay. [LR400]

TAMMY WARD: And I would be glad to find that out, Senator, and let you know.
[LR400]

SENATOR DUBAS: Yes, that would be helpful just to see. [LR400]

TAMMY WARD: Yes. [LR400]

SENATOR DUBAS: I mean, in touring one of the call centers, I was understanding that that's working pretty good... [LR400]

TAMMY WARD: Good, good. [LR400]

SENATOR DUBAS: ...that that's been helpful for those administrators... [LR400]

TAMMY WARD: Good. [LR400]

SENATOR DUBAS: ...and those people in the nursing homes to be able to call in and ask questions on all of their residents. [LR400]

TAMMY WARD: Sure. [LR400]

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SENATOR DUBAS: And I would imagine there has to be release... [LR400]

TAMMY WARD: Yep. [LR400]

SENATOR DUBAS: ...forms signed with that. [LR400]

TAMMY WARD: Absolutely. [LR400]

SENATOR DUBAS: And that's...we all understand the reason for that. [LR400]

TAMMY WARD: Right. [LR400]

SENATOR DUBAS: But I'm just wondering if that isn't some kind of a model that we could use on the economic assistance side as well for... [LR400]

TAMMY WARD: That would be nice. [LR400]

SENATOR DUBAS: ...for people who are dealing with the elderly or, you know, or we have the nursing homes where they have more than one person they're advocating on behalf of. So if you could just... [LR400]

TAMMY WARD: I will. [LR400]

SENATOR DUBAS: ...get me some information about that, that would be helpful. [LR400]

TAMMY WARD: I would be glad to and get back to you. [LR400]

SENATOR DUBAS: Thank you. [LR400]

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TAMMY WARD: Absolutely. [LR400]

SENATOR DUBAS: Senator Crawford. [LR400]

SENATOR CRAWFORD: Thanks. I do have another question. In your testimony you indicate that the...you're operating at a loss now of \$60,000 a year. [LR400]

TAMMY WARD: Um-hum, um-hum. [LR400]

SENATOR CRAWFORD: It used to be \$30,000 a year. [LR400]

TAMMY WARD: Um-hum. [LR400]

SENATOR CRAWFORD: Now is that in...is that increase, that \$30,000 increase, does that include paying for this new caseworker or is that... [LR400]

TAMMY WARD: That's... [LR400]

SENATOR CRAWFORD: ...in addition to paying for the new caseworker? [LR400]

TAMMY WARD: In addition to the caseworker. That's separate from... [LR400]

SENATOR CRAWFORD: So what...okay, so what...how would you explain what those added costs are? [LR400]

TAMMY WARD: In part, the numbers in Meals on Wheels has grown so significantly in those number of years since 2011 because now it's over...just over 500 meals every week. That has almost doubled in itself. And the \$5.75 per meal is actually not even our food cost, I was told this morning. So it's food cost as well. It's just a...I mean, with the way the economy was a few years ago, and so it's a number of increase mostly on

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Meals on Wheels. [LR400]

SENATOR CRAWFORD: Okay, so the number of people you're serving, the cost of food versus what you reimbursed. [LR400]

TAMMY WARD: Yes. Right. [LR400]

SENATOR CRAWFORD: What portion of that do you think is waiting for authorization? Has that been a part of that cost increase as well? [LR400]

TAMMY WARD: I don't know that answer. I can tell you we go ahead...we do serve. We don't wait for the authorization just because that's part of our mission and I'm sure that those that do the, again, the frontline work that that's appropriate and that is okay to do that because we have had people fall through the cracks since the authorization started, but we do go ahead and serve them that meal and that safety check. [LR400]

SENATOR CRAWFORD: Thank you. [LR400]

TAMMY WARD: So we wouldn't have that number. Does that answer your question? [LR400]

SENATOR CRAWFORD: Thank you. Yes. [LR400]

TAMMY WARD: Okay. [LR400]

SENATOR CRAWFORD: Thank you. [LR400]

TAMMY WARD: Good. [LR400]

SENATOR DUBAS: Any other questions? Thank you very much, Tammy. [LR400]

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TAMMY WARD: All right. Thank you very much. [LR400]

SENATOR DUBAS: Welcome. [LR400]

KIM BAINBRIDGE: (Exhibit 4) Thank you. Good afternoon, Senators. Thank you for hearing me today. My name is Kim, K-i-m, and my last name is Bainbridge, B-a-i-n-b-r-i-d-g-e. I'm here to testify about ACCESSNebraska today. I have a 25-year-old son with Down syndrome who is on Medicaid, is required to be on Medicaid in order to receive services from DHHS, which includes day services. We're still waiting for residential services from DHHS. I asked for residential services--I realize this is not part of ACCESSNebraska--clear back in 2010 and there are still 600 individuals ahead of my son waiting to get residential services. In 2013, I had over an eight-month ordeal with Medicaid and ACCESSNebraska. It's like the same song, 15th verse, from all of the other people who have testified. I was notified on July 31 that I had a phone meeting on August 2, so at least I received notice, you know, two days beforehand. I do work. I had actually, prior to getting that notice, taken the day off to go see my mother, who was actually in the process of dying, and I had taken the day off to go up and see her. When I called, I was supposed to call them at 9:30 in the morning, it took me 12 times to get through. I had a busy signal for 12 times, then I was on hold for 57 minutes. I finally hung up because I was at the nursing home in northeast Nebraska at my mom's and I decided I wasn't going to sit on the phone for any longer. The next day, Medicaid sent me a notice saying that my son's Medicaid services were going to be revoked because I did not keep my meeting even though I tried for two and a half hours to get through to the 800 phone number. And at that point I had been already fighting with them for eight months and I e-mailed Senator Campbell. And I had sent 25-plus pages of documentation to Medicaid and she was able to finally get me a phone call. But the other reason that I am here: I'm a college graduate, I'm a CPA, I'm a former auditor for Pricewaterhouse in Chicago, Illinois, I have been the corporate controller of a manufacturing company of \$150 million in sales, and I cannot figure out

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ACCESSNebraska. I cannot figure it out on the Internet. I cannot get through on it. I can't do anything with it, and I feel I'm a very analytically trained person, and I cannot understand it. I'm a Tasmanian devil when it comes to services for my son Justin. I have been advocating for 25 years. I have attended every meeting that the (inaudible) PTI in Omaha provides to train parents, since he was little, to try to learn about Medicaid, Social Security, the services that my son has a right to. And I'm still ill informed about many of the things. Like I said, I try my best. You know, I also work for an employer that will allow me to do these interviews during the day. I have to make the time up. I come in early. I stay late. You know, wonder if you're not that person, and so I just have some questions, I guess, for all of you, knowing my background. I just said, wonder if you're a nurse or you're a teacher or you're a manufacturing worker and you can't do the phone interview that ACCESSNebraska has set up for you and hasn't asked if it's a convenient time. We've heard the testimony of how many people have to take the whole day off of work to do a half-hour interview that is not at a convenient time for them. Wonder if you can't sit on hold for 57 minutes on your cell phone like I did. Wonder if you can't really afford to use up all your minutes on your cell phone and sit on hold for that long. Wonder if English isn't your first language and you can't understand any of the forms on the Internet. We've already heard the testimony. Wonder if you don't have Internet access. Wonder if you don't know any advocacy groups to help you. How I finally got Senator Campbell's name to directly e-mail was through the Munroe-Meyer Institute in Omaha, Nebraska. I was calling up everyone I knew in Omaha, saying, how do I get this resolved? This was not my fault that I did not keep this phone interview. I tried for two and a half hours to get through and they automatically were done, and I'd been fighting with them for eight months. And I knew I was right. I absolutely knew I was right. I had...because I am a CPA and an accountant, I had went on DHHS's and Medicaid's, on their Web sites, and I had looked up the regs. I know how to read tax regs. I went up and I found the specific regs that said they could not take my son off of Medicaid. So I was very knowledgeable and I knew I could win. But how can you win if you can't get anybody to answer the phone and listen to you? And I also had sent so much documentation in. I had documentation from Social Security, from everyone proving that

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I was right. You know, wonder if you give up. I tried 12 times for an hour and a half to get through. I kept calling the number. Wonder if you give up. Again, wonder if you're a schoolteacher. Usually, the only downtime they have is maybe when their students are at P.E. or music and you've got a half-hour window to try to make a phone call. Wonder if you're a manufacturing worker. Your boss isn't going to let you off the manufacturing line. This is not ACCESSNebraska. It is inaccessible Nebraska. I call up all my friends. I have a tight group of friends. Initially, when I applied for Medicaid Nebraska...there is a group of us who our children have been friends since youth and they're also CPAs, both the mom and the dad. I couldn't figure out the Medicaid forms. That's when you could still do it manually. I had to call both of them up. And here we are, all CPAs, and none of us can figure out these forms, and it's gotten worse since ACCESSNebraska. I just ask you as a parent to think about all of the people. I firmly believe that ACCESSNebraska only exists to deny people services. I firmly believe that. I will say that to anyone. The whole point is to make people so frustrated. And you talk about sleepless nights. I have never been so angry about all this when I knew I was right and I had the regs in front of me. And you just have to keep battling and most people give up and it should not be that way. We're hurting ourselves because, you know, it's just...it is unacceptable. So thank you for letting me testify today. If you have any other questions, please let me know. [LR400]

SENATOR DUBAS: Do we have questions for Ms. Bainbridge? I would ask, did your son suffer any lapse in services? [LR400]

KIM BAINBRIDGE: He did not, because I finally contacted Senator Campbell. It was unbelievable. I got a phone call the next day and now I do have a dedicated caseworker. I was audited again this year because they were trying to take my son off because he was temporarily over the \$2,000 limit. So I was audited again this year, and then I had a question. And I didn't have my dedicated caseworkers. My experience this year with ACCESSNebraska, I had a question and I thought, okay, I'll call the 800 number. I'd been reading in the World-Herald that, you know, things are getting a little

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better. Well, I called. First it was busy. Then I called and since I was calling from an Omaha number I was told I had to call the Omaha number and it just cut me off. So finally, I just waited until I went home and I got my dedicated caseworker's number. And I only feel that I have that because I not only wrote Senator Campbell, I wrote everybody. I wrote the entire...I wrote my own senator. I wrote Governor Heineman. I was on a rampage. I spent a lot of money on postage mailing all my documents. I had all my cell phone records that I e-mailed everybody, too, because I had to prove how long I was on hold and how many times I tried calling ACCESSNebraska because that's the accountant in me. You want detail, I'll give you detail. I sent the 25 pages of documentation that I'd sent to Medicaid proving that I was right. And once the caseworker finally called me, she agreed immediately I was right. But I spent eight months trying to prove that I was right. But most of that time during the eight months you never get to talk to anybody. [LR400]

SENATOR DUBAS: Does your son qualify for any benefits on the economic assistance side? [LR400]

KIM BAINBRIDGE: He does not. [LR400]

SENATOR DUBAS: Okay, so you're strictly Medicaid. [LR400]

KIM BAINBRIDGE: Yeah, strictly Medicaid. My only other beef is the waiting list, which he has been on since he was born because, you know, when you have Down syndrome it's obviously an identifiable disability from birth, identified at birth, and as of April...I'd asked for services in June of 2010 and there's still 600 adults ahead of him. And this is horrible, but the only way my son is going to get residential services is, I'm sorry to say this, but 600 people have to die because that's the only way anyone's getting new residential services. Someone has to die, and that's a pretty sad state of affairs in our state. [LR400]

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SENATOR DUBAS: It is. It very much is. You said this ordeal started in 2013. What...
[LR400]

KIM BAINBRIDGE: Yes, it started in January. [LR400]

SENATOR DUBAS: January, okay. [LR400]

KIM BAINBRIDGE: And it was finally resolved in August then. And what it was over is my ex-husband went on...he was declared disabled for Social Security purposes. So my son went from SSI to SSDI, and there was a retroactive payment that put my son over the \$2,000 limit, but Nebraska regs say that I had six months to spend that. And I can also tell you that a person from Medicaid, because you know we can't save any of that money for future use for our children, I was told by a person on Medicaid to go out and buy my son a 60-inch TV and the most expensive game system I could find to get him back below the \$2,000 limit, which is also a very sad state of affairs because I would have loved to have been able to save some of that back payment for my son's future use. But as you guys all know, he cannot have more than \$2,000 in assets to qualify for Medicaid, and he has to have Medicaid in order to get day service and residential help through DHHS. So you're just like that little hamster on the wheel, running round and round, trying to obey all of the rules. That was what started the whole deal, because I went over the \$2,000 limit. But they had to give me six months to spend it and they didn't. [LR400]

SENATOR DUBAS: Okay, so in October of last year is when we had the split of the two systems, Medicaid to economic assistance. [LR400]

KIM BAINBRIDGE: Uh-huh. [LR400]

SENATOR DUBAS: Have you had any experience with the Medicaid side since that split? [LR400]

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KIM BAINBRIDGE: Just this summer, again, I was audited because I think I'm on the every year, you know, audit plan now, because I went over the \$2,000 limit for a couple months. So Medicaid is, like, watching me like a hawk now to make sure my son doesn't go over the \$2,000 limit. Then my other experience this year was due to the fact that my son's father...his father is disabled. He is now eligible to go on Medicare, and I believe you're probably familiar then that Medicaid will pay the fee for my son to be on Medicare because, obviously, it benefits the state of Nebraska for my son to be on Medicare. And that went really very smoothly because I do now have that dedicated caseworker that I called directly and she got it taken care of. But I truly don't think I would have the dedicated caseworker if I wouldn't have contacted Senator Campbell prior to this because I raised so much stink and I was writing letters to everyone I knew because I was so frustrated, because they had to give me the six months, I mean. And so what did I do? I did buy him a new TV. Isn't that sad? And I bought him some other things. I did buy some things. I mean, I bought him an iPad and things like that. But it is very sad that one of the things I did buy was a new TV for him. It's not 60 inches though. [LR400]

SENATOR DUBAS: Are there any other questions? Thank you. We really do appreciate you sharing your information with us. [LR400]

KIM BAINBRIDGE: Thank you. [LR400]

SENATOR DUBAS: Next testifier. Welcome. [LR400]

MARK INTERMILL: (Exhibit 5) Good afternoon, Senator Dubas. My name is Mark Intermill, M-a-r-k I-n-t-e-r-m-i-l-l, and I'm here today representing AARP Nebraska. I was just thinking back to, I think it was the summer of 2011, when we first started talking about or listening to people's experiences with ACCESSNebraska. And while there may have been some that's progress made, it sounds like we still have a ways to go. I want to just share with you a couple of points, and some of these will be reiterations of what

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you've already heard. The first one is that those people who need ACCESSNebraska are not well positioned to navigate ACCESSNebraska. The first attachment that I included is a list of the regulations of who receives long-term care services through Medicaid. For people over 65, there are about 18,000 people who are eligible for Medicaid. Most of those people are using...use Medicaid to finance long-term care services. In order to qualify, a person needs to have...generally needs to have three deficits in one of seven activities of daily living. Those are just basic things that a person needs to do to just function in the world. In addition to that, they would need to either have a risk factor, a medical treatment or observation, or a cognitive disability, the point being that, if you are eligible for Medicaid generally and over 65, you have challenges just meeting the activities of day-to-day life. Having additional requirements of dealing with a system of eligibility that has been very challenging is that much more...adds that much more complexity to a person's life. We have seen community-based organizations fill the breach. We've heard from some of them today. But in many cases, those organizations are doing that at the expense of what their traditional or typical work is, their regular missions. And I...going back to 2012's LB825, where we looked at the issue of community-based organizations and entering into contracts with them for the services that they are providing to ACCESSNebraska, I believe still has merit. I am in communication with aging service providers, since sometimes...county-based organizations that are spending a significant amount of their time, their staff time, to try to help individuals with applications, making calls to the call centers, and trying to navigate the system. So this is something I think that we do need to look at, how...what we are asking those community-based organizations to do and help them out in doing that. I guess the thing that is so frustrating about ACCESSNebraska for the past three years is that it's very clear to me what the problem is, and that is that the system is underresourced. We've heard about the long wait times for the phone calls. We've heard about the other things that people struggle with. They all seem to go back to not having enough staff or having not provided enough training for staff. And I just took a look this morning at the Nebraska personnel almanac for 2014 and saw that the Department of Health and Human Services has 674 fewer FTEs than it had...than its

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predecessor agencies had in 2006. So that's an 11.5 percent reduction in staffing. Now that was from 2006 to 2012. It's up a little bit for 2014, but we're still 6 percent below where we were in 2006. It's hard to take on a system like ACCESSNebraska and make it work for the people that you're trying to serve without the resources to do it. So I think we do need to assure that we are providing enough resources for ACCESSNebraska to assure its success. I think by underestimating its realistic cost we have essentially set it up for failure. We've heard a little bit about the bifurcation of the system, and I think that has been one of the more troubling developments that we've seen in the last couple years, having to work through two systems in order to get the range of public benefits that are needed. And the second attachment that I've included is something from the Center on Budget and Policy Priorities. The first page is just the cover sheet. But the second page of that handout talks about how states could use the proposed state option for tying SNAP eligibility determinations with Medicaid eligibility. One of the things that I have heard is the reason for the bifurcation is that there was a new way of having to determine eligibility. The thing that I noticed, the second page on the handout, is that 40 states have not bifurcated their systems. They have found a way to be able to integrate all of the eligibility systems. So instead of having two systems to work with, clients would only have one. I think that would be something that I would suggest that the committee take a look at as a way of moving forward and trying to improve the operations. We've heard some concerns that ACCESSNebraska is limiting participating in public benefits programs and there...we have seen reports now that Medicaid enrollment in particular is down in Nebraska. And I've included...the last chart in the packet is a list of those states that don't...haven't expanded Medicaid and what their enrollment has been. Nebraska, between essentially the second quarter of 2013 and June of 2014, we've seen a reduction in the number of individuals above basically 12...5.06 percent reduction in the number of people who are enrolled in Medicaid. No state has a worse record than that. We are...have the highest reduction virtually, and I think there are only four states that had a reduction in enrollment. Even those that don't have Medicaid expansion increased by an average of about 8 percent. I did look at the Medicaid reform report and saw that the expectation was that we would have a

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caseload of about 259,000 in FY '14 going up to 282,000 in FY '15. We're actually at 232,000. There is some evidence that people are not enrolling in Medicaid, and I would encourage the committee to take a look at that and try to see if there is some relationship to ACCESSNebraska. I do want to say that...and recognize the efforts of the staff of the Department of Health and Human Services who are trying to make ACCESSNebraska work. I don't believe that the problems that ACCESSNebraska is facing is due to a lack of effort on their part. I believe that the problems are part of the system's design and part of some of the decisions related to its implementation. Basically, they've been dealt a pretty bad hand. Unfortunately, that bad hand extends to those individuals who depend on the programs that they're trying to administer. I'd be glad to try to answer any questions. [LR400]

SENATOR DUBAS: Thank you, Mark. Are there questions? Senator Crawford. [LR400]

SENATOR CRAWFORD: Thank you, Mark. So can you...have you been provided any assistance in any way to help clients through LB825? [LR400]

MARK INTERMILL: There were two parts to LB825. One was to increase staffing and the other was to enter into contracts with community-based organizations. There has been some increase in staff. And I think in reading one of the reports the first effect was that some staff were not laid off and subsequently there were some additional people added. In terms of the contracts with community-based organizations, I haven't seen the type of engagement that I had read into LB825, which is to really create a partnership with those agencies, with selected agencies who really do provide a lot of assistance to individuals. I still think that that has merit. ACCESSNebraska...I've talked to people who think ACCESSNebraska works really well. It fits their circumstances, their needs extremely well. But for those 85-year-olds with congestive heart failure, it doesn't work as well and they need some help of a county-based aging organization or an Area Agency on Aging. Those types of contracts I haven't seen. [LR400]

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SENATOR CRAWFORD: So just to clarify, are you saying that you have not had some kind of specific contract with your organization or you haven't seen that happening with other organizations that help your clients nor have you seen any assistance with, say, providing computers or staff to help people? Is that what? [LR400]

MARK INTERMILL: Yeah, basically. I think what we were kind of...and part of what I had seen, read into...maybe I was reading things into LB825, but the collocation of staff so that there could be an HHS worker who would be at an Area Agency on Aging or a county office on aging on an occasional basis or that there would be some process for simplifying the sharing of information. You know, the agencies that I am in most frequent communication about ACCESSNebraska they...we don't see that. [LR400]

SENATOR CRAWFORD: Thank you. [LR400]

SENATOR DUBAS: Other questions? I would have one for you and this is a discussion we have regularly in my office and have yet to come up with an answer to, and I think you pose it as a question in your testimony as well. How can we determine whether this drop in enrollment in Medicaid and CHIP...is there any correlation between the struggles with ACCESS and this drop? Or how can we delve into it and really try to figure out what are the reasons? [LR400]

MARK INTERMILL: Yeah. I think the first is to look at and see where...which categories the drop has occurred in. When I first noticed that this was happening, I called the Area Agencies on Aging to see if they were noticing any changes in their caseload on the Medicaid waiver program. At that time they really weren't. It wasn't noticeable anyway. I think we could look at the nursing home population that's covered by Medicaid waiver, see if it's occurring there. Looking at the CHIP program, looking at, just try to figure out where the reduction has been I think would be a good way to at least begin that process. If it's because people have found work after the recession and have coverage, that's great. But there's a lot of pretty good sizable drop. I don't think our economy has

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improved that much. [LR400]

SENATOR DUBAS: I mean, we've noticed those same...those are drops that catch your attention. There's got to be some reason, and there's probably multiple reasons like you said, whether people have gotten jobs or what have you. But to really be able to delve in and pinpoint, you know, is there a problem that we need to address or, you know, there's a variety of things that we need to look at. It's just having the wherewithal and the ability to dig into those numbers and figure it out. [LR400]

MARK INTERMILL: Yeah. [LR400]

SENATOR DUBAS: Any other questions? Seeing none, thank you very much.
Welcome. [LR400]

JAMES GODDARD: (Exhibit 6) Thank you. Good afternoon. My name is James Goddard, that's J-a-m-e-s G-o-d-d-a-r-d, and I'm the director of the economic justice and healthcare access programs at Nebraska Appleseed. I'm here today to talk a little bit about the client experiences that we have seen through our organization and through our work with other partners. As you might know, we have an intake and information line where people in the community can contact us, ask some questions, try to get information and seek assistance in our various program areas. And we continue to hear from folks that are struggling with the ACCESSNebraska system. And what we've heard recently sounds very similar to some of the things we've heard for years: lost documents, waiting on a call for a very long time, or delays in getting a benefit processed. One of our callers, Carrie Thibodeau from western Nebraska, mother of three children, two of whom have disabilities, told us, "The system is getting worse and the changes and problems within the last year have been worse yet." I've provided her entire quote in my written testimony. What I can tell you is for the last year looking at our intake numbers, one in ten of our callers have been calling about or had an ACCESSNebraska-related problem. That is an increase to what we saw before that. In

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addition, in the last six months we've heard from many families facing delays in being approved for the SNAP program. According to the department's figures, 30.9 percent of all applicants were not processed timely in 2013, placing Nebraska almost dead last in the United States in terms of timeliness. Due to these problems, we filed a class action lawsuit on behalf of two plaintiffs alleging violations of federal timeliness requirements. What I can tell you is many families have faced hardships as a result of these delays, and this suit is intended to remedy the timeliness problems. We've also heard from clients through the ACCESSNebraska working group, a group of advocates, direct service providers, and community-based organizations that have been meeting together for several years now and we conducted a small survey of clients. It is a small sample size, but there are some notable results: 88 percent reported experiencing difficulty with the ACCESSNebraska system. Of that percentage, 40 percent of the clients experienced difficulty and had problems with both Medicaid and economic assistance. I have included more detail about the survey with my testimony. The respondents further indicated they faced problems with long wait times, sending the same documents multiple times, getting inconsistent information, and difficulty in renewing benefits. So in sum, the clients that we are coming into contact with have indicated that problems persist with the ACCESSNebraska system. And this underscores the importance of this committee's investigation. And we appreciate all of your efforts and would offer to help in any way we can. Thank you. [LR400]

SENATOR DUBAS: Thank you very much, James. Are there questions? How recently was this survey done? [LR400]

JAMES GODDARD: It was done from April through just about a week or so ago, so the last six or seven months. [LR400]

SENATOR DUBAS: And you said it was a relatively small sampling. [LR400]

JAMES GODDARD: It's about 25 respondents, so not a...certainly not a representative

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sample, but the folks that responded to it. [LR400]

SENATOR DUBAS: Oh, I see that. I'm sorry. How much bigger do you need to make it? The letters are jumping off the page at me right now. I apologize for that. And I know I had asked you at the briefing that we had with the community partners to kind of come up and give us a little background on the working group, ACCESSNebraska working group. Again, just for the benefit of some of the committee members who weren't at that, would you tell us what this working group is,... [LR400]

JAMES GODDARD: Sure. [LR400]

SENATOR DUBAS: ...how long you've been together, and what your focus is? [LR400]

JAMES GODDARD: Sure. So it is a group of advocates, direct service providers, community-based organizations, and other stakeholders from...with some statewide reach that have been meeting together since about 2010. And we started meeting together when we heard about the reform of the system that was coming along and, you know, wanted to work together to make sure we could do everything we can so that that transition went smoothly. So we've worked together on a number of different efforts. Mr. Intermill referenced listening sessions that we helped to coordinate in 2011 where people could come forward and just talk about what they're seeing with the system. We put out a number of principles for reform of the system a little less than a year ago. We've worked with legislative offices on legislation. And so we continue to meet on an as-needed basis to talk about...some of it is really just sharing updates about what people are seeing and how they're dealing with it and, you know, seeing how we can all work together to ensure that the clients are able to access the services that they need. [LR400]

SENATOR DUBAS: Since your inception, since your first meeting to your very last meeting on the spectrum, where do you see ACCESS falling from when you first met to

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where...your last meeting? [LR400]

JAMES GODDARD: I mean, I think in the beginning it was really new and we were looking down the track and wanting to make sure there wasn't a problem. But that certainly became evident through the listening sessions where we heard from folks all over the state about some very serious issues with the system that unfortunately, as I see it, I continue to hear about the same problems today. And the splitting of the system I think has created additional barriers for some people where you renew SNAP in May and then you have to renew Medicaid the next month and go through that process where in the past you just do it all at the same time. So, you know, I think that we do have quite a bit of work to do; and I'm still seeing many of the issues that I saw in 2011. [LR400]

SENATOR DUBAS: Thank you. Any other questions? Seeing none, thank you. [LR400]

JAMES GODDARD: Thank you. [LR400]

SENATOR DUBAS: And thank you for the work you've been doing. Welcome. [LR400]

TRACY ROBLEDO-CLARK: Thank you. My name is Tracy Robledo-Clark. It's Tracy, T-r-a-c-y, Robledo, R-o-b-l-e-d-o, Clark, C-l-a-r-k. I work with Immanuel Pathways in Omaha, recently went from working with the PACE community there to working with Immanuel overall. My role at the PACE community is to assist individuals to get their Medicaid benefits to come on to our program. When an individual is coming into the program, they don't have an assigned worker so I will call the number that is given for the Omaha area. I have to give them a financial release to speak with them about this individual's case. And I work with whoever answers the phone to get the person through the first step. Once they're on Medicaid and receiving PACE services, I have a designated worker. So then I call the designated worker and we will tweak what is happening in the case. So I find that when I have a designated worker we have

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transparency. We talk about what do you need? Okay, this is what I have. Will this work? There's fluid conversation between the designated worker and myself whereas when I call the local ACCESS number, there is not an opportunity for that to happen because they have their constraints and I'm not sure what they're talking about. So there's no fluid work between the two. Once a person is on the PACE program, we...Medicaid stays the same. If they decide to go off of the PACE program, then we try to help them receive chore services in their home. If a person...we had a person who did this on their own, and when they called, we had applied for chore service. In the interview, they discovered that they needed bath assistance, which means that they need PASS services, which is a Medicaid program. So then they had to redo an application and call back in and do the same intake process. So a program that's separated just by needing a bath will require somebody to do two different interviews, two different applications, and two different intakes. It causes confusion for the aged person, and I feel like PACE has the, you know, we're afforded the opportunity to be an advocate for the population that we serve. I do like that economic assistance is divided from Medicaid because if I don't have to deal with SNAP, I don't have to deal with SNAP. So I know that whoever I reach on the Medicaid side is just for Medicaid. So there are drawbacks to both, but it is...I think it was a good split actually so. [LR400]

SENATOR DUBAS: Very good. Questions? Could you explain this PACE program that you're talking about? [LR400]

TRACY ROBLEDO-CLARK: PACE is a program of all-inclusive care for the elderly. What it is, is PACE is a program. It is your home and community-based services meshed with a managed care organization. So we try to keep individuals in their home in the least restrictive environment, similar to a waiver program. But we have the managed care piece so that we have one physician, we have a network of providers so we take care of the whole person, whether they're at home or we have our services. We have a day center, we have the therapies. So we receive state and federal money combined and we meet all the needs, whether the person is in their home, in the

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nursing home, has to have emergency surgery. It's just taken care of then. [LR400]

SENATOR DUBAS: So when they come in or they're wanting to get on this program, you call in for them on their behalf (inaudible)? [LR400]

TRACY ROBLEDO-CLARK: On ACCESSNebraska, yes, because it's a payor source for them. [LR400]

SENATOR DUBAS: Okay. And then once that initial application is done, then each person gets a dedicated caseworker that then you deal with? [LR400]

TRACY ROBLEDO-CLARK: PACE has a dedicated worker. [LR400]

SENATOR DUBAS: PACE has, okay. [LR400]

TRACY ROBLEDO-CLARK: Such as...also now where I'm working with Immanuel as a whole, each community has a designated caseworker. So Immanuel Courtyard has a caseworker, Trinity has a caseworker. So each person is different but it's based upon that facility having an assigned worker. [LR400]

SENATOR DUBAS: I think that's kind of the question that I asked one of the previous testifiers. So you have someone that you can call... [LR400]

TRACY ROBLEDO-CLARK: Um-hum. [LR400]

SENATOR DUBAS: ...specifically related to the residents in your facility. [LR400]

TRACY ROBLEDO-CLARK: Each, yes. And each facility has a different assigned worker. Some of our facilities have the same assigned worker, but, you know, they're different between like PACE and the communities. [LR400]

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SENATOR DUBAS: And that works really well. You have that person; you can call them; you can get questions answered or services continued or whatever needs to be done. But you know when you call you're going to talk to that person, correct? [LR400]

TRACY ROBLEDO-CLARK: Right. You know, but each one is different in and of themselves. Our PACE provider or our designated PACE worker I have a different relationship with that person than I do with the designated one in one of our other facilities. So it's working through what does...honestly, it's what does that person need from me? What are they really asking me for and what do I need from them? How do we bridge that gap? And it's a struggle sometimes, but then once you get that relationship going it works nicely. [LR400]

SENATOR DUBAS: That person has a pretty good grasp or understanding of the services that you are providing at that specific facility or is that something... [LR400]

TRACY ROBLEDO-CLARK: PACE is new so it's an education point. At most of the contacts that we have is, you know, explaining what PACE is and what does that look like for a Medicaid recipient. [LR400]

SENATOR DUBAS: Very good. Other questions? Senator Crawford. [LR400]

SENATOR CRAWFORD: Thank you and thank you for your testimony. So you were talking about a situation where some client was getting off of PACE and then they were having to go through interviews? I just wanted to clarify that story and understand that. Ball back at first, if someone is in PACE, is there an interview process as part of that? And then second, can you just clarify for me that story? You said somebody was...I thought you said...I didn't know if they were getting off PACE or what that story was about why they had an interview that they had to do a different interview. [LR400]

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TRACY ROBLEDO-CLARK: So for a person to be on PACE, there are requirements. You have to meet nursing facility level of care; be over the age of 55; live in a service area, in our service area, which is by different counties. And so there's no true interview process. Medicaid is just a payor source for them. Does that answer that part of the question? [LR400]

SENATOR CRAWFORD: Okay. Okay, thank you. [LR400]

TRACY ROBLEDO-CLARK: Okay. Then if a person is on PACE services and they don't meet that nursing facility level of care, they return into traditional fee-for-service Medicaid and then would get services through the Title XX grant or either the SSAD program or the PAS program. So I called with this individual. They were just receiving housekeeping services when they are a PACE participant. I call with them and just to be there, you know, so that I could be there when they're making the call and they're answering questions and she's like, yeah, I'd like somebody to help me with my shower, I'm afraid I'll fall. And so they're like, oh, well, that's not our side of things. You'll need to call the Medicaid. Well, now that's a different application and it's another interview and it's a different intake person to go through. So then we would call and did it on the other side with the Medicaid piece. So it was doing it twice for the person. [LR400]

SENATOR CRAWFORD: Okay. Thank you. [LR400]

SENATOR DUBAS: Any other questions? Seeing none, thank you very much for sharing your information with us. [LR400]

TRACY ROBLEDO-CLARK: Thank you. [LR400]

SENATOR DUBAS: It was very helpful. Thank you. Next testifier. Get that chair out of the way for you. Thank you. Welcome. [LR400]

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JATOYA McINTOSH: (Exhibit 7) Hello. My name is JaToya McIntosh. It is spelled J-a-T-o-y-a McIntosh, M-c-l-n-t-o-s-h. I am here today to share my experience with ACCESSNebraska. I'm a single mother of two children; live in Omaha, Nebraska. I have two boys, 4 and 9. My four-year-old, Jarez, has cerebral palsy, like me. My other son, JaSohni, does not. I use ACCESSNebraska to apply for Medicaid and economical programs. I was on food stamps but they took them away because my son now gets disability benefits. My experience with ACCESSNebraska is good sometimes. Other times it's not so good. The first...when I first called, I was connected to an automated system, and I pushed a couple of buttons and they connected me to somebody. Then typically it's a lady that's talking. She will say, who can I connect you to? I told her, she told me, please hold. I was on hold for 45 minutes. As I wait, I hear a man saying, you can go on-line to complete your application. You can go complete your application by www.accessnebraska.ne.gov and he talks about doing everything on-line. I would go through with doing the application on-line, but it's like ten pages long. They don't provide the right information. And if you don't do it right, you can't move on to the next page. Plus, if you don't fill out everything that you're supposed to fill out, you can't move on to complete the application. It gets frustrating. We need Medicaid so we can receive medical care, physical therapy. It pays for things like my wheelchair, the braces for my son, glasses, Pull-ups, and medicine. I also need Title XX to have day care for my kids so I can work. I want to work and provide for my kids, but the system needs to be set up so I can do that. My employer doesn't like that I'll be on hold for 45 minutes and not working. Most employers do not like this. Also many people don't have Internet to do it on-line. That is why the call center needs to get better, the workers need to be better trained and have better customer service skills. They need to talk to people and understand their needs instead of dissing them. In addition to that, they need to don't lose our paperwork. I'm tired of refaxing and mailing stuff over because they're losing it. I would be happy to tell you more experiences if you would like. Any questions? [LR400]

SENATOR DUBAS: Thank you, Ms. McIntosh. Are there questions? Have you asked for or at any time have you had a dedicated caseworker to help you? [LR400]

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JATOYA McINTOSH: No. I haven't had that because like every time I will either like call or, you know, try to get a hold of somebody, you know, send my paperwork in, like, you know, this one occasion like they kept on saying that they wasn't getting my information when I know that I faxed it. So I had like the cover page that you have to put...there's like a cover page at the...because I am an AmeriCorps trainee so I'd be at, you know, doing my little work experience and stuff. But like they have like this cover page that you have to put on there to fax the stuff, so it was like I had to show her this, like I know that you got it because it's telling me okay that you got it when I faxed it to you. But either you're not getting back to me or, you know, just different things like that is going on. Like, you know, the thing with them taking my food stamps away like they told me I make too much money now because I get benefits and my son gets benefits and then we get ADC for my other son so they told me that I make too much money so now we can't get food stamps now, you know. So just different things that they will say, like, for either I'm in the wrong or I didn't do something that I was supposed to do, you know. But they never have told me like, hey, you know, we're going to put you with somebody like never I've done. [LR400]

SENATOR DUBAS: Have you ever asked to have a caseworker? [LR400]

JATOYA McINTOSH: No. I've never asked. I've just always called the number; they left me on hold; they will send me to somebody. She'll be like, okay, well, send this paperwork in or we're going to try to call you at this time or something like that; and then that will be the end of the conversation. [LR400]

SENATOR DUBAS: I would assume, because of your disability as well as your son's, you would qualify for multiple programs. [LR400]

JATOYA McINTOSH: Yeah. The only one that I'm not on is I don't get food stamps anymore. Mine is like Medicaid, Medicare, and then they both have Medicaid. [LR400]

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SENATOR DUBAS: Have you ever had a lapse in your services because paperwork was lost or things didn't get processed in a timely fashion? [LR400]

JATOYA McINTOSH: They tried to when...that was when I had the cover page. But I had something that said that, you know, I had faxed this so this other guy had called me. He was another worker. He called me and then I got my...everything back reinstated. The only thing I didn't get was my benefits, but they...I mean my food stamps, but they told me I make too much money and that's why I can't get them anymore. [LR400]

SENATOR DUBAS: Have you noticed any improvements, any changes in your interactions with ACCESS since it first started to where you're at today? [LR400]

JATOYA McINTOSH: Well, I really haven't had to, like, call them for anything else because I already get what I get. My thing is I wish that, you know, it could be, like, you know, I will be able to get food stamps because, like, I'm struggling as it is taking care of two kids by myself on just a limited income. But, like, you know, they're saying to me, oh, now since my son gets benefits, oh, that's more money in your household so now you can't get that. So I'm basically paying food with cash, you know. So after that, after bills and you pay for your food and all that, and what do you have left? [LR400]

SENATOR DUBAS: Thank you. Any other questions? I really do appreciate you taking time out of your schedule to come and share this information with us because it is very helpful, and it's important for us to hear... [LR400]

JATOYA McINTOSH: Thank you. Right. Thank you. [LR400]

SENATOR DUBAS: ...from you. So thank you very much. Welcome. [LR400]

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PATRICIA COTTINGHAM: (Exhibit 8) Thank you. Good afternoon, Senators. My name is Patricia Cottingham, P-a-t-r-i-c-i-a C-o-t-t-i-n-g-h-a-m. I'm the program coordinator for The Arc of Nebraska. I'd like to thank you for the hard work that you do for the citizens of Nebraska. LR400 is an important opportunity to hear the voices of other hardworking 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 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 statewide survey of the experiences of families with services and supports available for Nebraska's children and families living with disabilities. A report on the family supports in Nebraska is available at the Nebraska Planning Council for Developmental Disability Web site if you would like to access that. 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 to their unique situations. Unlike some of the counternarratives 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 requirements of telling and retelling their stories to disembodied voices is humiliating and discouraging. This is what families told us time and time again. They asked for someone who would be there who knew their family and their situation, who had all their paperwork in one place, who could access it quickly. They asked for someone who is trained in the complexity of the system and could guide them in their quest for assistance. Further complicating the issue, the new Balancing Incentive 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 qualify for. The complexity, while

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appearing simple on paper, can be mind numbing for the family member who has had to work 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 are falling further and further behind because there is no time: no time to wait on hold; no time to search through complicated Web sites; no time to send and resend documents; no time to come here to the Capitol to tell you about it. As you explore the solutions to ACCESSNebraska, 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 them together to help support one another. Thank you for your time. If you have any questions, I'd be happy to answer them. [LR400]

SENATOR DUBAS: Thank you very much. Are there questions? I would ask, the way the system is set up, you know, we're talking about your members. They have a lot of different disabilities and challenges that they have to overcome. [LR400]

PATRICIA COTTINGHAM: Yes. [LR400]

SENATOR DUBAS: Is the system user friendly for their...for them? [LR400]

PATRICIA COTTINGHAM: It did...it does seem to be according to their comments. They have access...they have difficulty accessing the computer anyway, and then they have difficulty navigating the Web sites with all the different links that they have to go to, you know, the pages that they have to fill out, and wouldn't be accepted if they're not completely filled out, accurately filled out. Yeah, they just have had difficulty. [LR400]

SENATOR DUBAS: Does your organization do anything to help with the filing of these? [LR400]

PATRICIA COTTINGHAM: We haven't, we haven't. [LR400]

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SENATOR DUBAS: You haven't. [LR400]

PATRICIA COTTINGHAM: We have...we're a very, very small organization, just one and a half staff, so, you know, we have not been able to do that. [LR400]

SENATOR DUBAS: Well, I certainly understand that, but I know that there are some community-based organizations who do have...maybe with a little extra help or support from the state would be able to fill in, fill that void a little bit, and so just kind of looking to see where everybody is at. Any other questions? Senator Crawford. [LR400]

SENATOR CRAWFORD: Thank you, Senator Dubas, and thank you for your testimony. Do very many of the people that you talk to who have this experience, do they have dedicated caseworkers because of the complexity of their case? [LR400]

PATRICIA COTTINGHAM: Some do and some don't, so it's kind of random. [LR400]

SENATOR CRAWFORD: Okay. [LR400]

PATRICIA COTTINGHAM: People with dedicated caseworkers often don't call just simply because they have the assistance that they need. We hear the complaints. [LR400]

SENATOR CRAWFORD: Okay. So you're probably more often hearing of people who do not. [LR400]

PATRICIA COTTINGHAM: Right, right. [LR400]

SENATOR CRAWFORD: Great. Thank you. [LR400]

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SENATOR DUBAS: Other questions? Seeing none, thank you very much for coming forward today. We appreciate it. [LR400]

PATRICIA COTTINGHAM: Um-hum. Thank you. [LR400]

NICK FAUSTMAN: Good afternoon. [LR400]

SENATOR DUBAS: Morning. [LR400]

NICK FAUSTMAN: I'm Nick Faustman with the Nebraska Health Care Association, which is the parent association to the Nebraska Nursing Facility Association. Nick, N-i-c-k, Faustman is spelled F-a-u-s-t-m-a-n. And, Senator Dubas, I didn't plan on testifying today, but I did want to clarify on a question that you had posed to a previous testifier that all nursing facilities, all licensed nursing facilities within the state of Nebraska under the guidance of Director Chaumont were assigned caseworkers. And while they may be different per facility, I believe it's probably on something like a regional situation where a caseworker may have several facilities. And I think that our membership would tell you that it is definitely a step in the right direction. It's working better. I don't think that it's been the perfect solution, but it is a sign of progress. [LR400]

SENATOR DUBAS: We really appreciate hearing that. We need to know, too, what's working and what can be improved on, so I appreciate hearing that. Are there questions for Nick? [LR400]

NICK FAUSTMAN: Okay. Thank you. [LR400]

SENATOR DUBAS: Thank you for coming forward and sharing that. Welcome. [LR400]

SARAH SWANSON: (Exhibit 9) Thank you. Good afternoon, Senators. My name is Sarah Swanson and, for the record, that is spelled S-a-r-a-h, Swanson, S-w-a-n-s-o-n. I

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currently work as a family support and outreach specialist at the UNMC Munroe-Meyer Institute as part of a team on the University Center for Excellence in Developmental Disabilities' grant program. My testimony today does not represent the University of Nebraska; however, information being shared has come in part from my work on the Munroe-Meyer University Center project. I am also the parent of an adolescent with special healthcare needs, which is a large part of why I am in my current position. Access is a challenge. ACCESSNebraska is currently the way that 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 certain income guidelines, it also provides support to individuals in need of long-term services and supports, specifically, our Nebraska citizens who are aging and have disabilities, both physical and intellectual or developmental. 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 assistance services. Medicaid can 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 five Medicaid waivers that have been approved by the Centers for Medicare and Medicaid Services. These include the traumatic brain injury waiver, the children's developmental disabilities waiver, the adult developmental disabilities waiver, and the aged and disabled waiver, and the autism waiver, which is currently unfunded. 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 through ACCESSNebraska. 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 simply to gain access to the application for these programs. Families often complain that they will get inconsistent answers from ACCESSNebraska staff and often must request to speak

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to the initial call center supervisor. As detailed in previous hearings and reports regarding ACCESSNebraska, families and individuals who are trying to apply or renew for programs through ACCESSNebraska often are still on hold for 45 minutes or longer, 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 developmental disability by changing his diapers and ensuring 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 ACCESSNebraska but they simply can't afford to make the trip today. Last year, the Nebraska Legislature--you all--passed LB690 and required the state to apply for the Balancing Incentives Program. As Pat Cottingham has previously stated, 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 in need of them by providing home and community-based services rather than constantly institutional care. Nebraska has built ACCESSNebraska into its application to CMS promoting its virtual accessibility and 800 number. And the BIPP was approved, so that's awesome. However, going through ACCESSNebraska is the way that anybody who is going to get into the BIPP is going to...they have to complete a level one assessment before they can get a second, level two assessment. While having virtual access and 800-number access are very important, many states who have the BIPP 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. In addition, many states have incorporated their aged and disabled resource centers, or ADRCs, as a No Wrong Door single entry into their state Medicaid and long-term care services. The current ACCESSNebraska system is not adequate to meet the needs of Nebraska citizens. The federal government has provided new opportunities and funding for the state to innovate

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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 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 and Developmental Disabilities, and the Administration for Community Living. I encourage you to continue on your efforts in regards to ACCESSNebraska, and I wanted to add that previous testifiers have spoke on express eligibility, being able to use SNAP as a way to get eligibility into Medicaid. There have been many opportunities and many bonuses that CMS has awarded to states. It's called CHIPRA. And so if the state of Nebraska would enhance their eligibility for especially children into the system, we could have had a lot more money infused into the system. Several million dollars went to other states. So in conclusion, if we can be of assistance, please, we would love to do so. [LR400]

SENATOR DUBAS: Good. Thank you. Questions? Well, I am very familiar with the work and the reputation of the Munroe-Meyer Institute. And when you say you would make yourself available as a resource, how would you see yourself helping this committee come to our conclusions and make recommendations? [LR400]

SARAH SWANSON: You know, I think the voice is the families that we serve are probably first and foremost. Many of the families that you've already heard of are advocating. I always think that when those voices come forward, they represent so many others that just simply can't be there. I think that there are definitely ways that we could innovate and make the system, I think that you said, a little bit more friendly. It seems to be very cumbersome right now. And I think that other families have testified that, you know, we're so busy just taking care of business. I mean families across the board are under stress, whether or not it's economically or juggling work demands. You know, if you're a single mother or a single person doing it on your own, it's tough. But if you also are juggling other care responsibilities, you can't be here to advocate. You just simply can't. So, you know, there's...I don't know how to answer that, but we would love

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to have a conversation about how we could do so. [LR400]

SENATOR DUBAS: Well, we're always looking for resources and, you know, and as we continue our research and investigation, knowing that you may be an option, it will be very helpful. I am curious to know--you said you have a child with special healthcare needs--have you yourself had to use the ACCESSNebraska? [LR400]

SARAH SWANSON: Not at this point. [LR400]

SENATOR DUBAS: Okay. [LR400]

SARAH SWANSON: But I can tell you that if you go back, and I feel very passionately about this, I think that, you know, ACCESSNebraska is also the way that people that are applying to our federal exchange, they're not separate. And as somebody that had to leave western Nebraska because we had woefully inadequate health insurance coverage, and as I recognized that there are not employers that can provide some of the complex care that many corporations in eastern Nebraska pay for, that access becomes a challenge, and not every family can relocate just to get better health insurance. And some of the programs that I spoke about in regards to Title V, most families don't have hours and hours and hours to pore over and become more knowledgeable than the people that you call to get information from. Shouldn't be that way, and you shouldn't have to ask for a caseworker. It should be provided for you. There should be people on the other end of the phone that are savvy enough to recognize if someone needs support of some kind, that they triage it and get to the person that you need to speak to. That's just my opinion. Medicaid is a complex issue. [LR400]

SENATOR DUBAS: I would have one more question for you. You sound like you have a good grasp of the different kinds of programs that are out there. Is this something that you understand through your job or is this just personal experience that has caused you

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to... [LR400]

SARAH SWANSON: I would say a little bit of both. But the grant program that I work with is part of the national structure. It's called the University Centers for Excellence in Developmental Disabilities. And so in every state there is a grant program and we're part of a national association. So there is...there's other states that we can reach out to, to see how they do it. There's also people that I could contact through the association for additional support, so, yeah. [LR400]

SENATOR DUBAS: So there's some other avenues then, if we had some questions, we could reach you on. [LR400]

SARAH SWANSON: Absolutely, absolutely, yes. [LR400]

SENATOR DUBAS: Very good. [LR400]

SARAH SWANSON: And there's other colleagues that we could reach out to, as many as the many colleagues that we like to collaborate with in the audience as well. [LR400]

SENATOR DUBAS: Very good. Thank you so much. Any other questions? Senator Crawford. [LR400]

SENATOR CRAWFORD: Thank you. When you mentioned...you had mentioned the importance of some face-to-face help, and we've heard that from other places as well. [LR400]

SARAH SWANSON: Yes. [LR400]

SENATOR CRAWFORD: As you think about the process, where do you see the face-to-face help as being most needed? Like if you had to narrow...if you had to limit

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that, where would you see it as most needed or most effective? [LR400]

SARAH SWANSON: You know, I think recognizing organizations that are already doing it, such as the Centers for Independent Living, which are very critical. I think you'd recognize the League of Human Dignity, Independence Rising, or Panhandle Independent Living Services. I also don't think that...you know, when the exchanges were set up there was a competitive process for community application counselors. And I think, though I would have to go back and get additional information, that Medicaid can be used to fund community application counselors outside of the navigator grants that were awarded, and I think other states have done that. So that would be some options. The Area Agencies on Aging would be fantastic. Sometimes, when people go into medical care, oftentimes emergency rooms, that may be another great place to get access simply because they're showing up with emergent needs and they may not know where else to get resources or support. [LR400]

SENATOR CRAWFORD: Thank you. [LR400]

SENATOR DUBAS: Any other questions? Thank you so much for coming today.
[LR400]

SARAH SWANSON: Yep, certainly. [LR400]

SENATOR DUBAS: We really appreciate it. Next testifier. Anyone else? I know we have some representatives from the department here today who I've asked to come and kind of maybe address some of the concerns that they heard through testimony or give the committee a chance to follow up with some questions for the department. [LR400]

_____ : You just want to... [LR400]

SENATOR DUBAS: Yeah, just grab that chair and pull it over. [LR400]

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RUTH VINEYARD: (Inaudible)...worked so well last time, to kind of bounce off each other. [LR400]

SENATOR DUBAS: That's perfectly fine to tag team. [LR400]

RUTH VINEYARD: All right. [LR400]

SENATOR DUBAS: Thank you for coming over today. So I'll just have you, both of you, just state and spell your name and then we'll go from there. [LR400]

RUTH VINEYARD: My name is Ruth Vineyard, R-u-t-h V-i-n-e-y-a-r-d. I'm the deputy director with Medicaid and long-term care. [LR400]

JILL SCHRECK: I'm Jill Schreck, that's J-i-l-l S-c-h-r-e-c-k. I'm the deputy director for economic support, which includes economic assistance. [LR400]

RUTH VINEYARD: We both have updates for the committee today... [LR400]

SENATOR DUBAS: That would be great. [LR400]

RUTH VINEYARD: ...just to let you know the status of the system since we last met. I'll start with the Medicaid update. First of all, I really do want to recognize and appreciate the efforts that you've put forth in really starting to understand the system, the tours that you completed this summer, and even the request for data so that you really have a good grasp of what we were doing and where we were at. So thank you for that, and also thank you, Senator, for your comments about our staff. They are very dedicated. And we also appreciate the testimony. People said they've appreciated hearing good things from our staff, and we can pass that along, so thank you very much. That means a lot. The status of our...we currently have about four- to five-minute wait times for...on

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the Medicaid side. That's been consistent for the past probably three months, so we're feeling pretty confident that... [LR400]

SENATOR DUBAS: Did you say 4 to 5 or 45? [LR400]

SENATOR CRAWFORD: 45? [LR400]

RUTH VINEYARD: Four to five. [LR400]

SENATOR DUBAS: Okay. [LR400]

RUTH VINEYARD: Oh, please let me clarify: four- to five-minute average wait times, and that's been consistent for the past quarter, so we're pleased with that. Our work task, our work is more current, continues to be more current with each passing day, so we're feeling good about where we're at in those areas as well. I also want to mention that, in hearing the testimony today, there are some good things coming. This is a new system. We had many, many changes effective January 1, and we are in development of a new eligibility technology system. A lot of the problems that I think came forward today are...we have resolution now or planned. So, for example, effective January 1, we no longer require interviews for Medicaid. So those interview letters that would go out and the problems people were having connecting with a caseworker for an interview, it's no longer an eligibility requirement. Someone mentioned I think some testimony about getting information annually. There still is an annual review requirement for Medicaid. That will continue, but it does not require an interview. The status of our applications: Since October, we've taken in 96,000 applications. That's on-line, by mail, or through the federal marketplace, and by phone. So January 1, another large change for us was we now can take an application by phone. So you don't have to go on-line to fill out the application; you don't have to complete a paper application. You can call and complete an application by phone. We've found that use increasing. That also speaks to the No Wrong Door. We do have caseworkers available in local offices. You can walk in and

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complete an application with a caseworker. You can also complete an application at midnight from your home if that's what you choose to do. And people do. So the majority of our applications are completed on-line. So I'll give you an example: 48,000 were completed on-line since October; 26,000 by mail; 14,000 came in through the federal marketplace; and 6,000 came in by phone. Those are rough numbers but approximate. Two of the big issues that we have coming up were preparing for open enrollment November 15. There's no open enrollment period for Medicaid. I'm sure you're all aware of that. However, Medicaid now is partnered with the federal marketplace, so we do have a single streamlined application that is a requirement and it can be used to apply for Medicaid or for insurance subsidies. That application, that open enrollment period is November 15. I believe it's through February 15. So we do expect a significant volume of applications again coming to us through the federal marketplace during the open enrollment period, so we're staffing up for that. And in order to do that, we've just completed a review with CMS to make sure we are ready for year two, a two-year readiness review which went well. We have automated our renewal process. So there...renewal applications are now available on-line. We've also added a "My Account" and enhanced "My Account" that we'll send an e-mail. If someone chooses to receive an e-mail notification, they'll receive an e-mail telling them that there's a correspondence available for them. So those individuals who are interested in computer technology and have that access, we make that available. We also have a prepopulated renewal form on-line now. So if they go in to complete a renewal, they don't need to fill out all of the information. It's prepopulated with the information that we have in the system. Probably the biggest change for us though is we just kicked off our Medicaid eligibility enrollment system solution procurement. So we have a contractor on board now; they're beginning the businesses requirements and project development to move Medicaid out of our current N-FOCUS system into a new eligibility system. And it really is a pretty exciting time for us because I hear many of the issues that people are dealing with that we think we can find some resolution for through our new system. There is going to be a real-time eligibility component. So if I'm an applicant, I can go on-line, type in my information. That information automatically interfaces with the federal hub for

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verification. And if all the information is reasonable and compatible, the person will get an immediate eligibility determination. It's a no-touch system. A caseworker will not touch that case and it will happen real time. So that's going to be interesting. The other changes is right now I think we've explained this before. Someone can apply on-line. It still comes to us electronically, but it still requires manual entry into the N-FOCUS system. The new system, obviously, that technology will be enhanced. So the applicant is really entering information that then directly moves into our eligibility system, not requiring that data entry. We also...the new system will have better data reporting capabilities which will allow us to better manage our program. It'll have better integration between systems so, for example, communicating with our MMIS, with our claims processing system, and more efficient program changes. So if we need to change a program now, there is a complicated process that needs to happen to make a system change. That will be much easier with the new system, so we'll be able to rapidly make changes within the system. And then, just in closing, someone said earlier, and I believe it was Sarah kind of summed it up when she said, Medicaid is a complicated or a complex issue. And I had just written before that, Medicaid is a complicated program with many subprograms. So we've heard testimony regarding the medical insurance for workers with disabilities, the various waiver programs, the personal assistance program, the PASS program. With a dedicated Medicaid work force, we're able to train a Medicaid work force to focus on Medicaid programs and processes. Very new, we started this in January. We're still training, we're still educating, but that dedicated work force that we are very proud of are now getting the tools and the resources they need to focus their attention on one program. The other thing is some comments were made about the...many comments about the dedicated caseworkers. So we do have long-term care, nursing facilities, the PACE program. We do have some of those programs assigned to specific caseworkers. I'd just like to remind everyone that's not the be-all, end-all. We had that system before ACCESSNebraska, dedicated caseworkers and at their desk from 8:00 to 5:00 every day of the year. So they go on vacation, they take a break, they go to lunch. So when we're talking about four- or five-minute wait times, we were dealing with a rising caseload, a retirement population within our own work force,

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and I remember as a supervisor hearing complaints about not getting a call back for a week or longer. So we need to manage the system; we need to manage it well. You've got a dedicated administrative team within Medicaid who is focused on customer service and we're focused on improving the system. We feel we've made tremendous improvements already and with the...a new Medicaid eligibility system and some of the changes we've been able to implement just since January 1. We feel that we're really on a good trajectory to make things a lot better. So thank you. [LR400]

SENATOR DUBAS: Before we move to Jill, are there questions for Ruth? Senator McGill. [LR400]

SENATOR McGILL: Since Cathy isn't here anymore, I was just going to ask about her son who has autism, is permanently eligible for that waiver. Why does she have to apply every year? [LR400]

RUTH VINEYARD: So it's not the autism waiver. I believe what she was talking about was the DD waiver. [LR400]

SENATOR McGILL: The DD waiver, yes. [LR400]

RUTH VINEYARD: The DD waiver is a waiver of an eligibility requirement so that Medicaid does not have to review parental income. It's not a complete waiver of a renewal process, so there still is an annual renewal requirement. We don't have to request parents' income; that's the waiver. [LR400]

SENATOR DUBAS: So what are they filling out then? [LR400]

SENATOR McGILL: Yeah. [LR400]

SENATOR DUBAS: Sorry. [LR400]

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SENATOR McGILL: I still don't fully understand why she needs to have a contact with the system, like...anyway, go ahead. [LR400]

RUTH VINEYARD: Sure. It's a Medicaid requirement to have an annual review. [LR400]

SENATOR McGILL: Okay, okay. [LR400]

RUTH VINEYARD: So we do an annual review. It's a limited review because they don't need to provide parental income. However, children's income is counted. It is. I'm sorry. I'd love to defend it but it's the regulation and we have... [LR400]

SENATOR McGILL: Yeah. I understand if it's a federal regulation... [LR400]

RUTH VINEYARD: Sure. [LR400]

SENATOR McGILL: ...or it has to be every year or whatever. That's out of your control. [LR400]

RUTH VINEYARD: It is. We've tried to make that a lot easier. That is a population that does have an assigned caseworker now. And the other thing that I failed to mention was what else is coming is the renewal. So we now have the ability to renew an application without any communication or contact with an individual. So the system will allow us to...a renewal is coming due in October. The system will now allow us to look at the current application information on file, make electronic data requests. And if all that information is reasonable and compatible, that person is renewed for another year without intervention. So we won't send an application; they won't have to fill anything out. They will get a notice that they're renewed for another year. And if the information is not there, it's not reasonable, there's some change, then we can send a request out for information. They can complete that on-line on a prepopulated renewal form. So we are

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trying to streamline that process. It has been cumbersome, but I think there's some good things coming. [LR400]

SENATOR McGILL: I know one of the big questions everybody probably has is with the two separate systems. Almost everybody talked about how you now have to fill out multiple applications. Is that something that we're even looking at, that the department is looking at trying to fix as a problem? [LR400]

RUTH VINEYARD: So currently, the single streamlined application, we followed the federal requirements when they first came out to implement a single streamlined application. We asked the questions about whether it could include other programs. Had to be Secretary approved, it had to be...you had to be able to complete an application for insurance subsidy, so that's the direction that we went. Have other states done different things? Yes, they have. Is it more complicated? Yes, it is. If you think about it now, Medicaid is more aligned with insurance products. So even for our eligibility workers to determine Medicaid eligibility for a percentage of the population, they need to use IRS rules. It's completely different than eligibility for public assistance programs. There used to be a much greater tie between the two programs. There is now a much greater division. The current... [LR400]

SENATOR McGILL: I get that, but, I mean, I'm interested in consumer friendliness. [LR400]

RUTH VINEYARD: Absolutely. The concern has been raised about documents being...having to do documents for two different systems. That's actually not the case, and some things that I wrote down to go back and check up on. But if we scan something into our system, it's tied to the particular case, not the program. So if I'm a recipient and I have SNAP, TANF, and Medicaid and I submit a pay stub, the SNAP worker can access that pay stub through the same case; the Medicaid worker can access that pay stub through the same case. There's no duplication there. They don't

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have to submit things to both divisions. They do have to fill out separate applications. The application requirements are different. [LR400]

SENATOR McGILL: And that's frustrating to me,... [LR400]

RUTH VINEYARD: I'm sure. [LR400]

SENATOR McGILL: ...you know, having an elderly person who may forget they have to reapply for something else in a different month and would like to see some effort made. [LR400]

RUTH VINEYARD: Sure, but...and then think about it all sounds good on the surface until you dig into the details. So we now have...we don't require an interview. Jill's programs still do. [LR400]

SENATOR McGILL: Um-hum, yeah. [LR400]

RUTH VINEYARD: We can do the automated renewals with no touch. That's not something that the federal partners have done on that side of the house. So, you know, as soon as FNS and AFS and CMS at the federal level all coordinate that, it still is dis coordinated for us. [LR400]

SENATOR McGILL: And I see that on the back end. But for consumers,... [LR400]

RUTH VINEYARD: Sure. [LR400]

SENATOR McGILL: ...it certainly is not the best thing. It may make the most sense on the...for separation of duties on our end, but I do think we need to be trying to find a way to help these folks. [LR400]

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RUTH VINEYARD: Sure. [LR400]

SENATOR DUBAS: Senator Crawford. [LR400]

SENATOR CRAWFORD: Thank you, Senator Dubas. Just wanted to follow up on that issue about the interface between the two systems. So I really would appreciate if you'd check up on that because we did have somebody who testified in an earlier meeting that they could submit a document but they had to get it confirmed if it went to the other side. So just appreciate making sure that that's not...that's what we heard was happening. People were hearing that, that they had to... [LR400]

RUTH VINEYARD: We will do some follow-up. And the other...oh, excuse me. [LR400]

SENATOR CRAWFORD: And so...and then the other issue is when we had talked about this earlier was also quite a bit of discussion about, you know, hand-offs and helping people navigate from one side to the other. So if they did, you know, if they were calling and the worker there, even though they're not a Medicaid worker, could see, oh, you know, this person is going to need to renew, you know, or there may be some issues that they need to address on the Medicaid side that the person could be passed from one side to the other. So, you know, we had talked a bit about how there would be some effort to make it more seamless on the consumer side, even though you've got divisions in your systems. [LR400]

RUTH VINEYARD: Sure. And we do feel like we have those processes in place. Did you want to talk about that, Jill? [LR400]

JILL SCHRECK: Yeah. Certainly, I think, we have a way to communicate back and forth and actually today is the first time I've heard complaints that there was an issue because... [LR400]

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SENATOR CRAWFORD: Okay. [LR400]

RUTH VINEYARD: (Inaudible.) [LR400]

JILL SCHRECK: And normally I hear about something at some level. But I haven't heard, so that's interesting to us. But, yeah, we certainly have great communication. We have a management team that they meet once a month to talk about where we can do something, work together collaboratively, or...but our...the phone calls, our staff will answer certain questions. But just like Medicaid, rules change there. Rules change and processes change on our end as we try to be more efficient for economic assistance. You know, Medicaid isn't going to necessarily be caught up on all that. So we answer some, you know, some basic questions if we can if we can see the documents, but we won't necessarily try to interpret what the Medicaid policy is because we certainly don't want to misinterpret that on our end. [LR400]

SENATOR CRAWFORD: But if you pass somebody over, is there a way for them to get passed over without...I mean do they then...are they waiting in line, I guess, again? [LR400]

JILL SCHRECK: Well, we can...certainly on our IVR up front we give them Medicaid numbers and all that, but if we...we can transfer them to another number and then Medicaid can also transfer our number as well. [LR400]

SENATOR CRAWFORD: Back and forth. [LR400]

JILL SCHRECK: So it's...yeah, again, today is the first I've heard that that was an issue. We just weren't hearing that. [LR400]

SENATOR CRAWFORD: Okay. [LR400]

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JILL SCHRECK: So we'll look into that more, see if there were complaints out there.
[LR400]

RUTH VINEYARD: The other issue that seemed to come up today that I hadn't heard in quite a while was the documents being lost. We really did think we had a pretty good handle on that. [LR400]

JILL SCHRECK: Yeah. [LR400]

RUTH VINEYARD: I haven't heard anything bubble up. So I'm interested in the testimony and I'm really curious if it's current or if it's something that was problematic in the past. So I'm sure Jill will as well. We'll go back and do some research on that.
[LR400]

SENATOR DUBAS: Other questions? Senator Howard. [LR400]

SENATOR HOWARD: Thank you for your testimony. You mentioned the move out of N-FOCUS to a new eligibility system. When do you anticipate rolling that out? [LR400]

RUTH VINEYARD: It's a 12-month project. [LR400]

SENATOR HOWARD: Okay. [LR400]

RUTH VINEYARD: So we have enhanced federal funding through the end of December of 2015, so our goal is to go live prior to that. [LR400]

SENATOR HOWARD: Is your goal to be ready for next year's open enrollment period?
[LR400]

RUTH VINEYARD: It's going to be very close. So current project schedule, we may be

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ready for October 1 with the new system for open enrollment. If not, we'll have a mitigation strategy for those few months where we're still operating in the N-FOCUS system. [LR400]

SENATOR HOWARD: And then how will that eligibility system interact with Jill's side of the house? [LR400]

RUTH VINEYARD: Sure. There's actually an integration team so that we'll be continuing to share documents, continuing to share information between the two systems. As far as the details, that's really what the project is all about is working out those business requirements and interfaces. [LR400]

SENATOR HOWARD: And then I wanted to bring us back to our conversation about the releases. When did we start requiring a DHHS release versus sort of a homegrown release from a... [LR400]

JILL SCHRECK: Do you want me to speak on... [LR400]

RUTH VINEYARD: I believe that would be in Jill's area for... [LR400]

SENATOR HOWARD: Sure. [LR400]

SENATOR CRAWFORD: Oh, good. Okay. [LR400]

JILL SCHRECK: Yeah, we've looked at our release... [LR400]

SENATOR HOWARD: Because I know it was Medicaid as well that was requiring it. [LR400]

RUTH VINEYARD: I don't think so. We have a...if they sign the application and indicate

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a representative, they sign a release. [LR400]

SENATOR HOWARD: Okay. [LR400]

RUTH VINEYARD: If they're not a representative on the application, then we send a release of information. So if someone is in no way associated with the individual we're working with, not on the application, not a designated representative, we do require a release, but that's not new to us. [LR400]

SENATOR HOWARD: Okay. Great. [LR400]

JILL SCHRECK: Yeah, on the application they can still appoint somebody, but a lot of it's for these other organizations like the community partners that might be calling on somebody's behalf. First of all, the concern of our staff that, you know, which authorizations are correct to use and valid. We also check with our legal staff regarding HIPAA compliance because we do hold a lot of confidential information and we respect the privacy of our clients. So we looked into creating a new form that was HIPAA compliant that also hopefully met the needs of those seeking our assistance and those helping those individuals. So we did ask for a new form. We will accept other forms, but we will ask our legal team to review it first to make sure it meets...and I won't try to be a lawyer because I'm not...meet those guidelines and... [LR400]

SENATOR HOWARD: What's the time line for legal review? [LR400]

JILL SCHRECK: It would, you know, it would vary on their workload. I would think pretty quick. [LR400]

SENATOR HOWARD: Right. [LR400]

JILL SCHRECK: They're pretty quick about it. [LR400]

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SENATOR HOWARD: Okay. [LR400]

JILL SCHRECK: We would accept it but the concern becomes is if they would make a change, if that entity would make a change on that form and if we're not aware of it. So we would want to check those forms on a regular basis to make sure they remain HIPAA compliant. [LR400]

SENATOR HOWARD: Okay. [LR400]

JILL SCHRECK: So if they submit one, and we have had some requests for that, then we can have our legal team review it and they can approve it or say it would need this change. And then the other concern, again, as I mentioned, is our staff to know which ones are, because there could be 100 of them out there and our staff would have to know which ones are correct to use and which ones not. If they use our DHHS form, then our staff would know that that's compliant. [LR400]

SENATOR HOWARD: Do you consider your DHHS form to be patient friendly or consumer friendly? [LR400]

JILL SCHRECK: We try to make it as simple as possible, certainly, but certain things have to go into it. I could certainly have it reviewed again. [LR400]

SENATOR HOWARD: Okay. May I ask a few more? [LR400]

SENATOR DUBAS: Sure. [LR400]

SENATOR HOWARD: Thank you. In terms of supervision, sometimes the...I'm curious as to how many individuals a supervisor supervises on both of your teams more because some of the stories that we hear are often of a caseworker going rogue or

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asking for something that's not necessary. And I'm sure that goes back to training, but I think maybe it also goes back to oversight. So what type of management load do your management managers have? [LR400]

RUTH VINEYARD: So we strive for supervisory ratios of 8:1 to 10:1. [LR400]

SENATOR HOWARD: Okay. [LR400]

RUTH VINEYARD: When we transitioned, we were in the situation where we had many supervisors doing casework, taking phone calls, trying to manage call wait times, manage the workload. We're now at a place where we're focusing more on quality control and oversight. [LR400]

SENATOR HOWARD: Okay. [LR400]

RUTH VINEYARD: So we have developed...increased our program accuracy specialists and we have renewed requirements around supervisor reviews. And Jill and I have both implemented the new case read system... [LR400]

SENATOR HOWARD: Okay. [LR400]

RUTH VINEYARD: ...so that we're reviewing cases on a more consistent basis. [LR400]

JILL SCHRECK: And it's about the same for us as well, and you're from one supervisor to every eight to ten employees. We also have a lead position. So you have a supervisor, and then you have a lead who is kind of a coach. And then you would have anywhere to eight to ten social service workers under that position. [LR400]

SENATOR HOWARD: Do you have built into the job description that each supervisor have a one-on-one with each team member? [LR400]

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RUTH VINEYARD: We do. [LR400]

SENATOR HOWARD: And what's the regularity of those? [LR400]

RUTH VINEYARD: I wouldn't give you an answer without checking with the administrative team right now, but I can get back to you on that. [LR400]

SENATOR HOWARD: Okay. That would be great. [LR400]

RUTH VINEYARD: Okay. [LR400]

SENATOR HOWARD: And then I noticed you have a really lovely system where it's almost like a chat function where somebody can chat to somebody who is working. Do you know, are the Medicaid folks able to chat with economic assistance folks on the same case, or do they have to call each other? Is it the same system? [LR400]

JILL SCHRECK: We can use the communicator through chat... [LR400]

RUTH VINEYARD: Right. [LR400]

SENATOR HOWARD: Okay. [LR400]

JILL SCHRECK: ...which is the (inaudible) counter. [LR400]

RUTH VINEYARD: Right, not the phone system but the computer system, yes. [LR400]

SENATOR HOWARD: The chat system. [LR400]

RUTH VINEYARD: Right. [LR400]

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SENATOR HOWARD: And then how many open positions do each of you have right now? [LR400]

RUTH VINEYARD: How many what? [LR400]

SENATOR HOWARD: Open positions, vacant positions. [LR400]

RUTH VINEYARD: I'm sorry I don't have the number in front of me. [LR400]

SENATOR HOWARD: That's okay. [LR400]

JILL SCHRECK: Right now I have a couple case aide positions, and then about 18 social service worker positions between all offices, between customer service centers and local offices. [LR400]

SENATOR HOWARD: Okay. [LR400]

RUTH VINEYARD: That data was just provided this morning and we were very consistent. Do you remember seeing that? We were very consistent in numbers. [LR400]

SENATOR HOWARD: That's great. I think that's all I've got. [LR400]

SENATOR DUBAS: Senator Crawford. [LR400]

SENATOR CRAWFORD: Can you tell us how you calculate the average wait time. What's included in the pool? When you're calculating it, you said the average time is four to five minutes. Can you just tell us where that number comes from? [LR400]

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RUTH VINEYARD: It comes from the phone system, and we have a daily average wait time. And so the average I was giving you was a compilation of the daily average wait time. [LR400]

SENATOR CRAWFORD: Okay, so that's...that would be probably including then people who might call and abandon calls too. [LR400]

RUTH VINEYARD: No, the average wait time is for those calls that go through the IVR and then actually get into the customer service center. So they may call the IVR and just check their benefits and never have to wait for a caseworker. That's not inclusive of those calls. [LR400]

SENATOR CRAWFORD: That's not included. [LR400]

RUTH VINEYARD: Correct. [LR400]

SENATOR CRAWFORD: So it's the people who actually get through to someone on that call, that's the ones you're counting. Is that what...(inaudible)...? [LR400]

RUTH VINEYARD: Right. [LR400]

SENATOR CRAWFORD: Okay. [LR400]

RUTH VINEYARD: We calculate the average wait time. We also calculate or we track the abandonment rate,... [LR400]

SENATOR CRAWFORD: Okay. [LR400]

RUTH VINEYARD: ...how many people waited and abandoned. And we also track how long they waited before they abandoned. [LR400]

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SENATOR CRAWFORD: Okay. [LR400]

RUTH VINEYARD: So that's one thing that the IVR current phone system is very good at. We can watch real-time eligibility, which our managers do, and I think most of you probably saw that when you went to the customer service centers. And then the data that we review, that I review, is daily data on average wait times, work task completed, abandonment rate, and then we have a service level performance indicator. [LR400]

SENATOR CRAWFORD: Do you have a certain cutoff that you're also tracking, like the number of people who are waiting over 30 minutes or something like that? [LR400]

RUTH VINEYARD: We do. We do. And the customer service centers take action at various points during the day. If call wait times reach a certain level, they put more people on the phones. It's a constant balance and it always has been a constant balance of making sure the phones are answered and making sure that the work gets completed. We just had some anecdotal information about the federal marketplace. I couldn't believe their wait times were like minutes to seconds. And then we found out that they have people sitting idle, I mean, sitting idle waiting for calls to come in. That's the resource issue, you know, that's the balance. How do we make sure we have it just right? [LR400]

JILL SCHRECK: And maybe to help clarify, too, you know, we have different phone cues, so you might be calling for SNAP and energy or you might be calling for ADC. You know, some of those phone cues, they might have longer waits and some have shorter waits, like waiting for a case aide. So obviously, for us, it's the average of those. So there's certainly longer calls and there's shorter calls. [LR400]

SENATOR CRAWFORD: Okay, (inaudible)... [LR400]

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RUTH VINEYARD: That's exactly right. We also track the longest wait time for the day.
[LR400]

SENATOR DUBAS: Senator McGill. [LR400]

SENATOR McGILL: Do you track the time that people are...maybe the phone is answered but then put on hold? Is there working...or does that just go into the length of the telephone call the person is on? But does it include any of that time? [LR400]

RUTH VINEYARD: I'm going to guess yes. [LR400]

SENATOR McGILL: Yeah, okay, because I know a few people talked about being put on hold for a long period of time. [LR400]

RUTH VINEYARD: Sure. [LR400]

SENATOR CRAWFORD: That would be the time we're most concerned about. [LR400]

SENATOR McGILL: Yeah. [LR400]

RUTH VINEYARD: Sure, and I think that would...I think you're exactly right in the second part of your question that it would be tracked in the length of the call. [LR400]

SENATOR McGILL: Okay. [LR400]

RUTH VINEYARD: So we also have metrics that the supervisors watch. So if someone is...a caseworker is or a phone call is going longer than 15 minutes or 30 minutes, that they're checking up and seeing what's going on with that situation. [LR400]

SENATOR McGILL: Can we get an update on the phones from Jill, because I think

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most of the wait, the longer waits, are happening over there. [LR400]

JILL SCHRECK: I have it. [LR400]

SENATOR McGILL: We just haven't let you talk. [LR400]

JILL SCHRECK: I'm so excited to tell you about it. [LR400]

SENATOR McGILL: Oh, sorry. [LR400]

SENATOR CRAWFORD: But can I just get a clarification then? When you say four- to five-minute wait time, you mean four or five minutes before someone answers the phone and then might put you on hold for 30 minutes. [LR400]

RUTH VINEYARD: That's correct. [LR400]

SENATOR CRAWFORD: Okay. [LR400]

RUTH VINEYARD: But I'm going to say I don't believe that's generally the case. [LR400]

SENATOR CRAWFORD: Okay. So do we have a hold time? [LR400]

RUTH VINEYARD: I don't know that we have a hold issue but I can check and see. [LR400]

SENATOR CRAWFORD: Because that...the...okay, yeah, the number that are put on hold and then if we can have then the hold time. [LR400]

JILL SCHRECK: We can check on it, too, but I don't remember ever seeing a stat on number of people on hold or for what length of time. I think it was right that it's

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(inaudible) calculated. [LR400]

SENATOR CRAWFORD: Yeah, yeah. Just from what we heard today suggests that that time might be a critical time for us to understand. Thank you. [LR400]

RUTH VINEYARD: Sure. [LR400]

SENATOR DUBAS: I would have a couple questions before we get to Jill, so I don't want to lose my train of thought. [LR400]

SENATOR McGILL: Oh, okay. Sorry. [LR400]

SENATOR DUBAS: First, okay, you talked about the automated renewal process, so that's hands off, it'll just...we'll just go through the system. But prepopulated renewal, does that information just automatically go into the system, or does that have to be manually entered? [LR400]

RUTH VINEYARD: At this point, the information is manually entered. In the new system, it will be automatically populated. [LR400]

SENATOR DUBAS: Okay, so that's what we're moving to with the new system that you'll have replacing the N-FOCUS. [LR400]

RUTH VINEYARD: Right. But the populated application will be available on-line before the new system, yeah. [LR400]

SENATOR DUBAS: Right. But right now, if anybody would fill that out, then someone would have to take that information, turn around, and reenter it. [LR400]

RUTH VINEYARD: Correct, correct. [LR400]

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SENATOR DUBAS: Okay. And is that just on the Medicaid side that we're doing that?
[LR400]

JILL SCHRECK: We have some prefilled applications we're going to review. For like their six-month review recertify we have prefilled on-line as well as the paper, and that's relatively...within the last...since January. The paper is within the last couple months. The on-line has been I think since January. [LR400]

SENATOR DUBAS: And that has to be manually entered then? [LR400]

JILL SCHRECK: Well,... [LR400]

RUTH VINEYARD: Into N-FOCUS. [LR400]

JILL SCHRECK: When we send the app...I'm sorry. If somebody...if we send a paper app to somebody, it's prefilled for the applicant. But, yeah, as far as the system, we do have to still enter it into the system. [LR400]

SENATOR DUBAS: Okay. And then as far as the cost for this new system, is there federal/state? Is there matching? What...how are we... [LR400]

RUTH VINEYARD: There is 90/10 federal/state match on the new system. [LR400]

SENATOR DUBAS: Okay. Anything else? Okay, Jill, go ahead. [LR400]

JILL SCHRECK: All right. Well, I want to echo what Ruth said. I appreciate all of you coming out to our offices and spending time to speak with...whether it was myself and certainly the staff who are really the folks who know what's going on out there. I know they appreciate it. I think I was at every one of them except Scottsbluff. So it was a

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great opportunity for me to also speak with you, as well as when a couple of you came and met with our consultant and FNS partner. And I hope that was helpful information to you as well. I wanted to give you an update kind of just since June, since Ruth and I last testified, on some things that we've done. Some of you might already be aware from your visits we are having...we had voluntary overtime started in May, and we were doing eight hours a week per worker and that was voluntary. So it was up to them if they wanted to participate in that overtime. As a result of our work with our consultant and our federal partner, Food Nutrition Services or I'll call it "FNS," we...they asked for some new reports regarding SNAP timeliness, and so we worked with our business analyst people to create some new reports. And I'm going to give you some really great data towards the end of my conversation with you. We also started some standard operating procedures for our social service workers. You might recall in our June testimony we added a couple positions. In central office we added a field administrator who most of you met, Sheila Bacon, who came up the ranks in economic assistance, and then a command center analyst who kind of helps us with a lot of our...so our data, especially our phone information. So Sheila has worked a lot on the standard operating procedures and for the staff. And the ideas on what works came from our high-performing staff. It wasn't anything Sheila made up or I made up. It came from our high-performing staff and what they do to be high performers. Our community support specialist conducted surveys with our community partners which occurred over a couple months' period, and those are just finished being tabulated. So in July we continued the voluntary overtime, the same time frame, eight hours a week per worker. And then one of the really big things that helped us be more timely is our ANDI Center, our Document Imaging Center. We cross-train the staff there. And then through one of those PDSAs that we do through our consultant--the plan, do, study, act--they started a new process of no hand-offs and, as a result of that, the applications that are waiting to be basically pinned and tied, we went from three weeks out to, as of today, it's two days out. So an application is no longer sitting there three days before it can be touched by a worker to be processed. It's now two days old is all, which helps a lot with our timeliness. And our ANDI Center staff are super proud of that and we're very proud of them. They're very

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excited about it, and we had some...put some new management in there and it's made a world of difference, and again, the staff having the input on how to improve things. And our customer service centers are doing one-call resolution regardless of the wait times. So we did see a spike in the wait times over the summer. We used to do, if there was a 15-minute wait time, you can do interviews or, you know, do a whole lot with the customer. You tell them somebody is going to get back to them. I kind of close my eyes, I try not to look at it, and I would just...they would just do one-call resolution. But really, we didn't get a lot of complaints because people were happy they got a result at the end. And our staff were very satisfied that they were able to help that customer with all the needs that they had. So we would do the interview and we'd process if we could. Sometimes we would do the interview, but we have to send a verification out and, you know, so we still have to do follow-up. But that, it did make our wait times spike. I'll tell you what our wait times are in a little bit. In August, again, the voluntary overtime continued and then we gave expectations for our administrators. These are...we still have service areas with economic assistance. And we gave our administrators some expectations on what we...Sheila especially worked hard on this, on what we expect them to do and some numbers for their service areas to work towards. And then we also implemented standard operating procedures for our supervisors to help them with some tools on what kind of things they should be doing, like meeting with their staff on a regular basis, and what kind of things they should discuss in their meetings, what kind of reports they should be referring to, to make sure our staff are getting the help they need as well as we are doing a good job of helping our clients. And then we had some new policy guidelines sent to the field regarding income information because a lot of our federal requirements can be pretty picky about that. Teri Chasten, who I think most of you met, is my policy chief, and she worked hard with her policy staff to define if we could get some more flexibility. So we sent some new guidelines out regarding that, which has helped with not having to ask for additional income information from our clients. They...in August, again, we still also worked with FNS to do what we call a three-prong approach to eliminate our...the three things are: eliminate the backlog; improve the timeliness of what's not already backlogged; and our communication. So

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eliminate our backlog, we set certain goals to decrease how many expedited SNAP cases are over 7 days and regular initial applications are over 30. And I'm going to give you those numbers shortly. And then increasing our timeliness and how we pull the cases, the ANDI Center improvements have made a big difference there. And through the standard operating procedures, the staff, they have to work a case. They pull it and they work it to the point they can't work it anymore. So they might be able to work it all the way through; they may not because we might need additional information from the client. I wanted to address somebody mentioned about the letters that go out. And when we mail a letter, typically, we account for three days of mail time before we ask for an interview. And then if we mail something out on a Friday, we give it five days. So if there's a date that's wrong in there, then that was worker error, but that's the instruction to staff, in case you had a question about that. The other part of that three-prong approach, again, was the communication. So I did a...Thomas, our director, Thomas Pristow, and myself did a video for staff where we sent out a message on the importance of what we do and the importance that we management support the staff. We mentioned a lot of things that we've already done and a lot of it was the ideas from the staff. We talked about the importance of balancing life and work, that we understand staff have that. But we also talked about the importance of how we handle cases, and I think I know the case that was spoken about regarding...that was sent to you, Senator McGill. [LR400]

SENATOR MCGILL: Um-hum, and I appreciate how responsive you were when I called you. [LR400]

JILL SCHRECK: Absolutely, and actually didn't use the name of the individual but I used that as a sample of where we didn't do our job the right way and the impact that had. And so that was stressing the importance to our staff of why we need to follow the standard operating procedures, because it wasn't in that situation, and the impact that has when we don't. So I appreciate being made aware of those situations because I can do something about it. And we do follow through on staff performance because we want

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to know what we could do to help our staff but also if there's some who are struggling with some performance measures and things that we need. So we work really hard on that. Another part of the communication was we extended what we call, or expanded, our state BPR team, and it's something we do through our consultant, it's the business process reengineering team, to include more higher level folks for our technical side through IS&T, our communication person and our communication office. And community support specialist, we added a person there. And there's one other person I can't remember right now, but we expanded that team. So everybody can see where we need help to be better in SNAP, in all of our programs, timeliness, to include where do we fall on the N-FOCUS priorities because, you know, it changes, like Ruth said, you can't just make them overnight in N-FOCUS, and where do our changes fall in priority to other things like Medicaid or, you know, child welfare, other things, so stressing the importance of what our programs are about. In September, we did begin mandatory overtime for our staff. That began on Saturday, September 6. Staff have the option. Over the next month, they need to work 20 hours of overtime. Typically, that's five hours a week. And, you know, we are allowing...we sent an e-mail out about...it was from me. Sent an e-mail out about the mandatory overtime. We sent a clarification e-mail out recently after a couple concerns were brought up regarding vacation and if those will be granted. We've seen tremendous progress through this time with mandatory overtime and for the most part it's been well received by our staff. The average wait time I will tell you yesterday was 6:48. When I came here today there was a zero wait time, so zero wait time, not lying. (Laughter) A lot of that is because we've really gotten a lot of work done and I can tell you what some of that is. I talked about the new report we created regarding our SNAP timeliness. The SNAP cases over seven days as of July 14 was 105. For the week of September 15, it was three cases that were over seven days. For the initial SNAP cases that were over 30 days, we went from 3,495 the week of July 14 to 466 the week of September 15, so a very significant decline. And we aim to have zero in both categories, but sometimes over 30 days might be a matter of getting you additional information, so that may not always be zero. But for expedited, it should be zero. So we think we've made great progress. As of September 6 when our overtime

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started, staff began to work on applications that were already 24 days old when they'd pull it to work it. And as of today, they're working applications that are seven days old. And a lot of that, again, is our ANDI Center being caught up and that work done. So we're very proud of what progress we've made in the last couple months. A couple things that we continue to work on, we'll continue to work with our consultant in FNS. They're due back here at the end of this month. We think they've given us a lot of good ideas. And we're actually...the state of Colorado is coming in the first day, I believe it's September 29, to talk about what they've done, and we're going to show them what we do. They're very interested in our ANDI Center. We continue to monitor the work of our field staff to make sure everybody is following the standard operating procedures and are handling the cases in a timely manner, as well as giving them the support they need, additional training, things like that. We are making N-FOCUS changes as we can, and we work with OCIO. We're looking at a new phone system, so we'll continue to work with them. We're very interested in the new system that Medicaid has. We've started conversations with that entity to see what that would look like for us. And we continue to look at where we can align policy. So it helps our clients as well, and it also helps our staff. I wanted to address a couple things on the assigned worker. We do allow, if a client asks for an assigned worker, they can certainly do that. We have signs posted in our offices. It's also on our Web site and our community partners also have that information that somebody can request an assigned worker. Typically, if somebody wants one, they really just want their interview done. And if they say that's all they really wanted, then that's what they do. If they really want an assigned worker, they'll get an assigned worker. I think we might, the last time I (inaudible), it was like ten that we have assigned. Sometimes we recognize that somebody needs an assigned worker, and so we will do that if somebody has a lot of needs and it's a more complicated situation. We will assign a worker and we try to do that, assign them a worker in the area where they are located. So we won't assign somebody in Gering a worker in Omaha. We try to get as close to where they live as possible. As far as when somebody...our workers pull a case and they go to work it, they assign it to themselves for the period of time they're going to work it. Once they're done working the case, it goes back into universal. So it

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stays with them while we're asking for verification, things like that. But once they're done with it, it goes back into universal because, as Ruth said, once you...you know, if I'm gone for two weeks and I'm assigned that case, you know, I want the client to be the...I'm the only one they can talk to. So they can call into universal and to ACCESSNebraska and get somebody who can look at my case. And because of our document imaging and how we can view documents, anyone can see the information. It's not like a paper folder on somebody's desk that you can't see. I also wanted to mention the listening sessions. I believe I was at every one of those as well a couple of years ago. And we learn a lot from those listening sessions and through the community partner calls that we continue to have. I lead those community partner calls now and we've had one in person, we have another in person planned in October. I believe it's the 15th. And it's a lot of good information. But I would like to say, I think my community support specialists do an awesome job of working with our community partners and providing them information. They do presentations. They're there to help with the client that might need additional assistance. So I think they do an awesome job and are a very important part of ACCESSNebraska. So I think that's pretty much what I wanted to make sure I pointed out. [LR400]

SENATOR DUBAS: Good. Questions? Senator Howard. [LR400]

SENATOR HOWARD: I just have a specific question. What are your plans for the Cuming Street location in Omaha? [LR400]

JILL SCHRECK: Well, that's, you know, a lot of our (inaudible) are county based, so it's really up to the county on if they'll be able to keep us there. I do know they're looking at changing that location. They have other plans for it. [LR400]

SENATOR HOWARD: Because it's being torn down by CHI? [LR400]

JILL SCHRECK: And so I...I was just in a meeting about this yesterday, and I think there

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is another location north that they're looking at by the Family Dollar store maybe a little bit north of the Kellom (Elementary), at 24th and Cuming. [LR400]

SENATOR HOWARD: Okay. [LR400]

JILL SCHRECK: But I don't know if that's a done deal or not, but they are looking at different locations. [LR400]

SENATOR HOWARD: How much more time do you have there? [LR400]

JILL SCHRECK: I'm not sure, maybe like six months. I'm not sure. I'd have to check for sure, but it's not a lot. [LR400]

SENATOR HOWARD: Yeah, yeah, if you could follow up with me on that, that would be great. [LR400]

JILL SCHRECK: Yeah, um-hum. [LR400]

SENATOR DUBAS: Senator McGill. [LR400]

SENATOR MCGILL: Call times, maybe clarify for me a little bit more, maybe my brain wasn't listening well enough, about how you've been able to get it down to six minutes or nothing. And then what is the daily abandoned rate? Because I know we had...we've been collecting information from frontline workers and someone told us there is a third that were still being abandoned just a couple weeks ago. So that must...for most people that's probably because even waiting five minutes is too long. [LR400]

JILL SCHRECK: Sure. [LR400]

SENATOR MCGILL: You know, but if you could fill me in a little bit. [LR400]

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JILL SCHRECK: Well, I would say a lot of our call wait times going down is because of processing work time. You know, if we are getting benefits out to people, they're not calling us to see where their benefits are at. That's what I would say a lot of it is based on. [LR400]

SENATOR McGILL: Okay, that makes a lot of sense, yeah. [LR400]

JILL SCHRECK: I have the abandonment rate in front of me, but I would need a pair of glasses to read it. (Laughter) So our charts are very big, you know, they're big documents, so there's lots of data and so it's little. [LR400]

SENATOR McGILL: Yeah. [LR400]

JILL SCHRECK: It is high because it's based on a three-minute wait time. [LR400]

SENATOR McGILL: Okay. [LR400]

JILL SCHRECK: And a lot of people don't want to wait three minutes and certainly, you know,... [LR400]

SENATOR McGILL: Yeah. [LR400]

JILL SCHRECK: Even still, some people wait more than that. But three minutes is a long time, and that's what it's based on so, yeah, it is higher. It's getting better now. [LR400]

SENATOR McGILL: Yeah. [LR400]

JILL SCHRECK: When our call wait times are low, the abandonment rate is lesser.

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[LR400]

SENATOR McGILL: And I just want to clarify what the...my constituent's case, the person who was responsible was terminated? Is that what ended up happening? Or are they still... [LR400]

JILL SCHRECK: Well, I would never say what the personnel...what we do personnelwise. [LR400]

SENATOR McGILL: Okay, okay. [LR400]

JILL SCHRECK: But I would just say we addressed it. [LR400]

SENATOR McGILL: Okay, thank you. [LR400]

SENATOR DUBAS: Senator Crawford. [LR400]

SENATOR CRAWFORD: A couple questions. One, if someone is in ACCESSNebraska, they probably have a case number or something. And if someone were to have something happen where they thought they got incorrect information or were treated poorly, would a supervisor have a capability to figure out who that worker was based on the person's ID number and when they called? I mean so that could happen even if they didn't ask for that person's name. [LR400]

JILL SCHRECK: Yeah. There's a couple ways. First, any time you speak to a client, the worker is supposed to put something in the narrative that they spoke to the client. Secondly, if they don't do that, if you would say, I had this constituent, they called from this number at this time on this day, I can get the phone records and I can listen to the call myself, or (inaudible) or somebody can, and find out how that person was treated and we can locate that case. [LR400]

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SENATOR CRAWFORD: Good. I figured that was true, but I just wanted to confirm that that could happen if someone didn't ask for that information and we still could help them. [LR400]

JILL SCHRECK: Yes. [LR400]

SENATOR CRAWFORD: Great. Thank you. [LR400]

JILL SCHRECK: Um-hum. [LR400]

SENATOR CRAWFORD: And a couple other things. One, you mentioned the work with the community partners. So as I understood it, that would...that right now is for educating the partners, workshops for the partners so that they have good information they're working for clients that they're working with. [LR400]

JILL SCHRECK: Right. [LR400]

SENATOR CRAWFORD: Is there anything that goes beyond? I mean is that the main focus? Is there something else you're doing in that partnership? [LR400]

JILL SCHRECK: Well, in the calls that we do, it's basically to give them information, like if we had a change in SNAP eligibility deadlines or if we're going to change some process, like energy season is coming, you know, give them some information about energy season or if we made a change on our Web site so they can be aware. That's mainly what that's about and, as well, there's a time for them to give us feedback to say, you know, what do you think? On one of the calls, we did have our legal counsel come and explain the release of information form because he's better at it than I am because he's an attorney. And so those are kinds of information we share at those. When we do in person, what we plan to do in October, as an example, when we meet is to do a

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demonstration of how people can apply on-line and set up at "My Account" and show them in person. But the community support specialists are in more contact with them than just that. Like through the surveys, they were trying to find out what more can we do for you. So if a community partner represents a homeless population, they might say, can you come and be at this, you know, some kind of conference where the...you know, for homeless and take applications or provide information about ACCESSNebraska. And there's several homeless things going on in the next couple months that our community support specialists are participating in to take applications. [LR400]

RUTH VINEYARD: And in the division of responsibilities, Medicaid also has community support specialists, different roles now. They're out in the community also. When we first developed the community support specialists a number of years ago...I'm sorry. When we developed the community partner arrangements, the community partners had the opportunity to describe their level of involvement. Some just agreed to provide brochures in their location; others are more actively involved, and that continues. [LR400]

SENATOR CRAWFORD: One of the needs that we have heard quite a bit about is the ability for someone to ask questions and learn about programs and what's out there before they've applied. Like, I think most of us, we think we might need some help. But the first step would really be I want to know what's out there and before I go and start filling this application that might be frustrating, I want to get some information first. (Laugh) [LR400]

JILL SCHRECK: On our Web site that we share, you know, you can go in there and see what you might be eligible for. And then there is also...you can check links to see what is ADC, what's SNAP, and so you can see maybe, you know, I didn't know I could maybe be eligible for that, and you could do that. So it's a great tool. [LR400]

SENATOR CRAWFORD: Okay. [LR400]

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RUTH VINEYARD: Medicaid also partners with the navigators and the community assistors now because of the health insurance exchange and the universal application. So they are knowledgeable in Medicaid application as well. [LR400]

SENATOR CRAWFORD: And one last thing, just because we've heard it today. So if somebody is starting to fill out an application, I guess you said you still have to...yes, someone still has to put that information in. I was wondering if there was a way, if someone gets part of an application filled out, they could speed up the process by calling and getting help with a half-filled application. Or is it the case that when you start filling out an application and you don't get the right thing in page 1, you just can't go any further or don't fill out a page. [LR400]

RUTH VINEYARD: Well, you can...remember, you can...well, they can always save their application and come back to it. Certainly they can call in and get assistance filling out the application. It is an interactive application so that if you indicate you're a male it's not going to ask you pregnancy questions. [LR400]

SENATOR CRAWFORD: Okay. Okay. [LR400]

RUTH VINEYARD: So you do want to go through the flow. And it does pare down the questions. [LR400]

SENATOR CRAWFORD: Okay, okay. So that's... [LR400]

RUTH VINEYARD: So it doesn't ask us extraneous questions, yeah. [LR400]

SENATOR CRAWFORD: Okay. Okay. All right. I'm just trying to understand based on some comments that were made. Thank you. [LR400]

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SENATOR DUBAS: Senator McGill. [LR400]

SENATOR McGILL: I've got to tell you, when I heard that the SNAP wait time or processing time was going to go down to almost nothing by October, I'm like, yeah, right. (Laughter) So I'm impressed that you're...you know, the job you've been able to do. What is changing? What's the plan moving forward after that? So mandatory overtime is done with. How do we not get ourselves back into that mess? [LR400]

JILL SCHRECK: Very good question. (Laugh) Well, we think a lot of it will be through the standard operating procedures, making sure people are doing the work in the way we ask, which again, pull the case, work it to the point you can't work it anymore, monitor it to watch for alerts to see if the information came in, and work it right away. That's a big part of it. The ANDI Center, again, being caught up, as long as they can stay...and they have stayed caught up and that's, you know, that's not going to change for them. I think that's a lot of it, the sustaining standard operating procedures, supervisors and administrators following up, making sure that people are doing it and, you know, not get behind again because if you get behind it's hard to catch up. [LR400]

SENATOR McGILL: Yeah. [LR400]

JILL SCHRECK: So my expectation is that we will. [LR400]

RUTH VINEYARD: And, Senator, I would say that, you know, we've been talking about this. This is exactly the situation we had. So we had a large backlog of work when we moved Medicaid eligibility over. We've concentrated an extraordinary amount of effort on getting through that backlog. Once we got to the other side of it, we could start developing business-as-usual protocols around supervision and expectations, and that's exactly what Jill is doing is the concerted effort to get over the hump. And then you can really develop your processes around that. [LR400]

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SENATOR McGILL: Do you feel like between your two divisions that employees are balanced properly, not necessarily hiring new workers, but shifting some over? Do you feel that the right balance is there between the two? [LR400]

RUTH VINEYARD: Sure. [LR400]

JILL SCHRECK: Well, I think just within our own area we're always trying to find a balance. I mean, we kind of mentioned that earlier. So we don't know, I mean, this is the right number because, you know, we haven't been this caught up before. (Laugh) [LR400]

SENATOR McGILL: Yeah, phew. [LR400]

JILL SCHRECK: So, yeah, it is...it's...I look at the screen myself sometimes like, really, is that true? So to know that, you know, we don't know if we should have more or less because...I'm pretty sure we don't need less. [LR400]

SENATOR McGILL: Yeah. [LR400]

JILL SCHRECK: But, you know, if we need more, we won't know that until we see if we can sustain what we have. [LR400]

RUTH VINEYARD: And I would say the same holds true, and we've talked about this internally, that the Medicaid system is so new right now with the interface with the federal marketplace... [LR400]

SENATOR McGILL: Okay. [LR400]

RUTH VINEYARD: ...and the federal marketplace still not solid on their feet. So until all of those things, until we get through a few years of regularity, we won't really know. So

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did we split it correctly? Well, we did at the time. We had random (inaudible) studies that showed how many staff worked Medicaid, how many staff worked SNAP and TANF.
[LR400]

SENATOR McGILL: Okay. [LR400]

RUTH VINEYARD: We needed that for our federal matching dollars, so we used that metric to split the staff. So we think we did it right; we hope we did it right. [LR400]

JILL SCHRECK: We did the best we could. [LR400]

RUTH VINEYARD: Yeah, that's right. And we do assist each other. So when Jill implemented this concerted effort, the Medicaid ANDI Center staff started helping with applications and data entry into the system, and we took over some of the document imaging functions. We helped with a particular type of caseload to get through some of that, but... [LR400]

JILL SCHRECK: But we're all on our own now. [LR400]

RUTH VINEYARD: But remember that, you know, as we separated, policies changed significantly. So it's not like I can move a Medicaid work force over to help them with food stamp cases and vice versa. But we can help in other ways and we do. We share information. We share success...what we did that was successful, where we struggled, and we get the same thing through our administrator meetings. [LR400]

SENATOR McGILL: What can we do for...this is a question for Jill...to help people work around their jobs or employment when it comes to these interviews and setting them up? Is there anything you guys have been doing to think about that since they are taking that time away from work? [LR400]

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JILL SCHRECK: Well, that situation was poor on our part. [LR400]

SENATOR McGILL: Yeah, clearly. [LR400]

JILL SCHRECK: But for the most part, we do...first, we do the cold call typically. If by chance we catch them, great; if not, then we send a letter saying we're going to call you on this date. But if you want to call us at another time, you can certainly do so. [LR400]

SENATOR McGILL: Okay. [LR400]

JILL SCHRECK: So they can call. [LR400]

SENATOR McGILL: Okay, because I know that was something. It wasn't just her. I think a few other people were talking about the concerns of what time they can make those calls. [LR400]

JILL SCHRECK: Yeah. [LR400]

SENATOR McGILL: Okay. [LR400]

RUTH VINEYARD: We also both looked at each other when we heard the concern about you need to call back because I'm calling from a... [LR400]

SENATOR McGILL: Yeah. [LR400]

RUTH VINEYARD: Neither one of us have that expectation, so I don't know where that came from but we'll go back and check. [LR400]

SENATOR McGILL: Okay. [LR400]

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JILL SCHRECK: Well, and I was actually instant messaging Sheila at the time because I'm like, that's the first I heard of that. [LR400]

SENATOR McGILL: What is this? [LR400]

JILL SCHRECK: She's...because we do call out for interviews now where before we used to require them to call in for every interview and then they had long wait times and they missed interviews. So we are calling out for the most part, so. [LR400]

SENATOR McGILL: Okay. How long has that been the case where you're calling out to them? [LR400]

JILL SCHRECK: Oh, gosh. It's been months. I don't know exactly. It's... [LR400]

SENATOR McGILL: Okay, but within months, because I know some people's stories were still... [LR400]

JILL SCHRECK: I'd say within the last year probably. [LR400]

SENATOR McGILL: Okay. [LR400]

JILL SCHRECK: But I don't know for sure. [LR400]

SENATOR McGILL: Okay. [LR400]

JILL SCHRECK: It's been quite awhile. [LR400]

SENATOR McGILL: Okay. Sorry. [LR400]

JILL SCHRECK: So, yeah, we don't limit our staff to...that they can't call in. [LR400]

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SENATOR McGILL: I've asked too many questions. [LR400]

SENATOR DUBAS: No, that's fine. No, no, that's what we're here for, and that's...I appreciate you asking the questions. I do have a couple myself, as well as to follow up, just kind of following up on Senator McGill's question about being more available. Is there any talk about extending call center times to, you know, early in the morning, later in the evening? I know someone somewhere along the line with all the people I've talked to said, you know, call out to Scottsbluff because, you know, they're an hour behind us so, you know, so people who are getting off of work at 5:00 here can still call out. [LR400]

JILL SCHRECK: Right, because we are open 8:00 to 5:00 central and western. So it's actually 6:00 here because it's 5:00 there, so we still have staff in Scottsbluff and even in our Fremont customer service center. [LR400]

SENATOR DUBAS: Okay. So is there any talk about extending... [LR400]

JILL SCHRECK: We haven't talked about it. When we were saying, you know, like last spring, so, okay, we're doing better now, during the summer we hit a spike but now that we're kind of back, you know, if we hear that that's still a concern when people can't get through to us, then certainly we'd continue to look at that as an option. [LR400]

RUTH VINEYARD: We did look at that as an option, in fact, had staffed up for Saturdays and extended hours, and we were finding that as we...with a limited resource pool, as we moved staff out longer days and into the Saturdays, we were struggling with covering the lunch-hour time slots and the...we do allow staff to work ten-hour days, so we've made some of those changes. But we haven't found the need to extend the hours. And it could be because of the fact that we don't have the same requirements for interviews or calls. Now we do take the phone applications, which is starting to increase

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our call times, so we will always keep that option open. [LR400]

SENATOR DUBAS: Jill, you mentioned that the FNS team will be back at the end of this month. Will they be meeting here in Lincoln? Where will you be meeting? [LR400]

JILL SCHRECK: We're kind of all over. The first day, since Colorado is coming and they want to see our Document Imaging Center, we'll start there on Monday. On Tuesday, we'll be at the Fremont customer service center. Wednesday, we'll be in Columbus at the local office. Thursday, we'll be here in the morning for our state BPR team and then back to the ANDI Center in the afternoon on Thursday. [LR400]

SENATOR DUBAS: Okay, well, I may follow up with you and if it works for me or any of the committee members who'd like to attend any one of those... [LR400]

JILL SCHRECK: Absolutely. [LR400]

SENATOR DUBAS: ...that was very helpful for me, I know, and I know Senator Crawford was there in Fremont too. [LR400]

JILL SCHRECK: You're invited anytime. [LR400]

SENATOR DUBAS: So we'll do some follow-up on where those meetings are going to be held. One last question. And I know you brought up the video that you sent out to people and I know why you sent it and I know the intention behind it. But I also know that, you know, your staff is feeling rather stressed right now and a little anxious about things. And I've gotten feedback from some staff who felt like the message was: If you're not with us, then you need to get out. I just want to give you this opportunity to kind of put the message out there. If for whatever reason someone can't do the overtime or there's some challenges or whatever the reasons are, is their job in jeopardy? [LR400]

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JILL SCHRECK: No. I mean, what we look at, there's certainly some medical reasons, and we look at each one of those on an individual basis. We look at vacation was the clarification I sent out an e-mail about that because we'd say, you know, we won't be...if you already have vacation plans, that's great; if you don't, you know, I just didn't really address that you couldn't, I guess. So we sent clarification: You can request it, but it'll be approved on a case-by-case basis because what we've seen--part of I think also our improved wait times--is we have a lot of your staff calling in sick and a lot fewer taking vacation. And so that makes more staff available. So we look at it on a case-by-case basis. So certainly it's not a matter of, you know, if my husband comes home on military leave and I didn't know it, we're certainly going to let that person off work to be with their husband who came home on military leave. And, you know, the overtime thing will be different. So it's definitely a case-by-base basis. The term, I used a phrase then. It was a phrase that I got from a speaker when I worked for another department with the government and it stuck with me. And I was in the same pool of people as everybody else. The location of job was changing and you had to make a decision: You were going to be willing to drive to Lincoln to keep your job or you're going to take a layoff. And the person...and there was a lot of hard feelings. And the speaker said, you know, if you can't get into it, get out of it; if you can't get out of it, get into it. And we have a very diverse work force. We have a lot of folks who have been around a long time and change has been very hard for them. You know, the ACCESSNebraska, we've had a lot of different changes in management. And some of them adjusted really well to that and some have not. And when we have situations when we're not taking care of our clients, we have to address that. And some of them: Oh, gosh, that's awful, I won't do that again. And they just do spectacular. And others are, you know, just resistant to standard operating procedures and things, and we have to address that because there's certain performance. If everybody doesn't perform at a certain level, you know, we're not going to be successful. And so we just have to address that. And...but to me, I guess when I heard the message when I was on the other end of it myself, it wasn't a negative. It was more, what makes you happy? And I did say that in my message as well. I'm sure a lot

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of that gets lost, the nice things I've said in my message (inaudible) maybe came across nicer was, you know, you need balance in your life, you know, we recognize you have a...people have families or, you know, their obligations, and we want them to be happy. And if you're not happy in your job, then you have to look at that, you know, and that's what I said in my message. But I also recognized that we as management recognize there's a balance, and we want to support them wherever we can so that they feel supported at work and they want to come to work. But then we have an expectation from them that, when they're here, they're going to give 100 percent. And if...they have to take care of themselves so that, you know, they're healthy and can do that. So I guess I wrote the message myself, it was all me, take 100 percent responsibility for it. And it was very heartfelt because I care deeply about my staff and I know they work really hard and they've been through a lot of changes. [LR400]

SENATOR DUBAS: So the underlying message you are trying to convey is: We want to support you, we want to help you... [LR400]

JILL SCHRECK: Yep. [LR400]

SENATOR DUBAS: ...we've got challenges, we need everybody to be on board, what can we do to help you be on board? [LR400]

JILL SCHRECK: Yeah. Absolutely, absolutely. [LR400]

SENATOR DUBAS: And again, I get where staff is coming from because it has been a very stressful several years. [LR400]

JILL SCHRECK: It has. [LR400]

SENATOR DUBAS: And they're struggling with the changes and trying to take care of their clients, so there's just a lot of frustration on everybody's part. [LR400]

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JILL SCHRECK: There is. [LR400]

SENATOR DUBAS: And so I just want the staff to understand... [LR400]

JILL SCHRECK: Right. [LR400]

SENATOR DUBAS: ...you know, we heard their concerns and their frustrations. I met with Director Pristow last week. I conveyed that message to him as well. So I'm appreciative of your recognition of that. One more question, and I know you have said that the overtime is definitely helping you, you're making incredible progress on getting the backlog of these SNAP applications. Just going to kind of be a devil's advocate a little bit at you and throw something out here. Is it costing us anywhere else? Are we having...are we sacrificing applications in other program areas in order to be very focused on getting this backlog taken care of? [LR400]

JILL SCHRECK: No, because when we...application for us is not just SNAP. It's SNAP, ADC, I mean, whatever the person is applying for. We don't just handle SNAP and, oh, they would look there, we don't look good over here. We handle it all at the same time. So we are handling...it's helping other areas, frankly, because we are processing everything more timely than we were before. So it's not, you know, it...if there is a cost somewhere else, I don't know where it is, other than the cost of overtime, you know, dollar cost, so. [LR400]

SENATOR DUBAS: Very good. [LR400]

JILL SCHRECK: But it's helping in every area. I mean, the referrals to our Employment First contractor, they're getting done more timely, so if people can participate in that. I'm sure it's helping our clients because they're not...you know, if they have limited minutes, you know, it's helping their cell phone time and any time they have to spend away from

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work to be on the phone with us because there's not a wait time, we're handling it quicker, and they don't even have to call us anymore because we're, you know, we're getting the benefits to them, they don't have to call and check. So I think in many ways it's saving a lot of people time and energy. [LR400]

SENATOR DUBAS: Very good. Are there any other questions from the committee?
Senator Crawford. [LR400]

SENATOR CRAWFORD: Thank you. So is there...is this mandatory overtime? Have you had...you have an expectation that it's going to last a certain amount of time...
[LR400]

JILL SCHRECK: Yes. [LR400]

SENATOR CRAWFORD: ...and that there are goals you're trying to hit to end it? And the second question is just if there was something that really drove this October push, like, why the focus to get things caught up by October? [LR400]

JILL SCHRECK: Well, we just hit a point we realized we were at a...you know, our backlog was getting worse instead of better, and it was just time to do something more. And so we did the mandatory overtime, and there was some computation involved to figure out how much overtime would we need from each worker, eligible worker. So if somebody is a new trainee, they're not going to be...we're not asking them to do overtime because they have limited knowledge on what they can do. If somebody is out on FMLA, obviously, that's different. So it all varies. We did some calculations on what the expectation is for each one, and so every...last week was 30 days, so through the first week, October 7 I think it is, so 20 hours for each social service worker and lead worker. And we do have expectation numbers for each, like, local office social service worker and service area. Every Wednesday, yesterday was the first one, I sent out some data on where we were at as of yesterday. And then next Wednesday I'll send

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another one because we have to get reports on Monday. Somebody has to work on them Tuesday, and so it takes a couple days for us to get them all together and to see where we're at. And so we'll send a weekly update to staff to show what great progress they're making, because they are making great progress and it shows. I would say before the mandatory overtime we were making good progress, too, but this is really going to take us to that next level; that is, just the 30-day period. [LR400]

SENATOR CRAWFORD: Okay. Thank you. [LR400]

SENATOR DUBAS: Anything else? [LR400]

SENATOR McGILL: I think they've cleaned the house out or may have really started to anyway. [LR400]

SENATOR DUBAS: Well, I thank both of you for coming forward and answering the questions. [LR400]

RUTH VINEYARD: Yes, um-hum. [LR400]

JILL SCHRECK: Absolutely. [LR400]

SENATOR DUBAS: (Exhibits 10-12) Before we conclude the hearing, this is probably going to be the only public hearing that we're going to have on ACCESS. We've had a lot of briefings over the summer and we'll probably still have a couple more briefings for the committee and some additional work. And, you know, there may be an indication that we need another public hearing. But right now it appears this is our only public hearing, so I just want to make sure that I'm getting some things into the record for that fact. And, you know, from the beginning, from the time I introduced this resolution, it was not a resolution to indict anybody. It wasn't a resolution to point fingers and accuse people of ulterior motives or wrongdoing. It was just, how do we get to the bottom of

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what's wrong with ACCESS? How do we really know? You know, we've been nibbling around the edges through different legislation and what have you, and it became apparent that it wasn't going to be one piece of legislation or even two pieces of legislation, that it's just a big problem and we really need to roll up our sleeves and get into it. And that was the intent of my resolution, to be able to put out in a final report form what the problems are, where we started, the progress we've made, what appears to be working, what is continuing to be the problems, and then to really put together some very serious recommendations for the up...for the next Legislature to consider that, if you want ACCESS to be the program that everybody originally intended it to be, these are the things that you're going to have to do, these are your options. And you know, I debated about whether we should even have a public hearing at all because there had been so many public hearings about ACCESS and so many opportunities that people came forward and presented their grievances and...but I just decided, you know, we really do need to have this opportunity to let people continue to come forward to enter into the record what's working, what's not. I think it's important for this committee, for the Legislature, the department, and the future administration to know there are still problems, there are still serious problems. And I think, you know, in talking with staff, they're going to admit there are still problems. They're working very hard to try to address those problems and correct them, but we need to be on the record that there are still very serious and ongoing problems with ACCESS and they are costing the state dollars. And not only are they costing the state dollars, but they're costing our citizens. They're costing our citizens services that they should be getting, and none of us want to see that happen. So we need to make sure that we are still getting that on the record and acknowledging it. And I do want to acknowledge the employees. I think I can speak for the entire committee. We all took the time to visit every call center, every local office, the imaging centers. We hit them all at various times over the summer and had the opportunity to talk to staff. We talked with staff individually. I know they are dedicated, they want to take care of their clients. They're in this line of work because they want to take care of people. But I also know that many times your hands are tied and you maybe can't always do the things you would like to do or think that you should be able

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to do. And I think all too often we have put staff from the top to the bottom, entry level all along the line, we are asking you to make a silk purse out of a sow's ear many times. We are not giving you the resources that you need to do or maybe we're not giving you the staff. There just are a lot of things that we're asking you to do something but, yet, we're not giving you the tools that you need to do it. So I want you to know that this committee, myself in particular, we hear your pleas; we hear your concerns; we know there are people out there who truly need our assistance; and we know there are employees who care about the citizens and they do want to serve them. So when this report is final, it's my intention, and I won't be able to come back and follow through on anything, but I know there's members of this committee as well as other members in the Legislature who really want to follow through with this. And I hope that we will have a report that identifies the problems but also identifies solutions. No doubt, there will be a price tag attached to it. There always is. So the question will be the political will and the wherewithal to make ACCESS the program that it truly was intended to be. So again, I want this...I want to thank everybody for the work that they've done, my committee, the department. When I've called, you have answered my questions; you have made your staff available; you have been as cooperative as you have been able to be. And so I really want to tell you how much I appreciate that because we can't put together a factual report if we don't have the facts, and you have helped us get to those. So my staff has been incredible. I want this to be a report that people can look at and say, yep, you know, we did the best job that we could to put the information out there and we didn't just put together what the problems are, we really created solutions. So thanks to everybody who's testified and who's taken any part in this whatsoever. I do need to enter a couple of things into the record: an e-mail that was sent to me today, I would like to enter that into the record, as well as a couple members of Arc of Nebraska, Mindy Price, and Jody Faltys. So with that, I think that closes our hearing for today. Thank you all for your attendance and your attention. [LR400]