

**ONE HUNDRED SECOND LEGISLATURE - SECOND SESSION - 2012**  
**COMMITTEE STATEMENT**  
**LB825**

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**Hearing Date:** Wednesday January 25, 2012  
**Committee On:** Health and Human Services  
**Introducer:** Dubas  
**One Liner:** Establish local offices for access to public benefit programs

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**Roll Call Vote - Final Committee Action:**  
Advanced to General File with amendment(s)

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**Vote Results:**  
**Aye:** 7 Senators Bloomfield, Campbell, Cook, Gloor, Howard, Krist, Lambert  
**Nay:**  
**Absent:**  
**Present Not Voting:**

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<b>Proponents:</b>	<b>Representing:</b>
Senator Annette Dubas	District #34
Steven Walline	Self
Richard Maciejewski	Self
Doris Gunn	Self
Julie Dake Abel	NAPE/AFSCME Local 61
Robert Sterken	NAPE/AFSCME Local 61
Nicole Kallhoff	Self
Shari Wells	Children's Respite Care Center
Mark Intermill	AARP
Brendon Polt	Nebraska Health Care Association / Nebraska Assisted Living Association
James Goddard	Nebraska Appleseed
Janine Stearns	Self
Connie Cooper	Northeast Nebraska Area Agency on Aging

<b>Opponents:</b>	<b>Representing:</b>
Scot Adams	DHHS Division of Children and Family Services

<b>Neutral:</b>	<b>Representing:</b>
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**Summary of purpose and/or changes:**

LB 825 provides that by October 1, 2012 the department will establish, in buildings or structures currently or recently used to house local health and human services offices, twenty-five local offices throughout the state to provide in person services for individuals to access public benefit programs administered by the department. These local offices will be open a minimum of forty hours per week and be staffed by case workers and support staff to assist clients to complete applications, determine eligibility, and answer questions. LB 825 requires that, to the greatest extent possible, the applications shall be processed within twenty-four hours after the client applies. Each local office will be equipped with computers, telephones, and scanning equipment for client use.

The bill requires the department to utilize both call centers and direct service provision in local centers and call centers.

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Direct services employees shall assist: persons with chronic or mental health disorders and the elderly; and complex cases including medicaid waiver cases, medicaid spousal impoverished cases, disability cases, and other similar cases.

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**Explanation of amendments:**

The Committee Amendment becomes the bill.

The Committee Amendment provides changes to ACCESS NE. It combines parts of LB825 (Dubas) with LB1016 (Conrad) including clean up language.

ACCESS Nebraska is the Department of Health and Human Service's (DHHS) computer online and automated phone system for applying and renewing public assistance benefits. Those benefits include programs such as Medicaid, SNAP, or aid to the blind, aged, elderly or disabled. The goal of ACCESS Nebraska is to assist with application by providing online serves; and attain cost containment by centralizing the process, utilizing call centers and reducing costs associated with caseworkers handling all applications in person. However, the change to online and automated phone systems have resulted, for numerous people applying for benefits, in long waiting periods on the phone; difficulty obtaining accurate, timely information; and problems processing applications. The Committee Amendment is meant to provide opportunities for face to face individualized attention for those who need assistance, either with a Community Support Specialist caseworker individually, or a Community Based Organization. Additionally Community Support Specialists will provide training to the Community Support Specialist for Community Based Organizations to support ACCESS NE and effectively serve clients by facilitating their applications and obtain answers to their question..

Sec. 1 Defines client, community-base organization, economic assistance programs, and existing local offices.

Sec. 2 requires DHHS to staff existing local offices with caseworkers for in-person help to clients, instead of establishing 25 new offices to be staffed 40 hours/week as in the original bill.

Sec. 2(3) gives DHHS guidelines to determine the appropriate numbers of staff needed at each existing local office.

Sec. 2(4) requires caseworkers at local offices to:

- Help clients complete assistance and renewal applications
- Screen clients for program eligibility
- Interview clients
- Determine program eligibility
- Answer questions

Sec. 2(5) requires call centers to take appointments for in-person interviews upon request of the client.

Sec. 3 requires caseworkers to be available to assist clients. A dedicated caseworker shall be assigned upon the request of a client with chronic physical or mental disorders, the elderly that require continuing care and complex cases.

Sec. 4 redefines the duties of a Community Support Specialist (CSS) to include:

- Act as a liaison between the department and community-based organizations (CBOs)
- Facilitate client assistance
- Train CBOs in how to help clients
- Respond to client problems

Sec. 4(2) gives DHHS guidelines to determine the appropriate numbers and hours of a CSS.

Sec. 5 requires DHHS to enter into contracts allowing CBO's to be satellite offices for department caseworkers, with compensation provided to the CBO's. Gives guidelines for DHHS to determine the appropriate numbers of contracts needed to assist clients.

Sec. 6 gives reporting guidelines and deadlines to DHHS for carrying out this act.

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Kathy Campbell, Chairperson