

# **Department of Health and Human Services: An Analysis of the Application Process for Public Assistance Programs**

Legislative Oversight Committee  
Nebraska Legislature

**December 2025**



## **Legislative Oversight Committee**

Senator Myron Dorn, Chair  
Senator Mike Jacobson, Vice Chair  
Speaker John Arch  
Senator Carolyn Bosn  
Senator Brian Hardin  
Senator Machaela Cavanaugh  
Senator Robert Clements  
Senator Ben Hansen  
Senator Merv Riepe

## **Legislative Audit Office**

Stephanie Meese, Legislative Auditor  
Franceska Cassell, Deputy Legislative Auditor  
Traci Johns, Division Executive Assistant  
Performance Auditors:  
Anthony Circo  
Matthew Gregory  
William Hertzler  
Adam Hohensee

Audit reports are available on the Legislature's website ([www.nebraskalegislature.gov](http://www.nebraskalegislature.gov)) or can be obtained from the Legislative Audit Office at 402.471.1282

Cover photo by Karola G via Pexels website.

**LEGISLATIVE AUDIT OFFICE**  
**Nebraska Legislature**  
**1225 L Street, Suite 502 • Box 94604 • Lincoln**

# **Table of Contents**

---

- I. Audit Summary & Committee Recommendations**
- II. Legislative Audit Office Report**
- III. Agency Response and Fiscal Analyst's Opinion**



## **I. Audit Summary & Committee Recommendations**



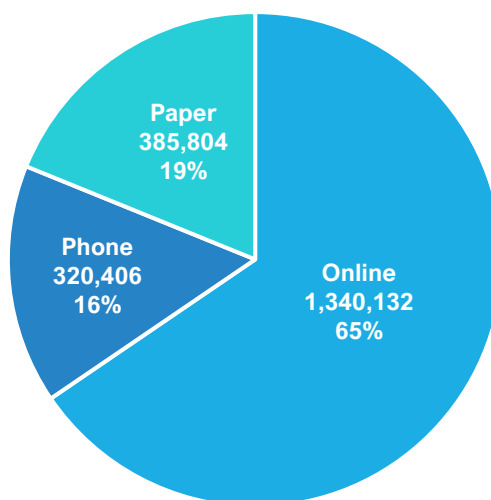
## Audit Summary and Committee Recommendations

This section contains a brief summary of the audit, the audit findings and results, and the Legislative Oversight Committee's recommendations.

### PUBLIC ASSISTANCE PROGRAMS

The Department of Health and Human Services (DHHS) administers a number of public assistance programs for the state. There are four ways to apply for these programs: online through the iServe Nebraska portal, calling the DHHS application phone number, visiting a DHHS-staffed office, or printing an application and mailing it to DHHS.

From 2019 through 2024, there were over two million applications for public assistance programs submitted. The majority of applications, about 1.3 million (65%), were completed online. There were about 386,000 paper applications and over 320,000 phone applications submitted during this same time period.



### iSERVE NEBRASKA

After working with several contractors to develop an updated online eligibility and enrollment system for public assistance programs, DHHS began the transition to the iServe Nebraska portal in April 2022. In October 2023, an integrated application combining both Economic Assistance and Medicaid applications launched (previously, applying for EA programs and Medicaid involved two separate applications).

The iServe project had a budget of almost \$105 million, however, DHHS spent a little less than \$50 million, or slightly less than half of the budgeted amount. Additionally, all outstanding implementation projects were finished within their targeted timelines and the portal is fully complete and operational.

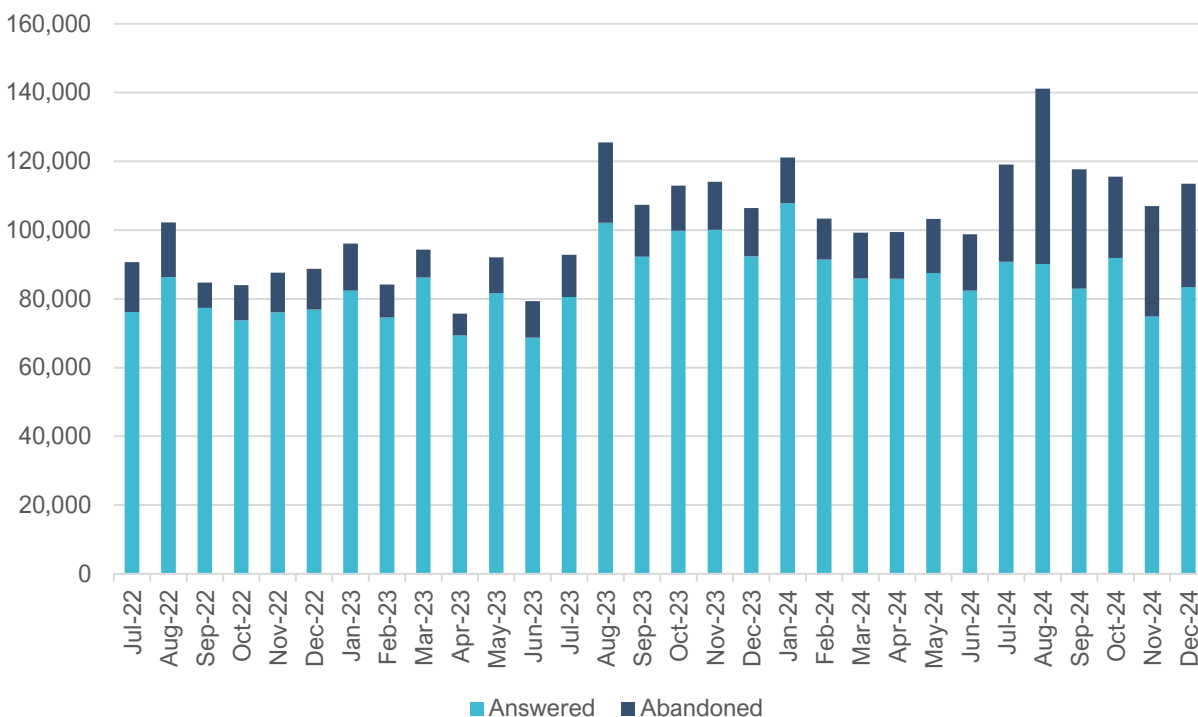
## PUBLIC ASSISTANCE CALL CENTERS

DHHS has five call centers in Fremont, Lexington, Lincoln, Omaha, and Scottsbluff that assist individuals with applying for public assistance programs over the phone. DHHS call center staff can take phone applications, interview individuals when required by the program, and make determinations regarding program eligibility.

In 2020, DHHS contracted with outside vendors to assist with an increase in customer calls caused by the COVID-19 pandemic. When call volume returned to pre-pandemic levels, contractors were mostly phased out: only one vendor continues to process incoming calls. Staff working for outside call center vendors have a more limited scope of tasks: they can answer questions and take phone applications but cannot make eligibility determinations.

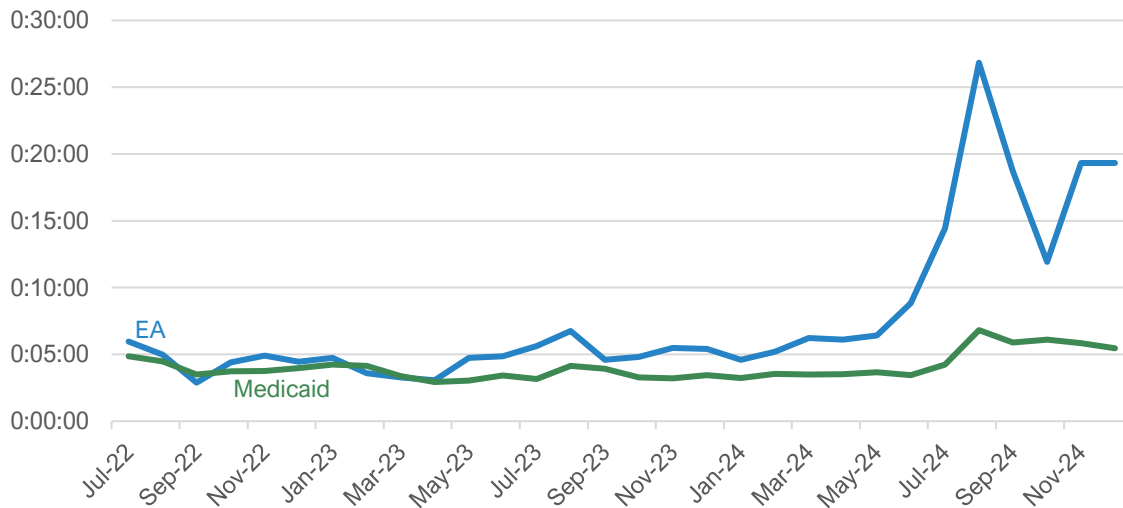
From July 2022 to December 2024, the total number of calls received by DHHS and their contractors together, for all public assistance program calls, was just over 3 million. Overall, there was an increase in the number of calls received—prior to August 2023, the number of calls received was generally under 100,000 calls each month. After August 2023, the number of calls received each month was always near or well above 100,000.

Over the review period, while the number fluctuated month to month, there was an increase in the percentage of abandoned calls—increasing from 16% in January 2022 to 27% in December 2024.





The amount of time a caller waited for their call to be answered was relatively steady in 2022 and 2023, generally below or around 5 minutes for both Economic Assistance and Medicaid. However, starting in March 2024, Economic Assistance calls surpassed 6 minutes of wait time and grew steadily to a high of almost 27 minutes in August 2024. In August 2024, Medicaid calls also hit their longest wait time, around 7 minutes.



## AUDIT FINDINGS

### SECTION II

**Finding (p. 8):** The iServe Nebraska project was fully implemented by the Department of Health and Human Services in the targeted timeline and came in under budget, using slightly less than half of the funds allocated for the project.

**Recommendation:** None.

### SECTION III

**Finding (p. 19):** For Economic Assistance calls, the Department of Health and Human Services was at or near its wait time goal from July 2021 to May 2024, but did not meet the goal from June 2024 to December 2024, even when the goal increased from 5 to 10 minutes in August 2024. For Medicaid calls, the Department of Health and Human Services met the wait time goal every month of the review period.

**Discussion:** While DHHS failed to meet their wait time goal for Economic Assistance goals for the last seven months of our review period, more recent data reported by DHHS in their monthly Performance Metrics reports shows that wait times have been at or under 10 minutes regularly since February 2025.

**Recommendation:** If the Legislature is concerned about call wait times, they can continue to monitor data to determine if future legislative action is needed.



## **II. Legislative Audit Office Report**



Legislative Audit Office Report

**Department of Health and Human Services: An  
Analysis of the Application Process for Public  
Assistance Programs**

**December 2025**

---

Prepared by  
**Stephanie Meese**  
**Matthew Gregory**





# REPORT TABLE OF CONTENTS

---

INTRODUCTION .....	1
 SECTION I: Public Assistance Programs.....	3
Economic Assistance and Medicaid Programs .....	3
Program Enrollment.....	4
Applications by Type.....	4
 SECTION II: iServe Nebraska.....	7
iServe History and Development .....	7
iServe Implementation and Budget .....	8
iServe Nebraska Portal Overview .....	8
 SECTION III: Public Assistance Call Centers .....	11
Department of Health and Human Services Call Centers .....	11
Contracted Call Center Vendors .....	11
Incoming Public Assistance Calls .....	12
DHHS Call Center Staffing .....	13
Call Center Data Analysis .....	16
Total Calls .....	16
Average Wait Times.....	18
DHHS Calls (Economic Assistance and Medicaid).....	20
Average Handling Time.....	21
Contractor Calls (Economic Assistance and Medicaid) .....	22
Economic Assistance Calls (DHHS and Contractors).....	23
Medicaid Calls (DHHS and Contractors) .....	25





# INTRODUCTION

On December 17, 2024, the Legislative Performance Audit Committee (Committee) approved a scope statement for a Legislative Audit Office (Office) audit of Department of Health and Human Services (DHHS) call centers for public assistance programs, including an examination of the history and implementation of iServe Nebraska.<sup>1</sup>

The Committee directed the Office to address the following in the audit:

1. Describe the history and development of iServe Nebraska and provide an update on implementation.
  - a. What are the goals of iServe Nebraska and how have they changed during project development? To what extent has iServe Nebraska met these goals, including deadlines for implementation and replacement of ACCESSNebraska?
  - b. To what extent is iServe Nebraska available for use by staff and clients?
2. Examine and describe staffing patterns for assistance programs administered through ACCESSNebraska.
  - a. For assistance programs administered through ACCESSNebraska, including customer service centers, how have staffing and wages changed since 2019?
  - b. To what extent has DHHS contracted out staffing for ACCESSNebraska tasks since the beginning of 2019? To what level has DHHS outsourced customer service center staffing and responsibilities?
3. Examine and describe the outcomes when contacting DHHS about assistance programs.
  - a. Explore how outcomes—including call wait times, call abandonment rates, call length, and application processing times—have changed since 2019.

The Committee also asked auditors to look at outcomes regarding busy signals, however, the phone system used by DHHS no longer has busy signals—callers are instead placed in a queue to wait for an available worker.

Section I of the report provides an overview of enrollment in public assistance programs and looks at data regarding applications for these programs. Section II discusses iServe Nebraska's history and implementation. Section III looks at public assistance call centers—both DHHS and the vendors DHHS contracts with to provide call center services—as well as vacancies in DHHS call centers. Section III also looks at call center data for calls about public assistance programs.

The Office appreciates the cooperation of DHHS staff during the course of the audit. Special thanks to Katelyn Abraham and Franceska Cassell for their contributions to this report.

---

<sup>1</sup> Under LB 298 (2025), the Committee's name was changed to the Legislative Oversight Committee.

## AUDITING STANDARDS COMPLIANCE STATEMENT

We conducted this performance audit in accordance with generally accepted government auditing standards, with two statutory exceptions regarding continuing education hours and peer review frequency.<sup>2</sup> As required by auditing standards, we assessed the significance of noncompliance on the objectives for this audit and determined there was no impact. The exceptions do not change the standards requiring that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on the audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on the audit objectives. The methodologies used are described briefly in each section.

---

<sup>2</sup> Neb. Rev. Stat. § 50-1205.01.

## SECTION I: Public Assistance Programs

In this section, we describe enrollment in public assistance programs and look at application data for these programs, by program and by type of application.

### ECONOMIC ASSISTANCE AND MEDICAID PROGRAMS

The Department of Health and Human Services (DHHS) administers a number of Economic Assistance and Medicaid programs for the state. These public assistance programs, shown in the table below, use a combined application that is available on the iServe Nebraska portal, discussed more in Section II.

PUBLIC ASSISTANCE PROGRAMS	
Economic Assistance	
<b>Aid to Dependent Children</b>	Financial assistance or cash payment to help support children 18 and younger who live in the household
<b>Assistance to the Aged, Blind and Disabled</b>	Provides cash payment or financial assistance to individuals who are receiving Supplemental Security Income through the Social Security Administration, age 65 or older, blind, or disabled
<b>Child Care Subsidy</b>	Helps pay for child care services
<b>Emergency Assistance</b>	Financial assistance or other services to households with children that lack food, shelter, and/or medical care due to an emergency situation
<b>Low Income Home Energy Assistance (LIHEAP)</b>	Helps households pay for heating, cooling, deposits, repairs and eligible crisis/disconnect situations
<b>Refugee Resettlement Program</b>	Helps eligible individuals who have moved to the United States within the past 12 months with cash, medical, and non-cash benefits
<b>Social Services for the Aged and Disabled</b>	Helps aged or disabled individuals pay for needed services to remain in their home independently
<b>Supplemental Nutrition Assistance Program (SNAP)</b>	Helps low-income households buy food
Medicaid	
<b>Aged and Disabled Adults Medicaid</b>	Health care services for seniors and individuals with disabilities
<b>Children and Families Medicaid</b>	Health care services for eligible for low-income families

Source: iServe Nebraska application, <https://iserve.nebraska.gov/apply/program-select>.

## PROGRAM ENROLLMENT

When examining the benefits provided by each program, it is important to note that an individual may receive benefits from multiple programs in any month. The public assistance programs examined in this audit differed in average monthly enrollment from 2019 to 2024 (Figure 1.1). Children and Families Medicaid had the highest average monthly enrollment for Medicaid programs, averaging between 172,000 to 296,000 participants. For Economic Assistance programs, SNAP (Supplemental Nutrition Assistance Program) had the highest average monthly enrollment, averaging between 155,000 to 159,000 participants.

**Figure 1.1 Of the public assistance programs examined, Children and Families Medicaid and SNAP had the highest average monthly enrollment each year.**

Assistance Program	Average Monthly Participants					
	2019	2020	2021	2022	2023	2024
Children and Families Medicaid	172,050	188,054	246,089	281,239	296,122	270,777
SNAP	159,352	156,990	156,904	155,424	156,153	154,552
Aged and Disabled Adults Medicaid	70,508	73,101	83,326	89,472	90,789	76,867
LIHEAP	48,270	52,728	51,592	56,711	56,614	54,004
Child Care Subsidy	17,472	14,164	12,856	13,044	13,323	13,548
Aid to Dependent Children	13,165	13,643	9,857	9,109	8,744	8,932
Assistance to Aged, Blind, or Disabled	5,771	5,511	5,195	4,940	4,692	4,370
Social Services for the Aged and Disabled	2,563	2,397	2,176	2,132	1,869	1,428
Refugee Resettlement Program	93	28	135	1,129	1,878	1,573
Emergency Assistance	19	13	6	9	8	10

Source: Audit Office analysis of DHHS program data.

## APPLICATIONS BY TYPE

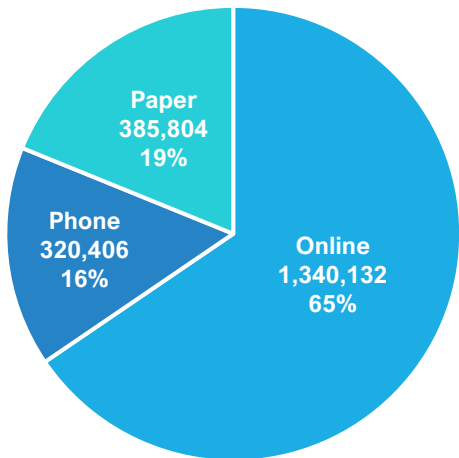
There are four ways to apply for public assistance programs in Nebraska: online through the iServe Nebraska portal (discussed further in Section II), calling the DHHS application phone number (discussed further in Section III), visiting a DHHS-staffed office, or printing an application and mailing it to DHHS.

From 2019 through 2024, there were over two million applications for public assistance programs submitted.<sup>3</sup> The majority of applications, about 1.3 million (65%), were completed online (Figure 1.2). There were about 386,000 paper applications and over 320,000 phone applications submitted during this same time period.<sup>4</sup>

<sup>3</sup> This does not necessarily mean that two million individuals applied for benefits as a person could apply for additional programs with different applications.

<sup>4</sup> When a person completes an application at a DHHS office, the application is either logged as an online or paper application, depending on which they complete and submit.

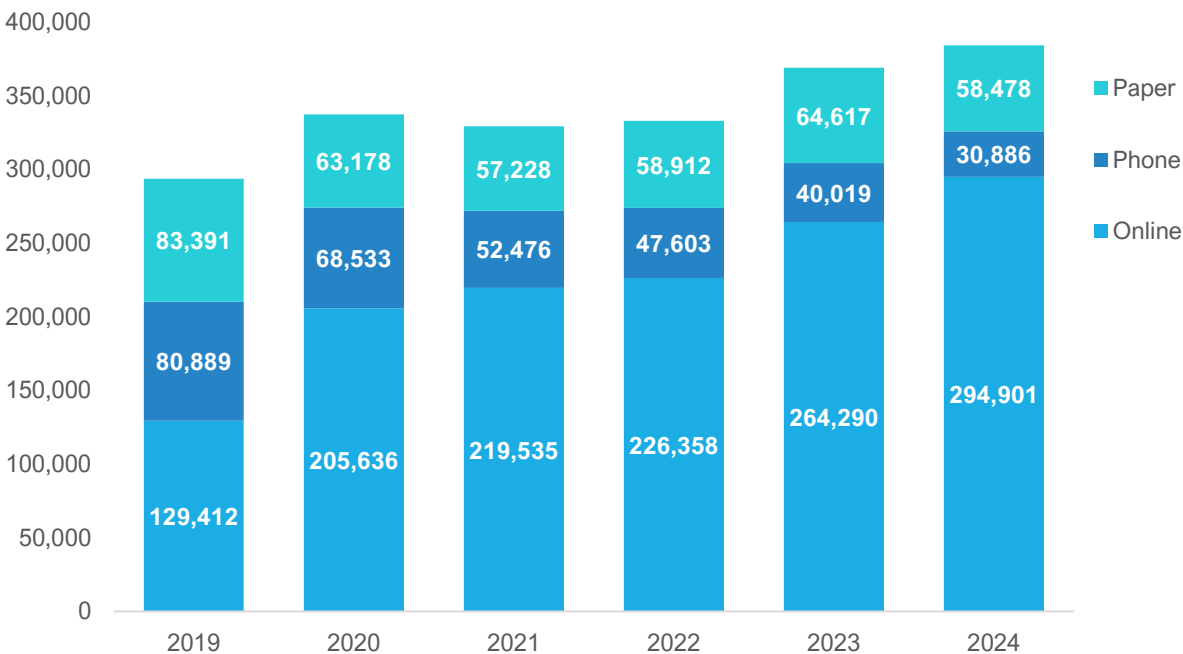
**Figure 1.2. From 2019 to 2024, about two thirds of public assistance applications were completed online.**



Source: Audit Office analysis of DHHS data.

Looking at the types of applications submitted by year, the number of online applications increased each year from 2019 to 2024, while the number of paper and phone applications generally decreased (Figure 1.3). In 2019, just under 130,000 online applications were submitted, which was 44% of all applications. In that same year, around 83,000 paper applications and 80,000 phone applications were submitted. By 2024, the nearly 300,000 online applications accounted for 77% of total applications. Only 30,000 phone applications (8%) were submitted in 2024, while the 58,000 paper applications made up 15% of all applications.

**Figure 1.3. The number of online applications increased each year while the number of phone and paper applications generally decreased.**



Source: Audit Office analysis of DHHS data.

When asked by auditors about the large increase in online applications from 2019 to 2020, DHHS partially attributed it to the COVID-19 pandemic and the corresponding shift to more remote/digital access. Additionally, loss in employment from the pandemic could have increased the number of people applying for public assistance programs during that time. The Nebraska Medicaid expansion in October 2020 also brought in a larger volume of younger applicants that tend to do more online versus calling or mailing in an application.

## SECTION II: iServe Nebraska

This section describes the goals of iServe Nebraska, its history and development, and current availability for use.

### iSERVE HISTORY AND DEVELOPMENT

In May 2019, after a project to upgrade Medicaid systems for Affordable Care Act compliance failed, the Department of Health and Human Services (DHHS) brought in an outside contractor to explore upgrading existing public assistance eligibility systems.

In October 2019, the contractor produced a road map with the goals of upgrading the state's eligibility and enrollment system used for public assistance programs, meeting federal standards and requirements, as well as phasing out N-FOCUS, DHHS' "aging" computer system used for eligibility determinations. After review by former Governor Ricketts that month, DHHS was authorized to proceed with the development of iServe Nebraska.

The first solicitations for services began in March 2021 and the procurement of vendors was completed in July 2021. DHHS contracted with a vendor to deliver the integrated application and to design the user interface, followed by the development of the iServe portal.<sup>5</sup>

The portal was rolled out in April 2022 as scheduled, however, due to underperformance, the vendor's contract was not renewed in July 2022.<sup>6</sup> Following this change, the iServe internal team at DHHS began the reorganization effort needed to bring development responsibilities in-house and take ownership of the existing code.

#### Terminology

**ACCESSNebraska:** DHHS' service delivery system for public assistance programs (prior to the creation of iServe, was also the DHHS online service system)

**iServe Nebraska:** The web-based portal that individuals can access to apply online for public assistance programs

**N-FOCUS** (Nebraska Family Online Client User System): DHHS' integrated computer system, developed in the 1990s

---

<sup>5</sup> DHHS contracted with two additional vendors for work on technology to support iServe. These contracts ran from March 2021 to April 2022 and, according to DHHS, both resulted in the successful delivery of requested work.

<sup>6</sup> According to DHHS, during the course of the project, Genesis did not deliver according to the agreed upon timeline and delivered code that did not meet DHHS quality standards. Department of Health and Human Services, *Implementation Advance Planning Document for iServe Nebraska Portal September 8, 2022 version*, p. 9.

## iSERVE IMPLEMENTATION AND BUDGET

The online service portion of ACCESSNebraska began its transition to the iServe portal in April 2022. In October 2023, an integrated application combining both Economic Assistance (EA) and Medicaid applications launched (in ACCESSNebraska, applying for EA programs and Medicaid involved two separate applications).

As of September 30, 2025, all outstanding implementation projects were finished within their targeted timelines and the iServe portal was fully complete and operational.

The iServe project had an allocated budget of almost \$105 million across five federal fiscal years. At the completion of federal fiscal year 2024 (September 30, 2024), DHHS had spent almost \$50 million, or slightly less than half, of the allocated budget. Approximately \$35 million, or about 71% of expenditures, were federal funds. State general and cash funds accounted for \$14.5 million, or 29%, of expenditures.

**Finding:** The iServe Nebraska project was fully implemented by the Department of Health and Human Services in the targeted timeline and came in under budget, using slightly less than half of the funds allocated for the project.

Of the \$50 million in expenditures, \$45.9 million was spent on contracted services and staffing. When the contracts expired, they were not renewed and DHHS shifted to in-house staffing instead. DHHS requested the iServe portal be included in the state budget for the 2023-2025 biennium.

## iSERVE NEBRASKA PORTAL OVERVIEW

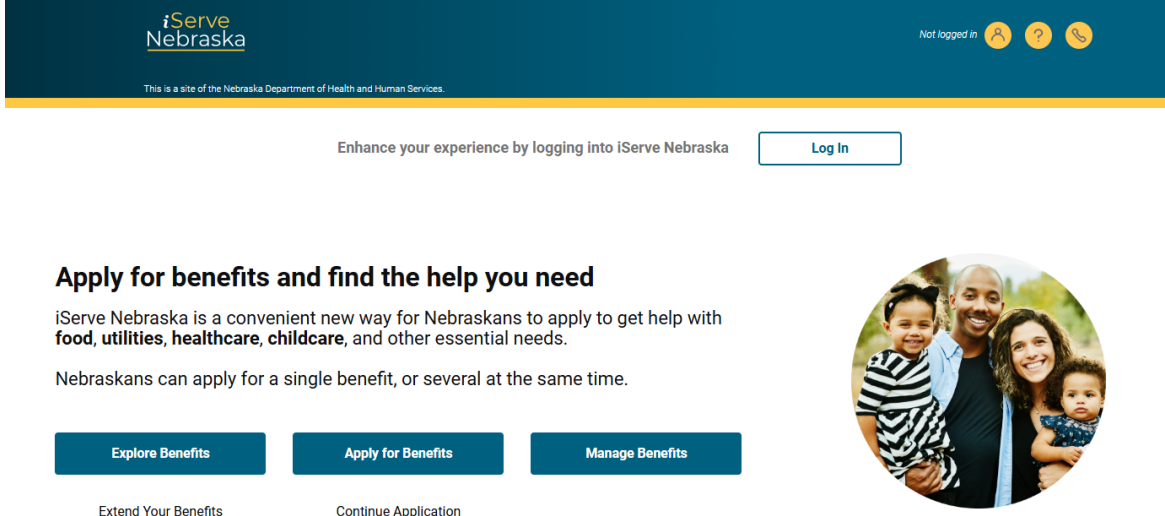
The iServe Nebraska portal homepage has three main buttons regarding benefits—explore benefits, apply for benefits, and manage benefits. Below those buttons are the links “Extend Your Benefits” and “Continue Application” (Figure 2.1). The former is to renew/recertify your benefits while the latter is to continue working on an initial application that has already been started.

### Recertification

- Typically happens every 6 to 12 months, depending on the program
- DHHS staff send a renewal notification letter 30-60 days prior to the expiration of benefits



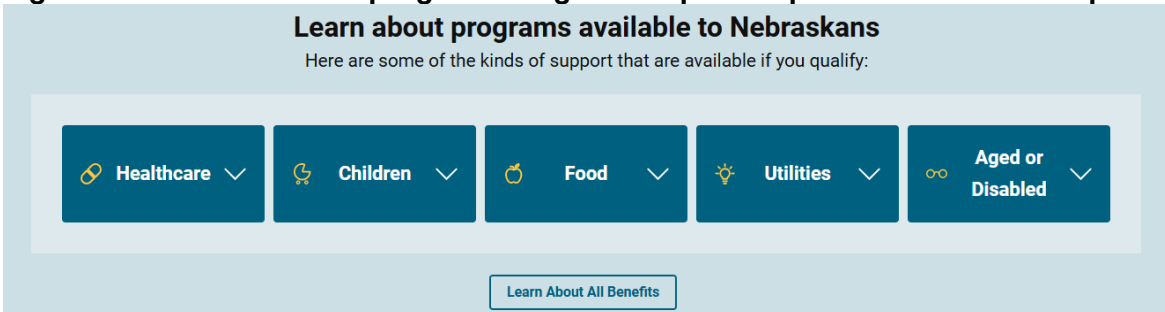
**Figure 2.1. The iServe Nebraska portal allows individuals to explore, apply for, or manage benefits.**



Source: [iserve.nebraska.gov](https://iserve.nebraska.gov).

Clicking on “Explore Benefits” button leads to an anonymous questionnaire that can help determine whether an individual is eligible for various programs. Also on the homepage are buttons for five categories that expand for a brief description of the services available and a “Learn About All Benefits” button which leads to a page with links to information about each assistance program (Figure 2.2).

**Figure 2.2. Each of the five program categories expand to provide a basic description.**



Source: [iserve.nebraska.gov](https://iserve.nebraska.gov).

At the bottom of the homepage, there are several resources available including printing a paper application and requesting help from a DHHS worker (Figure 2.3). The “Need help with this site?” link sends the user to the iServe Nebraska Portal & Training Resources page, which provides guidance to individuals and community partners on navigating the iServe Nebraska portal and information on the latest changes and enhancements.

**Figure 2.3. The “Need help with this site?” and “Printable application and forms” links provide information and documents for interested individuals.**


More Resources	Other Resources	Provide feedback about iServe Nebraska
<a href="#">Nebraska DHHS website</a>	<a href="#">Need help with this site?</a>	We'd love to hear feedback about your experience using iServe Nebraska and how we can make it better.
<a href="#">Licensing &amp; Regulations</a>	<a href="#">Benefit programs contact info</a>	<a href="#">Take a quick survey</a> to share your thoughts.
<a href="#">ReliaCard</a>	<a href="#">Printable application and forms</a>	All responses are anonymous.
<a href="#">Nebraska Central Navigators</a>	<a href="#">Key performance measures</a>	
<a href="#">Nebraska 211</a>	<a href="#">Request a Dedicated Worker</a>	

Source: [iserve.nebraska.gov](http://iserve.nebraska.gov).

## APPLYING FOR BENEFITS ON iSERVE NEBRASKA

To apply for public assistance benefits online, an individual starts an application by clicking on the “Apply for Benefits” button on the iServe homepage. They are encouraged to set up a portal account, which allows them to see where their application or recertification (see sidebar on page 8) is within the process (Figure 2.4). An individual can also choose to apply for programs as a guest, rather than making an account, but guests must fully complete an application because they cannot save it to return to at a later time.

**Figure 2.4. Clicking on the “Apply for Benefits” button on the iServe Nebraska homepage links to a page with information and tips for applying for public assistance programs.**







### Start your application

Apply with an account

Apply as guest

Tips for completing your application

- 
**Apply for multiple programs on one application**  
 Save time by applying for multiple benefits, programs, or services using a single application.
- 
**Gather the documents you might need**  
[Review this list of documents](#). You don't need to have any of these documents on hand, but they'll help you fill out more of the application.
- 
**Fill out as much information as you can**  
 Filling out more information on the application could lead to a faster determination of your eligibility for benefits.
- 
**Save your progress as you go**  
 If you're signed in to your account, your progress will be automatically saved as a draft. If you start your application as a guest, without signing in, you can save your progress at any time by logging in or creating an account.

What to expect when applying for programs, benefits, and services.

- 1 Pick your programs
- 2 Fill out the application
- 3 Sign and submit your application
- 4 Upload documents
- 5 Complete an interview if needed

Once you complete your application, you will be directed to 'Your Confirmation' page which will show your confirmation number. This is proof that your application has been submitted.

Source: [iserve.nebraska.gov/apply/start](http://iserve.nebraska.gov/apply/start).

## **SECTION III: Public Assistance Call Centers**

This section describes the work performed at public assistance call centers—those run by the Department of Health and Human Services (DHHS) and their contracted vendors—and examines DHHS call center turnover data from 2019 to 2024. We also look at data regarding calls made to call centers from July 2022 to December 2024.

### **DEPARTMENT OF HEALTH AND HUMAN SERVICES CALL CENTERS**

DHHS is required by law to provide high-quality service to individuals who apply for or receive benefits from public assistance programs. Dedicated caseworkers and specialized employees must be placed in existing local public assistance offices and be accessible to DHHS caseworkers in call centers, referred to by DHHS as Customer Service Centers.

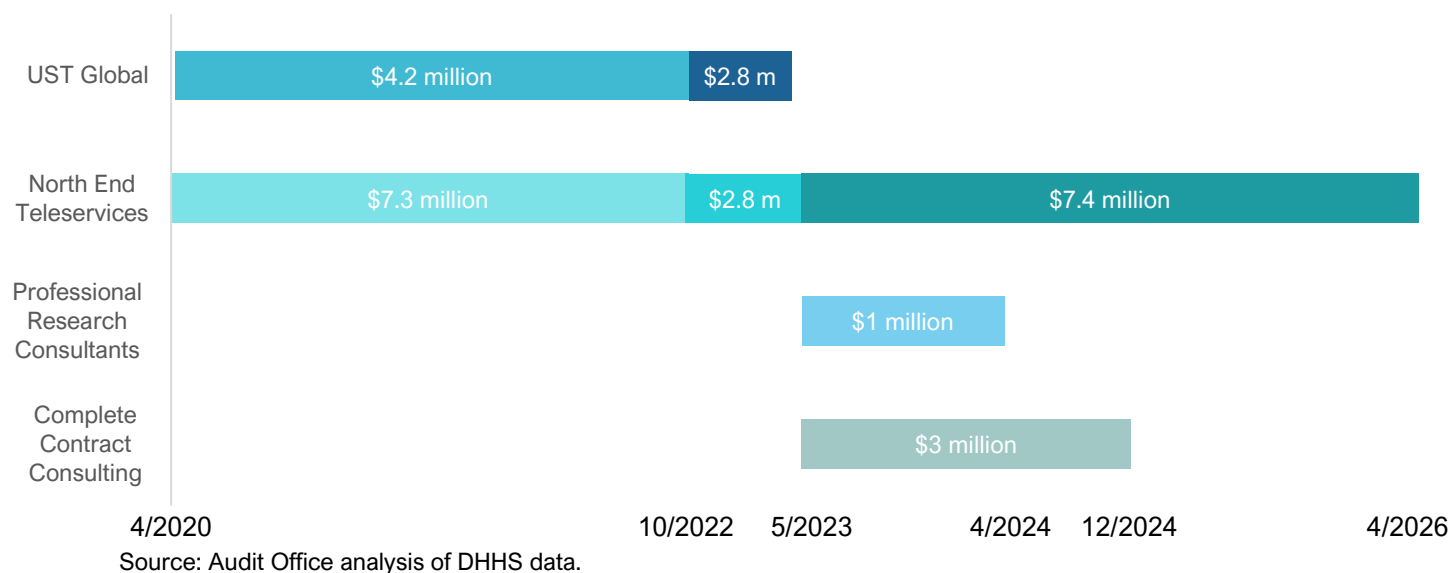
In addition to the approximately 40 public assistance offices throughout the state, DHHS has 5 call centers. The call centers in Fremont, Lincoln, Omaha, and Scottsbluff receive both Economic Assistance (EA) and Medicaid calls; the Lexington call center only handles Medicaid calls.

DHHS call center staff can take phone applications, interview individuals when required by the program, and make determinations regarding program eligibility. Additionally, once a call is over, staff may have more tasks to complete in order to process an application—for example, multiple follow-up calls may be needed to collect information from all members of the household.

### **CONTRACTED CALL CENTER VENDORS**

In 2020, DHHS contracted with outside vendors to assist with an increase in customer calls caused by the COVID-19 pandemic, according to the agency. DHHS initially contracted with two vendors to provide call center services (Figure 3.1). When the contract ended with one of the original vendors, DHHS added two additional vendors. When call volume returned to pre-pandemic levels, contractors were mostly phased out: only one vendor continues to process incoming calls as of this report.

**Figure 3.1. DHHS has contracted with four different vendors for call center services.**



When compared to DHHS call center employees, staff working for outside call center vendors have a more limited scope of tasks: they can answer questions, including where an individual’s application is in the process, and take phone applications for assistance programs. They cannot make determinations about program eligibility.

**INCOMING PUBLIC ASSISTANCE CALLS**

An incoming call from an individual wanting to apply for Economic Assistance benefits or Medicaid is immediately connected to a DHHS Interactive Voice Response (IVR) system: one for Economic Assistance or one for Medicaid. The IVR asks the caller a series of questions about their needs and transfers them to the appropriate queue depending on their answers. Once transferred, the caller will speak to the next available subject matter expert at one of the call centers.

According to DHHS, gathering the information needed to apply for an assistance program from the caller is the primary determinant of how long call center staff, either DHHS or contractor, are on the phone with a caller. The number of programs a caller is applying for also impacts call duration. For those individuals wanting to apply for both Economic Assistance programs and Medicaid, once they are done with one of the applications, they are transferred to the IVR for the other.

## DHHS CALL CENTER STAFFING

There are seven different positions at DHHS' Customer Service Centers: two positions, Social Services Worker and Social Services Lead Worker, handle the calls coming into the call center, gathering financial and demographic information in order to assist individuals in obtaining benefits. Of the remaining five positions, two are primarily administrative and three are primarily supervisory.<sup>7</sup>

In addition to answering calls, Social Services Workers and Social Services Lead Workers process applications once a call is completed and can update and verify an individual's qualifications for benefits in the computer system. Social Services Leads also provide coaching and mentoring for Social Services Workers, as well as case consultation. These two positions made up 87% of the call center staff from 2019 to 2024.

### WAGES

The hourly hiring rate for Social Services Workers was \$17.05 in January 2019. During the review period, the hiring rate increased three times (Figure 3.2). In July 2024, the hiring rate was \$20.40. For Social Services Lead Workers, the hourly hiring rate was \$18.33 in January 2019, rising to \$21.93 in July 2024.

**Figure 3.2. The hiring rate for phone positions was raised three times from 2019 to 2024.**

Job Title	1/2019	7/2022	7/2023	7/2024
<b>Social Services Worker</b>	<b>\$17.05</b>	<b>\$17.39</b>	<b>\$20.00</b>	<b>\$20.40</b>
<b>Social Services Lead Worker</b>	<b>\$18.33</b>	<b>\$18.70</b>	<b>\$21.50</b>	<b>\$21.93</b>

Source: Data provided by DHHS.

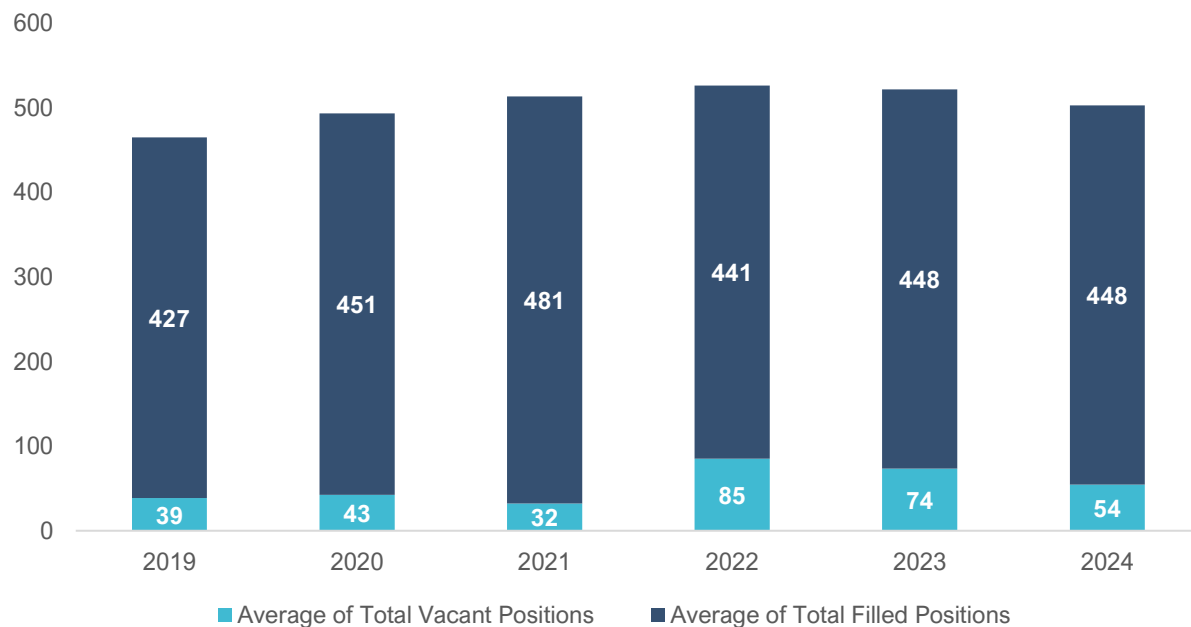
### TURNOVER DATA: 2019 TO 2024

Looking at average by year, call center staffing levels increased from 2019 to 2024: there was an average of 403 positions in 2019 and 441 positions in 2024 (Figure 3.3). 2022 had the most vacancies, averaging 85 unfilled positions (16% turnover rate). Vacancies were lowest in 2021, with an average of 32 (6%).

---

<sup>7</sup> Administrative positions: Case Aide and Staff Assistant; supervisory positions: Supervisor, Unit Manager, and Service Delivery Administrator.

**Figure 3.3. There was an average of 85 vacant DHHS call center positions in 2022, the highest in the review period.**

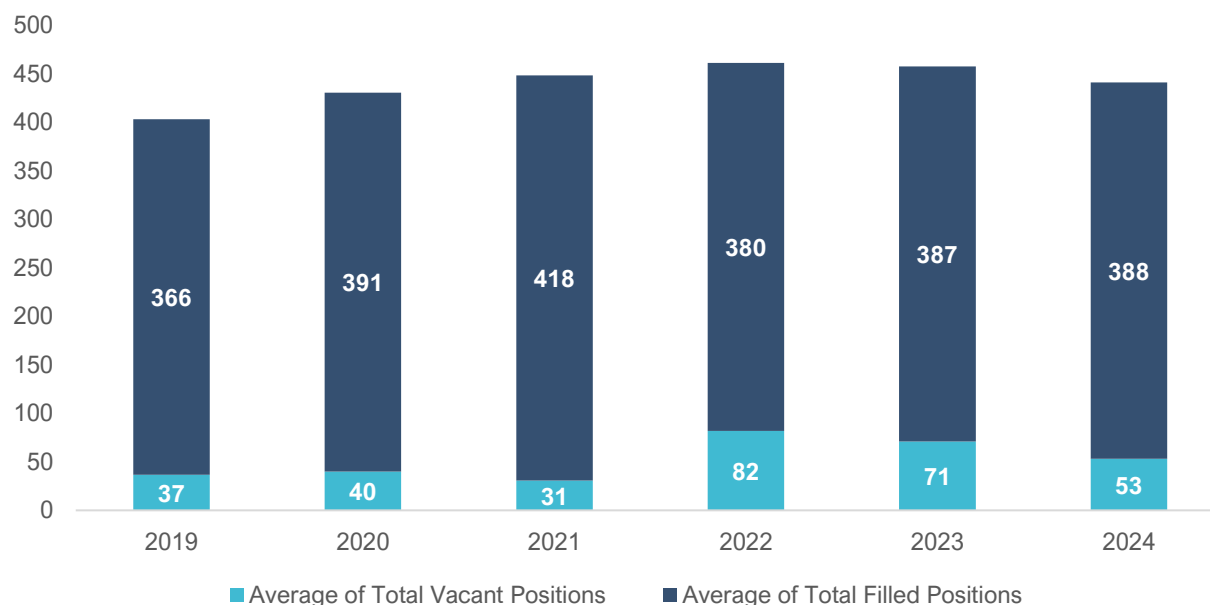


Source: Audit Office analysis of DHHS data.

For those positions primarily responsible for handling incoming calls, Social Services Workers and Social Services Lead Workers, vacancies were highest in 2022 with an average of 82 (18% turnover rate), and lowest in 2021, with an average of 31 (7%) vacancies (Figure 3.4). The overall number of phone intake positions followed the same pattern as all call center staff, increasing from 2019 to 2022 before decreasing in each of the following two years. Despite these decreases, there were still more average intake positions in 2024 (441 positions) than in 2019 (403). DHHS told auditors that the continuous fluctuations in these positions was “due to resignations, retirements, or internal promotions.”<sup>8</sup>

<sup>8</sup> Department of Health and Human Services, response to auditors, August 11, 2025.

**Figure 3.4. Phone intake position vacancies at DHHS call centers were highest in 2022, with an average of 82 vacant positions.**



Source: Audit Office analysis of DHHS data.

### State Agency and DHHS Turnover Rates

For comparison, we also looked at the Department of Administrative Services' State Personnel Almanac for turnover rates at all state agencies combined and DHHS separately. For all state agencies, the turnover rate ranged from 18% to 23% from 2019 to 2024 (Figure 3.5). DHHS, which has the most full-time employees of any agency, had turnover between 21% and 25%. Turnover rates at all agencies and DHHS as a whole were higher than the rate for call centers in all years of the review period.

**Figure 3.5 The overall turnover for call centers was low when compared to the turnover rates of all state agencies and DHHS.**

	2019	2020	2021	2022	2023	2024
<b>All Agencies</b>	20%	23%	20%	21%	18%	21%
<b>DHHS</b>	21%	23%	25%	25%	21%	25%
<b>Call Centers</b>	8%	9%	6%	16%	14%	11%

Source: Audit Office compilation of data from DHHS and the *State of Nebraska 2025 Personnel Almanac*.

## CALL CENTER DATA ANALYSIS

For this analysis, we requested call data from 2019 to 2024. However, as the current telephone service provider, ALLO Fiber, only had more recent data available, we instead requested data from July 2022 to December 2024. DHHS was also able to provide us data from the call center contractors for the same period.

We analyzed this data in a number of ways. We first present information regarding total calls received by DHHS and contractors (Economic Assistance and Medicaid), looking at answered and abandoned calls and average wait time. We then look at DHHS calls (Economic Assistance and Medicaid) including average handling time, contractor calls (Economic Assistance and Medicaid), Economic Assistance calls (to DHHS and contractors), and Medicaid calls (to DHHS and contractors).

Where applicable, we also provide information from a 2013 Legislative Audit Office report that looked at the efficiency and effectiveness of DHHS call centers.<sup>9</sup>

### TOTAL CALLS

From July 2022 to December 2024, the total number of calls received by DHHS and their contractors together, for both Economic Assistance (EA) programs and Medicaid calls, was just over 3 million.<sup>10</sup> Overall, there was an increase in the number of calls received—prior to August 2023, the number of calls received was generally under 100,000 calls each month (Figure 3.6). After August 2023, the number of calls received each month was always near or well above 100,000.

The monthly data also shows a large increase in call volume each August during the review period. August 2022 (102,000 calls) was the only month in the 2022 data that breached 100,000 calls. In 2023, the August total calls were over 125,000, whereas most of the year total calls remained under 120,000. Similarly, although total calls were under 120,000 in every other month of 2024, August 2024 calls totaled just over 141,000.

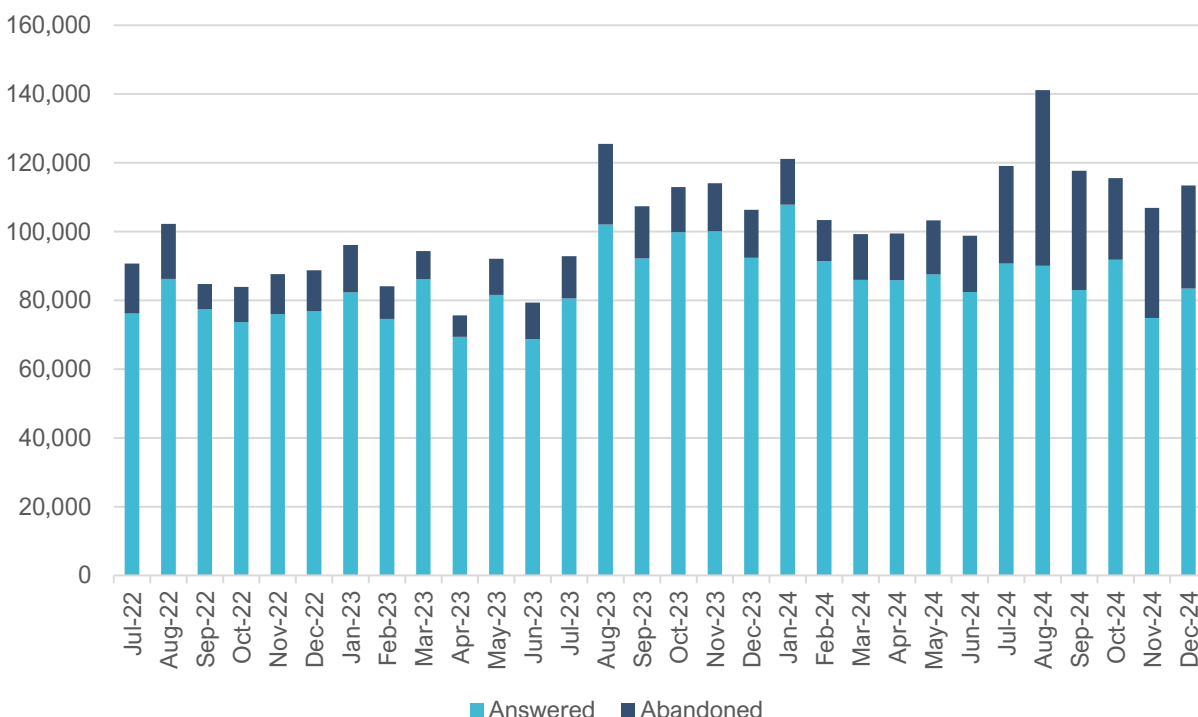
---

<sup>9</sup> Legislative Audit Office, *Nebraska Department of Health and Human Services: Efficiency and Effectiveness of ACCESSNebraska*, December 2013.

<sup>10</sup> In this report, the number of calls received is equal to calls answered plus calls abandoned.



**Figure 3.6. Looking at DHHS and contractor data combined, August saw spikes in the number of calls received every year.**



Source: Audit Office analysis of DHHS data.

Over the review period, while the percent of abandoned calls fluctuated month to month, there was an increase in the percentage of abandoned calls—increasing from 16% in July 2022 to 27% in December 2024 (see sidebar).

DHHS suggested that the increase in the abandoned call rate was because DHHS changed its average wait time goal in August 2024 from 5 minutes to 10 minutes (discussed in more detail below), which had the effect of increasing abandoned calls because callers were hanging up due to the longer wait times. Something else that DHHS believed impacted the abandoned call rates in 2024 is that one of the contractors was not staffing DHHS work appropriately; the contractor was splitting their staff among different clients and not giving enough staff time to DHHS calls.

**DHHS & Contractors  
Abandoned Call Rate  
(Economic Assistance & Medicaid)**

	2022	2023	2024
JAN	-	14%	11%
FEB	-	11%	12%
MAR	-	9%	13%
APR	-	8%	14%
MAY	-	11%	15%
JUN	-	13%	17%
JUL	16%	13%	24%
AUG	16%	19%	36%
SEP	9%	14%	30%
OCT	12%	12%	21%
NOV	13%	12%	30%
DEC	13%	13%	27%

The abandoned call data by month shows a large increase in the percentage of calls abandoned every August of the review period, which corresponded with the August spike in total calls described above. DHHS attributed the August increases partially to summer storms, which can increase the need for public assistance; the August 2024 jump was due to the large storm that moved through eastern Nebraska at the end of July of that year (discussed in more detail on page 24). Another reason for the August bumps cited by DHHS was increased communications from the agency regarding EBT (Electronic Benefits Transfer, a debit-like card given to Supplemental Nutrition Assistance Program participants) program changes which led to an increase in calls.

Looking at our 2013 audit report, in one year, the call centers received about 1.2 million calls, of which about 906,000 (74%) were answered and 324,000 (26%) were abandoned.<sup>11</sup> Using data from the review period for our current audit, call centers received more calls in a year—about 1.3 million—of which almost 1.1 million (85%) were answered and about 284,000 (15%) were abandoned, an improvement in the abandoned call rate from 2013.

### **Average Wait Times**

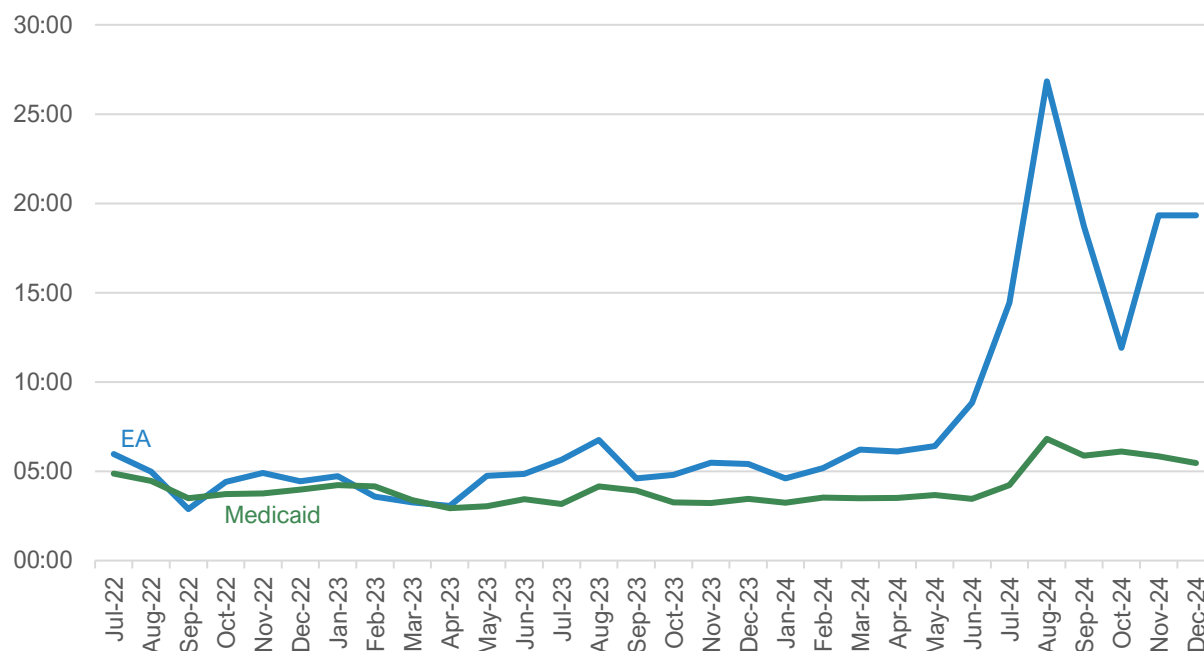
The amount of time a caller waited for their call to be answered was relatively steady in 2022 and 2023, generally below or around 5 minutes for both Economic Assistance and Medicaid (Figure 3.7). However, starting in March 2024, EA calls surpassed 6 minutes of wait time and grew steadily to a high of almost 27 minutes in August 2024. In August 2024, Medicaid calls also hit their longest wait time, around 7 minutes.<sup>12</sup>

---

<sup>11</sup> The 2013 report used data from September 1, 2012 to August 31, 2013 as only the most recent phone data was available at that time. For the current audit's review period, we used data from the most recent complete year from the data we reviewed, January 1, 2024 to December 31, 2024. Legislative Audit Office, *Nebraska Department of Health and Human Services: Efficiency and Effectiveness of ACCESSNebraska*, December 2013.

<sup>12</sup> We calculated the Medicaid wait times using both DHHS and contractor data; DHHS monthly Performance Measure reports only use DHHS data: <https://dhhs.ne.gov/Pages/ACCESSNebraska-Performance-Measures.aspx>.

**Figure 3.7. Average wait time increased substantially for Economic Assistance calls in 2024.**



Source: Audit Office analysis of DHHS data.

From 2022 to July 2024, DHHS' goal was an average wait time of 5 minutes or less. In August 2024, this goal was changed from 5 minutes to 10 minutes. DHHS explained that they made this change to give staff the ability to balance workloads to increase productivity. Instead of moving staff frequently from answering calls to after-call casework and back again (as they had done prior to changing the goal), the agency allowed staff to stay on one task. This in turn enabled staff to complete cases faster, according to DHHS.

For Economic Assistance calls during our review period, the wait time was at or near the 5-minute goal until June 2024. Even with the increase to a 10-minute goal in August 2024, the wait time goal was not met for the remainder of the review period.

For Medicaid calls, wait times met the goal for the entire review period, as the average wait time did not exceed 5 minutes until August 2024, when the wait time goal was raised to 10 minutes.

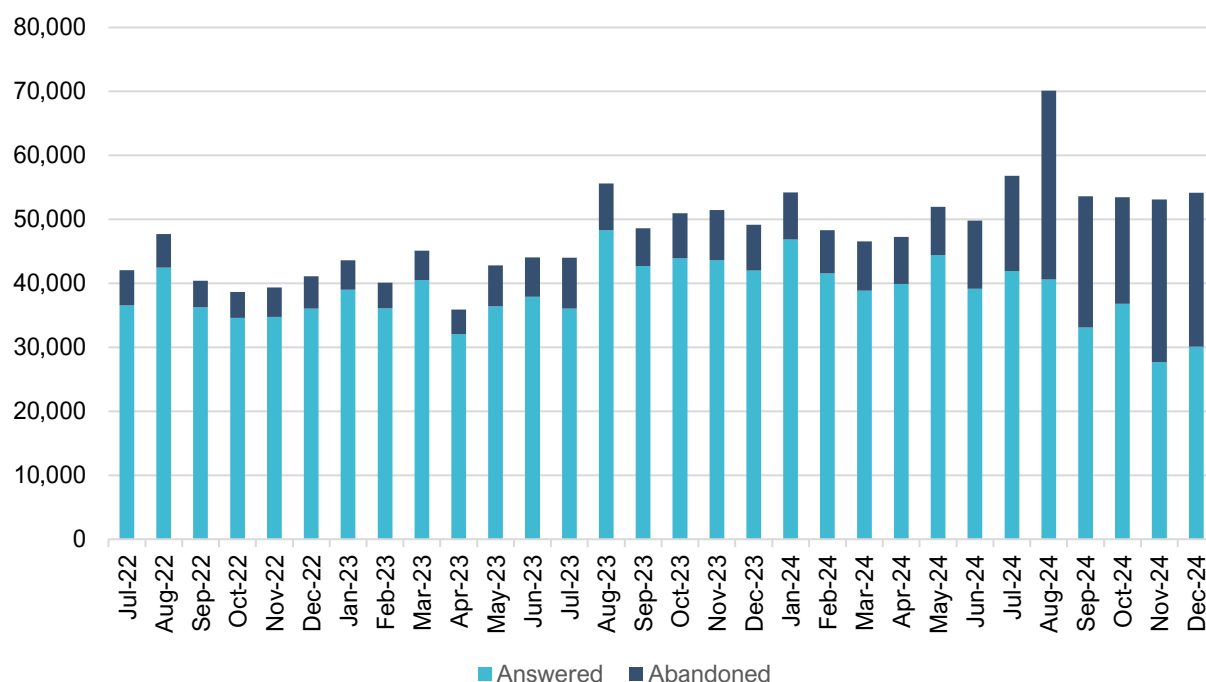
**Finding:** For Economic Assistance calls, the Department of Health and Human Services was at or near its wait time goal from July 2021 to May 2024, but did not meet the goal from June 2024 to December 2024, even when the goal increased from 5 to 10 minutes in August 2024. For Medicaid calls, the Department of Health and Human Services met the wait time goal every month of the review period.

Looking at our 2013 audit report, during the review period for that audit, the DHHS call wait time goal was 3 minutes (although they changed it to 15 minutes following the audit). For a one-year period, the average wait time was 21 minutes.<sup>13</sup> For our current review period, the average wait time for the most recent year of data was 10 minutes for Economic Assistance calls and 4 and a half minutes for Medicaid calls.

## DHHS CALLS (ECONOMIC ASSISTANCE AND MEDICAID)

Looking at DHHS and contractor data separately, DHHS total calls received hovered around 40,000 a month in the last half of 2022, increasing to around 50,000 a month by the end of 2024 (Figure 3.8).

**Figure 3.8. The number of DHHS calls that were abandoned increased substantially in the last half of 2024.**



Source: Audit Office analysis of DHHS data.

<sup>13</sup> The 2013 report used data from September 1, 2012 to August 31, 2013 as only the most recent phone data was available at that time. For the current audit's review period, we used data from the most recent complete year from the data we reviewed, January 1, 2024 to December 31, 2024. Legislative Audit Office, *Nebraska Department of Health and Human Services: Efficiency and Effectiveness of ACCESSNebraska*, December 2013, p. 17.

For most of the review period, call abandonment rates fluctuated between 10-15% for DHHS (see sidebar). The abandoned call rate rose dramatically in the last half of 2024, however, increasing to almost 48% in November 2024.

As discussed previously, DHHS said that the high level of abandoned calls in 2024 was caused in part by one of the contractors not dedicating enough staff to their call center work, which had the impact of more calls being routed to DHHS.

Another reason cited by DHHS for the increase in abandoned calls in October through December 2024 was due to a significant amount of employee leave taken, especially tenured staff trained in specific subject matter areas. Previously, DHHS had the ability to have staff move back to answering calls quickly so they were better able to cover for staff shortages, however, when the wait time goal was changed to 10 minutes, the agency had staff prioritize completing their wrap-up work on a case in order to work more efficiently, which made them less flexible to cover for staff on leave.

**DHHS Abandoned Call Rate  
(Economic Assistance & Medicaid)**

	<b>2022</b>	<b>2023</b>	<b>2024</b>
JAN	-	11%	14%
FEB	-	10%	14%
MAR	-	10%	17%
APR	-	11%	16%
MAY	-	15%	15%
JUN	-	14%	21%
JUL	13%	18%	26%
AUG	11%	13%	42%
SEP	10%	12%	38%
OCT	11%	14%	31%
NOV	12%	15%	48%
DEC	12%	15%	44%

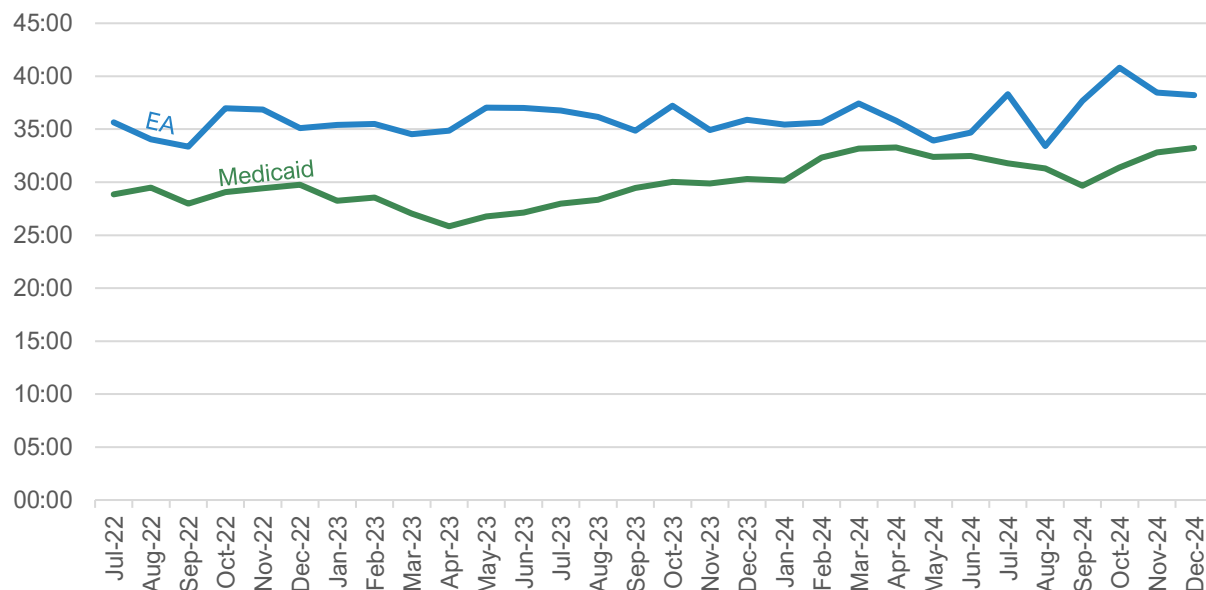
### **Average Handling Time**

We also looked at DHHS' average handling time (AHT). A call's handle time starts when an individual's call is connected and ends when the DHHS call center staff person is done with their work after the call. It includes the amount of time the person spends on hold (after the call has already been answered, AHT does not include the time an individual waits for their call to be answered), time when the caller and staff are speaking, and time the staff person spends working on the customer's case after the call.

Looking at the 30-month period of July 2022 to December 2024, the average handle time for Economic Assistance calls was consistently higher than Medicaid's AHT (Figure 3.9).

EA's average handle time generally hovered between 35 and 40 minutes throughout the review period, while Medicaid AHT was consistently between 25 and 30 minutes until 2024. Starting in January 2024, the average handle time for a Medicaid call increased to between 30 and 35 minutes and only dropped below 30 minutes for the month of September. The longest average handling time for Economic Assistance was almost 41 minutes in October 2024, while Medicaid's longest AHT was around 33 minutes in April 2024.

**Figure 3.9. DHHS’ average handling time for Economic Assistance calls was always longer than the average handling time for Medicaid calls.**

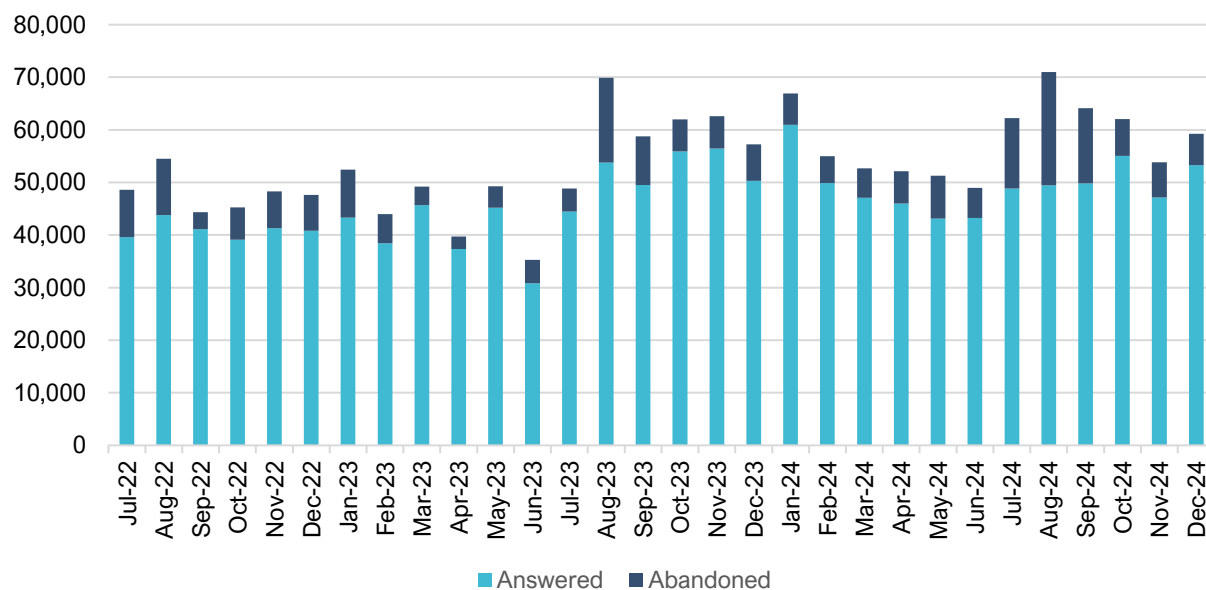


Source: Audit Office analysis of DHHS data.

## CONTRACTOR CALLS (ECONOMIC ASSISTANCE AND MEDICAID)

For contractor call centers, the number of calls generally increased over time, fluctuating between 40,000 and 50,000 calls a month in the last half of 2022 and the first half of 2023 before gradually increasing to between 50,000 and 70,000 the remaining time (Figure 3.10).

**Figure 3.10. For contractor call centers, the number of total calls received fluctuated month to month but generally increased over the review period.**



Source: Audit Office analysis of DHHS data.

Call abandonment percentages fluctuated for contractors, ranging from a low of 6% in April 2023 to a high of 30% in August 2024 (see sidebar). The number of call center vendors varied during our review period—from two vendors to three then back to two—however, there was no apparent pattern to how that impacted the contractor abandoned call rate.<sup>14</sup>

As discussed previously, DHHS said that the higher level of abandoned calls in 2024 was caused in part by one of the contractors not dedicating enough staff to their call center work, which impacted the overall contractor abandoned call rate.

While contractor abandoned call rates were regularly lower than the rates for DHHS, the type of work done by DHHS call center staff differs substantially from the work done by contractor call center staff, as discussed earlier in this Section.<sup>15</sup>

Contractor Abandoned Call Rate  
(Economic Assistance & Medicaid)

	2022	2023	2024
JAN	-	17%	9%
FEB	-	13%	9%
MAR	-	7%	11%
APR	-	6%	12%
MAY	-	8%	16%
JUN	-	13%	12%
JUL	19%	9%	22%
AUG	20%	23%	30%
SEP	7%	16%	22%
OCT	14%	10%	11%
NOV	15%	10%	12%
DEC	14%	12%	10%

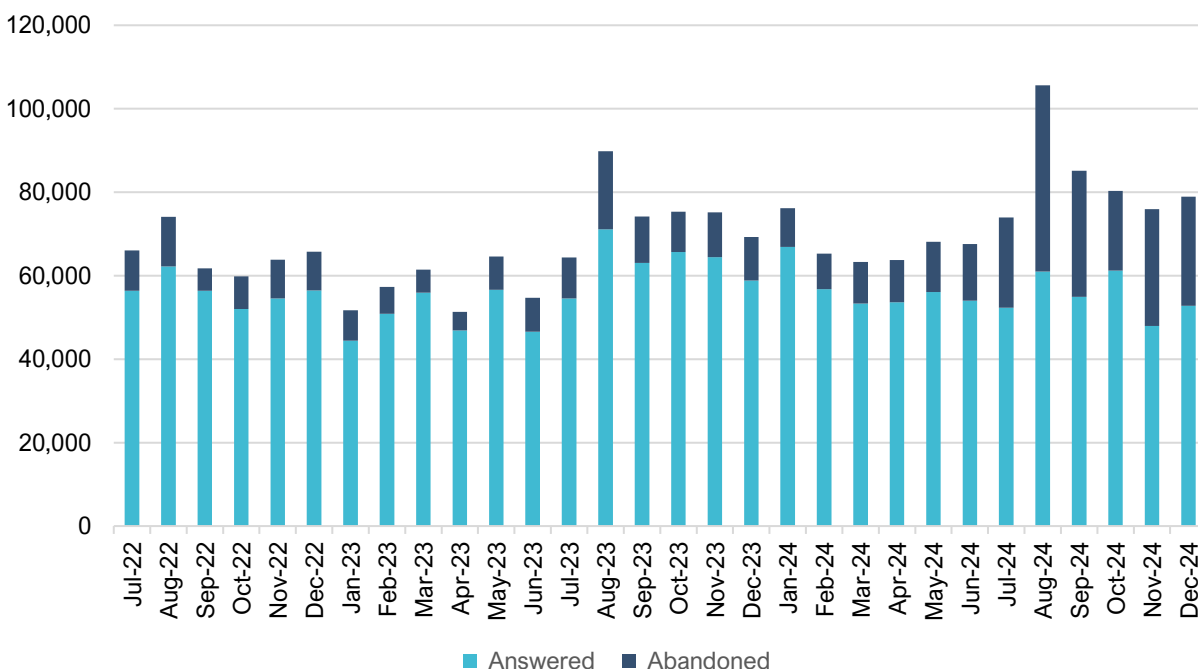
## ECONOMIC ASSISTANCE CALLS (DHHS AND CONTRACTORS)

Looking at calls broken down by Economic Assistance and Medicaid, of the over 3 million total calls received by DHHS and their contractors from July 2022 to December 2024, just over 2 million were Economic Assistance calls. The total EA calls received were around 60,000 a month at the beginning of the review period, rising to around 80,000 in each of the last five months of 2024 (Figure 3.11). There were noticeable upticks in each August of the review period, which DHHS attributed to summer storms and increased questions about changes to EBT, as discussed previously.

<sup>14</sup> For our review period, UST Global and North End Teleservices provided services from July 2022 to April 2023; North End Teleservices, Professional Research Consultants, and Complete Contract Consulting from May 2023 to April 2024; and North End Teleservices and Complete Contract Consulting from May 2024 to December 2024.

<sup>15</sup> Also due to the different types of work done by contractors and DHHS call center staff, we did not calculate average handle time for contractors.

**Figure 3.11. There were notable increases in the number of Economic Assistance calls in August of each year of the review period.**



Source: Audit Office analysis of DHHS data.

Looking at the abandoned call rate for EA calls, for most of the review period, the rate was around 15%, although it dipped to as low as 9% in April 2023 and rose to a high of 42% in August 2024 (see sidebar). Overall, the abandoned call rate was trending upwards in the last six months of 2024. As noted previously, DHHS explained some of the 2024 abandoned call rate increase might have been due to contractors and an increase in the wait time goal from 5 to 10 minutes.

When auditors asked about the significant increases in the number of Economic Assistance calls and abandonment rates in August and September 2024, DHHS said that the increase in calls was due to a storm that caused unprecedented power outages on July 31, 2024 to over 210,000 customers. These power outages caused perishable foods to spoil for many individuals, leaving them in need of assistance. Per SNAP policy, food replacement will only be approved after power is restored, which took several days in some areas of the state. Call volume was increased well into September because of the extent of the need and the extended power outages.

#### Economic Assistance Abandoned Call Rate (DHHS & Contractors)

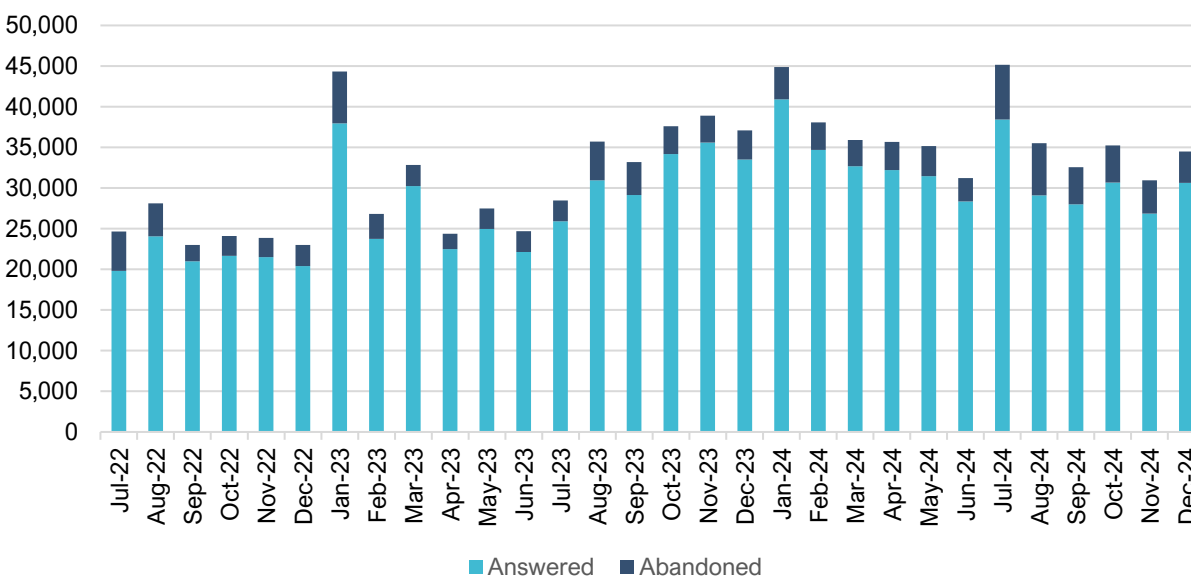
	2022	2023	2024
JAN	-	14%	12%
FEB	-	11%	13%
MAR	-	9%	16%
APR	-	9%	16%
MAY	-	12%	18%
JUN	-	15%	20%
JUL	15%	15%	29%
AUG	16%	21%	42%
SEP	9%	15%	36%
OCT	13%	13%	24%
NOV	15%	14%	37%
DEC	14%	15%	33%



## MEDICAID CALLS (DHHS AND CONTRACTORS)

From July 2022 to December 2024, DHHS and call center contractors received almost 975,000 Medicaid calls. The number of Medicaid calls received increased over the review period: total calls each month were between 20,000 and 25,000 in 2022 and rose to around 30,000 to 35,000 calls at the end of 2024 (Figure 3.12). There were also substantial spikes in January 2023 and January 2024, which DHHS explained were likely caused by questions from individuals after open enrollment ended. The July 2024 jump could be due in part to an announced expansion in Medicaid coverage for children with developmental disabilities.

**Figure 3.12. January 2023 and 2024 both saw spikes of total Medicaid calls.**



Source: Audit Office analysis of DHHS data.

While the percentage of Medicaid calls abandoned fluctuated more than EA, the rate of abandoned calls was always 20% or less (see sidebar). The rate of abandoned calls in 2024 increased somewhat in the second half of the year but not as much as it did for Economic Assistance calls.

### Medicaid Abandoned Call Rate (DHHS & Contractors)

	2022	2023	2024
JAN	-	14%	9%
FEB	-	12%	9%
MAR	-	8%	9%
APR	-	8%	10%
MAY	-	9%	10%
JUN	-	10%	9%
JUL	20%	9%	15%
AUG	14%	13%	18%
SEP	9%	12%	14%
OCT	10%	9%	13%
NOV	10%	9%	13%
DEC	11%	10%	11%



### **III. Agency Response & Fiscal Analyst's Opinion**



## **Legislative Auditor's Summary of Agency Response**

The Legislative Performance Audit Act requires the Legislative Auditor to briefly summarize the agency's response to the draft performance audit report and describe any significant disagreements the agency has with the report or recommendations.

In the Department of Health and Human Services' (DHHS) response, the agency agreed with the draft audit report's finding regarding the implementation of iServe; no further action is needed.

In regards to the finding that the agency did not meet their internal wait time goal for Economic Assistance calls, DHHS explained that a higher volume of calls led to longer wait times but that the agency subsequently implemented new processes to reduce reliance on the call centers as well as a contingency policy to better respond to such fluctuations in the future.





December 1, 2025

VIA EMAIL [smeese@leg.ne.gov](mailto:smeese@leg.ne.gov)

Stephanie Meese  
Interim Director of Legislative Oversight, Division of Legislative Oversight  
Legislative Auditor, Legislative Audit Office

Re: iServe Draft Audit Report Response

Dear Ms. Meese,

The Department of Health and Human Services (DHHS) received a copy of the iServe Draft Audit Report on October 29, 2025. Pursuant to Neb. Rev. Stat. § 50-1210, below are DHHS' responses to the two draft findings.

Audit Finding Section II, Finding 1 Response:

DHHS appreciates the review and findings. DHHS will take no further action.

Audit Finding Section III, Finding 2 Response:

Significant and prolonged power outages in the summer of 2024 resulted in a surge of SNAP replacement requests and applications, which contributed to higher Economic Assistance call wait times. Since that time, improvements in processes, such as the transition of SNAP Replacements to an online form, have reduced reliance on the Call Center, thereby enhancing the customer experience and reducing call volume.

DHHS has also developed an internal contingency plan, which outlines how the agency will respond to periods of unusually high call volume. This plan ensures continuity of operations and allows DHHS to maintain service levels during unanticipated surges.

Together, these actions demonstrate DHHS' ongoing commitment to improving accessibility, reducing call wait times, enhancing program accuracy, and ensuring an overall positive client experience.

We understand these responses will be attached to the audit report.

Respectfully,

Steve Corsi  
Chief Executive Officer





# State of Nebraska

## LEGISLATIVE COUNCIL

2025  
EXECUTIVE BOARD  
BEN HANSEN, CHAIRMAN  
TERESA IBACH, VC  
JOHN ARCH  
BEAU BALLARD  
ELIOT BOSTAR  
MYRON DORN  
JOHN FREDERICKSON  
MIKE JACOBSON  
TERRELL MCKINNEY  
ROBERT CLEMENTS (ex officio)



[www.nebraskalegislature.gov](http://www.nebraskalegislature.gov)

Legislative Fiscal Office  
PO Box 94604, State Capitol  
Lincoln, NE 68509-4604

BRANDON METZLER  
Clerk of the Legislature  
BENJAMIN THOMPSON  
Director of Research  
STEPHANIE MEESE  
Director of Oversight, Interim  
MARCIA McCLURG  
Revisor of Statutes  
KEISHA PATENT  
Legislative Fiscal Analyst  
JULIE ROGERS  
Ombudsman

November 20, 2025

Stephanie Meese, Legislative Auditor and Interim Director of Legislative Oversight  
1225 L St. Ste 502  
P.O. Box 94604  
Lincoln, NE 68509

Dear Stephanie,

You have asked the Legislative Fiscal Office to review the draft report, "Department of Health and Human Services: An Analysis of the Application Process for Public Assistance Programs" as to whether the recommendations can be implemented by the agency within current appropriations.

The report finds that the Department's implementation of iServe, the web-based portal that individuals can access to apply online for public assistance programs, was completed underbudget and within the targeted timeline. The report also finds record wait times for Economic Assistance calls in calendar year 2024. The report includes a recommendation to the Legislature that if the body is concerned about call wait-times, then the Legislature can continue to monitor wait times to determine if future legislative action is necessary. There is no fiscal impact to implementing this recommendation as monitoring agency performance is within the responsibilities of the Legislature and of existing resources.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Keisha Patent  
Legislative Fiscal Analyst