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Health and Human Services Committee  
November 29, 2011

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[LR306]

The Committee on Health and Human Services met at 3:00 p.m. on Tuesday, November 29, 2011, in Room 1524 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LR306. Senators present: Kathy Campbell, Chairperson; Mike Gloor, Vice Chairperson; and Dave Bloomfield. Senators absent: Tanya Cook; Bob Krist; Gwen Howard; and R. Paul Lambert.

SENATOR CAMPBELL: Good afternoon. I would like to welcome you to the LR306 hearing this afternoon, which is an interim study introduced by Senator Conrad. And I'd like to do some introductions first and some basic kind of housekeeping and give you some idea of the...how we will proceed this afternoon. I am Kathy Campbell. I represent District 25, which is in east Lincoln and part of Lancaster County. I serve as the Chair of the Health and Human Services Committee. And to my right is, and I'll let him introduce himself.

SENATOR GLOOR: Senator Mike Gloor from District 35 which is primarily Grand Island.

SENATOR CAMPBELL: And also with us this afternoon is Michelle Chaffee who is the legal counsel for the Health and Human Services Committee. And to my far left is Diane Johnson who is the clerk for the Health and Human Services Committee. Ben and Emily are the pages over here. Should you need something, why, they can help you out. They're a good resource. We would encourage all of you to silence or turn off your cell phones. It's very disconcerting when you're up testifying and you're hearing a ring and a ring in the back of the room. We will use the light system today. If you've not testified, I think what we'll do is we'll start out with five minutes. And when you get to four a yellow light in front of you will go on. And then when you get to the five minutes it will be red. And you'll probably look up and I'll be trying to get your attention. The reason is I think there's probably a number of people who want to testify today. And I'm going to try very

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hard to finish the testimony by 4:30 due to other commitments that I know I have and Senator Gloor has. And we've been here a long day today. So we're going to try to get everybody in as expeditiously as we can. So with those house rules, so to speak, we'll start with Senator Conrad. Welcome, we're glad to have you.

SENATOR CONRAD: (Exhibits 1 and 2) Thank you. Thank you, Chairman Campbell, thank you, Senator Gloor. And I know that some of our colleagues had other engagements this afternoon, but we'll continue to keep them apprised of the results of this hearing and of this important issue. My name is Danielle Conrad, D-a-n-i-e-l-l-e Conrad, C-o-n-r-a-d. I represent north Lincoln's "Fightin' 46th" Legislative District here in our Unicameral Legislature. I'm here today to introduce LR306, an interim study resolution I introduced to study the effectiveness of the ACCESS Nebraska system. You are already quite familiar with the same types of complaints that I have received from numerous constituents and human service professionals regarding the problems with utilizing ACCESS Nebraska system. These complaints range from long wait times on the voice response units to erroneous benefit terminations to lack of language access for non-English proficient individuals and a considerable error rate in terms of benefit terminations, that in addition to other barriers that exist for citizens and advocates who are attempting to utilize the ACCESS Nebraska system. In addition to those general concerns, I specifically drafted LR306 to focus on whether or not the contemplated public-private partnerships with community-based organizations, which are critical to the success of this program, have in fact been effectively established and supported by HHS as promised. This question is critical because, if you remember the context in which ACCESS Nebraska was initiated by HHS, they promised they could save taxpayers millions of dollars by closing local offices, creating the on-line and phone application system, and that in turn they would recruit and train private sector partners to help fill the remaining gaps so that no vulnerable citizens would have a problem accessing these critical and, in some instances, lifesaving public benefits. To evaluate these partnerships, I sent a survey to 313 community-based partners who were identified by HHS. I've had the pages pass around a copy of the survey and then an

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illustration of some of the survey results. We received a total of 136 responses which represents a very positive 43.4 percent response rate. The handouts, as I noted, contain a copy of the survey and an overview of those responses. You can clearly see there are a number of problems community-based partners have identified with ACCESS Nebraska. Problems identified include lack of cooperation with HHS and a significant lack of training and support. It's my understanding that in most instances the training provided by HHS is nothing more than sending out a DVD, if that. Thus sadly and once again we find ourselves adrift in a sea of broken promises when it comes to evaluating another significant and costly HHS program. Additional legislative oversight must be initiated next session. We must work together to improve the system to ensure that Nebraska taxpayers are receiving an appropriate return on their investment, which has cost millions of dollars, to ensure that it works better for the elderly, the disabled, the sick, and low-income individuals and families who depend upon accessing these critical human services, lest we not forget that their legal rights are also implicated by a lack of access and other system deficiencies which exposes Nebraska to extraordinary liability. I believe it is our job to not only identify and illustrate the problem but also to focus on solutions. And I'm hopeful that we can take the information from the study results, the testimony that you will hear today and that you've heard in other contexts and continue to craft policy solutions and a path forward for the utilization of ACCESS Nebraska next year and beyond. Some of the policy solutions I hope you contemplate as you listen to testimony today would include: providing funding and support for community-based organizations; hiring lead workers with specialized knowledge to hire a sufficient amount of appropriately trained and supervised ACCESS Nebraska caseworkers; training community-based organizations in a uniform and consistent manner; providing funding for SNAP outreach; ensuring capacity exists to serve non-English proficient applicants; potentially establishing a statewide or pilot project which creates storefront offices; and initiating the Legislative Performance Audit of ACCESS Nebraska. I look forward to working with you to refine these solutions. And I'm happy to answer any questions at this point in time. [LR306]

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SENATOR CAMPBELL: Thank you, Senator Conrad. Are there any questions? Senator Gloor. [LR306]

SENATOR GLOOR: Thank you, Chairperson Campbell. Senator Conrad, thank you for bringing this issue forward, because, yes, you're right, we've all had our share of concerns and complaints and frustrations. When I look at this, let's start with number 1, what does "N/A" represent? [LR306]

SENATOR CONRAD: I'm guessing that means nonapplicable. Let me just find my copy quick, Senator. There it is. Yes. [LR306]

SENATOR GLOOR: Because N/A is nonapplicable, certainly different than "no response," which, you know, the percentages could look even more distressing if...depending upon how we color in that blank. So is "N/A," do you believe N/A is not applicable? [LR306]

SENATOR CONRAD: I believe it is. And there is a copy of the survey itself, which...not in my stack, in front of me here, but that should provide the options for response and is it nonapplicable. It's "no answer," okay, thank you. [LR306]

SENATOR GLOOR: No answer. So it is no answer. [LR306]

SENATOR CONRAD: It is no answer. [LR306]

SENATOR GLOOR: Would it be no answer for like number 3 and number 4 also? Is that consistent from... [LR306]

SENATOR CONRAD: It is consistent, yes. Thank you, Senator. And thank you, staff. [LR306]

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SENATOR CAMPBELL: Any other questions that you have? [LR306]

SENATOR GLOOR: No, thank you. [LR306]

SENATOR CAMPBELL: Okay. I think we'll go ahead and start with the testimony, if that's okay. For the testifiers, how many people wish to testify today? Okay. A number of people. All right. Please come forward. And you can put the orange sheet, if you give the orange sheet to the clerk, and if you have any handouts, Ben or Emily will help you with that. And as you sit down and prepare to testify, please state your name for the record and spell it. That way we know we have it exactly correct. So good afternoon. [LR306]

MARK INTERMILL: (Exhibits 3-6) Good afternoon. Thank you, Senator Campbell. 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. I'm also circulating statements from Nebraska Appleseed, OneWorld Community Health Centers, and LeadingAge. We have been, at AARP, have been working with a group of organizations over the past year and a half about ACCESS Nebraska. We've been hearing a lot of concerns among our members and others about ACCESS Nebraska. So we began working with other groups that were concerned to try to come up with some solutions. We've been working with the Department of Health and Human Services and we've appreciated their willingness to try to come up with solutions to issues that we've identified. But we've come to the conclusion that this is a systemic problem that requires more than just a patchwork of solutions. Senator Conrad summarized a lot of the solutions that we have identified. I honestly believe that this is a problem of ACCESS Nebraska being underresourced. We don't have enough staff to answer the calls that are coming into the call center. We're not providing enough support to the community organizations that have been, essentially had costs shifted to them for things that used to be done by HHS. We have identified a list of problems on the sheet that I distributed and also some of the solutions that we think might be appropriate to try to address those problems. As Senator Conrad noted, I think this is an issue that is ripe for a

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Performance Audit. I think it's time to really take a close look at ACCESS Nebraska, some of the problems that have been encountered, with the thought of trying to reach some sort of a solution. We had a series of five listening sessions around the state. And some of the things that we heard, I'm sure that you will hear today, are concerns about long phone delays, lost documentation that's been sent into the HHS office, in some cases people receiving inaccurate information that's resulted in changes in benefits. We have complex cases, for example, spousal impoverishment protection cases that require a high degree of expertise that people have been given misinformation. And also just, we have a number of people who struggle with the Web interface and the call centers, either because of language, English as a second language, or just for hearing problems that people have. We do think that we do need to...we need more workers at the HHS call centers. But we also need some specialized workers who have expertise that can be referred to when people have, for example, a spousal impoverishment type of case or some of the other types of complex cases that are required. We've looked at the Indiana system. Indiana privatized their public benefits administration a few years ago. And after operating it for awhile, they dropped it. They've gone back to a hybrid model of having the call centers and the Web interface, but also having the storefronts, where people can go and actually talk to somebody. In some of our listening sessions, that was one of the things that people really missed was having somebody that knew them and that they knew who they could go talk to about situations related to their public benefits. So that's one of the things I think we may need to look at is trying to add on that human contact and provide that opportunity for people who don't do with the Web interface or a call center. The community-based organizations we heard consistently that people are concerned about the cost shift of the responsibility from HHS to those community organizations. And what we are seeing is that if we don't provide the resources within HHS to get the job done that we need to do it with the community-based organizations, that they need to be provided the resources, the training, the things that they need to do to be able to help people through these complex public benefit situations, and hiring lead workers with specialized knowledge so that those community-based organizations, when they run up against a difficult situation,

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they have somebody that they can call and get information from. The last area that we have listed is some of the complex rules inhibit effective functioning of ACCESS Nebraska. We have some ideas on streamlining that we think would help that. [LR306]

SENATOR CAMPBELL: Excellent. Thanks, Mark. Right on the dot. Do you have a list of all the community organizations that have participated in this? [LR306]

MARK INTERMILL: Yes. [LR306]

SENATOR CAMPBELL: Could you get that to us... [LR306]

MARK INTERMILL: Certainly. [LR306]

SENATOR CAMPBELL: ...or if it's on-line somewhere, because that would be a list I would like to take a look at. [LR306]

MARK INTERMILL: Okay, certainly. [LR306]

SENATOR CAMPBELL: Any other questions? Senator Gloor,... [LR306]

SENATOR GLOOR: Can I follow up on that? [LR306]

SENATOR CAMPBELL: ...sure. [LR306]

SENATOR GLOOR: Just out of curiosity, because that was my question also. Are those partnerships pretty uniformly across the state or are they primarily in the eastern part of the state? [LR306]

MARK INTERMILL: I think, no, there's...I don't think...I wouldn't say that they're uniform across the state. I think we...I did go out to Scottsbluff to talk to some organizations out

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there. And they have different issues than we see in the eastern part of the state. We have some agencies that have signed up as community partners for ACCESS Nebraska, but others who are still doing a lot of the work that aren't signed up as community partners. They're just...they have clients who have public benefit issues that need to be addressed, so they wind up doing those instead of what would have been done by a caseworker in the old system. [LR306]

SENATOR GLOOR: Okay. Thank you. [LR306]

SENATOR CAMPBELL: Okay. Thank you very much. [LR306]

MARK INTERMILL: Thank you. [LR306]

SENATOR CAMPBELL: (Exhibit 13) Our next testifier. I will note for the record that we received, the committee received a letter from Voices for Children regarding this interim study. Good afternoon. And your name for the record... [LR306]

EDWARD MISCHLER: Edward Mischler, that's E-d-w-a-r-d M-i-s-c-h-l-e-r. [LR306]

SENATOR CAMPBELL: Excellent. Thank you, sir. Go right ahead. [LR306]

EDWARD MISCHLER: Well, I guess my odyssey started back on March 21 when my dad had a massive stroke. Listening here about the training, I do agree totally, because at that time we were at St. Elizabeth's, stroke was obviously not going to be...he was not going to recuperate. I dealt with a social worker there who maybe had 70 percent of the necessary information she needed. And, you know, I had a lot of, this is what it is, I think, and this is...then we moved to Madonna Rehab. I dealt with a different social worker. Again, different information, no fault of theirs. They were giving me everything they knew. Then we moved to Homestead Rehab. I dealt with an additional social worker who gave me a little bit different information. Somewhere along the line here the



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application was filed for the Medicaid because we're looking at a \$6,000 a month bill. That's when the letters started from DHHS, verification of this, verification of that. And I realize they need all this information in order to...it's a system that's ripe for fraud, of course. But I was overwhelmed. I was trying to work 40 hours a week, trying to get all this information, stepped into a filing system that my dad had that who knows what it was, trying to figure out somebody else's filing system. It eventually led me to Aging Partners. And I walked in there with a pile of paperwork and sat down in front of Houston Doan and he said, what can I do for you? And I said, either help me or kill me. I said, I'm lost, I don't know where to go. They held my hand and started walking me through this. And the letters just keep coming in and coming in and a lot of them, I didn't get on the computer at all, basically, because I don't have one. But a lot of the letters, the verbiage that was involved in them was incredibly confusing. I was a police officer for many years in a big West Coast city and I dealt with a lot of legal documents. And I would finish reading them and I would just look at them with a blank stare because I didn't understand what they were asking. Well, then you're into the phone call with the 40-, 45-, 50-minute wait to ask one question. After putting together this huge package, I was told that it would expedite things if I took it down here to the Gold's Building on Second Floor and put it in the drop box, which I did. I labeled every piece of paper. I put everything in a manila envelope, I labeled it, case number, everything. I put it in there. A week later I received another letter that nothing was received and the case was going to be dropped, my dad's case. I called them up and I said, I put it in the box. I asked the lady there if that was the box, and they said, well, we don't have it. And that was their response. And I said, what would even lead you to believe that I won't supply you with the information you want? I gain nothing by that. There was no accountability for it at all. I mean, my statement was, it's there, it's somewhere. I had to do it all over again. Also received additional information requesting a verification of forms that didn't even seem to deal with it. Called them up and they said, oh no, that was sent to you by mistake. I said, so I can ignore it? They said, no, since the computer generated the letter, you have to return that form so that it cancels out in the system, at least the way it was explained to me. So now I'm hurting for time and for money and for sleep and

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everything else and dealing with the emotional end of my dad. And now I'm having to return forms that don't make any sense but they have to go back because the computer generated it. And going through all that, like I said, Aging Partners held my hand through the whole thing. And without them I don't know where I would be. And I know they, as far as an agency goes, the assistance they've given and the guidance was phenomenal. I mean, listening to the previous speaker about outside training of agencies, I think that's imperative--the social workers at the hospitals, at the rehab centers, at, you know, the rest homes. A lot of this, everybody is in a rush to go to computers, do everything on the computer. Well, I can tell from up there, sometimes, you know, we lived in an age where computers weren't necessary. And I think they're hitting a target issue there of people older that can't deal with it, as was said before with the computer issue. The human element is gone, it really is. I would gladly stay on hold for 40 minutes if I could talk to the same person every time. And nothing bad about the DHHS employees, because there's nothing worse than sitting in front of a multiline phone and every line you pickup is a problem, and you're hit flatfooted because you don't know what it is until you look at the computer, you know. So that is very tough for them. And, like I said, what they request of you is difficult if you're trying to work 40 hours and be a caretaker and try to accomplish running your life, which pretty much goes by the wayside. And like I said, unfortunately my mom went down later, and I went right to Aging Partners and it has gone so much smoother to start out with them helping you and giving constant assistance. So the outside training, I think, is very important.

[LR306]

SENATOR CAMPBELL: Questions from the senators? Mr. Mischler, thank you very much for coming and sharing your story today. I think we're going to hear more stories like yours. But... [LR306]

EDWARD MISCHLER: Probably. [LR306]

SENATOR CAMPBELL: But you did get everything for your mom and dad, right?

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[LR306]

EDWARD MISCHLER: Yeah,... [LR306]

SENATOR CAMPBELL: You did get everything? [LR306]

EDWARD MISCHLER: ...it's starting to come together. (Laugh) [LR306]

SENATOR CAMPBELL: Okay. Well, thank you for coming today very much. [LR306]

EDWARD MISCHLER: Thank you for your time. [LR306]

SENATOR CAMPBELL: Next testifier, please. Good afternoon. [LR306]

WILLIS LUEDKE: (Exhibit 7) Good afternoon. I'm Willis Luedke, W-i-l-l-i-s L-u-e-d-k-e. And, Senator, I want to thank you for being at our meeting in Kearney. I'm going to repeat some of the same things. [LR306]

SENATOR CAMPBELL: I recognized you. I thought, aha, he's here today. [LR306]

WILLIS LUEDKE: My name is Willis Luedke. I'm chairman of the Board of Commissioners for Saline County. Wilber, Nebraska is our county seat. Saline County has long been known for their outstanding service to its senior citizens and others through the services that are provided by Saline Eldercare and the Saline County Area Transit. These agencies provide services to our county residents who are 60-plus in age and others who have special needs and reside within the greater Saline County area. I'm well past that 60-plus, and I'm happy that I don't have to use any of their services yet. Many of these residents need assistance with food, cooling or heating their homes, onto assistance with paying for medications. Most of them have one thing in common when you talk to them, and that's DHHS or ACCESS Nebraska. A couple of their

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concerns that they have expressed to us, and I guess I come from the point where I'm down in the trenches, I'm a county commissioner, I hear these things on the ground level directly from these people. Their concerns, a lot of those that have been mentioned already: I can't get through; no one answers; they want me to go on-line, however, I don't own a computer; I'm not computer literate. Many of these folks have cell phones and these 30-, 45-minute waits use up all their minutes, so the cost of their phone bills increases. Many of the elderly are often hearing or visually impaired or easily confused. These are some of the examples of people who have been impacted: A legally blind 90-plus year old woman in our county lost Medicaid benefits for a period of time when DHHS transitioned to ACCESS Nebraska. This occurred because DHHS sent her a letter that she could not read. A hearing impaired 80-plus year old woman lost her AAB benefits because she could not understand the gentleman who was calling her, all she kept hearing was that he wanted her Social Security number. It has been driven into these elderly people, you don't give your Social Security number to anyone. That's all she could hear was the need for the Social Security number. Probably the most horrific example is a 90-plus gentleman whose wife was terminally ill in a Lincoln hospital. He no longer drives so he needed transportation to Lincoln when the hospital called and told him that his wife was near death. He called ACCESS Nebraska for transportation but was told that he had to give a 48-hour notice before they could arrange transportation. Mind you, she was terminally ill, the hospital called, said that her time was very limited. He explained the situation to the person at ACCESS Nebraska but was told that it was not a medical emergency for him personally, so they could not help him. Thank heavens, the gentleman had wits enough, he called the manager of our Saline County Area Transit, who personally, through the SCAT service, transported him to Lincoln so that he could be with his departing wife. The application form which is being used for the benefits, as I understand, is 23-pages long. I asked Senator Karpisek, at a meeting of our commissioners, to do a hypothetical situation and try to fill out the application form. I don't know if he followed up or not, but at a recent meeting one of the senators said that they had attempted to fill out the form and found it very complicated. Saline County had systems in which were more simple and better met the

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needs of our elderly citizens and others needing the services formerly provided by the Saline Eldercare and the Saline County Area Transit. We had people that were willing to sit down one-on-one with these people and work through the necessary forms. We would ask a study that would be done to either fix the problems created by ACCESS Nebraska or let us go back to our programs which we experienced...where we experienced much success in meeting the needs of our citizens. Thank you for your time and consideration. Any questions? [LR306]

SENATOR CAMPBELL: Commissioner Luedke, it's quite all right that you could have identified me as the person who found it was confusing. (Laughter) I explained that when we met with the county commissioners. Questions from the senators? Thank you very much for your public service? [LR306]

WILLIS LUEDKE: I do concur with the comments that previous speakers have made also. [LR306]

SENATOR CAMPBELL: And thank you for coming today very much. [LR306]

WILLIS LUEDKE: Thank you, thank you. [LR306]

SENATOR CAMPBELL: Next testifier. Good afternoon. [LR306]

ANN HEERMANN: (Exhibit 8) Good afternoon. My name is Ann Heermann, A-n-n, last name Heerman, H-e-e-r-m-a-n-n. Thank you for your time today. Thank you for considering the difficulties encountered by citizens who are applying for benefits with the state of Nebraska through ACCESS Nebraska. The current method is penalizing senior citizens who do not have access to a computer, the phone automated system equally difficult to navigate. The citizens of Nebraska deserve a reasonable method for applying for critical benefits and are currently at risk of losing them. I'll just give you a little case review. I assisted my mother through this process with the help of Aging

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Partners and Barb Straus. She's 79 years old. She received a letter that said that it was time for her to recertify. She did not receive the form to fill out that normally comes with it. Basically, she was told she has to go on-line and fill out the form. She's 80, she has no computer, she has no computer skills. This obviously wasn't an option for her. In the letter that was received, which I reviewed, it wasn't very clear as to which form needed to be filled out. Because I've helped her in the past, I pulled up the form that I filled out last year and it was entitled Medicaid Review for Long-Term Waiver. I went to the computer system to find the same form, it didn't exist. So that caused me a little bit of confusion. In the letter it appears that they were asking her to fill out the Medicaid form, so I punched up the Medicaid form, I printed it out, and it was 20-some pages long, and the previous form she filled out was 2. So that didn't make any sense to me. It was just very confusing as to which form needed to be filled out. Ultimately, I tried to select what I thought was the closest form to what we'd filled out in the past. I selected Aid to the Aged, Blind and Disabled. And it would have helped in this process if I could have printed out the form first, so that then I could gather all the information I need before I go on-line and fill in the blanks. I wasn't able to do that. When I filled out the information...so I picked that form. It turns out I picked the wrong form. I filled it out and at the end I realized I wanted to go back and review the document, I couldn't do that either. These are some critical benefits that my mom receives. It's for her prescription medications, so I consider them to be sort of critical for her health. Basically, with the help of Barb Straus, I was...she was able to resolve the fact that I had filled out the wrong form. I did try the automated phone system. I also tried the ACCESS Nebraska Web site. And I punched in her information, and the box that says, which benefits am I receiving, thought that would help me to know which form to fill out, it said that she wasn't receiving any benefits. So that didn't make sense either. So my suggestion is just pretty simple. I realize I have a very small piece of some of the issues that are going on here. But if she'd just been mailed the form with that letter it would have basically made everything so much simpler. A lot of people don't have anyone helping them, so I'm not sure how they're navigating the system. If I had had that, then I could have gathered the necessary information. I could still go on-line and use that system if for some reason

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that's cost-effective or if that's helping the state of Nebraska. That should be an option, but it shouldn't be the only form that you can use. I also tried on the phone system before I filled out my application. I tried to get somebody that I could ask, which form should I fill out? I wasn't able to do that through the phone system. It would be real simple, another suggestion is I notice that she has a case number in the corner of the letter. If I could have punched the case number in, it would have...and it just would have taken me to the correct form, real simple, using her name, using her Social Security number or using that case number, so that's another suggestion. I just really feel that elderly people need to be sent the form. I mean, that was really the whole problem with hers. She was given a really short period of time to fill this out. And it basically said, if you don't get this in by this date, you're cancelled. There's no other notice. So luckily, I'd noticed that she had received the letter. And it would be nice to be able to print out the forms before you fill them out so that you can get the information you need before going on-line. Any questions? [LR306]

SENATOR CAMPBELL: Any questions? Senator Gloor. [LR306]

SENATOR GLOOR: Thank you, Chairperson Campbell. Thank you, Ms. Heermann, for this. Sounds like you're a great daughter also. [LR306]

ANN HEERMANN: Thank you. [LR306]

SENATOR GLOOR: I didn't quite understand when you talked about this couldn't print out a copy. Was that not an issue related to your computer, your software, or was that the issue...is that issue one that the state doesn't allow you to print those forms off? [LR306]

ANN HEERMANN: It was my experience it didn't allow me. It allowed me to fill out the Medicaid form, which was 20-some pages long. But then they have a list of other forms, and I was trying to find the right one. And the one that I wanted to fill out for her it didn't

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let me print out ahead of time. Could have been something I missed, but... [LR306]

SENATOR GLOOR: Okay. [LR306]

ANN HEERMANN: It would have been nice to be able to do that. [LR306]

SENATOR GLOOR: Thanks. [LR306]

SENATOR CAMPBELL: Thank you, Ms. Heermann. And I would guess at this point what we'll try to do is ensure that...we'll send a note to the department and say, we have gathered testimony with suggestions and we'll make sure they get them. [LR306]

ANN HEERMANN: Sure. I mean, some of these are pretty simple, that would have just made a huge difference. [LR306]

SENATOR CAMPBELL: But sometimes simple is the best. [LR306]

ANN HEERMANN: Exactly. [LR306]

SENATOR CAMPBELL: So thank you very much. [LR306]

ANN HEERMANN: Thank you. [LR306]

SENATOR CAMPBELL: Next testifier. Thank you, Senator. Good afternoon. [LR306]

DUSTIN ERICKSON: Hello. [LR306]

SENATOR CAMPBELL: And your name sir? [LR306]

DUSTIN ERICKSON: (Exhibit 9) Dustin Erickson, D-u-s-t-i-n E-r-i-c-k-s-o-n. [LR306]



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SENATOR CAMPBELL: Excellent. Would you like to introduce... [LR306]

DUSTIN ERICKSON: And this is my wife, Rebecca. I just wanted to make sure that, you know, we have a face to some of these issues... [LR306]

SENATOR CAMPBELL: Welcome, Rebecca. Glad you came. [LR306]

DUSTIN ERICKSON: ...and who they affect most so. [LR306]

SENATOR CAMPBELL: You want to proceed, Mr. Erickson. [LR306]

DUSTIN ERICKSON: Yeah. I just wanted to say to start it is very important for Rebecca and I to have assistance due to her high cost of treatments, prescriptions and home health companions that come with maintaining her health and her independence due to M.S. To begin with, we've been on Medicaid for about six years now and always having the individual caseworker was a real advantage to us. One of my biggest problems at this point with ACCESS Nebraska is, number one, the voice automated system, which is extremely time consuming, a little bit confusing and frustrating. Usually, when I come across an automated system I can usually hit zero and I can usually get a live person right off the bat. Unfortunately, I have to navigate far enough to get through to even find that option, which is a little frustrating. But, yeah, I have some patience, you know, not a lot of time, but some patience. So I was able to do that. The other problem is every time you talk to somebody it's always somebody different, you know. With unique cases such as ours and like everybody else's, I'm sure, it's nice to have somebody who knows what you've gone through, what questions you've already asked and just basically your status at that present time. So every time you get somebody new you're forced to retell your story over and over and over again. And as it gets more complicated, you know, well, we're on Medicaid waiver, and I have home health companions, and I need physical therapy, and I've got all these different issues, it really is time consuming and probably

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costly to take up somebody else's time continuously like that who's not familiar. Recently, I've had to call to check on my income eligibility. I was offered a very small raise at work. But regardless, it's unclear to me at times what my income can be, do I want to make an extra \$7 a year and risk losing the \$60,000 to \$100,000 a year that we need to maintain treatments and all those different issues. When we called, we were told that they did not even have me in the system. And I have been sending in documents yearly for about six years now--all my bank statements, all my pay stubs, and they say, well, we don't have you, Dustin. So I'm past the point of being frustrating, to pulling my hair out. And so I said, okay, well, what do I need to do? And so they sent me paperwork, please send your most recent documents. I said, that's fine. I sent them in. They said that seven to ten days, you know, a couple weeks you'll hear from us. It's been three months, I haven't heard from anybody, I haven't heard from nobody. And so, you know, I want to call, so I call, but I get somebody in Scottsbluff. And then I get somebody from this place. And, you know, it constantly just kind of gets tossed around. I get somebody who doesn't know what's going on. It's like you got to run around the office to try to get accurate information. And most of the time it gets resolved and it usually works out pretty well. But in this instance it was really frustrating because, like I say, I still don't know a 10-cent raise, not much, you know a couple bucks a month. But, you know, it means a lot to some folks. So but in saying that, I wanted to touch on something I don't have on here. The person before me was stating reeligibility paperwork. We received that last week. Same thing, we usually got a document we could fill out, we'd copy all of our paperwork, boom, bang, done. This time they say we have to go on-line or you can call and request paperwork, which we did, but we received that on Wednesday. We have until Friday to have it in and we just received it today. So ironically, before we came here we're working on DHHS paperwork for eligibility. And I called and I said, well, I don't know if I'm going to make the time frame. They said, well, don't worry about it. And I'm thinking, well, to me that bold print where it says days due date December 2, that means a little bit to me. And I like to be punctual. And I obviously don't want to sacrifice anything. So that's it. Thank you. [LR306]

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SENATOR CAMPBELL: Thank you, Mr. Erickson, for coming. Are there any questions?  
Senator Gloor. [LR306]

SENATOR GLOOR: I'm just curious that when you talk to somebody on the phone and you have a conversation that we've been in the system for six years now, there has to be paperwork. [LR306]

DUSTIN ERICKSON: Um-hum, right. [LR306]

SENATOR GLOOR: Do you get a sense of frustration or exasperation from the staff person you're talking to on the other end? [LR306]

DUSTIN ERICKSON: Are you kidding me? You kidding me? Oh my gosh. I mean, like I say, we've been doing it for a few years and, I mean, I have computer skills and all that, so I can't imagine what it's like for older folks, you know. But, I mean, it's my life. I mean, it's what dictates what I can maintain, you know, where I can be. Just to be where I'm at right now is a lot of work. And just to keep it there, I think, I require a lot more information and definitely a lot more personal attention to try to keep it that way. [LR306]

SENATOR GLOOR: But the person that's taking that phone call from you, do you get a sense from them that they are frustrated or exasperated by the system? [LR306]

DUSTIN ERICKSON: Oh, I'm sure, oh, I'm sure. Yeah. Well, I mean, I guess they wouldn't be... [LR306]

SENATOR GLOOR: Do they apologize? Do they say, well, this... [LR306]

DUSTIN ERICKSON: Well, they're always really pleasant because I've learned to be diplomatic on the phone. Being grumpy is not going to get you anywhere, you know. So you be as nice as you can. They've all been really great. And I think they work to their

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capacity to help me. I think that's why I get passed around the office so much, you know, because they don't know what to do or I don't know this guy. Well, you know, so absolutely, absolutely. [LR306]

SENATOR GLOOR: Okay, thank you. [LR306]

DUSTIN ERICKSON: Yep. [LR306]

REBECCA ERICKSON: Thank you. [LR306]

SENATOR CAMPBELL: Mr. Erickson, thank you very much for coming today and, obviously, for caring for Rebecca. [LR306]

DUSTIN ERICKSON: Thank you. Thank you. [LR306]

SENATOR CAMPBELL: Have a good afternoon. Thank you. [LR306]

DUSTIN ERICKSON: You're welcome, you guys. [LR306]

SENATOR CAMPBELL: Next testifier. Take your time. Next testifier. [LR306]

SARA QUIROZ: Good afternoon. [LR306]

SENATOR CAMPBELL: Good afternoon. [LR306]

SARA QUIROZ: Thank you for putting this on today. My name is Sara Quiroz, S-a-r-a Q-u-i-r-o-z. I represent kind of a different population than what you guys have been kind of hearing. I work with CEDARS Youth Services and specifically I'm here to represent my program, which is the Parenting Support Project. We have a grant actually from HHS. I hope we don't get in trouble here. But we have a grant and we work with

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low-income families that are at high risk for abusing their children. One thing that we're kind of hearing a lot of is the 45-minute wait. One person already kind of touched on it. A lot of our families have limited phone plans, and just one phone call per month is taking up to 10 percent of their monthly phone plan, which is a lot. And that's just the one phone call. Also, they have, you know, inflexible jobs that may not allow them to call during the hours that are listed on the papers. You know, McDonald's, Arby's, you know, places that they have very strict rules about phone use and what they can bring to work. Documents being recorded is the second thing that we really are having a hard time with. Our clients are having their credibility questioned when they're calling in stating, you know, we sent that document. Even when I have faxed the documents to them and they'll say, well, my worker has faxed this to you, their credibility will come under question and say, well, we don't have it, so therefore you didn't send it. Or we'll call them and numerous times we've heard, well, it's here but nobody processed it yet. And so, you know, if we sent a document two weeks ago it's very concerning to us that nobody has taken the time to actually process it, and their benefits are being terminated if it's not processed, but yet the paperwork is sitting there waiting to be processed. An example of this is I have a family that I work with that sent her renewal information in on October 26 of this year. The same week it was received. On November 15 she received a letter that was dated November 11 stating that she would have her services terminated. We called the ACCESS Nebraska line, waited 45 minutes for a worker and for them to tell us that her information had been received and processed on November 3, a full week before the letter had even been sent on November 11. And so I wasted 50 minutes of my time that I was to be working with a family and her child, trying to contact ACCESS Nebraska for a letter that never should have been sent out to begin with. Our families are calling in changes, such as changes of income and such. And then when their information isn't entered into the computer they are being penalized when they are receiving too much food stamps or they're receiving too much ADC, and then their benefits are being withheld from them until that is being repaid. We're the ones that have to follow-up in order to make sure the information is being entered into the computer. And so that goes back to the first point that I had made when have a limited

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cell phone plan and you have to call a week later and wait another 45 minutes, we're now up to 20 to 25 percent of their monthly cell phone plan that has been wasted on two calls to ACCESS Nebraska. Computer access and site accessibility, again, our families are low-income. They don't have computer, they don't have Internet. And a lot of them don't have resources to get to a computer. And they are tech savvy. The people that I work with are tech savvy and they still have a hard time accessing these Web sites mainly because of educational level and the fact that they don't understand what's being asked of them and what they need to enter. Another one that we're having a hard time with is it will say if you speak English press 1. If you speak Spanish press 2, all other languages press 3, in English. And so we have Vietnamese families, we have families from the Sudan, we have families that speak a number of different languages. And Lincoln is a refugee relocation site. I think that we can do better than all other languages press 3 in English. Interpreters, our interpreters can't get through, again due to the time constraints. And then finally the wasted time that we have during our home visits, we're not having time to do our jobs and what we're there to begin with because we're doing somebody else's job. You had asked, Senator Gloor, earlier about frustration from workers. I have experienced on a number of occasions, not necessarily frustration, I'm sure it's caused from frustration, but it was more shortness on the end of the worker and how they were treating the person on the other end of the phone. But then you also have the ones that are just absolutely apologetic because they know and they can sense the frustration in the families as well. It really is kind of a crapshoot as to what you're going to get. But I agree completely with all of the suggestions. I won't go through and repeat it again because everyone has done such a good job of relaying those. [LR306]

SENATOR CAMPBELL: Thank you, Sara. Questions from the senators? Thank you for taking time to come today and representing your clients. [LR306]

SARA QUIROZ: Thank you. [LR306]

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SENATOR CAMPBELL: Next testifier. Good afternoon. [LR306]

JULIE DAKE ABEL: (Exhibit 10) Good afternoon, Chairman Campbell and members of the committee. My name is Julie Dake Abel, J-u-l-i-e D-a-k-e A-b-e-l, and I'm the executive director of the Nebraska Association of Public Employees, AFSME Local 61. And we're kind of a different group that's here today. We are the union that represents the state employees, the employees that work at the call center as well as in some of the local offices that are still out there. We are one of the groups that also you asked about earlier, that is part of a coalition that has been working together over the last probably year and a half in relation to concerns on ACCESS Nebraska. It's unfortunate that we're here today. I do really appreciate Senator Conrad for bringing this up. But we really do believe that there is going to need to be some sort of oversight over the ACCESS Nebraska system. Unfortunately, we don't believe that this is a situation that can just be fixed by a few things. We believe that this is probably an administrative and a systems problem. When we look at all the different issues that need to be addressed, and we agree with most things that were said today, one thing seems to come to mind and that is staffing. Under staffing there are several important products that have come out of not having enough frontline staff--the long call waiting times, which you've heard about, quotas, there's more inexperienced new staff, and experienced staff that have been leaving. Consistently as part of the listening sessions that we were part of across the state, as well as talking to other employees across the state, wait times have been 40 minutes. While you may have heard a much lower number, I believe that whoever was the spokesperson for the agency at that time was given erroneous information, because we are consistently hearing that not only from clients in the listening sessions, but also from the workers themselves who do know what the call wait times...you know, clients have been very upset. Our workers know that. Our workers have been very upset by what's been going on because they know that they cannot get to people and serve them as they need to be served. There are long...there are high call abandonment rates as well, people who get frustrated and give up. Probably most of the people that you're hearing from today are people that, you know, actually continue to pursue and

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pursue and pursue. But there's a lot of people that give up when they're calling the call center because they've been put on hold for so long. Additionally, another thing that DHHS has started on the workers that I think is important to note is quotas. Workers now have so many quotas that they have to meet, in other words, they have to get through so many calls within a certain amount of time, which basically dehumanizes the process even further. So talking to people on the phone about what different options may be out there, what different specialized services may be out there, it's going to be much more difficult for them to get that information to the people that are calling in because they have quotas that they have to meet. And, of course, you know from a worker representative standpoint we know that this is going to probably lead to types of work improvement plans, they're going to start disciplining employees. And unfortunately, this is going to go on a downward spiral. As far as the workers go, unfortunately even with economic times we have lost more experienced workers. We have lost them through layoffs and there are more layoffs coming. We have lost them through, for those that can retire early, trying to retire early. There have been, and this is nothing against the newer workers coming in, but they don't have the experience on the programs. There is a long array of specialized programs that workers have to know. And when they are not aware of those programs and do not know them, repeatedly it makes things more difficult. Additionally, there used to be very...there used to be to where groups would actually have specialized caseloads. So a worker would actually work with certain programs and knew them very well. And I think that's one thing that they really need to go back and look at is more specialized caseloads. I would also like to say that when this process started with ACCESS Nebraska, unfortunately, there was already a hiring freeze. So we were already below the staff that we needed when ACCESS Nebraska started. And unfortunately, that is not getting better. But I do not believe that we're going to be able to meet the needs of the people that need the services without, frankly, just more workers. I would really like to thank Senators Conrad, Mello and Nordquist for introducing this study. And I would ask that you work with the Appropriations Committee to maybe restore some of those lost social service worker positions. [LR306]



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SENATOR CAMPBELL: Questions? Thank you very much for coming today. [LR306]

JULIE DAKE ABEL: Thank you. [LR306]

SENATOR CAMPBELL: And I appreciate you drawing our attention to the quotas, because we were unaware of that, at least I was. Thank you. Next testifier. [LR306]

DIANE NIEVEEN: Hi. My name is Diane Nieveen, D-i-a-n-e Nieveen, N-i-e-v-e-e-n. Thank you for giving me this opportunity to come before you today to kind of share with you some of my concerns. I am a social worker at a nursing facility and I work at Goldcrest Retirement Center at Adams, Nebraska, which is about 35 miles south of here. My clientele are my residents. And we have an 87-bed facility for skilled nursing and assisted living. We also have adult day care, child day care and independent senior living in our complex. I just want to share with you some personal experiences that I've actually had myself. And as I've heard other people say, I think a lot of us are experiencing the same kind of thing. So I would like to share with you what my concerns and some of my experiences have been. My clients basically are the residents who live in our facility and who call that their home. And many times they're not able to do their own financial affairs. So many times it's an elderly wife or a brother or a sister that are trying to work through the system. And many times these elderly people are trying to figure out how to apply for assistance. And most of these people have not used a computer ever in their life. And then when they do try to get on the telephone, they can't even figure out the telephone system due to the choices they have or not being able to hear. So many times those decisions, they just become frustrated and stop. And in particular I had one family that finally came to my office and said, would you please help me, I can't even get through the telephone, I can't even get to a person to talk to. So I said, sure, show up tomorrow at such and such a time and we'll take care of that. Well, the...we did work through that. I called and we had a 40-minute wait, just like everybody else is talking about. And during that 40-minute wait you really can't do anything else, so

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it's kind of a lost 40 minutes. The actual application itself, too, is very confusing because our senior citizens are filling out the same form as a young mother who's expecting a baby. So there are a lot of questions that do not even apply to them, then they don't know what should I do? Do I fill it out or, you know, does this really apply to me or it doesn't? So even the application process itself is not real easy for them. I also had a family who went through the application process with ACCESS Nebraska and it ended up for her taking six months before she received assistance. She had actually filled out the application. I had reviewed it with her. She had everything filled out. She sent it in and according to the wife she received notice from them that she needed verification of those things, which is understandable. She did send those papers in and she mailed them. And there were a couple of times that she also faxed them. But again and again they would ask for the same papers over and over again. She felt that those papers were probably lost or left on someone's desk and they didn't even realize they actually had those papers. Due to not always getting the same caseworker it could have easily been setting on someone else's desk and they just were not aware of that. This wife became so distraught that she requested to come up to the office and actually have a face-to-face visit with ACCESS Nebraska, and she was refused this request. They said it was not even possible. People of this generation want to see a face, they want to have the same person answer their questions. They want to meet on a face-to-face basis so that they can have their questions answered. And they also feel security in knowing who they are talking to the next time they call. And they also have confidence by seeing a person that somebody actually is going to take care of it for them. This wife struggled with the additional emotional stress of not getting her answers, the financial stress of not knowing how her bills were going to be paid, and it leaves the facility without knowledge of knowing anything about where they are in the process or how I could be of help to that family. In the past, their designated caseworker was able to inform us on how the process was going and how we could actually assist the family to finish up the process. Now the facility is left in the dark without any reimbursement for their care for extended periods of time. It leaves the facility struggling with a new budget without payment. I have also had other service providers now refusing to care for my

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Medicaid residents because they are not getting paid timely. They are also frustrated with the current system. Together somehow I feel like ACCESS Nebraska and the care providers and the people who need assistance just need to work together. This system is not working. The communication that we need to have to help one another is not providing the results that we all actually need and the people actually deserve in the state of Nebraska. Do you have any questions? [LR306]

SENATOR CAMPBELL: Thank you, Ms. Nieveen. Questions from the senators? Thank you for coming today and sharing your stories. [LR306]

DIANE NIEVEEN: You're welcome. [LR306]

SENATOR CAMPBELL: Next testifier. [LR306]

CYNTHIA HILDERBRAND: (Exhibit 11) I'm not a little person but, if you don't mind, I'll stand. I'm too short to sit in chairs. [LR306]

SENATOR CAMPBELL: Are you sure? [LR306]

CYNTHIA HILDERBRAND: My name is Cynthia Hilderbrand, it's C-y-n-t-h-i-a H-i-l-d-e-r-b-r-a-n-d. Thank you for listening to us today. I think what we're saying is very heartfelt and very important. I work through the HPRP program which is the Homelessness Prevention and Rapid Rehousing Program. We service a 21-county area here in southeast Nebraska (inaudible) the Southeast Nebraska Continuum of Care for the Homeless. For your benefit, I did list the counties that we serve. I'm housed out of Blue Valley Community Action Partnership in Fairbury. To be very brief, our HPRP program has served over 300 families in this rural area of Nebraska in less than 30 months since its inception. Individuals and families we serve are either literally homeless or about to be homeless, imminently homeless. I currently carry a caseload of 24 families that are scattered throughout that full 21-county area. For most of these

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families the help they receive helps them move forward, it helps them propel themselves on...I'm going to ignore this if you don't mind; I cannot read this. [LR306]

SENATOR CAMPBELL: That's okay. [LR306]

CYNTHIA HILDERBRAND: It propels these families on to stability. The program itself is successful, but lately I have found in these last few months it's been very, very difficult. We've been crippled. I feel like I'm doing my job with one arm tied behind my back and that's because the one most valuable resource that caseworkers, all kinds of social worker, caseworkers have relied on forever, that one valuable resource--the human being in the Health and Human Services Office, that real person who knows these people's cases from beginning to end, knows the path they were on when they got to where they are and where they're going, and how they need to get there, that one person who knows the finer nuances of each client's communications isn't there for them anymore. Now we're going to call centers. And I have to tell you that I've sat on park benches and in the corner at Subway because that's the only place I can find that will tolerate me working with someone who doesn't smell very nice. I'm going wherever I can and doing what I can, to do what Mother Teresa has always told us to do and to do it anyway, find a way, do it anyway. I've worked and worked. And I'm not a spring chicken, I've been at it for a while. I can tell you that this is the one of the most crippling disadvantages and greatest challenges we've come up against in the field of social work in a long time. I have experienced extreme wait times with people being disconnected as we were being transferred to yet someone else who we have to explain the problem to over and over. I don't know if you've ever sat with someone as they tried to explain a very disconcerting story, maybe someone from a domestic violence situation or family abandonment. And as you sit and you listen and you hear and you see that 60 percent of human communication that is not verbal coming from these people's hearts as they're trying to talk into a speaker phone and let the voice on the other end understand, to help them understand their situation, how they got there, why they have a problem in getting the services that they need just to survive. It is, it's dehumanizing. We've taken the

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human factor out of Health and Human Services, folks. Expecting these people to have access to computers, go ahead, go to a public library and try to get on the computer. There's a 25-minute limit for each person, by the way, in some communities. Some communities you have to have a library card. I don't have a laptop to take with me. These people are struggling with telephones, with computer access. We're out there trying to serve the homeless. And they are homeless in very rural areas of Nebraska, a huge section of Nebraska, maybe not so many people, but a lot of square miles. And each one of those people matter to me. I'm hoping you folks will find a way to change what's in there now and make it so these human beings can be treated like human beings with dignity and access to vital services. Thank you. [LR306]

SENATOR CAMPBELL: Questions? Thank you for coming and representing your clients today. [LR306]

CYNTHIA HILDERBRAND: Thank you. [LR306]

SENATOR CAMPBELL: The next testifier. Good afternoon. [LR306]

SaJe GOODSON: (Exhibit 12) Good afternoon. My name is Saje Goodson, S-a-J-e Goodson, G-o-o-d-s-o-n. I live in Norfolk and I have disabling post traumatic stress order. I receive benefits through the Medicare, Medicaid and SNAP programs. My daddy always says, if it ain't broke, don't fix it. Before ACCESS Nebraska's universal caseload, it may not have been perfect, but it was functioning. Red tape and paperwork are never pleasant, but my caseworker made it relatively painless. We had a working relationship. I knew her and she knew me, my condition and my case. We met once a year for my annual review where we'd exchange paper, and then I'd receive notice of my eligibility and benefit amounts in the mail. If I ever had a question or wanted to confirm that she had received something I had sent, I could leave her a message and she would call me back. Even when I was transferred to another caseworker in the Norfolk office, it was okay because I knew that if he had questions, he could just go

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down the hall to get them answered. This summer I started getting notices with different names on them from offices that weren't in Norfolk. When I called the numbers listed on them, no one answered. Finally, one office put a message on their line explaining that all calls needed to go through the 800 number, so I tried that and tried and tried. For weeks I got nothing but a busy signal. But then getting through to the automated answering system wasn't much of an improvement. I was on hold for 45 minutes minimum before I spoke to an actual human being every time I called, even when I was calling at a prearranged time for a scheduled telephone interview. But then my annual review was finished and I figured at least I wouldn't have to deal with it for another year. Then the letters started coming. Verification request to determine my continued eligibility, something I thought had been determined already. Among others, I received three verification requests for the same information from three different caseworkers in a six-week period. I wanted to submit the paperwork on-line, but I made a thorough search of the ACCESS Nebraska Web site and couldn't find anywhere to upload the files. I found out at the October 31 listening session in Norfolk that the ability to upload files had just gone on-line two months after the letter saying that I could. I sent one batch of paperwork by priority mail. It was the cheapest way to get delivery confirmation. And at least that way I could confirm that somebody had received it. The last batch I made up two copies of a receipt and hand-delivered the paperwork to the Norfolk office. I had the clerk sign and date both copies of the receipt and took one with me, just in case. Anyway, I'm assuming no news is good news because I haven't received any kind of reply from anyone about any of the information that I've sent in. I don't know the reason universal caseload was instituted. Maybe it was to save money, but it's certainly not doing that if the department is paying postage for three requests instead of one. Maybe it was to make the department more efficient, but it's not doing that if caseworkers are duplicating each other's efforts. Maybe it was to better serve clients like me. I have not been better served. The changes have made me feel nothing but fearful, angry and frustrated. My anxiety level has gone up to the point that I've retreated from everything. In a good week, I may get to my therapy appointment and the grocery store. I haven't had a good week since September. Ladies and gentlemen, I'm lucky my

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disability doesn't affect my intellect, I'm college-educated, computer literate, and reasonably high functioning. If these changes are affecting me this drastically, what are they doing to those who aren't as lucky? Ladies and gentlemen, you fixed what wasn't broke. Well, now it is broken and now is the time to fix it. Thank you. [LR306]

SENATOR CAMPBELL: Thank you, Ms. Goodson. Questions? Senator Bloomfield. [LR306]

SENATOR BLOOMFIELD: Thank you. Ms. Goodson, how are you received when you go to the Norfolk office with these papers? Do they treat you with respect or are you put off there or how do they handle that? [LR306]

SaJe GOODSON: They look at me like I'm the creature from the Black Lagoon. It's like, what is this thing? It's a client? What is this? [LR306]

SENATOR BLOOMFIELD: And what in the world is she doing in our office? Thank you. [LR306]

SaJe GOODSON: You're welcome. [LR306]

SENATOR CAMPBELL: Thank you, Senator. Any other questions? Thank you for coming today, Ms. Goodson, and sharing your experiences. I'm sorry they've been so inept. [LR306]

SENATOR BLOOMFIELD: Thanks for driving down from Norfolk, by the way, (inaudible). [LR306]

SaJe GOODSON: It was an interesting trip. [LR306]

SENATOR BLOOMFIELD: Made it myself this morning. [LR306]

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SENATOR CAMPBELL: Other testifiers? Is there anyone else after this testifier? Okay. Good afternoon. [LR306]

JULIE SEBASTIAN: Good afternoon. My name is Julie Sebastian, it's J-u-l-i-e, last name is S-e-b-a-s-t-i-a-n. I'm a master's level social worker employed with Midwest Geriatrics, Incorporated in the Benson area of north Omaha. And my responsibility is to manage 105 assisted living apartments, 42 of which are specialized for the care of persons with dementia. We also provide adult day services on site. And Midwest Geriatrics also operates Florence Home, a skilled nursing community that's been in Omaha since 1906 and is located on North 30th Street. And we're also a nonprofit agency. The benefits that I've seen with ACCESS Nebraska is that at times applications are getting approved a little bit faster. We had had experiences earlier in the year of 90- to 180-day waits for applications. We've got them turned around lately more like 45 days. But it's not always the case. That seems to be only the case when the...when it's a very simple application to process. When the case is complicated or finds its way to a worker who is not trained in older adult programming, it's a different story. I have some examples. My resident services director completed an application for a resident, we'll call her Jean, and sent all necessary verifications at the beginning of October because the resident would reach the asset limit after paying rent that month. However, the bank statement did not reflect her payment of rent, though a copy of the check was sent as verification. Her application was denied after the resident services director had devoted about six to seven hours to it. And she had to begin again. A simple conversation with the caseworker and a short, elementary math equation could have prevented this if they had just looked at the bank statement, looked at the date of the check, taken out what she had paid in rent, it would have made sense. We tried explaining that to two caseworkers who were varying degrees of helpful or empathized with that and one supervisor. But it didn't make a difference. So now Jean will have to spend more of her dwindling money than she should have in order to keep her apartment and not become homeless. Another example is that after several...on several occasions the resident



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services director has called ACCESS Nebraska and waited on hold, reached a worker, but the worker stated that they were trained in children and families and not in adult programs, and so she was asked to hang up, call back, wait again for 45 minutes, and hope that she got an adult worker. And that occurred even though she had entered the Social Security number and date of birth for the older adult that she was calling about. So I would hope the computer system would get it to the right worker, but...another example is that our resident services director worked on an application with a resident with diagnosed mild mental retardation. He is in his late sixties and he was moving out to an independent apartment. She wanted him to know how to complete his annual review the next year because he wouldn't be there, she wouldn't be able to help him the next year. He had no experience with the computer. And after two hours of training, she still was not at all confident that he could navigate the system by himself. Next summer, when his review comes up, who will be available to help him, as he has no informal support system? My last example is of Pauline. She lives in memory care at House of Hope. Her husband has managed her finances as she has lost her memory and the ability to do that. As a couple, they paid most of their life savings for her care at \$5,000 per month. And her husband is in his late eighties. His son recently discovered that dad also was losing his memory when the Medicaid review came and his father asked for help and the pile of bills, bank statements, etcetera on the kitchen table took the son two weeks to sort through. But he took time off from work to do it. And he got the review in, but it was past the ten-day limit. For this reason and because certain verifications hadn't been submitted yet amidst the mess of the couple's finances, Pauline's Medicaid case was ended. The son requested an extension for the application and was denied. He reached out to myself and Pauline's waiver services coordinator at Eastern Nebraska Office on Aging, but we were unable to get anywhere with Nebraska Medicaid either. I ended up referring Pauline to adult protective services because, without a payor source, she was now at risk for homelessness and eviction. Didn't want to do that, but it was a reality. And this action, along with the son's contacting his state senator to beg for assistance resulted in a last minute 30-day extension, which allowed Pauline's son to organize their finances, report accurately to Medicaid, and Pauline to continue to

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receive professional care she needed. From these examples I think we can see that the new system is leaving residents and families confused, without a source of direction, and at risk for homelessness because, if they cannot navigate the system, they'll be without a payor source. We also see them becoming more in poverty because they're not approved when they're first eligible. Also, from these examples we can see that the new system is leaving providers heartbroken to see older adults stressed by the Medicaid system, busy doing the department's work, and feeling impotent because we are unable to predict the system and direct families. Thank you. [LR306]

SENATOR CAMPBELL: Thanks you, Ms. Sebastian. Any questions from the senators? Appreciate you coming today. Our last testifier, I believe. [LR306]

DEE KOHLER: I don't have anything prepared. [LR306]

SENATOR CAMPBELL: That's okay. [LR306]

DEE KOHLER: My name is Dee Kohler, D-e-e Kohler, K-o-h-l-e-r, and as I've been listening today, I want to make sure that we also represent my grandson, Coop (phonetic), who receives Title XX benefits and the story that my daughter went through, who is going to school full-time and working part-time to try to make it better. She started making the phone calls in July. And my daughter can oftentimes exaggerate and told me she was on hold for 50 minutes and was going to be late for class. So I pretended to be her, I know that was wrong, but I have a more flexible work schedule. So I called to be Sara (phonetic) and I was on hold for 50 minutes. And we finally got the application filled out. Her next session of school started in August. School started, nothing came back from the department as far as her eligibility came. The provider was generous enough to still take the baby into day care, even though they were still working on the approval. Mom was fortunately in a situation that I could cover the day care for the time being to be able to do that. Mom has since lost her job, so now, you know, I have an IOU, if you will, with the day care. Long story short, it took us from July

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until October until we finally got approval. And then he was approved at the toddler rate instead of the infant rate, which doesn't provide the provider with as much money. So the provider at the time has...right now has over \$5,000 in accounts receivable. Which might not seem like a lot, but she only takes of like 50 kids. And she's a small business. So oftentimes I hear these types of things happen that it comes down to dollars and cents. It's not the Rebecca's of the world and the Coop's (phonetic) of the world. It comes down to dollars and cents. And what this is turning into is really an economic crisis because the provider doesn't get paid by the state on time, just like Ms. Nieveen was alluding to, and these small businesses are going to go out because then Sara (phonetic) also happens to work at this day care, she didn't payroll for a week, so she can't make her bills. And it can turn into an economic crisis sooner than what we can imagine because the I's aren't getting dotted and the T's aren't getting crossed. So I just wanted to kind of summarize with that is that we have to listen to this...I went to the listening session in Omaha, because since I'm in between jobs I'm very passionate about this because so many people are being impacted. And I heard one day care provider in north and south Omaha, \$50,000 in accounts receivable. There was a day care or a care center, I believe it was Hillcrest, \$180,000. I mean this is economic, this is impacting our state not to mention all of the people that were here telling their stories. [LR306]

SENATOR CAMPBELL: Questions for Ms. Kohler? Thank you very much for coming today. Senator Conrad, would you like to close? [LR306]

SENATOR CONRAD: Briefly. Thank you. Chairman, members, number one, I just want to thank you for taking the time to host this public hearing and provide a forum for these citizens and advocates and this important issue. And specifically, I want to make sure to thank the citizens and advocates who took time off of work, off of their care schedules, out of their day to travel in some instances a great deal to be here and to share their stories with us. And I think you'll agree that they were so articulate and so powerful in terms of helping to illustrate and identify this problem. And so I am so thankful that they

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took the time to be here. But they have jobs and they have care schedules and they have obligations back home. And now it's our turn. We need to digest this information and we need to focus on solutions next year. These folks aren't professional lobbyists. And a lot of the people who rely upon these systems don't have professional lobbyists, but they all have state senators. And we each have members or citizens in every single one of our districts who have been disenfranchised or negatively impacted by this system. So I'm hopeful that we can continue to take up the charge when they can't be here with us each day. And knowing the intelligent and compassionate members that make up this committee and the remainder of the body, I'm hopeful that we will be able to find solutions. And I think that the solutions are not simple (laugh) by any means, and I think that they're not singular. We have a multifaceted problem that we're doing to need to try to work through in a variety of different ways, some larger with larger price tags, some smaller, and sometimes simple is best. Senator Campbell, you're absolutely right. And some of those very concrete, straightforward issues and solutions that were presented by citizens today could hopefully, easily be implemented without policy change or significant price tag, and I think would indeed make a great difference. But we can't take our eye off the prize in terms of some of those that are going to cost us some money and that are going to be more comprehensive. I'm frustrated that here we are at least I think about three years into the transition for this system. And what we're seeing now and I think it's indicative of a pattern and practice of the department in many regards, unfortunately. Or it seems to be an MO, so to speak, where we roll out a comprehensive program that costs millions of dollars, affects thousands of Nebraskans, promises the world in terms of savings and outcomes, but yet it was really developed with no input from citizens or advocates who utilize the system, and there was no strategic plan in that implementation. And so we've had multiple conversations about how we can improve the system, how we need to continue to work together and we still haven't really made a lot of progress in making the system work better. And I'll tell you, I'm particular disappointed and frustrated that Health and Human Administration is not here today. I don't understand why they're not. This...obviously, this public hearing was subject to public notice. And as you well know, generally, when HHS has an interest in

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any sort of legislative activity there is a team of policy folks or administrators that are available to preside and present their side of the story or to provide technical or substantive information. And we've heard a significant amount of testimony today on again a topic that's not new or shouldn't be a surprise, and there's no representative from HHS here. I mean, I just quickly, glancing at my 2010 version of the Legislator's Guide to Nebraska State Agencies, this agency has, as you well know, a total budget of over \$2 billion and over 5,000 employees, and nobody could take the time to share their expertise or insight or provide solutions or commentary on this issue today? No one could take the time? I think that's beyond the pale in terms of what we as state senators should expect from state agencies, particularly when there are systemic problems that are impacting so many vulnerable Nebraskans in so many ways all across the state. I can't speak to why they didn't send a representative. That's within their purview. But we're going to need all hands on deck to move forward and find solutions. And they have to be part of that conversation. I found it particularly frustrating, as a member of the Appropriations Committee, when they come before us to say, what do you need? What can we do to help you make the system better? Is it resources, is it policy change, is it removing red tape? What can we do to help you? And we consistently get the same answer back, whether it's child welfare or ACCESS Nebraska or BSDC, pick a topic, any topic--we're fine, we got it handled, we're making improvements. Really? (Laugh) So that's more my personal commentary or rhetorical question, if you will. But I think it does need to be stated for the record. That is clearly disappointing and I think, frankly, inappropriate in terms of the lack of participation by the department in this process. Finally, I want to be clear that none of the commentary that I brought forward, I know that the committee members or the citizens who testified here today either meant to implicate the frontline workers at HHS. And, Senator Gloor, I think your questions were right on. I know I hear as many frustrations from frontline workers as I do from families that are impacted by this system. And they want to do a good job and they are drawn to service and helping people in these positions that they fill. And they're in a no win situation. They're completely overwhelmed, they're completely understaffed. There is no support or training. And now the solutions that we have heard about from internally

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within the department are things like adding quotas and other sort of triggers or punishment, so to speak. And that's a whole new dynamic that causes me a great deal of concern that I'm glad that we had a chance to hear about today. But there's no question those folks work hard and they have a nearly impossible job. And they are part of the solution. They know firsthand what we need to do to make this work better and what resources they need to do their job so that we can all move forward and ensure that our most vulnerable citizens' basic needs are being taken care of, lifesaving needs in many regards, and that their legal rights are protected. We have an obligation to ensure all of those objectives are met. And I really appreciate your time and careful consideration. And I'm sure we'll be continuing this dialogue over the next many months. So thank you. [LR306]

SENATOR CAMPBELL: Absolutely this is a critical issue. Senator Gloor. [LR306]

SENATOR GLOOR: Senator Conrad, help me with a historical perspective on this. [LR306]

SENATOR CONRAD: I'll try. [LR306]

SENATOR GLOOR: You made the comment that we've been into this for three years. Explain how that three years has kind of rolled out. Is that since we were notified that the department was moving in this direction? I mean, and remind me also when was the rollout of this? [LR306]

SENATOR CONRAD: Yeah, and, Senator Gloor. I apologize. I should probably have had a very clear time line in front of me beforehand. And I did double check with some advocates and staff as we were going through the hearing today. But I know that this process was initiated during my time in the Legislature, over the past five years. And it was first presented as a budget savings technique or proposal that then also required some policy change and substantive changes as well. So in terms of the specific time

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line for when the idea was initiated and where we are today, there have been different phases is my understanding in terms of certain call centers being set up, certain on-line applications being available, and their capacity changes and expands and a transition with closure of local offices into the on-line and the phone system. And so in terms of the specifics on that time line over the past three or four years, so to speak, we can definitely get that for you. And I know Liz is in the audience and is masterful (laugh) at all things HHS and would be able to provide that, because it would be helpful, I think. No one in this room expects such a significant transition to be flawless, I certainly don't. I anticipate that there always...when there's this many moving parts and this many human dynamics at play that there will be growing pains and there will be problems. But generally those can be addressed and are part of a healthy transition forward. But it has to be an open dialogue in order to recognize and agree that problems exist and then figure out solutions to move forward. And I think that's really what is lacking in this and other instances. But hopefully, we'll continue to work on it and force that dialogue if we have to. [LR306]

SENATOR GLOOR: Okay, thank you. [LR306]

SENATOR CAMPBELL: Thank you, Senator Conrad. [LR306]

SENATOR CONRAD: Thank you. [LR306]

SENATOR CAMPBELL: You are probably speaking to the choir here...(laugh) [LR306]

SENATOR CONRAD: Yes, I know. (Laugh) [LR306]

SENATOR CAMPBELL: ...in the sense that I'm sure my colleagues and I, and certainly the staff who have worked, many of the things that we have heard today we have also heard in child welfare,... [LR306]

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SENATOR CONRAD: Yes. [LR306]

SENATOR CAMPBELL: ...we have heard in behavioral health. So after your time away from all of the business of the Legislature, I would suggest that we try to sit down with some of the committee members and you and maybe several people from the department... [LR306]

SENATOR CONRAD: Yes. [LR306]

SENATOR CAMPBELL: ...and say, you know, we really do have to do something. What do we do? So that we at least bring them to the dialogue if they aren't here today. [LR306]

SENATOR CONRAD: I agree, Senator. [LR306]

SENATOR CAMPBELL: Because I'm with you, I'm very disappointed they are not here. [LR306]

SENATOR CONRAD: And I'm hopeful that we can move forward together because we have to. The stakes are too high. [LR306]

SENATOR CAMPBELL: Yeah, exactly. [LR306]

SENATOR CONRAD: And I truly believe in my heart of hearts that there are good people at HHS who want better outcomes. They can't be satisfied with the current state of things. And so instead of making it about finger pointing, we got to get everybody together and on the same page. But you got to show up (laugh) in order to do that. [LR306]

SENATOR CAMPBELL: But on the other hand, I think it's a critical point that you have



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brought forward to give voice to the issue. I'm sure every one of the 49 senators has taken a number of calls on this issue. [LR306]

SENATOR CONRAD: Yes. [LR306]

SENATOR CAMPBELL: So thank you for giving... [LR306]

SENATOR CONRAD: Thank you. [LR306]

SENATOR CAMPBELL: ...voice to it. With that, we will close the public hearing today. And please drive carefully on your way home. [LR306]