

LEGISLATURE OF NEBRASKA

ONE HUNDRED SECOND LEGISLATURE

SECOND SESSION

**LEGISLATIVE BILL 1041**

Introduced by Cook, 13.

Read first time January 18, 2012

Committee: Health and Human Services

A BILL

1 FOR AN ACT relating to social services; to adopt the Department of  
2 Health and Human Services Delivery Improvement and  
3 Efficiency Act.

4 Be it enacted by the people of the State of Nebraska,

1           Section 1. Sections 1 to 11 of this act shall be known  
2 and may be cited as the Department of Health and Human Services  
3 Delivery Improvement and Efficiency Act.

4           Sec. 2. The purpose of the Department of Health and Human  
5 Services Delivery Improvement and Efficiency Act is to:

- 6           (1) Simplify the management and delivery of public  
7 benefits in the department;  
8           (2) Make the delivery system more efficient and  
9 effective;  
10          (3) Coordinate and simplify programs and systems; and  
11          (4) Collect and analyze data to improve the efficiency  
12 and effectiveness of the delivery system.

13          Sec. 3. For purposes of the Department of Health and  
14 Human Services Delivery Improvement and Efficiency Act:

- 15          (1) Aid to dependent children program means the program  
16 described in section 43-512;  
17          (2) Child Care and Development Block Grant means the  
18 program established under 42 U.S.C. 9858 et seq.;  
19          (3) Child care subsidy program means the program  
20 established under section 68-1202;  
21          (4) Children's Health Insurance Program means the program  
22 established under 42 U.S.C. 1397aa;  
23          (5) Client information means evidence of Nebraska  
24 residency, identity, income, assets, age, disability, and other  
25 similar information;

1                   (6) Department means the Department of Health and Human  
2 Services;

3                   (7) Medical assistance program means the program  
4 established pursuant to the Medical Assistance Act;

5                   (8) Pended means to remain undecided or unsettled;

6                   (9) Reasonable efforts means, at a minimum, placing  
7 reminder calls or sending reminder letters to families that have not  
8 submitted information required for benefit renewal;

9                   (10) Reasons for means the specific basis or foundation  
10 for an action or inaction;

11                   (11) Renewal means establishment of continued eligibility  
12 for a program for an additional period of time;

13                   (12) Supplemental Nutrition Assistance Program means the  
14 federal program administered under sections 68-1017 to 68-1017.02;

15                   (13) Temporary Assistance to Needy Families program means  
16 the program established under 42 U.S.C. 601 et seq.; and

17                   (14) Third-party means a person or entity other than the  
18 principals directly involved in a transaction or agreement.

19                   Sec. 4. The policies and requirements in the Department  
20 of Health and Human Services Delivery Improvement and Efficiency Act  
21 shall be implemented in accord with the Temporary Assistance to Needy  
22 Families program, the Child Care and Development Block Grant, the  
23 Supplemental Nutrition Assistance Program, the medical assistance  
24 program, and the Children's Health Insurance Program, and any other  
25 state or federal programs in which the State of Nebraska

1 participates. The department shall seek any and all state plan  
2 amendments or waivers necessary to implement the act.

3 Sec. 5. (1) The department shall simplify documentation  
4 requirements for public benefit programs. The policies to be  
5 implemented by the department to effectuate this intent shall  
6 include, but not be limited to:

7 (a) Elimination of all asset limits for eligibility under  
8 the aid to dependent children program and the child care subsidy  
9 program, except that the total of liquid assets which includes cash  
10 on hand and funds in personal checking and savings accounts, money  
11 market accounts, and share accounts shall not exceed twenty-five  
12 thousand dollars;

13 (b) Selection and utilization of the least burdensome and  
14 least redundant verification procedures for recipients that are  
15 allowed under federal law for the medical assistance program, the aid  
16 to dependent children program, the child care subsidy program, and  
17 the Supplemental Nutrition Assistance Program; and

18 (c) Under the Supplemental Nutrition Assistance Program,  
19 allow the use of attestation to verify information to the greatest  
20 extent permitted, including but not limited to, dependent child care  
21 expenses. Such attestation shall be sufficient for verification to  
22 the extent that the information provided is not questionable.

23 Sec. 6. The department shall share verification of client  
24 information across the programs it administers, including the medical  
25 assistance program, the aid to dependent children program, the child

1 care subsidy program, and the Supplemental Nutrition Assistance  
2 Program, in order to permit client information verified in one  
3 program to update eligibility information in another program.

4           Sec. 7. The department shall use federal, state, and  
5 commercial data bases to verify client information for eligibility  
6 for programs or services to the greatest extent possible. The  
7 department shall access such data bases to the extent that access  
8 does not require new or additional state funding and if new or  
9 additional state funding is required, to the extent that funding is  
10 appropriated by the Legislature for such purpose. If an appropriation  
11 is necessary, the department shall request a sufficient appropriation  
12 at the next regular session of the Legislature.

13           Sec. 8. (1) The department shall coordinate and simplify  
14 benefit renewals in the medical assistance program, the aid to  
15 dependent children program, the child care subsidy program, and the  
16 Supplemental Nutrition Assistance Program. The policies to be  
17 implemented by the department to effectuate this intent shall  
18 include:

19                   (a) Use of the longest eligibility time periods allowable  
20 under federal law for such programs;

21                   (b) Renewal of all such programs simultaneously to the  
22 greatest extent possible;

23                   (c) Prevention of case closings at renewal for reasons  
24 other than program ineligibility, including failing to timely provide  
25 information, failing to perform a case review, or failing to appear

1 for an appointment. In these circumstances, cases may be closed after  
2 the department has made reasonable efforts to prevent case closure;  
3 and

4 (d) Allow closed cases to be reopened and eligibility to  
5 be established for individuals whose application for assistance was  
6 denied within the previous thirty days or whose case was closed  
7 within the previous thirty days, as allowed under the medical  
8 assistance program, the Children's Health Insurance Program, and the  
9 Supplemental Nutrition Assistance Program.

10 Sec. 9. (1) The department shall collect and analyze data  
11 on:

12 (a) The frequency of and reasons for benefit application  
13 denials, categorized by state, county, service area, and benefit type  
14 and by client language spoken, age, and the existence of disability  
15 or lack thereof;

16 (b) The frequency of and reasons for benefit case  
17 closures, categorized by state, county, service area, and benefit  
18 type and by client language spoken, age, and the existence of  
19 disability or lack thereof;

20 (c) The percentage of case closures due to failure to  
21 renew benefits, including failing to timely provide information,  
22 failing to perform a case review, or failing to appear for an  
23 appointment, categorized by state, county, service area, and benefit  
24 type and by client language spoken, age, and the existence of  
25 disability or lack thereof; and

1           (d) The percentage of benefit renewals that are closed  
2 for individuals renewing online, by telephone, and in person,  
3 respectively.

4           (2) The department shall collect and analyze data on:

5           (a) The total number of new applications, categorized by  
6 state, county, service area, and by month;

7           (b) The percentage of new applications that are re-  
8 applications, categorized by state, county, service area, and by  
9 month; and

10           (c) The percentage of individuals whose cases are closed  
11 who reapply for benefits within thirty days and sixty days after case  
12 closure, categorized by state, county, service area, and by month.

13           (3) The department shall collect and analyze data on:

14           (a) The number of benefit applications that are performed  
15 online, including the share of applications that are approved and the  
16 share that are denied and the reasons for denial;

17           (b) The number of benefit renewals that are performed  
18 online, including the share of benefits that are renewed and the  
19 share of benefits that are not renewed and the reasons the benefits  
20 were not renewed;

21           (c) The number of benefit applications that are performed  
22 in person, including the share of applications that are approved and  
23 the share that are denied and the reasons for denial; and

24           (d) The number of benefit renewals that are performed in  
25 person, including the share of benefits that are renewed and the

1 share of benefits that are not renewed and the reasons the benefits  
2 were not renewed.

3           Sec. 10. The department shall collect and analyze data  
4 on:

5           (1) The number of applications, renewals, and  
6 verifications that are awaiting processing, categorized by month;

7           (2) The frequency of cases pending or processing delayed  
8 and the reasons for processing case pending or processing delay,  
9 categorized by month;

10           (3) The average length of time clients wait for an  
11 interview and the average length of client interviews;

12           (4) The average number of days between benefit  
13 applications and approval and benefit application and denial;

14           (5) The frequency with which clients have their questions  
15 resolved during an initial contact and the frequency with which  
16 subsequent contacts are required for client question resolutions;

17           (6) The average wait times for call center calls and the  
18 frequency with which clients are unable to get a call answered,  
19 categorized by month; and

20           (7) The differences, if any, in processing times or  
21 benefit accuracy between applications filed online and those filed in  
22 person, categorized by month.

23           Sec. 11. (1) The department shall provide a report to the  
24 Governor and the Legislature no later than December 1 each year  
25 regarding the data in sections 9 and 10 of this act, including a

1 summary of the data and analysis.

2 (2) The data and analysis collected under sections 9 and  
3 10 of this act shall be considered a public record under section  
4 84-712.01.