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Health and Human Services Committee
February 01, 2012

[LB821 LB1016 LB1041]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, February 1, 2012, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB1016, LB1041, and LB821. Senators present: Kathy Campbell, Chairperson; Mike Gloor, Vice Chairperson; Dave Bloomfield; Tanya Cook; Gwen Howard; Bob Krist; and R. Paul Lambert. Senators absent: None.

SENATOR CAMPBELL: (Recorder malfunction) ...the Health and Human Services Committee. I'm Kathy Campbell and I serve as the senator from District 25, which is east Lincoln and northern Lancaster County. I'm going to go ahead and go through the instructions and we'll see if we get a few more of the senators who are here before we do introductions. I would encourage you to turn off your cell phones or put them on silent. We were in a hearing yesterday, and in the middle of it a phone started ringing. And I watched the testifier be very distracted and finally turn around and kind of go, where is that coming from. So it's just a courteous thing to do to the people who are testifying in front of us. Although no handouts are required in this committee, we would like 12 when you come forward to testify. If you need more copies, the pages will be glad to help you. And if you plan to testify, you need one of those bright orange sheets, and please print legibly so that the clerk can read them. And one of the things that we want to try to emphasize, I know in this it seems kind of funny, you say to yourself, I already filled out my name on this orange sheet and yet when I come forward I have to give my name again and I have to spell it. And you go, why would that be? Why do I have to do that twice? Well, the clerk reminded me the other day that I ought to be telling everyone that one of them is for her because she has to make sure, she'll type your name in and she'll follow that as her record. But when you say your name and you spell it, it's for the transcribers, and they need to ensure their records. So you really...we're doing it twice for two different reasons. Did I get that right? Okay. If you do not wish to testify but want to note your position in opposition or in favor, you can certainly leave your name on the white sheets that Diane has provided for you. We do follow the light system here in order to be fair to all the hearings and the people who come to testify. So you have five minutes. You start with a green light. Then with one minute...you have five, sorry, with one minute left it will go to yellow. And then if it goes to red, you're going to look up and I'm probably going to be going "time, time" or trying to get your attention. So we very much appreciate people taking time to come and testify before the Health Committee. I'm sure I speak for all the senators on how valuable the information is that you bring to us. So thank you very much. And since I have managed to ad lib enough here, we will start with introductions of the senators, and we'll start to my far right.

SENATOR LAMBERT: I'm Senator Paul Lambert. I serve District 2, which is portions of Sarpy, Otoe County, and all of Cass County.

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SENATOR BLOOMFIELD: Dave Bloomfield, District 17, northeast part of the state, Wayne, Thurston, and Dakota Counties.

SENATOR COOK: I'm Tanya Cook. I represent Legislative District 13, which is in northeast Omaha and Douglas County.

MICHELLE CHAFFEE: I'm Michelle Chaffee. I serve as the legal counsel to the committee.

SENATOR HOWARD: Senator Gwen Howard, District 9 in Omaha.

SENATOR KRIST: Hi. Bob Krist on District 10, Omaha, Bennington, and unincorporated parts of Douglas County.

DIANE JOHNSON: And I'm Diane Johnson, the committee clerk.

SENATOR CAMPBELL: And with us today are the pages: Phoebe is from Lexington and Michael is from Columbus, and they will help you in any way that they can. Senator Gloor will be joining us as he is opening on a bill in another committee. So with all of that taken care of, we'll open the hearing this afternoon on LB1016, Senator Conrad's bill requiring the Department of Health and Human Services to contract with certain community-based organizations as prescribed. And it truly is a pleasure to have you. Thank you. I know what it's like having a small baby and for you to come means a lot to all of us, so thank you. [LB1016]

SENATOR CONRAD: (Exhibit 1) Well, number one, thank you all for the generous reception and all of your kind words and well wishes. And full report: baby and mom are doing well. And you will have to...I have to apologize at the outset, though, if I am a little twitchy or off my game because it's my first time away from her other than a short errand here and there, so. Nonetheless, thank you, Senator Campbell and others. My name is Danielle Conrad. For the record, it's D-a-n-i-e-l-l-e, Conrad, C-o-n-r-a-d, and I represent north Lincoln's "Fighting 46th Legislative District" here in our Nebraska Unicameral Legislature. I'm here today to introduce LB1016, a bill that would address some of the difficulties low-income and other vulnerable Nebraskans are having with utilizing the ACCESSNebraska Web-based systems and call centers. As you know, I introduced LR306 last session to study the effectiveness of the ACCESSNebraska system, and we had a fantastic interim study hearing on that issue before this committee. Thank you. As part of that interim study, I sent a survey to 313 community-based partners identified by the Department of Health and Human Services and asked them questions specific to their experiences. I received a total of 136 responses, which is about a 43 percent response rate. We have a handout that's coming around now, thanks to the page, that details a snapshot of those experiences and responses. And as you'll be able to see, there are indeed a number of issues with

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the new system, not the least of which is the ACCESSNebraska system has added to the workload of many of our community-based partners and organizations that serve low-income Nebraskans and other vulnerable populations in each and every one of our districts. Those organizations report that they have had to commit as much as 15 percent of their staff time to assisting clients negotiating ACCESSNebraska system. This, of course, limits the resources that they have available to devote to their respective core missions. LB1016 authorizes the department to enter into contracts with these community-based organizations to provide information, assistance, and outreach to persons who are having difficulty utilizing the ACCESSNebraska system, the Web-based interface and call centers specifically. This bill also requires that as part of that contract, the department staff would be present at the community-based organization at certain times that are specified. The community-based organizations would not enroll persons in public benefits programs. That would remain the exclusive province of the department. For purposes of this bill, community-based organizations means one of the following: an area agency on aging; a Nebraska-based community action agency; Nebraska-based center for independent living; a Nebraska-based rural health clinic; a federally-qualified health center; and any other organization that demonstrates to the department that it can provide this service. Now I know not to belabor the point because we had a fantastic interim study on this issue last session. The department has come forward this year with some proactive recommendations, budgetary and otherwise, in acknowledging the problems that exist within the system and looking to make progress and changes as we move forward. So I commend them for that activity. And I hope that you look at this in conjunction with the other legislation before the body this session, most notably Senator Dubas' bill and Senator Cook's bill, which also addresses issues related to ACCESSNebraska. And I know you had fantastic hearings on those and information before you in that regard. So we specifically are hoping to make this a very time-efficient hearing before you this afternoon. With that, I am happy to answer any questions or ideas or issues about ACCESSNebraska or LB1016 in general. [LB1016]

SENATOR CAMPBELL: Any questions from the senators? Senator Howard. [LB1016]

SENATOR HOWARD: Thank you, Senator Campbell. Thank God you've come back to us (laughter) and just in the nick of time. I think this is such an important bill, with Senator Cook's bill, and what was that third one? [LB1016]

SENATOR CONRAD: Senator Dubas' bill. I think it's LB825, yes. [LB1016]

SENATOR HOWARD: Senator Dubas' bill, thank you. Thank you because it's so critical. And coming from a background of case management, I can't emphasize enough it's so critical that people that want to have a face-to-face interview with another person or not on the phone. We heard there were situations where they were on the phone when the person is on the other side of the wall. How ridiculous is that? So thank you for bringing

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this in. [LB1016]

SENATOR CONRAD: Yes. [LB1016]

SENATOR HOWARD: Thank you for the interim study and I'm sure that we're going to work together to make some... [LB1016]

SENATOR CONRAD: Absolutely. [LB1016]

SENATOR HOWARD: ...sense out of all of this and have it work better for people. [LB1016]

SENATOR CONRAD: Absolutely. And thank you, Senator Howard. It's a pleasure to be back and difficult to be away, but Caroline and I have been watching the live stream at home and that's probably why she's such a good sleeper. (Laughter) So nonetheless...all jesting aside, it has helped me to stay up to date with all of the important issues that are before the body. [LB1016]

SENATOR CAMPBELL: Now, really! [LB1016]

SENATOR HOWARD: Good, good. [LB1016]

SENATOR CONRAD: And this issue is near and dear to my heart, as you well know, and so it was important that I made myself available to be here. When we moved forward with this system being implemented in the state, we were promised some outcomes and some cost savings. And we've got a long way to go to meet those stated objectives. And one of the issues I don't want to see overlooked along the way is the fact that the community-based organizations, we're talking about the food banks, the libraries, the list goes on and on in each and every one of our districts, who were put forward as partners in this effort have really shouldered a significant amount of this burden and thankfully have done so to help our vulnerable citizens and to advance their respective missions as well. But we need to be, I think, fair in terms of how we administer and realize that partnership and that comes with resources. And I think that overall this is not the only solution, but should be part of the dialogue. [LB1016]

SENATOR HOWARD: Absolutely. Thank you. [LB1016]

SENATOR CONRAD: Thank you. [LB1016]

SENATOR CAMPBELL: Any other questions or comments? I thought that the interim hearing this summer was just exceptional. [LB1016]

SENATOR CONRAD: It was, and we had so many citizens who were able to come

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down and share their personal perspective in their experiences in interfacing with the system. And, you know, a lot of those folks don't have full-time lobbyists and don't have the time to be able to take off of work and come down here on a continual basis to share those stories, but they are a part of the record. I know you've received many of those communications via phone and e-mail from your constituents, and I know that we can do better in Nebraska. I know the department wants to do better, I know the community-based organizations want to be good partners, and we all want a service and a system that works well. But we have to be open, I think, to all solutions. [LB1016]

SENATOR CAMPBELL: You know, Senator Conrad, before you leave I just want to share a story... [LB1016]

SENATOR CONRAD: Yes. [LB1016]

SENATOR CAMPBELL: ...that I shared at Senator Dubas' hearing and you might not have picked up. When I went to the county official's legislative meeting last (laugh) fall, usually this is a group that wants to talk to me about roads,... [LB1016]

SENATOR CONRAD: Yes. [LB1016]

SENATOR CAMPBELL: ...and the first two questions had to do with ACCESSNebraska. And that's when you really begin to realize this whole issue goes border to border. [LB1016]

SENATOR CONRAD: It does. And I think that those county officials, again, want to be good partners with us as well, and there's so many good ideas that everyday citizens, that community-based organizations have brought forward to say, you know, these are the kinds of things that would make this system work better. And, again, I commend HHS for starting down that path and acknowledging the problems and asking for more resources to deal with it. But we need to make sure that when we do exercise our prerogative for oversight that we complete the puzzle and that we have comprehensive solutions on the table that try different strategies, and this is one of those. [LB1016]

SENATOR CAMPBELL: Excellent. Thank you, Senator Conrad. [LB1016]

SENATOR CONRAD: Thank you. [LB1016]

SENATOR CAMPBELL: We will take the first proponent on this issue on LB1016. [LB1016]

MARK INTERMILL: (Exhibits 2 and 3) 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 ACCESSNebraska. There's also, in addition to AARP's written statement, you'll see one from Appleseed

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Nebraska. And, first, I want to thank Senator Conrad for introducing this bill. I think the three bills that were referenced in her opening remarks are the bills that we think will address some of the problems, I think a lot of the problems, that we're running into with ACCESSNebraska. With relationship to LB1016 we believe that this bill, in conjunction with the additional staff that would be provided through LB825, would be...would provide Nebraskans who are eligible for public benefit programs with better access to those programs. The committee's heard about the problems that Nebraskans have encountered with ACCESSNebraska. I believe those problems are based on the design of the system. When HHS moved from a casework model to a call-center model, they went all in on the call-center model. They modernized the system, but didn't take into account that not everybody was able to use a modernized system. The design's accommodation for this shortcoming was to recruit community partners to assist applicants. There are a lot of community partners who are listed on the ACCESSNebraska Web site; and, as Senator Conrad referenced, there was a survey that was done of those community partners. And when asked what improvements would be most beneficial in helping their clients, there were three things that I saw that rose to the top. The top response was having an ACCESSNebraska staff person who they could communicate consistently and directly about public benefit programs and the people that they served. And that was followed by a need for training on public benefit programs and financial support and financial support for their staff efforts to assist clients with ACCESSNebraska. We believe HHS can improve service to their customers by formalizing relationships with organizations that serve groups that have a particular difficulty with ACCESSNebraska. We participated in a series of community meetings where citizens were invited to share their experience with ACCESSNebraska, and we saw certain groups that seemed to be having particular difficulty with the system: people who have a disability that makes it difficult to communicate; people who have limited English-speaking ability; people who don't have experience with computer technology; and people who have mobility limitations that make it difficult to travel to a location where they can get assistance. There are organizations in our state that are adept in serving these populations. Many of those organizations have stepped up to the plate and provided assistance to their clients without compensation. Without their intervention, hundreds of Nebraskans would have lost benefits that they're eligible to receive and that they depend on to make ends meet. Since the service has been provided within the existing resources of those organizations, they've had to redirect resources from their core mission. I want to address the cost of improving ACCESSNebraska. In these times of fiscal challenges, we need to look critically at what we spend on government services. It isn't a good use of taxpayer resources to spend money on ineffective programs. And from our work this summer and fall, I conclude that for a significant segment of the population, it's not...ACCESSNebraska is not an effective government program. We believe that the most efficient way to make it effective is to add staff who can address the needs of the underserved populations in conjunction with the community-based organizations that can help them do so. Those community-based organizations need to be compensated for their efforts to make

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ACCESSNebraska work. We believe that the best way to make this work is to hire new caseworkers and who would be located around the state and who would meet with clients who need direct assistance and link those caseworkers with community-based organizations. There are certain types of activities that are listed in the bill that we think would be good options for those community-based organizations to perform. As Senator Conrad said, I think the enrollment still needs to reside with the Department of Health and Human Services. As we look at the two bills and the cost of them, we saw the fiscal note on LB825 is \$3.75 million, half of which would be state funds. We think this is probably an accurate assessment of the cost. The fiscal note for LB1016 was on the General Funds side, \$804,870. In my estimation, that may be a little bit short. But I think we have the resources in...we've saved some money on some things, for example, in the transportation service area. As noted in my testimony, we have saved about \$7 million this year through the brokerage system. I've also included a sheet at the...on the back of your...of our handout that looks at what our Medicaid spending has been over the last eight years. We're growing at an average annual rate of 2.4 percent, which is a very sustainable rate of growth. We would encourage you to help us make progress in improving ACCESSNebraska by reporting out these three bills. I think they're a great step in the right direction. [LB1016]

SENATOR CAMPBELL: Thank you, Mr. Intermill. Are there questions from the senators? I always appreciate you attaching the chart because in 2004 is when we started this effort in the Legislature before my colleagues...when we weren't here. The green line is what was projected to happen to Medicaid, and it was then that we instituted the Medicaid Reform Council as a way to begin monitoring this. And the department I think as well as just the rate of growth is far below what we had projected. And it seems to me that we need to keep our eye on that because the green line certainly is what drove the Legislature to have a great concern about Medicaid spending. [LB1016]

MARK INTERMILL: And, Senator, I would point out that I think the changes started before the reform effort with some of the...going back to the mid-'90s. There was a long-term care reform effort that... [LB1016]

SENATOR CAMPBELL: Oh, yes. [LB1016]

MARK INTERMILL: ...really started to turn the...spin the cost curve down a bit. [LB1016]

SENATOR CAMPBELL: Right. [LB1016]

MARK INTERMILL: So I think that was a big contributor to that as well. [LB1016]

SENATOR CAMPBELL: You are absolutely correct. Okay. Thank you, Mr. Intermill. Oh, sorry, Senator Howard. [LB1016]

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SENATOR HOWARD: I was tardy in getting my hand up. Thank you, Senator Campbell. [LB1016]

SENATOR CAMPBELL: Oh, tardy. (Laughter) [LB1016]

SENATOR HOWARD: I just want to say I always appreciate you coming in and providing, as Senator Campbell said, this factual information for us. I really think this imposes a hardship on the group you represent, especially seniors, when they're not used to being treated with such disrespect as being put on hold for extended periods of time and then being told, well, your information has been misplaced or you've got to resubmit it or, you know, the horror stories that we heard. And I think anything that we can do to help the populations that need our help, that really behooves us to step up, and you always do that, so thank you. [LB1016]

MARK INTERMILL: Thank you. And I also just want to say that I want to speak up for the people who work at HHS because they do a good job. I think in this case there's a systemic issue that needs to be addressed, and I think of my...I have two 90-year-old aunts: one who's on Facebook all the time (laughter). She might be able to handle this; the other one, there's no way. So I think we need to make sure that our systems accommodate both of them. [LB1016]

SENATOR HOWARD: Well, as an alumni of HHS, Health and Human Services,... [LB1016]

MARK INTERMILL: As am I. [LB1016]

SENATOR HOWARD: ...I appreciate the kind words. Thank you. [LB1016]

SENATOR CAMPBELL: Thank you for coming. [LB1016]

MARK INTERMILL: Thank you. [LB1016]

SENATOR CAMPBELL: Our next proponent who would like to testify. Good afternoon. [LB1016]

BRENDA MOTIS: (Exhibits 4 and 5) Good afternoon. Senators, my name is Brenda Motis, B-r-e-n-d-a M-o-t-i-s. I want to thank you for giving me the opportunity to come today and share some of my concerns and thoughts on ACCESSNebraska. As I stated, my name is Brenda Motis and I'm the program director for the... [LB1016]

SENATOR CAMPBELL: Could you spell your name for us? [LB1016]

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BRENDA MOTIS: Oh, I did. That's okay. [LB1016]

SENATOR CAMPBELL: I'm sorry, I missed that. [LB1016]

BRENDA MOTIS: I thought I did. I can do... [LB1016]

SENATOR CAMPBELL: Did she... [LB1016]

DIANE JOHNSON: I honestly don't know. (Laughter) [LB1016]

BRENDA MOTIS: I'll spell it... [LB1016]

SENATOR CAMPBELL: Okay. I'm sorry, I was focussing on your testimony. Go right ahead and we'll give you extra time at the end. [LB1016]

BRENDA MOTIS: I'm the program director for the senior services agency in Fillmore County. Our agency is affiliated with our regional area agency on aging, Aging Partners, which is located here in Lincoln, from whom we receive technical support and resources as well as funds that are allocated to the counties which fall under their umbrella of service. Fillmore County Senior Services serves and meets the needs of older adults age 60 and over who reside in Fillmore County. The mission of our program is to help older adults live independently in the living situation of their choice as long as possible. I'm here in front of you today to express my support of LB1016. ACCESSNebraska has brought about many changes in the way health and human services benefits are handled. Fillmore County residents lost their access to their local office and assigned caseworkers in December of 2010. Since that time, our senior services office has experienced a significant increase in dealing with Health-and-Human-Services-related issues. Responsibilities of HHS that used to be handled by an assigned worker are now being absorbed by our office. The additional work with HHS job duties at times can be 15 to 20 hours of our work week, depending on the issue and the complexity of the situation. Listed are some of the things that we are doing in regard to Health and Human Service responsibilities. We're helping people with applications, filling them out and submitting them. With ACCESSNebraska, they deem themselves as more accessible because things can be done on-line. And for a younger generation that is more computer literate I think that's probably exactly true. However, for our older adults who have no experience with this type of technology or simply don't want to learn how to use a computer, the exact opposite has happened. It makes it more difficult for them to get this process done. And we have now become an access point for clients to pick up paper applications because they no longer get mailed out to clients. We help the clients understand their correspondence from HHS. The mailings that come from Health and Human Services are in a form-letter format and they're complicated to understand. They use words like "expiration of certification period" instead of saying "you will lose your benefits" or "redetermination of eligibility." This is Health and Human Services

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language. This is not language that older adults especially can understand. At the top of their letter where it used to say their caseworker's name, it now says ACCESSNebraska, so they don't even have a person to associate with. Their ability to call their assigned caseworker was taken away. And they no longer can stop in and see their caseworker to ask questions because the door is locked and they've been redirected to call a 1-800 number. We spend a great deal of our time making collateral phone calls. And what that means is when a client gets their Medicaid application in or their renewal done, they have to provide certain verifications, such as their bank statements, cash values on insurance policies, maybe they have an irrevocable policy that they've done with the mortuary upon their death, and so they have to verify all that information. When they don't understand what is needed, we have become that contact person to track down that information, contact insurance companies, contact banks, and it's a very time-consuming process to do that. We've had to...have experienced faxing or e-mailing documents more than once to ACCESSNebraska because they didn't get it or somehow it got lost in the system. So we've had to take time to do that. We've assisted clients with their phone interviews which, in the beginning, was anywhere from 30 to 45 minutes that we were on hold with them just trying to get through to somebody to do their phone interview on-line. Again, we spend a great deal of time making follow-up phone calls to check on an issue. When clients don't hear back, you know, we're the ones that are checking to see that everything is in. Face-to-face visits. We've been told that that can happen, but that's been a challenging task. When we first started that, the person that we were told to call said she couldn't set up the interview because she didn't show there was an office in Geneva. So very conflicting...you know, it's just hard to get a correct answer. In conclusion, we are at a situation where I personally, our agency, we don't have a lot of trust and we have minimal faith in Health and Human Services. They are the ultimate decision makers with those who qualify for assistance with Medicaid, food stamps, prescription assistance, energy assistance; yet agencies like ours are doing all of the legwork. I feel like my job is to make sure that they do their job. We used to work well together when we had a local office. There was a very good working relationship. We could call them. They could call us. We knew where the...we were both in it for the mutual benefit of the client. I don't feel that way anymore. So, you know, I haven't had the experience to call in and wholeheartedly trust the person I'm speaking to. But I would like to end by saying, you know, the staff there, I agree with Mr. Intermill, I think the staff are trying to do their best, but we need to do better because we have a lot of people falling through the cracks. Thank you. [LB1016]

SENATOR CAMPBELL: Thank you very much for your testimony. And before we go to questions, you also provided, did you want to make a comment about the supplemental package? [LB1016]

BRENDA MOTIS: Sure. The supporting documentation, I'm sorry I don't have them numbered for you and I apologize, but the first nine pages, I hope, kind of explains when I talk about working with the collateral contacts. If you go...most current is on the

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top, so if you go nine pages down, you'll see the initial verification request that came from Health and Human Services that said that they needed verification on the life insurance policies. The mail date at the top was 9-26-2011. So my coworker had worked with this client and HHS to get those items requested from the insurance company, get them faxed in to HHS. Around the 3rd of November, which is just the second sheet from the top, there's a second verification request requesting the same thing from Health and Human Services. And in the comments section it states: I'm not sure why they did not have your...why they did not have you verify your Old American Life Insurance policy. If you have access to a fax--again, this is a homebound individual, no access to a fax--to please fax them in. So we already faxed them in once in October. They obviously didn't get them. We're doing it again in November. And on one of these pages, the client had received another piece of correspondence from HHS saying if you don't get this stuff turned in, you're going to lose your benefits. That's a very scary statement for someone who's homebound and needs the assistance from Health and Human Services. After the next piece of paper I have after those nine is just an example of a piece of correspondence they get in talking about the wording, "expiration of certification period." You know, if I didn't work in the system and understand this, I would have no idea what that means at all. The next sheet just is a piece of documentation someone got for a phone interview. It says they were supposed to call in at 8:30. Our clients take that literally that they...if they say it's supposed to happen at 8:30 that someone will be there on the other end and not have to wait 15, 20, possibly 45 minutes to speak with someone. And then the last few pages are just e-mails that I won't read, but that you can see they're just examples of other situations that we've had. And these are just the ones I felt the most pertinent to share with you today. There are many more, but I wanted to keep it brief and to share with you that it is a time-consuming process that is taking us away from the job that we are charged to do and taking on responsibility of another agency. [LB1016]

SENATOR CAMPBELL: Thank you. Are there questions? Thanks for coming today and your testimony and the examples. [LB1016]

BRENDA MOTIS: Thank you. [LB1016]

SENATOR CAMPBELL: Our next testifier as a proponent in favor of LB1016. Oh, I'm sorry. You just give it to the clerk. There you go. Good afternoon. [LB1016]

LINDA DUCKWORTH: Good afternoon. I'm Linda Duckworth, L-i-n-d-a D-u-c-k-w-o-r-t-h. I'm president of the League of Women Voters of Nebraska. And this will be very quick. I just want to say that we met, our board met, a few days ago and talked about many, many bills, but this was one of them that we highlighted that we are in favor of. It's a well-crafted bill. It's sensible. It fixes something that's broken. And so I just want to go on record that the League of Women Voters is in favor. [LB1016]

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SENATOR CAMPBELL: Excellent. Are there questions? Senator Howard. [LB1016]

SENATOR HOWARD: Thank you. Not so much a question, but I appreciate that the League of Women Voters would take a stand and come down here, especially on a bill this important to so many people in our state. So thank you. [LB1016]

LINDA DUCKWORTH: Thanks. Yeah, we have our issues that we have studied over the many years and this one fits in with...a lot of it has to do with just being sensible and making it work for citizens. [LB1016]

SENATOR HOWARD: I think the more of us that stand up, that come forward and say this matters, that the better it is for all of us. Thank you. [LB1016]

LINDA DUCKWORTH: Thank you, Senator Howard. [LB1016]

SENATOR CAMPBELL: Any other questions or comments? Thank you for coming today very much. [LB1016]

LINDA DUCKWORTH: Thank you. [LB1016]

SENATOR CAMPBELL: Our next proponent for LB1016. Welcome. [LB1016]

BRENDON POLT: Welcome. Good afternoon. My name is Brendon Polt, B-r-e-n-d-o-n P-o-l-t, representing approximately 200 nursing homes, and 200 assisted living facilities, members of the Nebraska Health Care Association, and Assisted Living Association. I'll be very brief. Similar to when I testified in support of LB826 introduced by Senator Dubas, our members really need a fix to the ACCESSNebraska program. And we thank Senator Conrad for introducing this proposal. With us, the community-based partners option seems to already be a reality. As I mentioned a week ago or so, when word gets out into the community that there's someone that has had success navigating the program in, for us, a nursing home or an assisted living, like a social worker or administrator, they start getting calls from the community. And so to me this seems to be a way to at least provide some compensation to someone who's, like our members, who are providing these services uncompensated. The thing about the three proposals to us, though, relates to funding. And, you know, when I see the ACCESSNebraska issue, I think of, well, it's two funding issues. On Monday, many of the people in this room testified in support of some \$36 million increases in Medicaid payment, whether they're for rates or for certain optional services. Well, then adding this on top of it, I'm afraid that if there's not enough to do anything, I guess I would be concerned about eating up the aid dollars by spending money on administration. So the more economical we can find a solution I think will probably be better for most of the groups that rely on Medicaid for their services. That being said, with ACCESSNebraska, what we often experience is because of the delays in getting people enrolled in the Medicaid, what

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happens is a potential resident of a long-term care facility will be Medicaid pending for months. And so the facility provides uncompensated care waiting for payment and just waiting, and then that becomes tens of thousands of dollars of delayed payments while we're waiting. So on one hand, we don't want to eat away at the funding available for Medicaid; then on another end of that side, unless ACCESSNebraska gets fixed, we have serious cash flow problems in long-term care because of the pending status of a lot of claims. And with that, I'll end my testimony. I'm available for any questions. [LB1016]

SENATOR CAMPBELL: Senator Gloor. [LB1016]

SENATOR GLOOR: Thank you, Senator Campbell. And thank you, Mr. Polt. I have an article that just came into my office today and it has to do with...it's not a long-term care facility in my district, but it's contiguous to my district. And I think this speaks to the issue you just pointed out that this particular nursing home is in a terrible cash flow pinch with roughly just over a quarter of a million dollars in payments to the state. And their reference to the county board where they had to go and ask for a \$130,000 loan to address the cash flow problem was that it was due primarily to flaws in the new ACCESSNebraska automated system. I mean, that's the way it was printed up in the newspaper. So is that the scenario you're painting, a lot of facilities are going through? [LB1016]

BRENDON POLT: That is...and I'd say there's two scenarios. One circumstance that leads to this cash flow issue of delayed payment is ACCESSNebraska while someone is Medicaid pending. Now another issue that a lot of facilities are facing that's unrelated to this, at least to my knowledge, is a person that is approved; but the department has also made some changes in the billing procedures moving to a different billing form and then encouraging a lot of electronic billing, and there's been some serious glitches in that and difficulty in people being able to get in contact with a third-party, electronic billing company or someone at the department. So there are several factors that can lead to that, and I would bet that could be...now if they said ACCESSNebraska in that circumstance, not knowing exactly what it is, probably is. We've had some other facilities I know that have had over \$100,000 because none of their claims were being paid. You know, usually ACCESSNebraska would be one Medicaid-pending person, so it's not as big an issue of moving all of payment. You know, so it could be one of two things. But I know a lot of facilities are taking out loans. I know one of our nonprofit corporate chains, the facility takes out a loan from the corporate office, actually, but then has to pay back with interest. But...so. [LB1016]

SENATOR GLOOR: Yeah. Well, as I said, this is a county... [LB1016]

BRENDON POLT: County-owned facility. [LB1016]

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SENATOR GLOOR: ...this is a county facility, so the county is obligated. And sadly one of the levels of discussion, one of the areas of discussion, is whether they should be in this business anymore. [LB1016]

BRENDON POLT: Oh. [LB1016]

SENATOR GLOOR: But I'm glad to get the clarification, I understand, and it does say ACCESSNebraska. That's at least...they're laying this at the feet of the ACCESSNebraska process. [LB1016]

BRENDON POLT: The person was probably Medicaid pending and the facility just said, well, what are we going to do. We can't just leave them at home unprotected. [LB1016]

SENATOR GLOOR: Thank you. [LB1016]

SENATOR CAMPBELL: Thank you, Mr. Polt. Any other questions, Senators? Our next proponent for LB1016. Anyone else? Okay. Yes, ma'am. I think we have someone who can help there. Could you take the sheet? There you go. Thank you, Phoebe. Good afternoon. [LB1016]

JONI THOMAS: Good afternoon. Thank you, Senator Campbell and senators. My name is Joni Thomas, that's J-o-n-i T-h-o-m-a-s, and I want to thank you for this opportunity to testify today. I kind of always wear two hats because I obviously experience a disability as well as work in the field. I'm an executive director of Independence Rising, which we are a center for independent living as identified in LB1016. We provide services to individuals experiencing disabilities of all types and across the life span. We serve 39 counties from...and our area is kind of difficult to describe, but we go from Merrick County all the way to the Colorado border and all of the counties under Cherry County all the way to the Kansas border. So we have a lot of very rural and frontier counties that we cover. One of the services that we provide is to individuals in assisting them with obtaining and renewing public benefits. We, like the woman from the aging office, have experienced an increase in those in providing those services. People...we serve a lot of individuals with traumatic brain injuries and, you know, and they have some memory issues. So it's very difficult for them to navigate through this system and as well as to go through ACCESSNebraska. It is our philosophy as a center for independent living that we like to model adequacy and self-empowerment. So we often try to set up meetings or set up the follow up or the phone calls with the ACCESSNebraska folks while we're meeting with the individual. It has been our experience that that is rarely something that we can do now. You know, we are...set up an appointment with our client, but there's not anyone that we can set up an actual meeting time with through ACCESSNebraska. So it leaves us with working not with our consumer, but with my staff just trying to solve the problem or fix the problem and then get back to our consumer rather than basically teaching our consumer how to do it. We would very

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much be in favor of partnering with HHS and think that it would be an excellent way for us to provide better service to the individuals that we serve. We are not currently listed as one of the partners on ACCESSNebraska, so I'm not sure how that happens, but. But we would like very much to have the opportunity to partner with HHS and feel like, to coin a very overused phrase, it would be a win-win situation for everyone concerned. We strive to know the various regulations but, you know, it's always a complex system and it would be much better if we did have access to that HHS person or at least have a contact person like it used to be. So with that, I would like to say I encourage you to move that and the other two bills, as others have stated, forward to help our individuals and to us to provide that service. [LB1016]

SENATOR CAMPBELL: Thank you, Ms. Thomas. That was very helpful. Questions? [LB1016]

JONI THOMAS: Any questions? [LB1016]

SENATOR CAMPBELL: Senator Krist. [LB1016]

SENATOR KRIST: During one of the hearings for the other bills we were able to directly connect someone who wanted to become a community partner with Scot Adams. [LB1016]

JONI THOMAS: Okay. [LB1016]

SENATOR KRIST: And I can tell you that the department sent me an e-mail, forwarded this individual an e-mail. There's already been a meeting between the department and that person. And I will make sure when Director Adams comes up that I point out that you are also very eager to be a community partner... [LB1016]

JONI THOMAS: That would be great. [LB1016]

SENATOR KRIST: ...because I see your suggestion, we see, I think, your suggestion and have heard it before. We see it as one of the huge fixes to this whole process... [LB1016]

JONI THOMAS: Thanks. [LB1016]

SENATOR KRIST: ...which is if we could connect the advocate or the individual if they're capable of doing everything for themselves with the department at the right time and there isn't this push-back... [LB1016]

JONI THOMAS: Disconnect, right. [LB1016]

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SENATOR KRIST: ...disconnect, exactly. So thank you for what you're doing and I'll hold Director Adams' feet to the fire when he comes up here. [LB1016]

JONI THOMAS: That would be great. That would be awesome. [LB1016]

SENATOR KRIST: Thank you. [LB1016]

JONI THOMAS: Thank you very much. [LB1016]

SENATOR KRIST: Thank you. [LB1016]

JONI THOMAS: Any other... [LB1016]

SENATOR CAMPBELL: I'm sure...oh, I'm sorry. Any other questions that you might have? I'm sure he'll try to catch you before you leave. (Laughter) He's already writing down the information. [LB1016]

JONI THOMAS: Yeah. I know Scot as well, so I'll make sure I get in touch with him too. [LB1016]

SENATOR CAMPBELL: I'm sure you will. Thanks a lot for your testimony today. [LB1016]

JONI THOMAS: All right. Thank you. [LB1016]

SENATOR CAMPBELL: Our next proponent. Those who wish to appear to oppose LB1016. [LB1016]

SCOT ADAMS: The party was going so good right up until this. (Laughter) [LB1016]

SENATOR CAMPBELL: And we had to move right to you. Well, I see Ms. Thomas is staying in the hearing room, so I'm sure she'll be glad to visit with you, Director. [LB1016]

SCOT ADAMS: Yes, be happy to talk with her and others. [LB1016]

SENATOR CAMPBELL: Oh, I'm sorry. Go right ahead. [LB1016]

SCOT ADAMS: (Exhibits 6 and 7) Okay. Well, good afternoon, Senator Campbell, members of the Health and Human Services Committee. My name is Scot Adams, S-c-o-t A-d-a-m-s, interim Director for the Division of Children and Family Services with the Department of Health and Human Services, and I am here to testify in opposition to LB1016 today because of its cost and because we think we're doing much of this

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already. There are several paragraphs in there that describe some of the successes and purposes of ACCESSNebraska, and I won't take your time with regard to that, but did want to get those onto the record for purposes of this. But we have been using three primary methods of technology to improve access to benefits for the citizens of the state of Nebraska. And these include the Web, telephone, and our walk-in offices. And clients can apply for and receive benefits and updates at any of these, through any of these methods. They are doing this on their own sometimes with the assistance of staff and other cases, and with one of our community partners in some instances as well. And so it was intended to be an expressive kind of opportunity. In December of this last year, we scanned in over 10 million pages of information to the system. One of the ideas that has come up as a result of the hearings and from the things that we have listened to was a simple idea that came about the other day. And that is sometimes people send in their documentation and it may well get caught up in the queue, you know, in terms of the backup and stuff. And so they call in again and that adds to additional calls being received and that kind of thing. We may just not have gotten to getting it in at that point in time. So if we're able to tell our staff that we're two days behind or three days behind, it'd be an easier response for folks to do that. So I want you to know as an example that we're trying to listen to people with great suggestions to improve the system overall. We have had over 327,000 applications submitted on-line; 62 percent of those are received through the on-line method, and 75 of those are used on computers located at a home or a relative's home or a friend's home or from work. Customer service centers allow clients to call in if they're uncomfortable with a Web-based approach. And in December alone, there were 203,000 calls to the ACCESSNebraska customer service line. We do recognize need for some specialization of services and we've made some changes to better serve individuals who may fit into these categories. An example includes refugees who may have specialized language needs or other kinds of particular needs. We have special staff to deal with those folks. We also have 30 offices--and you have the locations of those in a handout--28 of which will be there after and permanently after April 1 of this year. In addition to that, we have satellite offices. And I want to reiterate again, we are always willing to meet with individuals at a location that's convenient and comfortable. In addition, an important part of ACCESSNebraska is our 496 community partners. Some partners are at more than one location, so we actually have more than 600 sites in 119 communities across Nebraska. The department maintains information on our Web site regarding this partner...these partners, and you have a list of all of them in the attached testimony. These partners were surveyed to ask what service they were willing to provide, and you have a little checklist of the five different categories of willingness to assist along with the listing of the names. In addition, the department has eight community-support specialists located across the state to work with our partners in the area providing information and support to serving clients. And since December, we have six on-line trainings to help both community partners and individuals to understand and to work with the ACCESSNebraska telephone number. Since January of 2010, there have been monthly phone calls with the community partner workgroup made up of different staff from the department and representatives from our partners. Anyone can

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join this monthly call. It's on the second Friday of the month. We have about 15 to 20 people. They sort of come and go. Oftentimes it's a problem solving, joint problem solving, or a particular problem kind of result. So we work with partners and are open to that. The LB1016 would require the department to enter into contracts with 30 providers and require staff to be present. Our fiscal note estimates 30 full-time staff, though the contract does speak to the contract defining the hours. So we took it as full-time staff, and so that's the basis for the estimate of additional staff. Otherwise we will be taking staff from existing calls in lines to be in that...in the field, and so it would impact and maybe have unintended consequence. I appreciate the opportunity to provide the committee with additional information and appreciate and thank Senator Conrad for her work this summer and the committee this summer with regard to the hearings. They were helpful. And I also want to add my congratulations on happy new baby. Better you than me. (Laughter) Thank you very much for your attention. [LB1016]

SENATOR CAMPBELL: Senator Gloor. [LB1016]

SENATOR GLOOR: Thank you, Senator Campbell. Scot, let me pick up a conversation we had last week. I have one song to sing and today it's actually the same verse, it's not even a different verse. We have a tendency to blame people when things don't go wrong (sic) as opposed to taking a look at the system that they're trapped in that has them working against themselves and, in this case, the people they're supposed to serve. And we heard one more story again about people being told to call for a telephone appointment at 8:30. This time we actually have the letter, because I wasn't sure how that transpired when we talked about it last time, and it says: please call 1-800 at 8:30 a.m. Central time so that we may conduct an interview. And then to add insult to injury, we say: If you need to change the above date or time, please call 1-800. (Laughter) I mean, we're pumping letters out here telling people to call at 8:30 when in fact what they're doing is calling into the queue and waiting and waiting and waiting. And so to me that, once again, is an example of we have good intentions, obviously, but we have a system here where somebody is responsible for sending those letters out that set up appointments at 8:30. I'm suspicious every letter says 8:30, but let's assume they don't, that they're told to call at 8:30. But the people responsible for taking those calls don't know that their appointment is at 8:30 and they're in a queue waiting for the next person to roll up. We've got to do something about that. I mean, that's...as I keep saying, sometimes we start with the things we can change and things start to fall in place better. [LB1016]

SCOT ADAMS: Yeah. Senator, I appreciate that and you're right, you did raise that the other day in terms of let's follow this one all the way through. We've begun down that pathway and I haven't gotten to the end of the trail on that one at this point in time. But I appreciate it, and I'm not exactly sure if that is in every letter because that would create its own series of too much...too many calls or if it's intended as a helpful, it's usually a little lighter at that time kind of...but I will follow through with that, Senator. [LB1016]

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SENATOR GLOOR: Well, you know, it...the letter is very directive. I mean, if I got that letter even with an opportunity to figure out ways to work around the system, I would say I don't have a choice. Whatever my plans were for that day, at 8:30 I've got a call. [LB1016]

SCOT ADAMS: Right. I think your comment and that of the other person who brought that up is...I fully agree with what you're saying there, especially when it comes to a government agency it feels like pretty...not 8:31, 8:30 kind of thing. [LB1016]

SENATOR GLOOR: Well, and the nature of Nebraskans is also I don't...you know, I've got somebody on the other end I want to be cognizant of their time. And so if they're waiting for me at 8:30, I should call them. It isn't just the...it's not just the nature of letter coming from the government; it's also we're conscientious people and we're respectful of other people's times, too, and the state should also have that same degree of respect for people's time. And good for you for continuing to look at it, but I'll say attaboy when you actually get it figured out. How's that? [LB1016]

SCOT ADAMS: Yeah. I'll let you know. (Laughter) Me too. Probably about the time that I leave this job. But if I get that done, that would be good. [LB1016]

SENATOR CAMPBELL: Not quite done yet. Senator Krist. [LB1016]

SENATOR KRIST: Couple of things to dovetail onto Senator Gloor's point. I hope the message you don't take away from this is discontinue to send the letters out. I think that's not a good fix. [LB1016]

SCOT ADAMS: No, no, no. [LB1016]

SENATOR KRIST: But you've mentioned a program called scheduler. So I looked into a few things myself and I'm told that there's a scheduler format out there that allows you to send a letter out to tell someone to call with an access code, which essentially would say there's operators waiting, there's ten people dedicated to times at 8:30. Now it might be 8:32, but you put your access code in and there's no "dial one if you want to talk to a human being, dial two if you want..." you know, and there is an access code that puts in. I'm told that that scheduler function is available and many large organizations use it. If you continue to go down the automated path, I think that might be something that you'd look at. The second... [LB1016]

SCOT ADAMS: Yeah, I appreciate the code. Thank you. [LB1016]

SENATOR KRIST: You bet. Second thing is I, you know, you heard the conversation we had before. I want to thank you for following up with the individual that made the

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comment during marathon testimony last week. They feel very good about the fact that they feel like now they're a community partner. So you're climbing the hill one step at a time, I think, to make leaps and bounds to get there. That information you gave us about how to become a community partner, how to sign in, how to get on on an all-call kind of information, maybe that information is not being disseminated as much as we could. The last thing I will say is pretty much the same thing I told you just for the benefit of those who were not at the other hearing. You heard it loud and clear last week; you're hearing it now. There are people who are being left behind. We can move forward as fast as we can with automation and make it simple for some people, but there are people who are being left behind. So let's not leave them behind. Let's go back and make sure that they are being accommodated as well. And, again, thank you for taking the time to take care of that one instance. Let's try to fix them all as we can. Thank you. [LB1016]

SCOT ADAMS: Go onto the next one. You bet. Thank you, sir. [LB1016]

SENATOR CAMPBELL: Director Adams, I was taking a look at the list that you provided of the community groups that you're working with. And I'm going back to the testifier from Fillmore County in terms of she was saying, you know, I feel like I'm doing all the work for the department and yet I'm not...that's not what I'm directed to do and I'm not getting reimbursed for it. On the community agencies that are there, do we provide any expense, not payment to them? I mean, do we give them any money for what they try to do here? [LB1016]

SCOT ADAMS: We have not. Other states have done so. I think Florida is an example of that if I'm right, sort of looking at you, Senator. I think...okay, you don't know. [LB1016]

SENATOR HOWARD: I haven't been there recently. [LB1016]

SCOT ADAMS: Okay. I don't know why I thought you knew that. I'm sorry. But I believe Florida is an example of where they did do that in the aftermath of their hurricane and brought this up and did pay. They have many more, of course, and many more sectors. It's a lot larger state. [LB1016]

SENATOR CAMPBELL: But it just seems to me that I thought her testimony pointed out a problem that we might not have been as well illustrated as she did, and that is, you know, I'm doing all the work here to try to get that done and yet that's not my directive. And so that might be something that we look at. And I don't know how often you make contact with these agencies. I'm assuming that if they feel they're overworked and underpaid and all that kind of...they're communicating that to you. But that might be something that we'd have to look at because we can't just depend on everyone out across the state of Nebraska to do the state's work for, you know, free of charge if it's

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really consuming a lot of their time. And I thought that was a very illustrative testimony today. [LB1016]

SCOT ADAMS: Okay. [LB1016]

SENATOR CAMPBELL: So any thoughts you might have on that might be helpful because I think that's part of what Senator Conrad's bill is trying to get at? Senator Howard. [LB1016]

SENATOR HOWARD: Thank you, Senator Campbell. I would certainly second that. I think that's a great resource that we shouldn't be taking for granted. And if we expect them to be doing work for this population, which really goes to the heart of the matter that so many of these people need...I think like we all do, need to be able to contact a person. I mean, what's more frustrating than calling in and being put on hold or steered around or you get someone on the end of the phone and you find out that the information that you in fact sent in or faxed in was never apparently received. The human contact makes all the difference, and if we really are Health and Human Services, we might want to take that seriously and put the "human" back into the delivery of these services. [LB1016]

SCOT ADAMS: Thank you, ma'am. [LB1016]

SENATOR CAMPBELL: We might want to run some kind of evaluation, and you may already do that, Director, of all the people you've listed here just to say: How is it going? What's the average amount of time that you're spending. And, you know, is there anything...it would just give you a quick view. [LB1016]

SCOT ADAMS: Sure. You know, I think that's a great suggestion. We do, of course, during the calls talk about that. That is part of the purpose of the call is to say, what kind of problems are you seeing and do you have suggestions for improvement, and it is that sort of monthly "hey, what's going on" kind of call. But I think more regularized and scientific survey of everybody is a good idea. [LB1016]

SENATOR CAMPBELL: Because I think Senator Conrad, the information certainly that we had this summer during the interim and I think she again provided, gets at some of that in terms of how much time the groups may be looking at. And she'll probably cover that in a closing to make sure I'm getting that accurate. But I do think it's incumbent upon the department to maybe do that on a more systematic basis. [LB1016]

SCOT ADAMS: Sure. [LB1016]

SENATOR CAMPBELL: Particularly if somebody is doing something for free for you. [LB1016]

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SCOT ADAMS: Don't want to look a gift horse in the mouth. [LB1016]

SENATOR CAMPBELL: Exactly. Any other questions or comments? Thank you, Director. [LB1016]

SCOT ADAMS: Thank you very much. If I might also just say I appreciate very much the spirit of which the conversation about ACCESSNebraska has occurred. There has been an affirmation of the staff I think at Health and Human Services in this regard in just looking at the systemic issues around. And I appreciate that because in my interim role here, I have just found a lot of hardworking, right people doing the best that they can. So thank you. [LB1016]

SENATOR CAMPBELL: You know, Director, that's a good point because at the last hearing, we just had a lot of people that testified and I think the senators are very mindful that we want to hear from people and we don't necessarily want to talk as long. But I was unable to go the day that you provided a tour, but one of my staff persons did attend. And she was very impressed with, you know, the dedication of the staff there to try to do it right. And so, you know, we want to recognize those state employees who are trying to do it in the right way for folks, so. [LB1016]

SCOT ADAMS: Thank you, Senator. [LB1016]

SENATOR CAMPBELL: All right. Anyone else who wishes to testify in opposition to LB1016? Anyone in a neutral position? Welcome. [LB1016]

ROGER FURRER: (Exhibit 8) Hello. My name is Roger Furrer, R-o-g-e-r F-u-r-r-e-r. I am the executive director of Community Action of Nebraska. My agency is the state association of the nine community action agencies serving all 93 counties of Nebraska and 2 counties in Kansas. Through the Community Service Block Grant and other public and private funding mechanisms, our member agencies provide job and life skills training, early childhood education, and, as necessary, emergency assistance to families struggling to make ends meet. And it is because we receive the Community Service Block Grant Funds that we don't take a position on this. Many of our offices, however, provide computer access for those needing to use the ACCESSNebraska system and our case managers will assist families in filing for public assistance. It's not uncommon for them take six hours out of their day to prepare an application with the client. It is based on these experiences that we share our perspective on how LB1016 would impact our agencies, the families, and the communities we serve. As service providers, we applaud the intent to streamline service provision and maximize the impact of available dollars. However, the implementation of ACCESSNebraska's centralized case management system does not seem to have achieved either efficiencies or improved services. Culturally, many Nebraskans are accustomed to the

personal relationships and personal...having personal transactions. Citizens have been frustrated by the lack of consistent human contact and human feedback when applying for benefits. It is not uncommon for us to hear clients refer to ACCESSNebraska as "denial of access." A poll of our rural community action agencies indicates that prior to the implementation of ACCESSNebraska, there were at least 38 DHHS offices in rural Nebraska where citizens could gain assistance in applying for benefits. We are now told that there are 21 offices in the same area, but at least 13 of those do not receive clients and that their doors are locked. While call centers and computerized applications have sought to fill the void, not all families can afford computers, not all persons are computer literate, and the telecommunications infrastructure of this state does not support the interface. This is not a concern limited to rural communities. Both my sister and I live in Lancaster County, but the phone lines that come to our houses are not...do not have the capacity for us to log onto ACCESSNebraska if we needed to. In response to these changes, service agencies across the state, including all nine community action agencies, have tried to fill the void by faxing in documents, assisting families through the time-consuming process of applying for or reviewing benefits. Oftentimes, staff finds itself in the position of attempting to explain technicalities of the application or denial process, a role they are not trained to fulfill. This has been particularly the case for those agencies serving the elderly, individuals who cannot afford a computer, or lack the training to operate one. The cost of this assistance has been absorbed by the agencies. LB1016 would take significant steps in improving both the application process and client care. Even before the reduction of the number of DHHS offices, literacy programs, offices on the aging, and community action agencies were identified as locations where families could turn for assistance. This bill would capitalize on those identities and place trained DHHS employees on a site where people most in need of assistance are already visiting. The bill capitalizes on the skills and services the agencies have--conducting outreach, disseminating information, and gathering documentation. Both the agencies and the potential beneficiaries would benefit from having well-trained and knowledgeable DHHS staff people on site to process applications, determine eligibility, answer questions, and handle complex situations. This bill represents the type of partnerships that can maximize both state and local resources. It also builds upon the human relationships which underlie the strengths of our communities and are essential to maintaining human dignity. However, if these partnerships are developed, we feel it is important that the community-based partners are seen as facilitators of the process, but that the determination and evaluation of the applications or renewals and the attendant responsibilities remain clearly in the realm of the DHHS. Thank you. [LB1016]

SENATOR CAMPBELL: Thank you for your testimony. Are there questions from the senators? Senator Howard. [LB1016]

SENATOR HOWARD: Thank you, Senator Campbell. Your organization held a community meeting not that many months ago on this very thing down on 24th and

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Fowler. I believe that was your organization. [LB1016]

ROGER FURRER: We were one of many organizations that were involved in organizing those. [LB1016]

SENATOR HOWARD: That came together to have that... [LB1016]

ROGER FURRER: But the Eastern Nebraska Community Action Partnership was the host for that particular meeting. [LB1016]

SENATOR HOWARD: That was a very good event. Both Scot Adams and I separately attended that event. So thank you for doing that. [LB1016]

ROGER FURRER: We were happy to do it. We had a lot of support from other community agencies who were involved in that as well. [LB1016]

SENATOR CAMPBELL: Thank you for coming today and your testimony. Anyone else in the hearing room who wishes to testify in a neutral position? If not, Senator Howard do you wish...Senator Howard, Senator Conrad. [LB1016]

SENATOR CONRAD: That's a compliment. Thank you. Thank you, Senator Campbell, members of the committee, for your kind attention, careful consideration, and good questions of this important topic. Also add my thanks and gratitude to the testifiers that did come down today. As I noted in my opening, we specifically and strategically have tried to keep this as efficient as possible because I know that you've heard about these issues many times over the interim and during the course of this session. But make no mistake when people go back and check this committee record, the reason we don't have a laundry list and pages and pages of testifiers in support is for that very reason. We're trying to be careful with time. Couple of quick points in closing. As Director Adams noted, Florida is really one state that Nebraska looked at in developing this model that had the auto... [LB1016]

SENATOR CAMPBELL: Automated. [LB1016]

SENATOR CONRAD: ...automated, thank you, the automated call centers and on-line applications available to complement some of the other intake procedures available in helping vulnerable citizens access public benefits that they're entitled to. When we look at models and what's worked at other states--as you know very well through the child welfare implementation issues that we're also looking at and thankfully this committee has taken a strong leadership position on--we have to be careful about picking and choosing the pieces as we move forward. We can't choose to take the cost savings and then forget about some of the other pieces that are necessary to ensure efficient implementation, and that may carry a price tag with them. I know Senator Dubas' bill

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has a fiscal note, as does my legislation, and I know Senator Cook's has a savings which is nice. So combined maybe then we can look at that as we move forward. And it is significant. We're talking about millions of dollars in terms of some potential solutions to move forward. But I don't want you to forget for a moment, and I know that you won't because you're sophisticated as to the inner workings of this agency, this is an agency that literally has over 5,000 employees and billions of dollars flowing through it in terms of taxpayer resources; state and federal dollars, of course. And so when you look at these costs, you have to remember them in comparison to the whole picture there. And there should be costs because we have a broken system that needs to be addressed and needs to be fixed, and that's going to take some resources invested in that to try some different solutions to see if it will work better. So I'm glad that the department is receptive to this dialogue and has begun again to make some of these changes. But now is the time to make all of the changes that we can rather than just piecemeal approaches to what we know is, again, a systemic problem rather than something that can be discretely allocated or quarantined. So it's going to be an ongoing dialogue and it should be. It's going to be an investment and it should be. It's going to be something that we have to look at in terms of the models that we're basing our objectives off of and taking all of those parts, good, bad, or otherwise, as we move forward and making sure that we are good partners to our private community organizations is a critical piece that can't be missed. [LB1016]

SENATOR CAMPBELL: Thank you, Senator Conrad. Senator Krist. [LB1016]

SENATOR KRIST: I would...I want to take the opportunity to tell you that I think that one of the most important things that you just talked about was money and the dedication and the resolve to use the money to fix the problem. And you, better than anybody that's in here in our capacity, understands that that all happens in Appropriations. [LB1016]

SENATOR CONRAD: Yes. [LB1016]

SENATOR KRIST: And this mosaic will come together through you, through your committee, and we will be there with everything we have to support that. But there are some real tough decisions coming up. And I will go on the record every chance I get to say we can't nickel and dime ourselves to death on the mike during the session because if this isn't one of the top two priorities in this state, it sure should be; and it's going to be how we appropriate to fix this problem that will get us through this and fix it. So thank you for your help. [LB1016]

SENATOR CONRAD: Well, Senator Krist, I could not agree more. And, of course, I don't speak for the entirety of our committee and its membership, but rest assured that we are indeed willing to be strong partners with your effort in terms of the policy components that need to be priorities and backing those up with the resources that we need to make that a reality. And we do have many, many difficult decisions before us.

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Gratefully, we are seeing improved economic picture which makes some of those decisions easier. But we're also being asked to eviscerate our revenue stream which has to weigh very heavily on the fact that we have existing obligations we're not taking care of today. And that's problematic I think when we look at the revenue side and when we look at the spending side. And, you know, we all grow into our roles and we all learn more each year and we all become more savvy and sophisticated to the inner workings of the different component parts. But I will make no apologies for the fact that there is a fiscal note on this because there should be. We have a problem that has to be addressed and it doesn't come cheaply and it shouldn't because not only is it a quality of life issue for our most vulnerable Nebraskans and our private community-based partners, but it's a liability issue for the state as well. When we are restricting access to public benefits that are lifesaving and an entitlement for certain specific populations, that opens up the state of Nebraska to liability issues and we have to be very, very careful about that because it's going to cost us in the long run one way or another. [LB1016]

SENATOR KRIST: Knowing you as I do, I know you have that resolve and I know that you'll be a strong voice in Appropriations. But we all need to remind ourselves that March is going to be a tough month. [LB1016]

SENATOR CONRAD: Yes, it will, and I'll be back in full swing by then, make no mistake. [LB1016]

SENATOR CAMPBELL: Senator Howard. [LB1016]

SENATOR HOWARD: Thank you, Senator Campbell. Well, along those same lines, you know, there is the offset because we had...we formally had staff, I don't know the numbers, but we had living, live staff that interviewed and processed these applications and followed up with people to get in the necessary documents and rather than...there were letters that were sent out. But people knew they could use the phone and call a worker who had a name and that they could communicate with. So for those vacancies that are left, there's got to be a savings in there that can be applied to this program. And I know it all goes to the General Fund and then that's siphoned off for things like privatization, but I think we could get practical about this and use it for...to use for this program. [LB1016]

SENATOR CONRAD: Senator Howard, you're right. And as noted in my closing comments earlier, we can't just take certain parts that we like from an implementation of a paradigm shift like this and certain parts that we don't. We've taken those cost savings in our budgets over the last few cycles since this process was implemented happily and utilize them for other purposes. So, and that's millions of millions of dollars in savings that we have realized on the books that we have to be cognizant of as we move forward. And you couldn't...your experience and what's already been said here today can't be echoed enough. There are so many good people in the leadership and on the

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front lines at HHS that want to do the right thing here. But we have a systemic problem that's bigger than those personalities or the personalities that are currently in this room or in this Legislature, which is...that's a big problem when you take into account all those personalities. But that being said, it can't be personal; it's systemic. We have to make the investment. We have to make sure it's working. And we have to make sure that we're supporting all of those who are component parts, whether they're frontline workers, leadership, community-based partners, or vulnerable Nebraskans. The stakes are indeed too high. [LB1016]

SENATOR HOWARD: You hit the nail on the head when you say we have to make it work. [LB1016]

SENATOR CONRAD: Pure and simple. [LB1016]

SENATOR CAMPBELL: (Exhibits 9, 10, 11 and 31) Thank you, Senator Conrad. And before we close the hearing, we want to note that we received letters of support from the board of directors of the National Association of Social Workers Nebraska Chapter; Building Bright Futures; and the Nebraska Association of Public Employees/American Federation of State, County and Municipal Employees. [LB1016]

SENATOR CONRAD: Thank you, Senator Campbell. And just, again, to draw the committee's attention to the fact that of the 313 community-based organizations that we surveyed this summer, 136 responded. I have detailed responses in my offices if anybody is interested in looking at that in greater detail. We'd be happy to share that with the department as well because that is one idea that we should consider as we move forward is a continual update of that kind of outreach and information sharing. It's great to have a call-in once a month or a week or whatever it is. But if 15 people are participating on an as-needed basis, that's not getting anywhere near the information we need back from folks. And they're telling us what they need. They're telling us we need more staff, we need more training, we need more technology. So that's a good basis to start from, a baseline to start from. Thank you. [LB1016]

SENATOR CAMPBELL: And an evaluation of that process is always helpful... [LB1016]

SENATOR CONRAD: Yes. [LB1016]

SENATOR CAMPBELL: ...as we saw in LB603. [LB1016]

SENATOR CONRAD: Yes. Thank you. [LB1016]

SENATOR CAMPBELL: Thank you, Senator Conrad, very much. And we will close the public hearing of LB1016 and open the public hearing on LB1041, Senator Cook. Senator Cook, pleased to have you opening today on this bill. And I'm going to describe

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it. The bill, LB1041, is to adopt the Department of Health and Human Services Delivery Improvement and Efficiency Act. So go right ahead. [LB1016 LB1041]

SENATOR COOK: Thank you, Madam Chair and members of the Health and Human Services Committee. My name is Tanya Cook, that is spelled C-o-o-k. I am the state senator representing Legislative District 13, and I appear before you today as the introducer of LB1041. LB1041 provides legislative oversight of the ACCESSNebraska public benefit system. This legislation will improve the delivery of our public benefits and relieve much of the bureaucratic burden on HHS employees. I introduce LB1041 in response to a critical need in our state. When the policy decision was made to change the public benefit application and renewal process to a phone- and Internet-based system, it was for the express purpose of taking advantage of technological advancements to simplify and streamline access to public benefits. Thanks to the investigation by Senator Conrad and her office through the legislative resolution LR306, we have learned and are aware that the ACCESSNebraska reforms, which rely heavily on new technologies, is wrought with unintended consequences. Long waiting times on hold, documentation being lost, and, I think most importantly, a lack of a connection between Nebraskans in need and our critical government institutions. LB1041 addresses this issue. The adoption of the bill will go a long way toward providing solutions for Nebraska's elderly, disabled, and low-income children and families, and address a very real problem before this committee this session. While testifiers who follow will be able to provide more detailed, expert testimony related to the specific provisions of this legislation, here is a brief description of the bill. Point 1: It will require an alignment of verification procedures across public benefits programs to help eliminate redundancies and allow the information used to determine eligibility for one public benefit program to be used to determine eligibility for others. Let me clarify that. Nebraskans who qualify for more than one public benefit should not have to jump through a brand new hoop for every unique benefit that he or she may be eligible for. Secondly, LB1041 will require HHS to compile, maintain, and report data related to the application for and renewal of public benefits. With passage of this legislation, our Legislature and Governor will have an annual update of the progress of this efficiency measure. Thirdly, it will coordinate renewals for public benefits by using the entire federal eligibility period that will renew programs simultaneously and prevent case closings for reasons other than ineligibility. When there are various renewal periods for public benefits, sometimes at different intervals, Nebraska's elderly, disabled, and low-income children are burdened with unnecessary hurdles. Last year, the Legislature passed my bill, LB343, which removed a public policy restraint that required Nebraskans to spend down savings when they are income eligible for benefits and in need of temporary assistance. By eliminating this policy across the various benefit programs, a time-consuming HHS staff verification will be removed. And, finally, LB1041 will bring greater efficiencies to the ACCESSNebraska system by broadening acceptable proof of eligibility for the purpose of determining benefits under SNAP, or the Supplemental Nutrition Assistance Program, and maximizing the use of federal, state,

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and commercial databases to confirm eligibility for public benefit programs. In my time on this committee, I've witnessed a sincere desire to address the pressing needs of Nebraska children and families. One of the biggest issues before our state and this committee is the need to reform the ACCESSNebraska program. LB1041 offers a solution. As the fiscal note from the legislative Fiscal Office will show, the efficiencies created under this proposal are cost-neutral solutions that address a clearly-defined need. As I mentioned, the testifiers to follow will continue to outline the need for these reforms. They will share with you the mechanics of implementing these policies for the good of our state. I sincerely appreciate your thoughtful consideration and support of LB1041. Thank you very much. [LB1041]

SENATOR CAMPBELL: Thank you, Senator Cook, for opening. Are there questions for the senator? [LB1041]

SENATOR CAMPBELL: We'll go...oh. [LB1041]

SENATOR KRIST: Is she going to close? [LB1041]

SENATOR CAMPBELL: Will you be closing? [LB1041]

SENATOR COOK: I will in all likelihood stay around to wrap things up, yes. [LB1041]

SENATOR KRIST: I'll save my question then. Thank you. [LB1041]

SENATOR CAMPBELL: All right. That's fine. [LB1041]

SENATOR COOK: See you then. [LB1041]

SENATOR KRIST: Can't wait. [LB1041]

SENATOR CAMPBELL: All right. We will take proponent testimony first, those supporting LB1041. Our first testifier. Thank you. You can go ahead and just take a chair up here so you're close if that's okay. Good afternoon to you. [LB1041]

MARY BROWN: Good afternoon, Senators. My name is Mary Brown, M-a-r-y E. B-r-o-w-n. And I thank you for this opportunity to speak this evening. From my reason of disability, I have disability of see...an eye disability, visually impaired, and it's hard for me to see. And I call my...I was recertified for assistance last year and in that time, I called my caseworker several times and didn't get an answer. So in that time I couldn't get her, I called the Aging Partners, and they told me that I didn't have a caseworker anymore. So I had to get with them to get recertified. I lost my certification and I lost my housekeeper and I didn't have any help anymore. [LB1041]

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SENATOR CAMPBELL: That would be very difficult. [LB1041]

MARY BROWN: Yes, ma'am. [LB1041]

SENATOR CAMPBELL: Any other comments you wish to make, Ms. Brown? [LB1041]

MARY BROWN: Well, I would like to see us have a caseworker again, someone that I can talk to because I can't see how....I can't see how to, you know, when they call, I can't see how to dial those numbers and hit those different numbers. [LB1041]

SENATOR CAMPBELL: I can understand that. How long did it take you to become recertified? [LB1041]

MARY BROWN: I think it was about a couple of...I believe a couple of weeks. [LB1041]

SENATOR CAMPBELL: Okay. Well, that's not too bad, but a lot of worry I'm sure. [LB1041]

MARY BROWN: Yes, it was. [LB1041]

SENATOR CAMPBELL: Exactly. Questions? Thank you so much for taking the time to come today and we're glad that it worked out for you. Our next testifier, proponent. [LB1041]

JIM CELER: My name is Jim Celer, J-i-m C-e-l-e-r. I began as a caseworker at Health and Human Services in Omaha in 2000, and from that time until July of 2011 I had a caseload between 190 to 400 families. In July, we went to the universal caseload that is ACCESSNebraska. And in October of this past year, I was ACCESSNebraskaed out of a job and laid off as part of the cut down of staff in Omaha. But during that time I was working with ACCESSNebraska, I wasn't answering phones or anything. In fact, we were forbidden to have any contact with the clients. We would receive tasks via the computer, which meant that some caseworker asked a client to do something or the client reported something, and when the client did it, it would show up as a task and any of a number of other caseworkers might get that task. And it might be anything from reporting a change of phone number, to child removed from the house, to getting a new job. And I'm going to share one instance, but it is not unique. It happened a number a times. There is a form called the interim report form that goes out to food stamp recipients at the 6 month...the certification period is 12 months, but every 6 months this form goes out asking the client to send verification of any changes. The client can send in all the verification of changes, but if they don't send in "the form," the computers automatically close the case. And in this instance, the case was closed August 1 because the client hadn't sent it in. She noticed that she didn't have her food stamps, so she sent everything in. It was received August 8. It was pending as a task with the label

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mail received, which nobody picked up until I think it was the second week of September. So all of August, until then she had no food stamps. Because it was more than 30 days, she now had to go through the whole reapplication process, which, considering the closing, the correspondence, and then having to reopen, probably was a total of about two hours work. With this bill as I understand it, that all could have been solved by a caseworker saying...making a two-minute phone call, two minutes or less, you need to send this form in. And she would be able to do it, she would get all her things in. As I say, things like this happen not frequently but enough, you know, that it is...it deserves notice. I believe that Section 8 of the bill, that would allow the caseworkers contact with clients in one form or another. Also, the section of the bill broadening the verifications that are acceptable obviously would cut down a lot of the work for the caseworkers. I should mention though that it would work better if the caseworkers knew the clients, as was the case when you had a caseload before we went to the call centers. Because, you know, some clients can say I'm making \$10 an hour and you would know that this person tells the truth all the time and that might be all the verification you needed. Another person would say I'm only making \$8 an hour, and you know that this person is always trying to put something over. Where in the current system of ACCESSNebraska there is no way to have that kind of relationship with the clients. And I would just say I'm very thankful that somebody is taking the situation of people in need in Nebraska very seriously. So I thank you for that. And on behalf of the caseworkers, a lot of the caseworkers have been there a long time, signed up to work with people to help people. And they're very discouraged in that they're not having contact with people, and the job seems to be more feeding the process rather than, you know, having the effect. At the time I left, our quota was 32 tasks a day, which sometimes could be done. Some tasks take an hour by themselves. So having to meet a quota is not really beneficial to helping the clients that need help, so. Thank you for considering this. [LB1041]

SENATOR CAMPBELL: Thank you for your testimony. You want to just...Senator Howard and then Senator Krist. [LB1041]

SENATOR HOWARD: Thank you, Senator Campbell. Thanks for coming in today, Jim. Were you over at 42nd Street? [LB1041]

JIM CELER: Yes. [LB1041]

SENATOR HOWARD: I know it well. I just want to better understand how this operated with the computer when something came in that said task on it. [LB1041]

JIM CELER: That said what? [LB1041]

SENATOR HOWARD: Task. [LB1041]

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JIM CELER: Uh-huh. [LB1041]

SENATOR HOWARD: If I understood you correctly. Did that...was that generated to a number of people or did it just go to one person and they knew that was their task to do? [LB1041]

JIM CELER: No. It went to a number of people. It was...I mean, I don't know how computers work and the networks work, but it could show up in my queue and it could simultaneously be showing up in somebody else's. And it would be who clicked "accept" first that would, you know, be... [LB1041]

SENATOR HOWARD: What if nobody did it? [LB1041]

JIM CELER: Then it waits. That's what happens to this...in that case I related. She got the information in like August 8 and the task was generated probably August 9, and no one took it for... [LB1041]

SENATOR HOWARD: That might explain why there are these delays and people say they didn't get the information if it's just sitting there. [LB1041]

JIM CELER: Correct. If...going back to the previous bill, if we're going to use the amount of applications sent in or amount of pieces of paper scanned as a measure of success, then ACCESSNebraska is a huge success. But we're...if the point of Health and Human Services is to provide health and human services, then there's probably another standard that could be used. [LB1041]

SENATOR HOWARD: I would agree. [LB1041]

JIM CELER: And...yeah, and that's one. I mean, the documents were scanned, but nobody was doing anything about them. [LB1041]

SENATOR HOWARD: Okay. Thank you. That helps me better understand where some of these problems might have come in. [LB1041]

JIM CELER: It could be. [LB1041]

SENATOR CAMPBELL: Senator Krist. [LB1041]

SENATOR KRIST: Thank you for coming in. Thank you for your understanding of the bill. I think Section 8 does address the human input at some point during the process. Of note, in order for the computer to come up for a tasking that goes to a human being, the information would have to have been loaded in the computer so that it went to you as a tasking, which is an intervention point I would think. If someone was entering things

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into a computer and it was not complete, a two-minute phone call could avert both the wasted time on the person who is tasked and the data entry point at the beginning of it. And I say that just to make sure that I understand, and also to relay that question to whoever the functional expert is that's going to come in and testify in opposition to this. So we'll see if that question is answered later on. Thanks, Jim. [LB1041]

JIM CELER: Okay. Yes, that is what I meant to convey. [LB1041]

SENATOR KRIST: Thank you very much. [LB1041]

SENATOR CAMPBELL: Any other questions? Thank you, Mr. Celer, for coming today. Our next proponent for LB1041. [LB1041]

AUBREY MANCUSO: (Exhibit 12) Good afternoon, Senators, Senator Campbell, members of the committee. My name is Aubrey Mancuso, A-u-b-r-e-y M-a-n-c-u-s-o, and I'm here on behalf of Voices for Children in Nebraska. We're in support of LB1041 because we believe it improves the delivery of public benefits for both the Health and Human Services staff and consumers. Like many on this committee, we have heard concerns about challenges accessing benefits under the new ACCESSNebraska system. We have taken steps to modernize the way benefits are delivered, but we have taken relatively few steps to modernize the programs themselves. The federal government allows for state flexibility on some measures of eligibility and verification in our public benefit programs. LB1041 modernizes these programs by maximizing this flexibility to simplify the application and verification requirements across programs. Modernizing features of our public benefit programs can help alleviate some of the issues we're having with the ACCESSNebraska system. As Senator Cook mentioned earlier, this committee and the Legislature took a step forward in modernization by increasing the asset limits in the SNAP program. One provision in LB1041 aligns the asset tests in SNAP with Aid to Dependent Children as well as our childcare program. Nebraska is one of only two states that has ever used any assets test in its childcare program. And nationally, state policies continue to evolve toward the easing of these limits based in part by the recognition that significant time is put into verifying these assets that often turn out to be minimal. In addition, this change would allow families who need assistance due to temporary hardship to preserve minimal resources for long-term financial security, such as retirement accounts and college savings. Currently, our public benefit programs are not utilizing all the available resources to verify eligibility information. This new focus on on-line systems should also incorporate the use of technology to the extent possible to verify eligibility. LB1041 would require that the information already provided to other public benefit programs as well as existing state databases be used to verify eligibility information. This decrease in required paperwork is consistent with the new focus on on-line services and streamlines the process for both workers and consumers. I believe that Nebraskans are hardworking people who want to take care of their family in the best way possible. In our SNAP program where

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we track error rates, Nebraska is ranked the best in the nation since 2006 in accurately providing benefits to those who need them. This is likely due in part to diligence on the part of the workers, but I also believe that most Nebraskans don't seek this kind of help unless they really need it. I believe that Nebraska has the capability and the opportunity to be a leader in efficiency in our public benefit programs, and we hope you will advance LB1041. Thank you. And I'm happy to answer any questions. [LB1041]

SENATOR CAMPBELL: Thank you, Ms. Mancuso. Are there questions from the senators? Thanks for your written testimony. [LB1041]

AUBREY MANCUSO: Thank you. [LB1041]

SENATOR CAMPBELL: The next proponent. Go ahead, sir. [LB1041]

JAMES GODDARD: (Exhibit 13) Good afternoon. My name is James Goddard, that's G-o-d-d-a-r-d. I'm an associate director of the low-income economic opportunity program at the Nebraska Appleseed Center for Law in the Public Interest. Nebraska Appleseed is a nonprofit, nonpartisan legal advocacy organization that works for equal justice and full opportunity for all Nebraskans. And I'm here today to testify in favor of LB1041. First, I do want to thank Senator Cook for bringing this bill which we believe is very important. As the committee is well aware, in the last three years, the department has taken steps to modernize service delivery. That greatly altered the way cases are managed with more of a focus on technology and using fewer caseworkers. Since its creation, we've heard about many problems with the system. One is a 25 percent abandonment rate in phone calls, which means one in four people when they call, hang up before they actually talk to someone. And that's after waiting for a minimum of three minutes. We also know that there's been a lot of lost documents, and that I believe is contributing to untimely applications for things like Medicaid. We know now that a full 8 percent of Medicaid applications are processed untimely according to federal and state law. So that's a great concern about timeliness in application processing. We've also heard about inaccurate benefit terminations. And that's why additional steps like this one need to be taken to make a service delivery system that's efficient and effective for everybody. LB1041 would streamline client case management and make things easier not just for clients but also for state workers. Specifically, it would allow the department to coordinate and streamline eligibility paperwork. This should decrease the workload of the department so that information is verified less, and fewer errors are made. And an example of this is when a worker does a renewal for one program that could also automatically update or renew information for another program. For example, if you were on the SNAP program and you were at your six-month recertification period, you could say, well, this person is also on Medicaid, I'm just going to ask for all the information I need right now to update their Medicaid eligibility and just go ahead and do it instead of waiting six months, asking for all the similar documentation a second time. It would also simplify documentation requirements to allow efficiencies while maintaining

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program integrity. Ms. Mancuso already mentioned aligning rules with asset tests with SNAP with ADC and childcare programs, which also would require less paperwork, less processing, and fewer potential errors. Finally, the bill would encourage information sharing across programs and governmental agencies to the maximum extent so we can allow information to be verified from multiple sources. Instead of a client having to provide a document for each and every thing, we can look at a database to verify information. We're doing this to a certain extent already with state and federal databases, but there are other commercial databases out there that we could explore using. For these reasons, we urge the committee to advance this bill. I'm aware that this is...it's a pretty technical bill, so I wanted to save my time for questions if there are any on the technical requirements of the bill. Thank you. [LB1041]

SENATOR CAMPBELL: It is a technical bill, I agree with you. Are there questions from the senators? Mr. Goddard, I just want to go back in your testimony a little bit, and I don't know whether I picked up or you added...I was trying to go back to the one-in-four abandonment rate. [LB1041]

JAMES GODDARD: Yes. [LB1041]

SENATOR CAMPBELL: I don't know that it's in here, but how did you pick up that piece of information? [LB1041]

JAMES GODDARD: I believe there's a footnote at the bottom there... [LB1041]

SENATOR CAMPBELL: Oh, sorry. [LB1041]

JAMES GODDARD: ...or an endnote. And that is from LB374, I believe, from last session. [LB1041]

SENATOR CAMPBELL: Last quarter. [LB1041]

JAMES GODDARD: And that required some information reporting. If the committee hasn't seen that yet, I urge the committee to take a look at it. It's telling on a lot of the issues that we're seeing here, and that also talks about the timely or untimely application processing for things like Medicaid. So that is LB374, ACCESSNebraska legislative report, July to September of 2010. [LB1041]

SENATOR CAMPBELL: That's an excellent suggestion. And I don't know about my colleagues, but I've not reviewed the report, so I appreciate... [LB1041]

JAMES GODDARD: Be happy to provide you a copy. [LB1041]

SENATOR CAMPBELL: I'm sure we can track it down. [LB1041]

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JAMES GODDARD: Okay. [LB1041]

SENATOR CAMPBELL: If we don't, we can track you down and find it. [LB1041]

JAMES GODDARD: Certainly, and as this goes forward, if there are technical issues on this, this is something we've worked a lot on and we've, you know, this is what we do everyday. So if we can be helpful in any way as this goes forward, we'd be happy to do that. [LB1041]

SENATOR CAMPBELL: Mr. Goddard, one of the questions I thought about as I was listening to your testimony, and I always appreciate your testimony because I know that you've taken a look at the reports and you've...you know, your research is usually very thorough. As you went through, you talked about that if somebody came in and they were updating for...I can't remember, ADC or maybe we could pick any... [LB1041]

JAMES GODDARD: SNAP, is a good example. [LB1041]

SENATOR CAMPBELL: SNAP. And you...the worker was there and was in viewing that and saying, you know, I can update you. So there's really at no point in which there's any anniversary date. It continues that you're sort of rolling the evaluation depending upon what comes up. Is that an accurate way to say that? [LB1041]

JAMES GODDARD: Well, if I... [LB1041]

SENATOR CAMPBELL: I mean that's a very layperson's way to say that, sorry. [LB1041]

JAMES GODDARD: If I understood you, the way it works in SNAP for most...this isn't for everyone, but for most people... [LB1041]

SENATOR CAMPBELL: Right. [LB1041]

JAMES GODDARD: ...you have six-month certification period. [LB1041]

SENATOR CAMPBELL: Right. [LB1041]

JAMES GODDARD: So after six months, you have to provide information, income, certain amount of resources, and other things. And so there are some additional things that you would have to ask about in order to renew Medicaid at the same time. My understanding is that's not what we do. We don't ask those additional questions, and so Medicaid isn't renewed at that time which would bump the period up further. [LB1041]

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SENATOR CAMPBELL: Right. [LB1041]

JAMES GODDARD: And require less documentation. Talking with caseworkers, I believe in the past, some caseworkers when you had your dedicated caseworker would go ahead and do that, while I've got you on the phone, give me the rest of your documents and we'll get this done now. But I don't know that that was a department policy. I think that's what a caseworker would choose or not choose to do. [LB1041]

SENATOR CAMPBELL: Right. [LB1041]

JAMES GODDARD: But that's not the way it is now as I understand it. [LB1041]

SENATOR CAMPBELL: And so really what you're talking about would ensure that you wouldn't miss a date because you'd be constantly looking at the information and ensuring that everything... [LB1041]

JAMES GODDARD: That would be the hope. And you're at the very least pushing it further down when you could miss a date. And so people would not have to provide paperwork as often, caseworkers wouldn't have to process it as often or potentially lose it as often. [LB1041]

SENATOR CAMPBELL: And in some cases, very duplicative. [LB1041]

JAMES GODDARD: Yeah, most of the time you're asking for much of the same information, not all of it, much of the same. [LB1041]

SENATOR CAMPBELL: Right. Senator Krist. [LB1041]

SENATOR KRIST: To a point of this discussion, if a person is personally...is permanently disabled, is missing a piece of a chromosome, is on SSI, has qualified and has done everything they need to do on an annual basis to make sure that the SSI is still in place, has filed all the income, there's no reason why that person in criteria would not be eligible for state programs down below. So there's great duplicity in the system in the fact that you can go through one certification process, but if you nix the next one, you're now ineligible for something. And my point, which you're making very well and I'll bring it up a little later, is it's a whole lot less expensive in my mind to tell somebody with a two-minute phone call that they're about to go under the wagon so that you don't have to go through the whole process of filling out the paperwork to requalify them because you know what? They're still missing that piece of chromosome. [LB1041]

JAMES GODDARD: I couldn't agree more. And one of the other pieces of the bill is to make sure we make that extra phone call and we go that extra mile to say, hey, I need this one piece of documentation. Instead of automatically closing the case, making you

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go back to the front of the...the back of the line, let me make a second call or even a third, I would say, and let's make sure we get that document, you keep your benefits, and we don't start this churning over again, so. [LB1041]

SENATOR KRIST: Thank you. [LB1041]

JAMES GODDARD: Thank you. [LB1041]

SENATOR CAMPBELL: Any other questions for Mr. Goddard? Thank you for your testimony. [LB1041]

JAMES GODDARD: Thank you. [LB1041]

SENATOR CAMPBELL: Other proponents for LB1041? Good afternoon, again. [LB1041]

BRENDON POLT: Good afternoon. Again, for the record, my name is Brendon Polt, B-r-e-n-d-o-n P-o-l-t, testifying on behalf of approximately 200 nursing facilities and assisted living facilities for the Nebraska Health Care Association and Assisted Living Association. Obviously when I look at this bill it's a little broader than just long-term care. There's a number of benefits that probably don't relate to us. But I guess in our case we believe that this is probably the bill that would attempt to streamline or fix ACCESSNebraska as opposed to maybe some of the other bills more on doing it. We believe ACCESSNebraska or some of the automated features could work if they were simplified, less duplicity. We also think training is a big part of the fix, which might not be a part of this bill. But between all three bills, we hope the system can be improved. But we are encouraged with this bill that there is currently a zero fiscal note. And as I said in my prior testimony, that is a big issue I think in the fix of the system. [LB1041]

SENATOR CAMPBELL: Any other questions? Thank you for your testimony today. Other proponents for LB1041? Those who wish to oppose LB1041? Good afternoon again and again. [LB1041]

SCOT ADAMS: Good afternoon again. [LB1041]

SENATOR CAMPBELL: Yes, Director, go right ahead. [LB1041]

SCOT ADAMS: (Exhibit 14) Thank you. Good afternoon, Senator Campbell and members of the Health and Human Services Committee. My name is Scot Adams, S-c-o-t A-d-a-m-s. I serve as the interim Director of the Division of Children and Family Services for the Department of Health and Human Services, and I am here to testify in opposition to LB1041 because of its cost and we believe we achieve much of the bill's aim currently. Since the beginning of ACCESSNebraska in '08, the department has

developed processes and procedures as the result of over 30 different workgroups from all areas of the department. And through these various workgroups, we develop changes to policies and procedures that have been made to create the goal of increasing efficiency and coherency in delivery of services. DHHS currently determines eligibility for multiple public assistance programs, as you know, including SNAP, and ADC, and Child Care Subsidy, as well as Medicaid. LB1041 requires the department to simplify documentation requirements, share verification of client information across systems, coordinate and simplify benefit renewals. We share this goal. Currently applicants are able to complete one application for multiple programs, either on paper or through the ACCESSNebraska Web site. When an individual applies for multiple programs, the information and verification they provide for one is available for all programs. Most of these programs allow for declaration of certain expenses and resources. And there are also situations where a client does not need to reapply within 30 days following their denial or closure. These requirements are program- and client-specific, depending on the situation. LB1041 also requires the department to make reasonable efforts to prevent case closures. We think the department currently makes reasonable efforts to reach a client through letters regarding scheduled interviews, missed interviews, and requests for verification. In some circumstances, additional reminders of the requirement to renew are sent prior to the closing of the case. Letters of review are sent to the clients 30 days in advance of when their case is due for renewal or a possible closure. And all households receive no less than ten days notice before their case is closed. Additional notifications to these, whether by phone or otherwise, would come at a cost that is frankly unknown. In sum, many of the requirements set forth in the bill we think are already in place in our regulations and used by the department. One element of the bill in Section 8(1)(a), "Use of the longest eligibility time periods allowable under such federal laws for such programs," can be interpreted to mean that Nebraska Medicaid should change initial eligibility back to 12 months from the current 6-month initial review. To implement the 12-month initial continuous eligibility expansion, DHHS would be required to prepare and submit a state plan amendment for Medicaid and CHIP. The SPA would be submitted on September 30 with a requested effective date of July 1 to coincide with the bill. With current regulations and at current staffing levels, the average length of coverage per year is about ten months per child now. The fiscal note assumes implementation on July 1 of '12, and that changing to a 12-month continuous eligibility will result in an additional month of coverage per child per year. Taking all of that in at those numbers, this could cost as much as \$41 million additional dollars. And so we think there is potential for significant additional cost as a result of this program. The rest of my testimony speaks to things you have already heard with regard to ACCESSNebraska. I do not need to waste your time with regard to that. But I want to assure you, as we have in other conversations on improving ACCESSNebraska, that we're doing what we can to streamline, smooth out, and make easier the application and renewal processes. With that, I thank you for your attention. Be happy to respond to any questions. I have colleagues here also that might be able to be helpful to some of the questions. [LB1041]

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SENATOR CAMPBELL: Senator Krist. [LB1041]

SENATOR KRIST: I can't help myself. I'd really like to see the documentation and spreadsheet that qualifies \$41 million by putting a 6-month versus 12-month transition time. [LB1041]

SCOT ADAMS: Yeah. [LB1041]

SENATOR KRIST: And if that is because we're saying it needs to happen yesterday, then let's make it extend out to a point where it's consistent. Forty-one million is a lot of money. [LB1041]

SCOT ADAMS: It's a lot of money. It's a big program. Director Chaumont is here with the Medicaid program to talk about the additional savings from that. [LB1041]

SENATOR CAMPBELL: Director, before you leave, is your question for the Director or Director Chaumont? [LB1041]

SENATOR COOK: Well, it would have been. You're going to both be right there. But I had about the same question that Senator Krist had, especially in light of the legislative fiscal note. Do you happen to have that with you? [LB1041]

SCOT ADAMS: Yes, it says it's... [LB1041]

VIVIANNE CHAUMONT: The legislative fiscal note says, "The easing of the application and renewal process and extending eligibility time periods to the longest periods allowed by federal law would increase aid costs. The extent to which costs will increase cannot be determined." Nebraska used to have 12-month guaranteed eligibility for children, and during some time during a budget crunch, they switched from 12-month eligibility...this was years ago before I came here, they switched from a 12-month eligibility to a 6-month eligibility and took approximately this kind of money out of the budget at that time. And so, I mean, when you add a month of eligibility for kids, it's that expensive, yes. [LB1041]

SENATOR CAMPBELL: Director, could I...could you state your name for the record and spell it, please? [LB1041]

VIVIANNE CHAUMONT: I'm so sorry. It's Vivianne Chaumont, V-i-v-i-a-n-n-e C-h-a-u-m-o-n-t. I'm the Director of the Division of Medicaid and Long-Term Care. [LB1041]

SENATOR CAMPBELL: Thank you, Senator. All right. Now we have everybody on the

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record clearly, and you have the sheets I take it because I saw Jerimiah come up. All right. We're all square with the records. We'll let Senator Cook finish up and then we'll come back to Senator Krist. [LB1041]

SENATOR COOK: Yes. Thank you, Madam Chair, and thank you, Director Chaumont and Adams. I was looking more down that same paragraph about with the analysis from the legislative Fiscal Office. It goes on to say from where you stopped, "The programs covered by the provision of the bill have different fund sources or fund mixes, so the impacts would vary by how the programs are funded. The Children's Health Insurance Program and Medicaid are state/federal matching programs. The Supplemental Nutrition Program is federally funded. The Aid to Dependent Children's Program is funded under the Temporary Assistance for Needy Families Block Grant. Increased costs could be picked up from the carryover balance. The Child Care Subsidy Program is funded by federal block grants and state general funds. All funding from the block grants are being utilized. Any increases would be from the General Fund." So I guess I...perhaps it's because it's my bill and perhaps I don't consider any possibility that the people who are eligible for the programs would necessarily avail themselves. I guess I looked at it from the same perspective as the legislative Fiscal Office as an eventual cost and not a...while everybody's going to show up and it's going to cost us an additional \$43 million. I certainly would have never proposed it to this committee or to the Legislature if that were the case. And I...so I'll leave it at that until we talk a little bit more about it. [LB1041]

SENATOR CAMPBELL: Director Chaumont, do you want to respond? And then we'll go to...Senator Krist, you have a follow up, do you not? [LB1041]

SENATOR KRIST: No, I'd like to hear the answer and then I will follow up. That would be great. Thank you. [LB1041]

SENATOR CAMPBELL: Okay. [LB1041]

VIVIANNE CHAUMONT: You know, I can tell you, Senator Cook, that when Medicaid goes from a 6-month...went from a 12-month eligibility to a 6-month-eligibility period that it took a lot of money out of the state budget in doing that. There was a huge fiscal note that happened during budget crunches and it was necessary to do that. I've been in other states where it's been proposed to go to 12-month eligibility. There's always a big, huge fiscal note attached to it. And I understand how you read that, but I think what it says is CHIP and Medicaid are state/federal matching funds, which means, you know, General Fund matched with federal funds. The Supplemental...SNAP is all federal, as you know, so there would be no fiscal attached, no aid fiscal attached to that. There might administrative, but there's no aid fiscal attached to that. The Aid to Dependent Children's Program is the TANF, temporary assistance, the TANF grant, and that is a grant that evidently we're not spending all of. Scot would have to know that. So that's

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the carryover balance. And the Child Care Subsidy Program is also a block grant. Medicaid is not a block grant. People come, we pay and pay, you know, there's no limit. So that's, I think, the difference. So there is a huge impact to the General Fund.
[LB1041]

SENATOR COOK: Okay. Huge potential impact to the General Fund because they haven't shown up yet to potentially take it out. [LB1041]

VIVIANNE CHAUMONT: Well, they...here's what continuous eligibility...I mean, I don't mean to be argumentative... [LB1041]

SENATOR COOK: Sure. [LB1041]

VIVIANNE CHAUMONT: ...but they are...I don't, (laugh) I'm sorry, but we used to have 12-month eligibility. It went to 6-month eligibility and the budget dropped millions and millions and millions of dollars. We can get the fiscal notes probably from when that happened. This bill...this usually, actually comes up every year. I think Senator...it might have been Senator Avery had one since I've been here asking to go from 6-month eligibility to 12-month eligibility. There was a huge fiscal note attached to it. It's the difference between...what happens is currently you have somebody comes...a child comes in, they're eligible and they stay on for six months. On the seventh month, you know, any time thereafter, if there's a change in parental income, the child comes off the program if they're not eligible anymore. With 12-month-continued eligibility, the child is eligible, continues to receive Medicaid benefits whether or not...regardless of the parental income, regardless of whether the child is eligible or not. That costs money.
[LB1041]

SENATOR CAMPBELL: Senator Krist, did you have a question? [LB1041]

SENATOR KRIST: Well, it's intuitively obvious that if you lose eligibility you're going to spend less money, not necessarily intuitively obvious to me that the disability has gone away. You heard the example I gave you earlier. If a person is missing a piece of a chromosome and they come in and qualify for all those programs, then they've done it once. They've filled out all the forms and then they're eligible. Their condition is not going to change. There may be some exceptions to this bill that are not necessarily cost-effective, but to blanketly say that if we go from 12 months to 6 months or 6 months to 12 months it's going to add...my point is in the legislative fiscal note is something I can hang my hat on. When you walk in and tell me \$41 million, I don't see a piece of paper or justification or documentation that says that that's where we're at. [LB1041]

VIVIANNE CHAUMONT: The department's...I believe what happened in this particular case is that the department's legislative fiscal note which has that, and I have it right here, talks about that it's \$41...assumes one extra month for kids and it's \$41 million.

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And I believe that this fiscal note...that they crossed paths. But the legislative Fiscal Office has done fiscal notes on 12-month eligibility before and I assure you that it's matched...you know, come close to... [LB1041]

SENATOR KRIST: What kind of 12-month eligibilities? [LB1041]

VIVIANNE CHAUMONT: Pardon? [LB1041]

SENATOR KRIST: What kind of 12-month eligibilities? [LB1041]

VIVIANNE CHAUMONT: We're talking about 12-month eligibility for children. [LB1041]

SENATOR KRIST: Who are permanently disabled or if they have an affliction or a... [LB1041]

VIVIANNE CHAUMONT: Sir, if they have SSI, they are going to be...so long as they stay on SSI, they're going to be eligible. We're not talking about that. We're talking about that the kids we're talking about or most kids eligibility is dependent on parental income, and that's the perennial churn in the Medicaid program. People come. Their parents come on and off. Their income fluctuates. And so a kid might be eligible this month and not eligible next month and eligible the month after that for two months. What continuous eligibility does is says, regardless of whether the child is eligible or not, you get 12 months. [LB1041]

SENATOR KRIST: Okay. So let me...thanks for that education. Now let me take it to a step where we're talking about ACCESSNebraska. All right. Here's a child who...let's remove the SSI part of it, here's a child who's eligible for services and they've come in and they've made him eligible. And at the six-month point, they're supposed to come in and recertify. Does it cost you more money to let them fall off the books and not take care of them because one piece of paper was not there? Or is it a cost-savings to make a two-minute phone call and make sure that they continue or they're knocked off? I guess that's essentially what we've been talking about here is not necessarily continual eligibility. We've been talking about finite eligibility, but in cooperation with all of the qualifications making sure that we don't let them fall off the bridge. We tether them and keep them there until we know for sure they're off. Can you talk to that? [LB1041]

VIVIANNE CHAUMONT: Well, that's an ACCESSNebraska issue. I'm just talking to you about the aid costs for continuous eligibility is the number that we gave you. Now whether or not doing some things differently as suggested in the rest of the bill, save money or don't save money, that's Dr. Adams' purview. [LB1041]

SENATOR CAMPBELL: So we're going to stay focused for a minute here on Medicaid. Yes. [LB1041]

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VIVIANNE CHAUMONT: Okay. [LB1041]

SENATOR CAMPBELL: Well, because what you're saying clearly to the committee is there's one cost analysis with regard to the Medicaid, and that's what you're answering. But if we want to know about other aspects of the bill, then Director Adams is going to come forward and speak. [LB1041]

SCOT ADAMS: Here we are. [LB1041]

VIVIANNE CHAUMONT: That's right. [LB1041]

SENATOR CAMPBELL: On the Medicaid, on the six months, does the Medicaid division call or send a letter to the folks and say your six-months eligibility will terminate or be gone unless you do this or is it the responsibility of the parent to notify you if there's a change? See the question? [LB1041]

VIVIANNE CHAUMONT: Yes. First of all, let me just say that the Division of Medicaid and Long-Term Care does not determine eligibility of any kind. That is done by the Children and Family Services Division. Okay? [LB1041]

SENATOR CAMPBELL: Okay. [LB1041]

VIVIANNE CHAUMONT: But...and so I don't know the answer to that. It is definitely...the application is clear and clients are told that they need to notify the department of any change. I don't know what caseworkers or what anybody else does. I do know that with managed care now in ten counties, and so most children in the ten counties where we have managed care are in managed care. And I do know that because of the churn that both managed-care companies send out when they know that someone's eligibility, they send out information to their members telling them: be sure to apply, be sure to get back in there and do that. But Scot would have to talk about what ACCESSNebraska and what the eligibility process does because I don't do that. [LB1041]

SENATOR CAMPBELL: Okay. For my colleagues' benefits, the reason for the question here is that this issue arose on Senator Avery's bill which eventually became a part of LB603. And I can remember standing in the back with Senator Avery trying to figure out what that cost was. And I know that there was something about the parent notifying the department of change. Director Adams, can you help us there because, boy, my memory was not necessarily that every family got contacted, but that they were required to notify you when it was going to change. Am I mistaken there? [LB1041]

SCOT ADAMS: No, I think it's a both-and situation here, Senator. [LB1041]

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SENATOR CAMPBELL: Okay. [LB1041]

SCOT ADAMS: Families and eligible members are required to notify us when they have had a change that is substantial that could affect the eligibility for benefits. They win the lottery, they get an inheritance, those kinds of things change eligibility for benefits. And there is a burden on the person to notify us so we can reconfigure that. Most of the time that doesn't happen, but sometimes it does here and there; and so that is part of the process. When a person is nearing the end of their eligibility, at 30 days prior to closure or renewal, then we do send out those letters to let people know that in fact this is coming up and we need to have conversation, Web site, or come into the office approach to renew eligibility so we can check, make sure that those who are eligible are receiving benefits they deserve. [LB1041]

SENATOR CAMPBELL: So then does that person call in and talk to you or send notification so then their renew...you know, the person says there has been no change, I have no change to any of this. I don't think you have them fill out the whole form again, do you? I mean,... [LB1041]

SCOT ADAMS: Don't have to go through the whole form, but we do...we would ask for any updates on information with regard to things, touch base on bank accounts and this or that and ask...go through some questions. So that would be there to be able to verify that. That would be a different situation from what Senator Krist is describing for a person who is permanently disabled. [LB1041]

SENATOR CAMPBELL: Right. [LB1041]

SCOT ADAMS: We would want to make sure that the disability continues, but it has nothing to do with income in that case; it has to do with a disability. [LB1041]

SENATOR CAMPBELL: So your staff calls. I'm sorry, they get the letter...I'm still unclear here, Director Adams. They get the letter from you. Then is it incumbent upon them to call in or does your staff call every six months every single person? [LB1041]

SCOT ADAMS: No, we do not call. We do send the letter and we do place the burden on the person to contact us in one of those three ways. [LB1041]

SENATOR CAMPBELL: Okay. But they are to update that. Otherwise if you don't hear from them, you assume that they are still eligible and continue? [LB1041]

SCOT ADAMS: No, we do not. [LB1041]

SENATOR CAMPBELL: Okay. [LB1041]

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SCOT ADAMS: And, in fact, at that point is we get ten days from closure. So at 30 days, we send a note and say, please contact us. At ten days, we send the second letter and say you're about ten days away from closure. And then we go into that period. And there may be some overlap or grace period, but pretty much we're coming to an end at that point. [LB1041]

SENATOR CAMPBELL: Okay. [LB1041]

SCOT ADAMS: And then we will notify the end of benefits. And if that happens, if they contact us then within that month, we put them back onto the system. [LB1041]

SENATOR CAMPBELL: Okay. I'm going to follow...see if Senator Krist and then I'll come back to you, Senator Howard. [LB1041]

SENATOR KRIST: So you heard testimony. We've already determined that if you're SSI, you don't have to requalify every six months or a year. If you're in the system, you're in the system. [LB1041]

VIVIANNE CHAUMONT: So long as you maintain your SSI eligibility, which is income based. [LB1041]

SENATOR KRIST: And that's done at the federal office, not at your office? [LB1041]

VIVIANNE CHAUMONT: Yes, correct. [LB1041]

SENATOR KRIST: Okay. I'm not a permanently-disabled person. I am...I fall into your category. You heard the testimony and where my question was going was to follow up his testimony. You have people entering stuff into a computer within the office. The computer then delegates or pings people out there to pick up the case. Is it more cost-effective to let them fall off the cliff and then bring them back on? Do we just say we hope that a lot of you will? Obviously we don't do that. But, you know, we just take our hit at that point and say they're off of it. Wouldn't it behoove us to make a two-minute phone call and say, you sent us everything that you need except the "13 stroke R5535 form" was not attached? I mean, that's where Jim was going with his comment. And, again, I know how responsive you are so I'm sure you'll talk to him afterwards. But I think that's the question. And that's part of Section 8 or Part 8 that says don't let them fall off the cliff. So let me shut up. Go ahead, Scot. [LB1041]

SCOT ADAMS: At present, we place the responsibility for the client's benefits to be with the client. And so their benefits, they...it's their responsibility to be part of this process and we do place that. We notify. We notify during the course of really a 60-day period--30 days before, 10 days before, and in the month afterwards. Whether or not it's more cost-effective or not to make the call, you know, I'm not prepared to answer that

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one today. I don't know. [LB1041]

SENATOR KRIST: Okay. Well, it would seem to me, logic would tell me that if a two-minute phone call can say we need the "13/stroke5535R" and that's all we need and continuation is there, it would seem to be customer-service friendly to be able to do that. [LB1041]

SCOT ADAMS: Yeah. [LB1041]

SENATOR KRIST: And also not have the duplicity of starting all over again, which you've admitted from the very beginning in prior testimonies last time, we...I mean, not that you admit it, that you have told us in your testimony last time. We lose things and there's millions of sheets of paper that, you know, are part of this. So, anyway, I leave it to you. [LB1041]

SCOT ADAMS: I'll follow up on the follow-up calls kind of things. [LB1041]

SENATOR KRIST: Thank you. [LB1041]

SCOT ADAMS: I do know, though, that it's almost never a two-minute call. And so I would simply say that it'd be multiple calls to do that. And...but I will follow up on that. [LB1041]

SENATOR KRIST: Okay. Thank you. [LB1041]

SENATOR CAMPBELL: Senator Howard, and then I'll come back. [LB1041]

SENATOR HOWARD: Thank you. I think this question may be just timely following Senator Campbell and Senator Krist. When you give us the figure of how much you've saved because we've let people drop off or people have dropped off because they haven't responded to the letter, what I'd like to know is how much or what percentage of these people are then reinstated? [LB1041]

SCOT ADAMS: Senator, can you help me out with the question? I'm not sure that we've given you a number of people that have dropped off because of the letter. The number that we gave you was extended from 6- to 12-months-continuous eligibility. [LB1041]

SENATOR HOWARD: Well, then let me...maybe I have to back up and say this a different way. There's...obviously we base it on the 6 months because there's savings there to the department rather than go to a 12 months. Would it be cheaper to the department to go to a 12-month eligibility? (Laughter) [LB1041]

SENATOR KRIST: Toss-up question. [LB1041]

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SENATOR HOWARD: That's not a hard one. [LB1041]

VIVIANNE CHAUMONT: Well, there's never anything easy, Senator Howard, you know that. [LB1041]

SENATOR HOWARD: Well, obviously. Look how hard it's been for us to understand it. I don't know how that client figures it out. [LB1041]

VIVIANNE CHAUMONT: Right. For the aid...at least for Medicaid, the only program I'm familiar with, for the aid, it would cost the department more to have 12-month-continuous eligibility. Whether administration of the program would have savings would be his. [LB1041]

SENATOR HOWARD: Okay. If we look at it that way, then I would think the savings come from individuals that don't respond to the letter. I mean, these are people that don't get back to you. And so then they get notified and then they're dropped off. [LB1041]

SCOT ADAMS: No, that's not... [LB1041]

VIVIANNE CHAUMONT: I don't believe so because don't forget that Medicaid has a 90-day retroactive eligibility. So what happens is, and I'm just talking about Medicaid for this... [LB1041]

SENATOR HOWARD: Sure. [LB1041]

VIVIANNE CHAUMONT: ...because I guess it's my \$41 million everybody was concerned about. But don't forget that Medicaid has retroactive eligibility. So let's say somebody is six months, they don't do something. And actually they have to notify...my understanding is they have to notify their caseworker or the caseworker gets a hit, something from the Department of Labor that says, you know, this person made \$2,000 last month instead of the \$1,000. You know, something. [LB1041]

SENATOR HOWARD: Or child support, some notification from child support that something... [LB1041]

VIVIANNE CHAUMONT: Or, you know, they had more hours one month than another month and it, you know, makes a difference. [LB1041]

SENATOR HOWARD: Oh, yeah. [LB1041]

VIVIANNE CHAUMONT: Because a lot of these folks work part-time jobs and their

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hours shift. So...but let's say they go off and then they come back on. Oh, didn't get the letter, didn't get my stuff in, didn't get the form that you were talking about, whatever that was. You were making that up I think, I hope. [LB1041]

SENATOR KRIST: I was. (Laughter) [LB1041]

VIVIANNE CHAUMONT: Okay. But they didn't get his "Senator Krist form" in, and they didn't get it in. And so they come in and they say, oops, sorry. [LB1041]

SENATOR HOWARD: Yeah. [LB1041]

VIVIANNE CHAUMONT: You look at the...and they apply again. You look at their eligibility. Okay. They're still eligible. And if there was any lapse, they're eligible because they would have been otherwise eligible had they submitted their thing. [LB1041]

SENATOR HOWARD: So you can go back and pick up the previous up to 90 days? [LB1041]

VIVIANNE CHAUMONT: We can go back and pick up...yeah. [LB1041]

SENATOR HOWARD: Okay. [LB1041]

VIVIANNE CHAUMONT: So there isn't a cost-savings in doing that for the Medicaid program. [LB1041]

SENATOR HOWARD: Okay. Is there for... [LB1041]

VIVIANNE CHAUMONT: An aid costs you some savings, okay. [LB1041]

SENATOR HOWARD: Well, thank you for your patience in explaining that. [LB1041]

VIVIANNE CHAUMONT: No, that's fine. It's not...I've always said Medicaid is just not intuitive, (laughter) you know. [LB1041]

SENATOR HOWARD: But at least they have a grace period. So is that true with food stamps? [LB1041]

SCOT ADAMS: The food-stamp cycle would be a different cycle. We renew that annually. [LB1041]

SENATOR HOWARD: Okay. All right. Thank you. [LB1041]

SENATOR CAMPBELL: Senator Cook. [LB1041]

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SENATOR COOK: I'm going to use that for my closing, I think, because it's all sort of sifting down into this... [LB1041]

SENATOR CAMPBELL: That's quite all right. [LB1041]

SENATOR COOK: ...seminal statement. [LB1041]

SENATOR CAMPBELL: I suppose that we could put as our defense that we don't work with Medicaid every single day. And so why...I mean, I appreciate that it seems like you have to instruct us time and again. But it is a difficult program, I think, to have a grasp on; and I have great sympathy for not only all of you that work with it, but for the clients who try to understand it. It's not easy. [LB1041]

SENATOR HOWARD: And I just have one quick question. Thank you, Senator Campbell. Your program, the Medicaid program, do they still have the period that they go...someone applies for Medicaid, is there still a backdate to...it used to be 45 days just from my knowledge. [LB1041]

VIVIANNE CHAUMONT: It's a 90-day retroactive eligibility. So say you applied today, we would look to see if you were otherwise eligible, you know, in the previous 90 days and we will backdate eligibility as well. [LB1041]

SENATOR HOWARD: To the previous 90 days. [LB1041]

VIVIANNE CHAUMONT: To 90 days from the date of the application, not from the date the determination was made. Okay, so it's... [LB1041]

SENATOR HOWARD: The date the individual applied. [LB1041]

VIVIANNE CHAUMONT: Right. So if somebody comes in today, we don't determine their eligibility for, you know, too long. It still goes back 90 days from the date from today, from the day they applied. If... [LB1041]

SENATOR HOWARD: Okay. That's helpful to know. [LB1041]

VIVIANNE CHAUMONT: If they were eligible. [LB1041]

SENATOR HOWARD: That's helpful to know. Thank you. [LB1041]

SENATOR CAMPBELL: Director Adams, did you have any comments you wanted to make as a follow up to any of the questions? I just wanted to make sure... [LB1041]

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SCOT ADAMS: I think bringing Vivianne up here is the best thing I've done in a long time. (Laughter) [LB1041]

SENATOR CAMPBELL: You're always going to come as a duo, is that what you're telling me? A duo to answer the... [LB1041]

VIVIANNE CHAUMONT: So long as I get to be Batman and he can be Robin. (Laughter) [LB1041]

SENATOR CAMPBELL: We'll note that for the record. Okay. And there's no other questions from the senators? Thank you both. Is there anyone else in the hearing room who's brave enough...no, who would like to testify in opposition to LB1041? Okay. Is there anyone who wishes to testify in a neutral position? Yes, sir. Thank you, once again. [LB1041]

ROGER FURRER: (Exhibit 15) Hello. Once again my name is Roger Furrer, R-o-g-e-r F-u-r-r-e-r. As far as I know I'm still the executive director of Community Action of Nebraska and representing the nine community action agencies that serve the counties. We are neutral, but we do want to share how we see this bill impacting the communities that we serve and the individuals that we serve. First off, regarding assets limits, it's our experience that Nebraskans generally seek public assistance as a last resort. Often this means that they have exhausted their own assets and frequently the assets of other family members before seeking support. We also know that after gainful employment, the most significant factor enabling a family to climb out of crisis and poverty is the development of an assets base, a base which not only cushions the impact of emergency needs such as medical bills or car repairs, but it also allows the family to see beyond the immediate crisis and plan for the future. While we recognize the prudence and necessity of the state setting limits on the assets a family has before it is eligible for assistance, we also recognize that the process of proving need can be experienced as demeaning, especially for families who have recently weathered substantial loss. More importantly, once a family has depleted its assets, it is exponentially more difficult and more expensive for that family to regain economic stability than if we...than if they had been able to maintain some assets base to begin with. Setting the assets limit at \$25,000 provides consistency...would provide consistency across programming, both easing the confusion for those applying for assistance and streamlining the workload for state workers processing the applications. More importantly, this provision would greatly enhance the resilience of a family and likely it would reduce the length of time that the family would require assistance. Regarding modifying the procedures for case closure, currently when cases are closed for reasons other than ineligibility, such as missing an appointment or not furnishing adequate documentation or, as we've heard, sometimes the information doesn't get processed in a timely manner, the reapplication process necessitates the state worker to open a new case. It also means that a community action caseworker who is assisting

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the client has to go through that process of reopening the case with the client. This is highly inefficient and a needless duplication of labor for the client, the state, and the community action agency. We feel that LB1041 represents measures that would greatly reduce unnecessary duplication of labor and allow for more to be accomplished with existing resources. I'd also like to stress that we are talking about families that are in crisis. And they move more frequently than many people, so their mail doesn't catch up with them sometimes. And they have priorities around their children and their families, and it takes them longer to get stuff done. And so we need to give them the benefit of the doubt sometimes. As far as consistency in documentation, as written, LB1041 would take significant steps in streamlining the documentation process. These steps include greater consistency in the required documentation across programs and expanded use of self-verification. Currently, various programs have differing requirements for documenting eligibility. When a document proves eligibility for one program and not another, it creates confusion among clients and increases the likelihood that the case will be unnecessarily closed. In the case of homeless individuals or families escaping domestic violence, onerous documentation requirements can be a barrier to accessing benefits at the very point when those benefits are most needed. In addition, the expanded use of shared databases outlined in the bill creates greater efficiency for both state and service agency workers while reducing the burden on families in crisis. [LB1041]

SENATOR CAMPBELL: Questions for Mr. Furrer? I'd like to say that probably what we also need to do is last year I think between Senator Carlson and Senator Nordquist, we reached some agreement on an asset. And I see several people nodding in the room. And I remember that we reached that agreement, and I think that level was \$25,000 if I remember correctly. So I think your suggestion is worthy of note, and we will try to look at that amendment and see if there's...if it's apples to apples because I don't quite remember that. [LB1041]

ROGER FURRER: Okay. Thank you. [LB1041]

SENATOR CAMPBELL: (Exhibits 16, 17 and 31) Thank you. Anyone else in the hearing room who wishes to testify in a neutral position? Seeing no one, Senator Cook, would you like to close on your bill? While Senator Cook is making her way, we will note that for the record we received a letter of support from the Nebraska Chapter of the National Association of Social Workers and also a letter of support from the Nebraska Hospital Association. Senator Cook, your closing. [LB1041]

SENATOR COOK: Thank you, Madam Chair, and thank you very much to the other members of the committee. Those were excellent questions and I think we've gotten to the point where we have a couple of more questions to answer before we talk about this in our executive committee. Specifically, here's a question that I would like to know the answer to, and perhaps we can get this answer from the agency, if there is a proposed

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or anticipated \$41 million or \$43 million increase with a shift to 12-month continuous eligibility, in those states where they went from 12 months to 6 months, was a \$41 million or \$43 million or was a proportional savings realized? That's a question that comes up in my mind. My guess would be probably not. What LB1041 proposes is an addition to a more human approach in tough times, is an opportunity for people to be trusted to follow through on the application process for something that the vast majority of them really do not wish that they had to apply for. In response to the agency's question about or statement that a lot of these practices are in place among the workers, absolutely. There's a sharing of verification and database maybe already used. But it can certainly be done to a greater extent for greater savings and maximize that. There's also the idea...Director Chaumont brought up the idea that salaries certainly...or wages fluctuate from month to month. Most assuredly they do, especially wage earners on an hourly basis. But the idea of rampant fraud or the likelihood of somebody hitting the lottery and then taking the state of Nebraska for that next six months is very, very slim. And as the members of the committee realize, people come to us for help and they need that help and their families need that help. So I ask the committee to consider it. I will follow up, along with my staff and the advocates on those questions that came up related to Senator Avery's bill proposal. And out of my own morbid curiosity what the savings really were when states went the other direction in terms of eligibility. So with that, I certainly appreciate your careful consideration. Thank you. [LB1041]

SENATOR CAMPBELL: Any further comments or questions from the senators? Thank you, Senator Cook, on your closing. And for that we will close the hearing on LB1041. And I want to say that we will take a five-minute break. [LB1041]

BREAK

SENATOR GLOOR: Thank you all for quieting down. Much, much faster than a room of fourth graders like is often the case. So we appreciate that. Senator Campbell, we are now on LB821. Would you like to open, please? [LB821]

SENATOR CAMPBELL: I certainly would. Senator Gloor and my colleagues on the Health and Human Services Committee, I'm Kathy Campbell, K-a-t-h-y C-a-m-p-b-e-l-l, and I serve as the senator from the 25th Legislative District. And it is certainly a privilege of mine to introduce LB821 on behalf of the Health and Human Services Committee as a result of LR37. LB821 creates the Nebraska Children's Commission and provides that the HHS Committee, with input from the commission and the department, shall prepare legislation to create a state agency to oversee all programs providing services to children in the state of Nebraska. The LR37 investigation by the Health and Human Services Committee found that children are being served by a fragmented, poorly-coordinated, service delivery model that has potential for duplication of efforts, service gaps, cost shifting, and disagreement on who might be responsible for the payment of services. This has resulted in a dysfunctional system that is very difficult

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for children, families, and providers to navigate. State agencies are not pooling resources or leveraging financing in a strategic manner to provide a coordinated system of care. Often as a result, the individual needs of a child are not being addressed, especially for children with cooccurring issues that span across division responsibilities, whether that is with children with behavioral health, developmental disabilities, child welfare, or juvenile services, especially, as we have learned, for the youth identified as crossover youth, those who penetrate both the child welfare and the juvenile justice system. Additionally, LR37 has made it clear that there is no overarching vision for the provision of children services in the state of Nebraska. We need a strategic plan. This has been evidenced by the lack of that plan or implementation in child welfare privatization. The LR37 report highlighted research that showed that for privatization initiatives to be successful, a broad group of stakeholders must have been included to reach a consensus on a shared vision and a strategic plan. This is what LB821 is meant to address--coordination across agencies, collaboration between all stakeholders, including all three branches of government, for that strategic plan. LB821 will create the Nebraska Children's Commission. The commission will develop a statewide strategic plan for reform of child welfare which will set a course for programs and services for the well-being of the children in the state. The commission shall provide a permanent forum for collaboration among state, local, community, public, and private stakeholders in child welfare programs; consist of 26 members representing three branches of government and a wide array of public and private stakeholders, including an executive committee comprised of the chief executive of the DHHS Department of Children's Services, the Governor, the Chief Justice, the Chair of the HHS Committee, and the Chair of Judiciary, who will advise the commission regarding the interaction among the three branches of government related to child welfare programs and services. Additionally, work with service area administrators, the 1184 teams, local foster care review boards, child advocacy centers, the teams created pursuant to the Nebraska Supreme Court's commission Through the Eyes of the Child, community stakeholders, and advocates for child welfare services and programs to establish a sense of community through networks across the state. Each community shall develop its own unique strategies to be included in the statewide strategic plan. And I would have to add that we saw that sense of community in some respects as we travelled the state, particularly in the western, northern, and central service areas. It would additionally examine the utilization of lead agencies. In addition to geographical lead agency models used here and in other states, models may focus on evidence-based programs for target populations of children and youth within communities and service coordinators as brokers for coordination of those services. And include intentional strategies to support high-quality, evidence-based prevention and early intervention services that reduce risk and enhance protection for children, a significant phrase that we hear so often from Senator Howard. LB821 also calls for a realignment of service areas to be contiguous or to be continuous with the judicial districts. And that was a suggestion actually of an appeal court judge which I thought was a very interesting suggestion. It will also identify the type of information needed for a clear and thorough analysis of progress on child welfare

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indicators and that the department shall implement a process to obtain and utilize data, analytics, or similar information technology for accessing real-time data in order to foster better decision making with the goal of better outcomes relating to services for children and families. Secondly, LB821 provides that it is in the best interest of the children of Nebraska to create a single state agency to oversee the welfare of children. This agency, the Department of Children Services, is to be child-focused, providing integrated, seamless, solution-based interventions that take into account the needs of the whole child utilizing innovative, evidence-based programs and practices. LB821 directs the HHS Committee with the department and the Nebraska Children's Commission shall prepare legislation for creation of this department to be introduced in next year's legislative session. The Department of Children's Services will be responsible for behavioral health, developmental disabilities, public health, and Medicaid as it relates to children. Additionally, the Department of Children's Services shall also assume responsibilities for those duties currently assigned to the OJS and Children and Family Services divisions of the department. The Department of Children's Services will utilize a system-of-care approach based on the principles of collaboration, individualized, strength-based care practices, culture of competency, community-based services, and accountability. Leadership of the Department of Children's Services will include a chief executive officer appointed by the Governor who will have broad experience with child welfare services reform and complex systems. An independent entity specializing in Medicaid analysis shall conduct a cross system analysis of current services and funding sources to identify General Fund and federal utilization funds for effective services for at-risk children in order to utilize federal dollars to the very best we can to reduce General Fund expenditures on such services or to use those funds, hopefully, to build better prevention. The Department of Children's Services shall begin providing services July 1, 2013. And I want to add to my colleagues and certainly everyone here that LR37 tried to build a pathway and a system of how we could build for the future. I think we continue to look for how all of these component pieces fit together in order to reach that objective. Thank you, Senator Gloor. [LB821]

SENATOR GLOOR: Thank you, Senator Campbell. And as Senator Campbell...are there any questions for Senator Campbell? Seeing none, thank you. And Senator Campbell will now work her way back to take the gavel back. While she's doing that, can I see a show of hands of people who would like to speak as proponents of this bill? Okay. Thank you very much. First proponent. [LB821]

CAROLYN ROOKER: (Exhibit 18) Good afternoon, Senator Gloor and members of the committee. My name is Carolyn Rooker, that's C-a-r-o-l-y-n, Rooker, R-o-o-k-e-r, executive director of Voices for Children in Nebraska. Voices for Children in Nebraska is here today to support LB821, addressing the need to create a collaborative and coordinated system for children. For years, we know the services to children have been fragmented, they've lacked coordination and haven't really been given the attention that they deserve. From our perspective, this bill would not only help coordinate our child

welfare kids, but if implemented properly, could go a very long way towards all services to Nebraska's vulnerable children. For example, we know almost one in five Nebraska children are living in poverty, cases of child abuse and neglect are on the rise, and over 47,000...there are 47,000 children living without health insurance. And that's really almost the size of Grand Island. We believe that LB821 provides an important opportunity for, (1) collaborative planning. In the LR37 report and all the work that this committee has done, it was rightly identified that there was lack of communication, buy-in, and cooperation between the three branches of government. In order for us to ultimately reduce the number of children in out-of-home care and to create clear and adequate funded plan going forward, it will require the collaboration and cooperation of all of those who have the power to change and impact the system. (2) We believe this bill would provide a comprehensive, coordinated system of care for vulnerable children. Unfortunately many families that are needing help have issues that go unaddressed until more intrusive interventions are the only options remaining. LB821 would authorize this newly-formed children's commission to plan for a department which will coordinate all of the services to these vulnerable children and families. This single-focus department will hopefully yield in the development of a continuum of appropriate and evidence-based services for children. We also believe this bill would maximize resources for children in increasing efficiency. Bottom line: When children and families get the right services at the right time, Nebraska can decrease its usage of expensive and intrusive care. The proposed Medicaid analysis by an independent entity will ensure that we will maximize available resources for children and use them in the most effective and efficient way possible. (4) We believe another important component of this legislative bill is proper leadership. We are especially thankful that you've recognized how incredibly difficult managing this coordinated system of care can and will continue to be, and that you have identified the need to secure someone with broad experience with child welfare services and reform in complex systems. This bill provides an important opportunity to identify the challenges and make improvements that contribute to real, lasting, and comprehensive reform of not just our traditional child welfare system, but all of those services which provide for children and families who need supports and the services to succeed. In summary, it provides a strong base for reforming and improving how we plan and provide the right services at the right time to vulnerable children in Nebraska. Thank you, and I would be happy to answer any questions. [LB821]

SENATOR CAMPBELL: Thank you, Ms. Rooker. Questions from the senators? Thanks for coming today. [LB821]

CAROLYN ROOKER: Thank you. [LB821]

SENATOR CAMPBELL: The next proponent, please. Good afternoon. [LB821]

BETH BAXTER: (Exhibit 19) Good afternoon, Chairwoman Campbell and members of

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the Health and Human Services Committee. My name is Beth Baxter, B-e-t-h B-a-x-t-e-r, and I'm here today representing the Nebraska Association of Regional Administrators, a coalition of administrators of the six regional behavioral health authorities across the state of Nebraska. I'm the administrator for Region 3 Behavioral Health Services, which encompasses the central part of the state, and I appear before you in support of LB821. LB821 lays the foundation for a system in Nebraska that supports children receiving services they need in a seamless, coordinated manner. Although LB821 grew out of the LR37 hearings across the state last year to specifically address the numerous concerns brought about by the Division of Children and Family Services' approach and management to child welfare reform, it seems that this bill is much larger than this. The focus of LB821 is on the well-being of children and creating a system that supports child health and wellness. LB821 proposes to create Nebraska Children's Commission to provide a forum for collaboration and ultimately the creation of the Department of Children's Services. Although LB821 references behavioral health services in a generic term, we believe that the intent of the children's system is to focus on all services for children provided through the Department of Health and Human Services. I would like to note that this issue has garnered a significant amount of conversation among our administrators. And while consensus was achieved among our membership to support this concept, we do have concerns regarding the shifting of children's behavioral health away from the Division of Behavioral Health to a newly-formed Department of Children's Services. The well-being of children across Nebraska is extremely important to us and if done well, we do recognize the benefit that this newly-formed department will have for children. But we do not want to lose sight of the benefits that have been provided to children and their families through the current system that has worked well in the case of behavioral health. We understand the necessity to balance the need for reform in the area of child welfare and providing for child well-being. The Division of Behavioral Health, in partnership with the regional behavioral health authorities, have a successful history in serving children and youth who experience a behavioral health disorder, and we want to be clear about our role in LB821. We believe it's extremely important that the Nebraska commission assure there is a focus of funding on prevention, early intervention, treatment, and support services that are essential in keeping children and their families intact. Last year, we served 4,582 youth through the regions' provider networks at the community level. Of this number, 1,191 youth were served through the professional partner programs across the state. These youth experience significant behavioral health problems and functional impairments. However, the vast majority of these kids remain at home with their parents. Because of their behavioral health needs and their functional impairments, these youth are at high risk of being placed out of the home because of their behavioral health needs, becoming state wards specifically to access services, becoming involved in the juvenile justice system because of truancy or because of law violations, and dropping out of school. These youth are at high risk of becoming wards of the state. However, you rarely see these kids in the juvenile justice or the child welfare system because of the effectiveness of the services provided through the community-based

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networks funded through the regions. We're concerned that if Nebraska exclusively focuses on children, its resources on state wards, that we'll just get more state wards. During this current fiscal year, the regions are contracting with the Division of Behavioral Health for just under \$8.5 million to ensure that there are services provided in a coordinated manner available to youth who are not Medicaid eligible, not state wards, but yet have significant behavioral health issues. Just over \$8 million is for direct services, community-based services, and about \$340,000 is for system coordination to ensure that the many components of the system meet those unique needs of children and families. The regions want to ensure that all children with behavioral health disorders are served and served well. And so we offer our support of LB821, we offer our history, our experience, our knowledge, and would like to work with the commission and the department in this endeavor. I'd be happy to answer any questions that you may have. And thank you for your time today. [LB821]

SENATOR CAMPBELL: Thank you, Ms. Baxter. Are there questions? Senator Gloor. [LB821]

SENATOR GLOOR: Thank you, Senator Campbell. Thank you, Beth, for being here. Once again, long drive from Kearney. Did you know we were going to be going through all this child welfare reform and all these bills when you agreed to serve in that leadership capacity for your association? [LB821]

BETH BAXTER: No, yes. [LB821]

SENATOR GLOOR: Thank you for that. I do have a question. I believe I heard you say your concern is that if we build it, they will come. In other words, if we literally set up a separate department and focus on a department all about children, we'll just get even more children, whether that's appropriate or not. [LB821]

BETH BAXTER: The concern really is around if we have so much focus on children who are wards of the state, then that's what we'll get is more wards of the state. I think, you know, in saying that we serve over 8,500 kids a year, and you don't hear about most of these kids. You don't hear from a lot of these parents because they are getting the type of help that they need. They are getting services in a coordinated manner. So we're just concerned that if we focus on child welfare to the exclusion of other services, then we're just going to get more kids in the child welfare system. [LB821]

SENATOR GLOOR: Okay. Thank you. [LB821]

SENATOR CAMPBELL: Senator Howard. [LB821]

SENATOR HOWARD: Thank you, Senator Campbell. You know, I heard this same thing and it resonated with me, but not in the same way. Probably 20 years ago, Gerry

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Oligmueller came out with a statement that if we fund...if we put more money into the child welfare system, we're just going to have more state wards. And I remember this so clearly. I mean, to me he could have been saying, the tail sticks out there wagging the dog, which isn't the way things happen. Based on that argument, we had an underfunded system for decades--decades. Maybe that's a way to cut corners. Maybe that's a way to cheap up. But if you don't look at what the problem is, and in this case it's dealing with these kids that have come into our system through, in most cases, no fault of the child unless it's their need and that's a dependency filing. But, again, that's really not the child's fault. I think we have to get realistic and say these kids deserve to be served. We're not going to be able to serve everybody who is not a state ward, but we certainly have an obligation to serve those kids who are in our system as state wards. [LB821]

BETH BAXTER: And I don't disagree with that, but hopefully we can continue to serve kids who have significant behavioral health issues that if we don't serve them and put resources into them, they are going to go into the child welfare system. So it is about...it's about prevention, it's about early intervention and getting...as Carolyn mentioned, it's getting services to kids at the right time, when they need it, and in the right amount of care. [LB821]

SENATOR HOWARD: Well, you're not going to get any argument with me about early intervention services since that was the first bill I passed down here eight years ago. But I think it goes back to we only have X amount of dollars and we've got to focus them on the kids that are in the system, and at the same time we need to look at the early services so that we don't have kids hurt and coming in. It's kind of a twofold process. [LB821]

SENATOR CAMPBELL: I really want to thank Ms. Baxter and several of the other regional administrators who took the time to stop into my office and talk through some of their concerns and as they were addressed. And one of the points that we certainly all agree upon is the efforts that we have been...that have been made through LB603, but it was only Phase 1 in behavioral health. And I think Ms. Baxter is clearly demonstrating that we need to be very vigilant for what Phase 2 is for those kids. So thank you much. [LB821]

BETH BAXTER: Thank you. [LB821]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB821]

TOM McBRIDE: (Exhibit 20) Good afternoon. And I'm really glad that it's afternoon and not evening (laughter) in the hearing. [LB821]

SENATOR HOWARD: So far. [LB821]

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TOM McBRIDE: So far. My name is Tom McBride, T-o-m M-c-B-r-i-d-e, and I'm here to represent the people that provide services to children and families from Epworth Village. And very much appreciate the opportunity to testify in support of LB821. I think everyone present here today is familiar with the struggles in the child welfare system and also realizes that while they are different entities, child welfare and Medicaid exist now in many of the same conversations. I appreciate in this bill the development of the Nebraska Children's Commission, its forum, and the responsibilities, defining and articulating the new Department of Children's Services, and is an opportunity to move into something really special for Nebraska. The requirement to develop a strategic plan in implementing follow through is hugely important. In my 25-year tenure at Epworth Village alone, I've experienced--as my memory has allowed me to recall them--nine separate executive directors now identified as CEO of the Health and Human Services Department, an average tenure of 2.77 years. There were also some expanses of time in there where division directors operated without that executive director or CEO position as a strategic position. As directors have come and gone, also have plans and in some cases a real plan was never even developed. You know, this is a huge department. I greatly admire and respect Mr. Winterer in his efforts. But I, myself, I can't imagine a single CEO overseeing the entire department with such a huge diversion of responsibilities. And I hope this is apropos, but we have done a little, hopefully, a graphic demonstration of something. Because when we talk about HHS sometimes, it seems like we encapsulate it and we don't really look at how absolutely, you know, huge the department is. So if I may, what we have developed is downloaded from the department's Web site. This is the Division of Children and Family Services. And we move into Medicaid and long-term care and public health. Now we didn't have a chance really even to get to behavioral health, developmental disabilities, and the veterans mental health centers and their services. You know, it really puts I think into, you know, a really graphic presentation how huge, how diverse this is. And as we talk about paying attention to kids, I don't think there's anything wrong with that, you know, with a department that is regulated just for those kids. I do have a couple of concerns related with the bill. One would be the size of the committee with where the commission of 26 people... [LB821]

SENATOR CAMPBELL: Mr. McBride? [LB821]

TOM McBRIDE: Yeah. [LB821]

SENATOR CAMPBELL: We're going to give you a little extra time at the end. [LB821]

TOM McBRIDE: Okay. [LB821]

SENATOR CAMPBELL: We'll tell the clerk. And we're going to let you go ahead and roll that out because otherwise the transcriber... [LB821]

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TOM McBRIDE: We can take it out in the hallway too. [LB821]

SENATOR CAMPBELL: ...is going to go, what, what, in the background. [LB821]

TOM McBRIDE: Well, thank you for allowing us to do that. [LB821]

SENATOR CAMPBELL: Okay, Mr. McBride, go right ahead. [LB821]

TOM McBRIDE: Okay. Thank you. We didn't realize it was going to be quite that noisy when we put that together. But, you know, I have a couple of concerns related to this, and one is the size of the commission with 26 members. Sometimes with something that size, developing consensus might be a little difficult. The executive committee itself has no one outside of a state-related person identified in it. And I think it would be good to add a couple of the consumers on, you know, as I think it's Item K or whatever, to throw a couple of them on the executive committee. And while allowing service areas to develop programs unique to their area, and I think that's crucial and I think, you know, programs that Beth has described in Region 3 is strongly convincing of that; I think there needs to be language in there that says those programs still has to be supportive of the strategic plan that was developed. There's a lot elements in this plan that I think are very, very well done. Some detractors are going to say: it's too far outside anything we have done before; it threatens our existing interests; it's growing government; it'll be too expensive to run; it doesn't allow for other HHS services to exist and operate within that. And I disagree with each of those. I believe that by concentrating the energies, the resources, and attention to this specific population, it doesn't limit what the new department could do. While there may be some higher initial costs, I think that by recognizing efficiencies in the operation, costs could, if nothing else, even decrease. While this bill presents the charge and the framework for the commission, it allows the commission to develop the processes and operation of this new department, allowing that there will be the need to further fine tune this as time progresses. I don't have all the answers as to how this commission and department would develop and operate, but I do believe that this is an exciting and promising opportunity in the provision of services to children and families in Nebraska. And I appreciate bringing forth LB821, and we'll do everything we can, if it moves forward, to support the operation of that. [LB821]

SENATOR CAMPBELL: Thank you, Mr. McBride. Are there questions or comments from the senators? Well done. [LB821]

TOM McBRIDE: Thank you. [LB821]

SENATOR CAMPBELL: We did...in spite of the noise, we did appreciate that. Our next proponent. [LB821]

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JENNIFER CARTER: (Exhibit 21) Good afternoon, Chairwoman Campbell and members of the committee. My name is Jennifer Carter, J-e-n-n-i-f-e-r C-a-r-t-e-r. I'm the director of public policy at Nebraska Appleseed, and we are here to testify in support of LB821. And we continue to be very grateful for this committee's work on LR37 and everything they're doing in...to address our child welfare system. In particular with...our written testimony is coming around and I'm not necessarily an expert, so I'm going to highlight a few things. But we particularly appreciate the effort in this bill to address the ongoing problems in the system of poor coordination and service gaps and cost shifting that we see as really critical. We are in really strong support of creating this Children's Commission to develop a strategic plan and totally agree that that was missing before and something we need to do to move forward. And also that we think it's helpful that it's such a broad group of stakeholders that you've included at the table as part of this process. I think we also, in terms of having a separate agency, we support that as well and understand the importance of having that type of system-of-care approach. But we also just wanted to raise a couple of questions that I'm guessing the committee has already thought of as we move forward with this. But for the record, we did...we were concerned about when we moved to children services and family services how those will work together since so many of the programs really do look at the whole family and to the extent prevention has already been mentioned or even when children are in the system because we...it's our understanding that a lot of times we've got poverty mistaken as neglect, issues and kids taken for that reason. So even once they're in the system, it would be helpful to make sure that they're still working together because it might be that just getting those families some of the help that they need would help address the problems and the child would not need to stay in the system. And so I think because we feel there are some significant communication problems within even the divisions of the current department, having a separate department also we'd want to just be mindful going forward that there are ways that they are all communicating together still when these programs move separately. So those were our main points, but we really appreciate also...actually I'll just mention quickly, we really appreciate the idea of the data collection and the statewide evaluation. We think that's really important. So we really appreciate this effort and would like to be as helpful as we can as this moves forward, but wanted to just raise those thoughts as the process moves forward. So thank you for your time and I'm happy to take any questions. [LB821]

SENATOR CAMPBELL: Thank you, Ms. Carter. Any questions from the senators? Thank you very much for your testimony. [LB821]

CAROL CRUMPACKER: (Exhibit 22) Good afternoon, Senator Campbell and members of the committee. My name is Carol Crumpacker, C-a-r-o-l C-r-u-m-p-a-c-k-e-r, and I'm the executive director of the Child Guidance Center, a nonprofit children's mental health center in Lincoln. I'm here to support LB821. I'm going to give some very concrete examples of how the system doesn't work in terms of the different silos that we have. I've worked with the Child Guidance Center for 33 years and can tell you that the

system that funds and serves children's services is fragmented and has always been a source of frustration when a provider is trying to meet a child's needs. For example, if a child with Medicaid needs treatment for anxiety, Medicaid will pay for that child's treatment, but they will not pay for a separate session with that parent who does not have Medicaid to discuss their parenting approach and its effect on that child's anxiety or how to help that parent with parenting that child. If the child is a state ward, the lead agency might pay for that parenting session; if they don't, then the parent's insurance must be accessed if they have insurance, and that's a process. If they don't have insurance, then it may be possible to open a clinical file on the parent and bill Region 5, if you are a contracted Region 5 provider, which a lot of providers who serve children are not. That's just one small example of the maze that children and families and providers have to navigate. The separate silos do not work together, there's no strategic vision that creates a comprehensive approach to children's services. When Medicaid implements more stringent criteria for a service and denies that service; but the service is deemed necessary by the clinician, the lead agency, or the court, then payment for that service shifts to the lead agency if that child is a state ward, with serious financial consequences, as we've all seen, for lead agencies. When child welfare, several years ago--well, just about a year ago--stopped paying for treatment for parents that they required for reunification, the cost shifted to the region providers who were already at capacity with clients from the community, and this led to long waiting lists. For 20 years, we've talked about braided funding or funding that follows the child. That was a phrase 20 years ago, and we've failed to accomplish it. Changes in Medicaid this past year with regard to restructuring residential care for children and the denial of residential treatment by Magellan for different diagnoses and in general has resulted in closures of numerous residential programs by Magellan...or and beds, closures of residential treatment programs or beds and other community-based intensive treatment programs. As a result, we have gaps in our services. But there's no one at the state level who is monitoring the existing service array and trying to identify critical gaps. I will say to support Beth Baxter with regard to the regions, the regions can do that on a more local level and work with providers to bring up services where there are gaps. And I think they've been very successful in doing that. However, there's no state strategy or vision, no entity looking at the system of care across the state. How can we effectively address the current situation in which Nebraska has more state wards per capita than most other states if we do not conduct a thorough assessment of the current system and the gaps in services--services that might strengthen the family, respond to crises in families, treat children and parents before the situation escalates to removal of a child from their home? And this hopefully would be one of the responsibilities of that Department of Children's Services. I'm an eternal optimist. People say that like it's a diagnosis, but that's why I'm here. I believe the implementation of LB821 could address many of these concerns. The Nebraska Children's Commission, eventual Nebraska Department of Children's Services, could: lead to the integration of services for children and families; the braiding or integration of funding streams to ensure children do not fall through the cracks; a commission inclusive of community members and decision makers where

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many voices will be heard; and, lastly, a comprehensive focus on our vulnerable children who need and deserve our attention. However, I believe that to be successful, the initial steps will need very strong leadership. Thank you for your time. [LB821]

SENATOR CAMPBELL: Thank you for your testimony. Questions from the senators? Thank you, Ms. Crumpacker. Next proponent. Good afternoon. [LB821]

JONAH DEPPE: (Exhibit 23) Good afternoon. Thank you for the opportunity to come and talk to you, Senator Campbell and Health and Human Services Committee. My name is Jonah Deppe, and that's spelled J-o-n-a-h, Deppe is D-e-p-p-e. I'm here today representing NAMI Nebraska. NAMI Nebraska is part of a national organization that's the largest grass-roots organization that represents individuals, both adults and children, with a mental illness and their families. NAMI Nebraska supports the development of a state agency for children's services to provide a coordinated care...system of coordinated care through a single agency. We kind of are really going to give some cautions here. Presently, the state agencies do not seem to be working together for the benefit of the child and family. While state agencies often point to the requirements of the various funding sources which create silos for families to try and conquer while they seek services for their child and youth, there does not seem to be the political will to provide a coordinated system of care. The Department of Health and Human Services and the Department of Medicaid and Long-Term Care, in collaboration with the Department of Behavioral Health and Child Welfare, approximately I'm going to guess, about nine years ago--I should have looked that up--received a SAMHSA grant, a five-year state grant to implement and develop a structure for children's services in this state, behavioral health services. And while spending \$750,000 a year for each of five years, the department and their representatives took side trips. In fact, one of the people who was part of the evaluation for that cautioned them about it, that, yes, they took this grant. They didn't have a map. They were taking side trips, looking at things that looked interesting along the way. They did not understand what an infrastructure was. And so what did we get at the end? Nothing, right? So the end was not an infrastructure of children's services. So there needs to be strong oversight for the Department of Children's Services to ensure that the transparency is there and that the collaborating agencies and departments do not take side trips again and neglect their primary purpose. Steps should be taken to ensure that the commission does not become a political tool and to ensure that the quality and appropriate treatment and services for children and families are provided. We also are suggesting that the Department of Education should be invited to collaborate with the Department of Children's Services as education is an important provider of services for children. Through a family- and youth-driven approach, children and youth with emotional, behavior, and mental health challenges and their families should be able to obtain the needed supports and services so that children grow to be healthy and to maximize their potential. This is the vision statement for the National Federation of Families for Children's Mental Health and NAMI Nebraska, who is a chapter of that federation,

supports this vision. NAMI Nebraska supports adequate funding for services to ensure that providers are able to provide the services for which they are contracted. A continuum of services for children and youth and their families should include services in the home and community through a spectrum of services including residential care and hospitalization when medically necessary. It should not be necessary for a child or youth to not be considered for a service until they have not benefited from a service. They should be able to access the services to which would be most beneficial for their well-being and treatment. Families should be considered for the same type of training as foster parents providing specialized care so that they can keep their child at home and not be required to relinquish custody in order to obtain needed treatment. I've had many parents make that statement to me. Nebraska is experiencing the loss of children's behavioral health services, and children and youth are bearing the cost of these cuts. A quick survey of the adults that we serve through NAMI indicates that most of these adults experienced their first trauma or episode of mental illness while they were a child. The importance of identifying children experiencing a mental illness and providing early services will make it possible for them to need fewer services when they are an adult and also become tax-producing citizens. I would like to kind of as an aside here, next week here in the HAVA bill, NAMI worked with the BHECN project, the Behavioral Health Education Project, and did a photo voice project where there are four people who are going to have their stories told with photos and prose and it'll be available. And it's very compelling. You will see that they indicate their first trauma, their first episode was when they were a child. So we need to keep that in mind. NAMI Nebraska regrets that the efforts to prioritize the child welfare system have brought us to this stage where it is necessary to recommend some comprehensive changes in the way services are provided. But we thank you for recognizing the need for these actions and for taking actions to ensure children and families receive the needed services for recovery. Thank you. [LB821]

SENATOR CAMPBELL: Thank you, Ms. Deppe. Questions? Senator Bloomfield. [LB821]

SENATOR BLOOMFIELD: Thank you, Senator Campbell. You mentioned I believe that you wanted us to be careful to have enough oversight on this. [LB821]

JONAH DEPPE: Have some caution, yes. [LB821]

SENATOR BLOOMFIELD: You don't think that the Chief Executive Officer of the Department of Health and Human Services, the Governor, or the Chief Justice, the chairperson of the Judiciary Committee, and the chairperson of the Health and Human Services Committee is adequate? [LB821]

JONAH DEPPE: I caution that they do not become political tools and that the children and their families are the primary purpose. [LB821]

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SENATOR BLOOMFIELD: I would think with that array we should be fairly safe. Thank you. [LB821]

JONAH DEPPE: Thank you. [LB821]

SENATOR CAMPBELL: Thank you, Ms. Deppe, for your testimony today. Other proponents. Good afternoon and welcome. [LB821]

CASIE LANNING: (Exhibit 24) Yep. My name is Casie Lanning, C-a-s-i-e L-a-n-n-i-n-g. I'm here today to tell you my son's story. I am married and have four children; two are my own and two are biological siblings that were adopted. I'm here today to talk about Sam. We got Sam at a week old. This child came to us with cocaine found in his meconium at birth. We adopted Sam from the Nebraska Department of Health and Human Services on December 16, 2010. It was a subsidized adoption. My adoption paperwork states that Medicaid will pay for medical, behavioral health, and all other preexisting conditions as per Medicaid program. But that has not been the case. In January of 2011, one month after the adoption was finalized, we put Samuel in his room for a time out. He was almost two. At the time, he was in a full-rage tantrum, so we set him on the floor. Sam stood up and toddled over to his toddler bed, grabbed the side rail and started to slam his face into it. At that moment we realized something was "majorly" wrong. Sam had always had delays up to this point and horrible...to this point and horrible fits of rage, but nothing could prepare us for this. Sam had begun to throw fits to where he would hurt himself, slamming his head into concrete, floors, and anything he could come into contact with. He would slap and bite himself and, if you were outside, he would run to the nearest car while he laughed. Then Sam stopped sleeping at night. He would run from one end of the room to the other while slamming his body into the walls for hours while screaming. Next he started eating curtains, bedding, and walls. This got so bad he even started to pull the outlet covers out of the outlets and stuck his tongue into the outlets. I took him to the doctor for stomach pain and they did an x-ray and found a loofah in his belly. Ironically, Medicaid will pay for the x-ray, but will not pay for the treatment of him wanting to eat nonfood items, even though pica is recognized as a medical condition. As our list of needs started to grow, our help started to get smaller. You see, Medicaid told us that they don't cover parent training or behavior problems. When I called to try to figure out why we were denied services for the third time, the lady on the phone told me, "There are books I can read on this, so why don't you read a book." When I explained to her that my son had severe pica and was eating the walls, she said, "It's not our fault that you can't properly supervise your child." When I asked to speak to her supervisor, she hung up. Sam has many issues. I fear for his safety, and the safety of his siblings, and also that my husband and I will be seen as unable to care for him and keep him safe even though we have tried numerous times to get assistance and seek help. We love Sam and we use this \$365-monthly subsidy to pay for his care, but it's simply not enough. We have paid \$1,700 out of pocket for a

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containment bed for Sam to sleep in. We have the bed to keep him safe from eating things, hurting himself, and from leaving the house in the middle of the night. He sleeps approximately four hours each night. The bed is vital to keeping him safe. The Department of Health and Human Services has said that Medicaid will pay for the bed because it is an approved item, but that I would have to figure out the billing code to get it covered. I have been unsuccessful in this effort. My husband and I took out \$3,000 of our 401K to build a higher fence in our backyard because Sam will run towards the street after the cars that he sees. So my son, who has fetal alcohol spectrum disorder, 22q11.23 chromosomal duplication, severe pica, stereotypical movement disorder, a global functioning score of 15, and the list goes on, we cannot get help. We were assigned to Right Turn and professionals there tried to take Sam away from us. They said that I was frustrated with him and do not have a relationship with my son. That resolved, while I am frustrated with the lack of help, Sam cannot help what he was exposed to before he was born. We love Sam and we want the best for him. Our worst fear is to have Sam taken away from us. I want help. There is just no place to get it. Everywhere I've turned, the door has been slammed in my face. Doesn't anyone care? I don't know what I have to do to get Sam's needs met. I think my story shows why there is a need for a separate agency dedicated to children and that Medicaid, Magellan, should cover behavioral health and that it is not parent training. [LB821]

SENATOR CAMPBELL: You've brought your very personal testimony on behalf of Sam. When you signed all of the adoption papers, were you aware, given a list that you provided in the testimony of all the things that Sam might have or did have? [LB821]

CASIE LANNING: The only thing that we knew about Sam was that he was exposed to cocaine. Later on, after he started the face slamming into the bed, is when they started sending him out for genetic testing and all of the other tests. And then they found that the fetal alcohol didn't even come until he was, well, almost three years old. So a lot of this stuff we didn't find out until recently. And when we tried to take him in to get help for the tantrums and the rage and some of the behavioral issues, initially, you know, the Medicaid stuff said you can go; but when we went, it came back each time that we went, well, you can't go, it's parent training. Well, this is behavioral health management. And every time we tried to get back for the next appointment, eventually we were told you can't come anymore because every time you come you get denied, so. [LB821]

SENATOR CAMPBELL: Okay. Are there questions from the senators? Senator Howard. [LB821]

SENATOR HOWARD: Thank you, Senator Campbell. So there wasn't...did you know that he had been exposed to...the parent had used alcohol or...so you didn't have that information? There wasn't anything that you know of in the file... [LB821]

CASIE LANNING: No. [LB821]

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SENATOR HOWARD: So there wasn't a fetal alcohol evaluation done... [LB821]

CASIE LANNING: No. [LB821]

SENATOR HOWARD: ...prior? You said when he was three that you had that done over at Munroe-Meyer. [LB821]

CASIE LANNING: That...yeah, that was done later, and that's... [LB821]

SENATOR HOWARD: Over at Munroe-Meyer in Omaha. [LB821]

CASIE LANNING: Yeah, to the FAS clinic, and I have all the documentation sitting in a bag over by the seat, so. [LB821]

SENATOR HOWARD: Okay, okay. And have looked through his file, his record, with the department? Have you had a chance to review that? [LB821]

CASIE LANNING: With the department? [LB821]

SENATOR HOWARD: Right. [LB821]

CASIE LANNING: The department...when the department sat down and talked with me initially, they told me when he came to my house and he sat down with me, they said the child...the test came back positive from cocaine in the meconium. They don't know much about mom. Mom is kind of...does her own thing. She tends to come and go and whatever. She'd been in and out of jail and they didn't have much information on her. They can't... [LB821]

SENATOR HOWARD: You do have the right to review that adoption file, the file for the child. You can go back and request that. That might provide some helpful information to you, answer some questions for you. It's not going to be the answer to what's going on with Sam right now, but that could be helpful to you. The doctors at Munroe-Meyer are excellent. And if there are...I'd work closely with them because they can...they're your best source of help in this. [LB821]

SENATOR CAMPBELL: Ms. Lanning, there are several people that I know from the department here, and I'm sure one of them would be glad to visit with you after the hearing if you could stay for a little bit. [LB821]

CASIE LANNING: Okay. [LB821]

SENATOR CAMPBELL: Thank you for coming forward. It's always difficult to tell your

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story on behalf of your children. Thank you. Other proponents. [LB821]

MARY THUNKER: (Exhibit 25) Good afternoon, Senator Campbell and the rest of the committee. My name is Mary Thunker, M-a-r-y T-h-u-n-k-e-r, and I am the president of Alphabet Soup Kids in Omaha. The families that we work with have children ranging in age from 5 to 25. These children/young adults have varied diagnosis, but the underlying stories are all the same. Their frustration in trying to access services, the stigma of having a mental/behavioral illness, and the constant fear that they will be forced to relinquish custody to the state in order to receive the services that their child needs, which keeps them living on the edge each and every day. Families have been struggling with a dysfunctional system that has not met the needs of their children. Services have been poorly coordinated, leaving gaps in service, which oftentimes leads to the need for a higher and more costly level of care. Our goal should be to provide community and home-based services following an early intervention, which would definitely be in the best interest of the child and family. I have seen firsthand the effects of having to have a child in an out-of-home placement. My grandson was in out-of-the-home placement twice. The first time was 11 months in 2008. He came home for 6 months, and then returned to a residential facility for 22 months, July of 2009 to May of 2011, which was at a different facility. He has been home now for eight months. He is not cured. Boys Town does not have a magic wand that will take his illness away, but they did provide Nathan and our family the skills he needs to handle the meltdowns and to function on a daily basis. He attends Westside Community Schools in Omaha. He has mainstreamed. He does have IEP classes, and he is doing quite well. Creating a division that would oversee all programs, providing services to the children and their families, would certainly be a step in the right direction. The ability to integrate and coordinate services, as well as pooling resources, would allow for better managed care and the accountability for all programs. The new agency, along with establishing the Nebraska Children's Commission, would demonstrate your understanding and commitment to the families that need you most. Thank you. [LB821]

SENATOR CAMPBELL: Thank you, Ms. Thunker. Are there any questions? I do want to say that we very much appreciate the service of, and I'm going to say Mary because that's what I always call you. Mary serves on the advisory committee for the LB603 and just has been a great contributor in terms of a voice for the consumers. And thank you so much for your service there. [LB821]

MARY THUNKER: My commitment comes from the heart. When we started having issues within our own family and Magellan basically tried to intimidate and threaten my daughter to give up custody or abandon her. So I'm...grandma came out fighting and I'm not stopping. Listening to this mother just broke my heart. I mean, it took me back four years where you're banging your head against the wall. I mean, I totally...I guess my eyes were awakened when safe haven started happening... [LB821]

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SENATOR CAMPBELL: Okay. [LB821]

MARY THUNKER: ...and realizing that these families were so frustrated. The worse thing you could do would be want to give your child up, and they were doing it because they felt that that was going to get the child the help, and it really wasn't. And, I mean, families need to speak up for themselves, but they also need to be willing to take that extra step. The reason he was successful at Boys Town, my family relocated 170 miles from northeast Nebraska to Omaha so we could actively be involved in his treatment. We went to his therapy. We went to family therapy. I became very involved with NAMI Nebraska. I became a trained family support group facilitator. Our support group meets twice a month in Omaha just to help other families realize they're not by themselves. [LB821]

SENATOR CAMPBELL: Mary, we thank you a lot. [LB821]

MARY THUNKER: Thank you. [LB821]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB821]

SARAH SWANSON: (Exhibit 26) Good afternoon. I want to thank you for being here. My name is Sarah Swanson, that's spelled S-a-r-a-h, Swanson, S-w-a-n-s-o-n. I am here testifying in support of LB821. It is my opinion that there is a distinct need for a separate children's agency. I was born and raised in Nebraska, as were my parents, grandparents, and great-grandparents. My great uncle, Jules Burbach, was a state senator and even Speaker of the Nebraska Legislature in the '60s and '70s. I have always been proud to say that I'm a Nebraskan, until this last year. One-and-a-half years ago, I took a position as a family consumer disability specialist, but I am here today representing only myself and not any agency or organization. My role as a family consumer specialist is to educate and assist individuals and families on the services and supports available to them and help them navigate through the systems. I can tell you at times that this is a very difficult job, especially when there aren't any services available to families and they don't know who to call and where to go next when they meet an obstacle. I have met with families that have had to self-refer themselves to CPS because they are unable to keep their child safe because their child is self-harming themselves, and the parent cannot get any assistance or help. I have worked with families that have children that they have adopted through subsidized adoptions through our state that are not able to receive any mental health coverage for their children, even though their adoption contract provides coverage for mental health and preexisting conditions. Yet our state refuses to pay for any mental health coverage for many children because they equate some valid therapies to parenting classes. I have three beautiful children. I became knowledgeable about services and the need for advocacy when my own son was diagnosed at the age of four with juvenile diabetes. That was one of the most difficult times of my life. There were nights when I was afraid to go to

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bed because I wasn't sure if his blood sugars would plummet and I would wake up in the morning to find him dead or in a coma. That is truly one of the worst feelings in the world--the feeling that you are responsible for the outcomes of your child and feeling powerless to change it. There are now nights that I go home and I worry about some of the parents I have worked with. Will I wake up and read about the little boy with autism that ran into the street or the child that had fetal alcohol syndrome that has a failure to bond and hurts animals, continue that pattern and hurt his siblings? Given the well-documented problems of the service delivery system, I am truly ashamed to live in the state I live in. I can remember reading about the foster care system prior to starting in the field, but I was under the impression that it was getting better. And I can tell you firsthand that it's not. In addition, there are numerous problems in the delivery of developmental disability services and in simply obtaining medical care if an individual or family has Medicaid. I can tell you that it's not getting better and it won't get better. Unless the Legislature does something, it will continue. Nebraska, the good life, is not good for everybody. As a matter of fact, it's pretty awful for our most vulnerable citizens. I found a quote that I'm going to leave you with. It's a quote by William Federer, and I hope you ponder and use it to guide you as you proceed in this legislative session. I hope that you use it and share it with the members of the Appropriation Committee because what you do in this legislative session speaks volumes about where our priorities are. The quote is this, "The measure of a civilization is how it treats its weakest members." Our state prides itself on family values, but we do little to support families when they encounter problems. The divorce rate for families that have a child with a disability or a chronic healthcare condition is exponentially higher than the general population. I've been to numerous hearings in the Legislature where parents have testified on the need for services so that they could continue to work and be productive members of society. We need to build a system that will allow that to happen. Senator Howard, you talked about early intervention. Dr. Braddock and his colleagues, using data he obtains from each state, publishes a report called, "State of the States in Developmental Disabilities" every few years. It is worth noting that in the 1960s and early '70s that Nebraska was ranked first nationally and even internationally when it came to service delivery and best practices. In Braddock's most recent 2011 report, in a comparison of state family support programs, Nebraska was ranked 49th in families served per capita. Given the most recent statistics by the Nebraska Department of Education's demographics has shown that there's 40,000 children that receive state special education services. And it appears there's a significant gap in services to these families. Per Braddock: in 2009, Nebraska provided family support services to 712. We are supposed to protect our most innocent citizens, those that cannot help nor advocate for themselves, and we are not doing that in this state. I ask you to support this bill, make sure it gets out of committee, and that it passes. [LB821]

SENATOR CAMPBELL: Thank you for your testimony. Any questions? Thank you so much. [LB821]

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SARAH SWANSON: I would like to make two suggestions that have come up prior. One is that the composition of the Children's Commission have a stated number of self-advocates, whether it be parents, consumers, individuals that were previously part of the foster care system. And I would also...while I really like the external audit agency, I would like for transparency, a suggestion that that be part of a continuum and throughout. Just a suggestion. [LB821]

SENATOR CAMPBELL: Thank you for the suggestions. [LB821]

SARAH SWANSON: Yes. [LB821]

SENATOR CAMPBELL: Thanks for coming today. [LB821]

SARAH SWANSON: Thank you. [LB821]

SENATOR CAMPBELL: Any other proponents? Those who wish to testify in opposition to the bill. Good afternoon. Yes, it is. It's still afternoon. [LB821]

KERRY WINTERER: It's still afternoon? [LB821]

SENATOR CAMPBELL: It is. [LB821]

KERRY WINTERER: 5:15. Is it still afternoon? [LB821]

SENATOR CAMPBELL: Six o'clock is night. (Laughter) We're declaring that today. Six o'clock is night. [LB821]

KERRY WINTERER: (Exhibit 27) Could I trouble a page for a glass of water, please? I seem to have something going on here. Good afternoon, evening, Senator Campbell and members of the Health and Human Services Committee. My name is Kerry Winterer, that's spelled K-e-r-r-y, last name Winterer, W-i-n-t-e-r-e-r. I am the CEO of the Department of Health and Human Services. I'm here today to testify in opposition to LB821 specific to creating a separate Department of Children's Services. The department's division directors and I cannot disagree with what the committee hopes to accomplish with this bill. We share the committee's goal of providing coordinated and seamless services to Nebraska's children. The reorganizations in 1997 and 2007 each took steps to improve coordination of Nebraska's Health and Human Services programs and service delivery. Each division's focus is on its work. But because they are in the same department, they are able to coordinate issues across divisions when necessary. As a result, each division better understands the challenges faced by other divisions in providing their specific services to children, families, and individuals. Division directors meet regularly to learn about the issues facing other divisions and discuss ways to address issues as a department, and we have identified specific ways the divisions can

better coordinate their services. And this coordination works its way down through administrators, program managers, and staff. Many of the issues that impact children involve the entire family and support systems. DHHS divisions each provide a continuum of specific and often complex services that follow individuals. For example: The proposed bill defines children as up to 18 years of age, yet people with developmental disabilities must remain on the children's waiver until age 22. Planning for transition from children's services to adult services begins as early as age 14, and many people with developmental disabilities maintain the same service coordinator through the transition process and into adulthood. Dividing oversight for services for children 18 and under from the other individuals served by the children's waiver will pose significant regulatory difficulties. Additionally, it may disrupt the process from children's services into adult services. A child's Medicaid eligibility, with some very small exceptions, is determined based on the family's income. Separating eligibility functions between children and adults creates more duplication for clients and staff at a time when we are struggling to make eligibility processes more consumer friendly and time efficient. Many public health programs serve both children and adults. These include pregnant women, new mothers, and women of childbearing age. A determination would need to be made whether any of these programs is considered primarily a child-serving program. Behavioral health services for youth and adults are included in contracts with the regional behavioral health authorities, and they are currently involved early in transition planning for continuity of services. Separating these contracts may cause a further bifurcation of services between the children and adult systems of care. Our opposition of LB821 is based on the concern that creating a new agency to serve only children will result in fragmenting services focused on the family and, secondly, that creating such an agency is the only approach to improving the system. The bill mandates that the commission draft legislation to create the agency without due consideration to whether this is, in fact, the best approach. In addition to studying the creation of a new agency, I believe it would benefit the Legislature to consider other alternatives, including studying the creation of a new division within the department to focus on the child welfare system. The Governor and the department would be happy to work with the committee to explore ways to provide additional focus and emphasis on children's services. With regard to the creation of a Children's Commission, I welcome the opportunity to coordinate multiple partners to create a strategic plan for reforming our child welfare system. While we may not agree at the moment on the specifics of membership and size of the commission, the bill recognizes the multiple parties involved in the child welfare system, including all branches and agencies of government, foster care review board, service providers, advocates, county attorneys, and others. All parties have thoughts on what the priorities and goals should be. My agency would welcome the opportunity to bring the multiple partners together for a shared vision and goal for the child welfare system and, in fact, have done that in our efforts to reform the system with our Partners Advisory Council. Finally, the committee needs to be mindful of the constitutional questions that come with creating a commission that includes members of the executive, legislative, and judicial branches. It

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is possible the bill, as currently drafted, violates the separation of powers doctrine contained in the Nebraska Constitution. Thank you for the opportunity to be here. I'd be happy to respond to questions. [LB821]

SENATOR CAMPBELL: Questions for Mr. Winterer? Senator Bloomfield. [LB821]

SENATOR BLOOMFIELD: Thank you, Senator Campbell. Mr. Winterer, Sam can't take any more studying. We've studied Sam up one side and down the other. It's time we do something to help Sam. I see that you and several of your colleagues got up and went out with his mother and I'm fairly confident now knowing you and the people involved here that Sam is going to get some help. We've seen this same sort of a situation across the state over and over again, and the people aren't getting any help. They don't need more studies. They need somebody to do something. I think this is a great step toward doing something that will probably evolve into a helpful situation because we're certainly not there now. So I guess maybe that wasn't a question but that's... (laughter) [LB821]

SENATOR CAMPBELL: That's okay. Senator Gloor. [LB821]

SENATOR GLOOR: Thank you, Senator Campbell. Kerry, some of the concerns you point out, which are, I mean, real management issues of fractionalizing efforts and, you know, how do you appropriately provide a full continuum of providing care and all of that, aren't unusual challenges outside of state government or outside of the department within business and industry. I mean, there are matrix management approaches and there are ways people have found...and found that, at least in their particular instances, work better for providing services. I mean, we're talking about providing services. So I guess my question is, if this isn't the best way to do this in your opinion, and you're...you know, we're concerned that we've got silos that are tough to break out of, you've listed studying a creation of a new division within the department to focus on child welfare as something the Legislature ought to, you know, consider, but what are you considering? I mean, it...my questions is, so if what we're proposing isn't a good fit, I'm happy to consider creating the division within the department, but what's to say you won't have objections to that when you see what we come up with? So the ball is in your court. [LB821]

KERRY WINTERER: Well, yeah. I mean, the suggestion about the new division was in keeping, I think, with the Legislature's looking for some legislative solution to this. I would frankly argue that there are other ways to accomplish this. And there are things that we've been doing in terms of working with developmental disabilities to work more proactively relative to kids in the child welfare system. The other idea and the other thing that we expect to accomplish is essentially a coordination person that can effectively focus on children's services inside the department, and then work proactively with each of these divisions to focus on children and focus inside of each division on

services that are unique to children. I mean, keep in mind this department as it is now has only existed since 2007. And this department was created with silos. I mean, it statutorily has silos. That's how it was defined. And every division has its own very specific charge, if you will. And that was...that's been operating that way for like four years. Now if I were to redo this, and based on what we know at this point in time, I'm not so sure that those silos are the appropriate silos. But what this bill does is it essentially takes out some of these services that are already inside a department and already should be able to be coordinated possibly and certainly much better than has been exhibited at this point in time. But to create another department out here and take these services out there, so now you've got these two departments and each department...now you have two departments trying to provide services to a single family, because typically you're going to have a family that's got adults and you've got kids in it. Well, who's really responsible for providing services to that family now? Is it the Department of Children's Services over here or is the department of whatever, could be behavioral health, could be something like that? That's what inherently doesn't make a lot of sense to me because you already have, you already have in a single department the...all of those services already. Now if it needs to be reconstituted into a different way, and I think there are lots of other things that can be done inside the department among divisions and get directors to more adequately understand the challenges in other divisions, particularly relative to kids. But as I said, the formal, statutory structure of the department is in silos. And we have to find other ways to work around that, and sometimes that's difficult. Sometimes it's difficult because, well, that particular service doesn't fit within what the statutory definition is. I'm not arguing that it needs to be a statutory change at all. But if there is, if the Legislature believes that there is a need for some statutory change or redefinition of those silos, it seems to me it makes a lot more sense to do that inside where the department is now and not...and the other thing that disturbs me about a new department is how much time and effort is it going to take for us to now refocus on dividing this up and moving these services over here and so on, and using that effort that should be used in terms of providing services over here. That seems to me to be inherently a distraction over a period of time and it can't help but make it to be a distraction and fundamentally in one way or another interfere with delivering services. So fundamentally, my disagreement is I'm not sure ultimately what's been accomplished by that that you can't accomplish by something that is much less dramatic,... [LB821]

SENATOR GLOOR: But... [LB821]

KERRY WINTERER: ...and particularly in light of the commission input and commission expertise, if you will. The other thing about it is that if this commission is really going to operate, it seems to me that the commission ought to be able to have the ability to say, okay, they can do an analysis and decide what really makes sense. The bill as it is now essentially mandates the commission to come forward with the legislation working with HHS Committee to be considered in the next session for another...for a new

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department. What's wrong with letting the commission do some kind of analysis and decide, well, is that the best approach or not? Why would you tie that commission to a particular solution that ultimately as they meet may decide that's not exactly what we would do if it were our choice? So that seems to me to be kind of at odds with the commission's purpose. [LB821]

SENATOR GLOOR: Your comment early on in your response was rather than...I think I heard you say, rather than take and cherry-pick services away and set up this separate division for child services--and I've been struggling to try and think of a better term and I can't--but is to anoint somebody as some sort of a child welfare czar who (laughter) can...that's why I've been struggling trying to think of a better word, whose responsibility it is to, in fact, go into the system and to try to tie together all the different components that we seem to have a problem pulling together in any other way. Is that a fair representation of what I thought you put out? [LB821]

KERRY WINTERER: Yeah, and I think that's...and I think we've just begun to think along those lines in terms of what other kinds of staff, what other kinds of positions, might be beneficial to help and facilitate those crossings between silos, if you will, if you want to use that term. [LB821]

SENATOR GLOOR: Other than superpowers, (laughter) what would you look for in somebody? And I understand where you're thinking and we're talking, so I know you're not ready to anoint a czar. But would you look for in somebody that... [LB821]

KERRY WINTERER: I would look for...I mean, if we're just kind of brainstorming here, I would look for someone, if you were talking about the czar of child welfare, whatever you want to call that person, I would look for someone that has had significant experience in the field, significant hands-on experience so they can really relate to the issues and the challenges that somebody in the field would be presented with. But at the same time had some kind of supervisory and management capabilities and talents and so on to understand that. And to the extent that that person has experience across divisions, so much the better. And there are people like that. There are people in the department that have had experience across divisions. [LB821]

SENATOR GLOOR: You're pretty quick on your feet, at least that's been my experience. Did you just come up with this based upon my question to you or was this something that you were thinking about for a while? [LB821]

KERRY WINTERER: No. No, this is an idea that has been percolated for some time and that we are...that is on the drawing table at this point in time. [LB821]

SENATOR GLOOR: There's another question there but I'll pass for now... [LB821]

SENATOR CAMPBELL: You know, I hope that Senator Howard will indulge me, but I just want to make a point for the record here, that this coordinator position person was proposed in the Behavioral Health Task Force response in 2008 and nothing ever happened to it. And so I have to say, Mr. Winterer, you know, at some point when recommendations are made and there's not a follow up--because that position is in the report and we may want to, you know, go back and look at that report--then we have to begin to wonder and say that may be why we're here at a legislative issue because it was thought of and proposed. And we spent some time taking a look at that report because there's a number of things in that report that were brought forward and never actualized. And one of them that we...what we are making a huge point on is the whole data integration and the importance of what that can mean for serving families, which is not a new idea and we certainly have discussed that previously with Mr. Winterer. But I didn't want the record not to say that this was never looked at, but unfortunately it was never actualized. Senator Howard. [LB821]

SENATOR HOWARD: Thank you. What a good point. Your qualifications for this individual reminded me of a bill that I brought in this year. Someone may...that may have crossed your mind too. You know, I'm real familiar with that bill that was passed in 2007 setting up these silos. And that was at the request of the Governor. You weren't here then. I was. I know how it came down. One of the major problems with that is that each silo is funded individually. And no silo wants to give up their money to another silo's need, to put it in the simplest terms, and that's become a real serious problem. And this includes child welfare, because right now what child welfare is doing, I understand from what I've found out, is going into court and refusing to accept children as state wards that would be costly to the department. If that resonates with you, you may have heard of this too. So I think that's a major, major problem. And unless there's some streamlining of the funding to meet the needs of the child and family, I think it's going to remain in silos and we're just going to continue with the big problem we have right now. And I also wanted to address your concern down here at the bottom regarding the constitutional question. Right now, we have, through the judiciary system, a commission going on right now, the Eyes of the Child, which you've participated in, I've participated in. And I haven't ever heard any objection regarding whether that's in some kind of violation of a constitutional issue. It seems like the more people that sit down and work together on a problem like this, the better. So I just have a real problem with bringing in that last argument. I would encourage people to come together. I would encourage people to...I would encourage the department to have meetings with stakeholders like they did once upon a time when I worked there so that you have information before you jump off the various cliffs that we've seen you jump off of recently. Doing things independently of the input of people that have a stake in this whole system has really proven to not work out to anybody's advantage. So I wholeheartedly support this bill, and I think this is certainly the way that we should go to serve kids. [LB821]

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SENATOR CAMPBELL: Any other comments or questions? Mr. Winterer, was there any point we missed that you wanted to...I give you the last word here. We'll go to neutral testimony. [LB821]

KERRY WINTERER: No, I've probably said too much. But, I mean, I think I...I appreciate your...the liveliness of this and the, I guess, the honesty of the discourse here. I think I made my points relative to this. And relative to the constitutionality, I'm not saying whether it is or not. I think, and I'm not going...I'm not offering a legal opinion about that. I think one of the things that makes this a little different is that you...it's charged with the strategic plan. And then the question is, what is the legal impact of the strategic plan and does that in and of itself have some kind of legal import that then might cross? But I don't think we need to get into that because I don't...that's probably not one of my concerns, so. [LB821]

SENATOR HOWARD: We're lucky enough to have an attorney. [LB821]

MICHELLE CHAFFEE: I appreciate the input. [LB821]

SENATOR CAMPBELL: I probably am going to waive a closing here only because we've covered a lot and we've had so much opportunity through our LR37 to put forward. But I think the committee continues to appreciate every suggestion, every idea, and we look into everything. I know that I speak for my colleagues in that respect. So thank you, Mr. Winterer. [LB821]

KERRY WINTERER: Thank you. [LB821]

SENATOR CAMPBELL: Anyone else in the hearing room who wishes to testify in opposition to the bill? Anyone who wishes to provide neutral testimony? I saw that orange sheet. I thought there's got to be...I didn't want to leave you out. [LB821]

PAM OLTMAN: I think I'd like to be (inaudible). [LB821]

SENATOR CAMPBELL: (Exhibits 28-29) While you are making your way and sitting down, we should note that we received letters of support from the Nebraska Nurses Association and from the National Association of Social Workers, the Nebraska Chapter. Good afternoon and welcome. Thank you. [LB821]

PAM OLTMAN: Thank you, Senator. Thank you, Senators. My name is Pam Oltman, O-l-t-m-a-n. And I wasn't sure if I was going to speak or not. I just had an orange sheet ready in case, and sorry you're not going to get anything typed up. I think last time I spoke you got an idea that, you know, I've been struggling whether I want to be in the field or not. [LB821]

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SENATOR CAMPBELL: Could you speak up just a little bit? [LB821]

PAM OLTMAN: Oh, sure. [LB821]

SENATOR CAMPBELL: I want to make sure that the recording picks you up. [LB821]

PAM OLTMAN: Sure. You know, I've spent some time trying to decide if I want to be in the system or not. And one of the things I want to say is since I've been here, and I think kind of regular person here the last few weeks, I've got to say I have more hope because I'm seeing some changes or I'm seeing some talk of some changes. I'm seeing more ideas of integration, coordination, communication. And I've got to applaud you all for that. You know, another thing is, there again, I see some of these issues with children, but I do see them with adolescents, with adults. So with that, I can...you know, I can see what he's talking about. You know, these issues are not something that are isolated just to the children. And, you know, if we're going to have a systemic look, I think we need to look at the whole system, not that we don't need to maybe make a change in one area; but I think we do need to have a systemic look and understand that this happens to many, many people. I believe it was Senator Gloor last week that said something about, you know, if a Ph.D. student in organizational systems was here. My daughter is a Ph.D. student at Case Western in organizational behavior. And also I've always worked with...I went to school with family systems people, marriage and family therapy mostly. I wasn't in their program, but I was exposed to the systemic ideas. I've always been more of a systems thinker. And I've had many, many talks with her about what's going on here. And as I talked, she mentioned something about Peter Senge. And I'd encourage everyone to look up Peter Senge and some of his stuff. [LB821]

SENATOR CAMPBELL: Could you spell...I'm sorry to interrupt you. [LB821]

PAM OLTMAN: S-e-n-g-e, Peter. As I talked to her about what I had been seeing in the systems, you know, that I had been involved in, you know, in the mental health, the substance abuse, you know, being exposed to different systems through the clients as well as myself, she said, you know, you're talking a lot about Peter Senge stuff. And I just want to share one thing. When you were talking about an overarching strategy, one of the things that his book talked about was that, like, a hologram, right? This was new to me. If you cut it up and you look at little pieces of the hologram, that it's all the same picture. And he said that that can't be true when you're talking about complex systems, especially; that we can have an overarching vision of what we want, but what one person or one community's vision might be to have that big picture might be a little bit different. If you look at the diversity of, say, Lexington or Omaha, it's very different than Plymouth. It's much more homogenous. It's much...you know, so the needs may be different. The same with transportation. When you're talking western or very small communities, to get a client somewhere it's very different than being in Lincoln. So I guess one of the things I'd like to say is, what I'm hearing about that commission, the 26

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members, I think that's a great idea, but I think there needs to be many commissions in each one of the neighborhoods, in each one of the communities because they know that community. And the idea of a communicator or a coordinator, I think there needs to be someone that goes between those communities and that commission to see and to have feedback back and forth so that the communities get heard and that some of the needs of all of the communities are heard. And to be able to see multiple perspectives, because I think sometimes, you know, when we're in one area it's easy to see, you know, what we're seeing in that moment. But that experience may be very different from parent-to-parent, agency-to-agency, or community-to-community. And I'll stop. [LB821]

SENATOR CAMPBELL: (See also Exhibits 30 and 31) Thank you. You're so respectful of the light. I appreciate that. Any questions or comments from the senators? Thank you very much. Anyone else who wishes to provide neutral testimony? As I indicated earlier, I am going to waive closing on behalf of the committee because we certainly have put forward a number of ideas. But I want to thank all the testifiers for their suggestions. We continue to keep looking for everyone's suggestion working on behalf of children. So with that, we'll close the hearings for the day. [LB821]