

are talking about here, not necessarily by the policy committee. Though they will maybe having the final word, they are going to get their ideas and their suggestions from people out there in the different regions, in the different areas, with direct service providers saying how that system they think ought to work in their region or in their town or in their house, and that's how the decisions are going to be made, with a lot of service providers and individuals developing a system that meets the needs of a particular region or a particular area, because we are different. Nebraska is a very diverse state. We do things differently, in different ways across the street... across the state because we need to address what is unique in our particular community. You'll create a system that will combine public and private at a local level, and in many places, we do not currently have what's called that critical mass or the numbers that it takes to keep a provider in our community. You have to have so many clients to be able to do business, and you need the mix of the Medicaid money, the private pay, the insurance, and etcetera, to keep a provider in a particular area. It's too expensive for the state to be that provider and to come out to western Nebraska and provide certain services because we may only have three or four that need this on Medicaid and the state provider says we can't come out and provide the service in that less populated area for those kinds of dollars. There is not enough business for a private provider to go into competition with a state provider and say, okay, I'll provide the private and you take the Medicaid. It doesn't work. We lose providers. We lose the service. We won't get those services that the Area on Aging has to come out and provide everyone of them individually as a provider and can't work with anybody else, and where DPI says that you will only go to certain places to be served, to receive certain services throughout the state, where DSS says here, but not here, and where the Department of Health provides grants unaware of what the other state agencies are doing in some areas, or how OJS can use some of those local agencies to provide needed services that currently are only going to be provided in Kearney and Geneva. This bill will help centralize. It will create an agency with an atmosphere that is community based, a service provider in places other than in Lincoln and Omaha or in large regional centers. I have, as the...

PRESIDENT ROBAK: One minute.