

Health and Human Service Committee
LB 1041 – Testimony
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Scot Adams, PhD
Interim Director, Division of Children and Family Services.

Good afternoon, Senator Campbell and members of the Health and Human Services Committee, my name is Scot Adams, (S-C-OT A-D-A-M-S), Interim Director of Children and Family Services in the Department of Health and Human Services. I am here to testify in opposition of LB 1041 because of cost and we believe we achieve much of the bill's aim currently.

Since the beginning of the ACCESSNebraska project in 2008, the Department has developed processes and procedures through the use of over 30 workgroups consisting of staff from all areas of the Department. Through these various workgroups changes to processes and policies have been made with the goal of creating an efficient and cohesive delivery of services. DHHS currently determines eligibility for multiple public assistance programs including but not limited to Medicaid, the Supplemental Nutrition Assistance Program, Aid to Dependent Children and Child Care Subsidy.

LB 1041 requires the Department to simplify documentation requirements, share verification of client information across programs, 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 website. When an individual applies for multiple programs the information and verification they provide once is used for all programs. Most of these programs allow for declaration of certain expenses and resources. 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.

LB 1041 also requires the Department to make reasonable efforts to prevent case closure. 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 clients 30 days in advance of when their case is due for renewal and possible closure. All households receive no less than ten (10) days notice before their case is closed. Additional notifications to these, whether by phone or otherwise, would come at a cost that is not known due to the language in the bill. In sum, many of the requirements set forth in the bill are already in place in state regulations and are currently used by the Department. Department staff continually works with the federal agencies that oversee the respective programs to ensure we are in compliance with federal requirements.

One element of the bill in Sec. 8(1)(a), "Use of the longest eligibility time periods allowable under federal law for such programs," can be interpreted to mean that Nebraska Medicaid should change initial eligibility back to 12 months, from the current initial 6 month review. To implement the 12 month initial continuous eligibility expansion, DHHS would be required to prepare and submit a State Plan Amendment (SPA) for Medicaid and CHIP. The SPA would be submitted by 9-30-12, with a requested effective date of 7/1/12.

With current regulations and at current staffing levels, the average actual length of coverage per year is 10 months per child. This fiscal note assumes implementation on 7-1-12, and that changing to 12 month initial continuous eligibility will result in 1 additional month of coverage per child per year. Medicaid coverage for children is estimated at \$259 per month, and CHIP coverage at \$156 per month. The total cost of one month of additional coverage per child is estimated at \$41,868,688 for FY13, and \$43,962,011 for FY14.

As previously shared with this Committee, the ACCESSNebraska objectives are:

- Increase accessibility to Economic Assistance Programs.
- Increase DHHS responsiveness to our customers and maintain accuracy of case eligibility determinations.
- Increased efficiency of the Service Delivery system by utilizing a Universal Case Management System and through advances in technology.

Through three primary uses of technology, clients can apply and/or access their benefits. They are doing this on their own, with the assistance of staff at any of our locations or with the assistance of our community partners.

- Document Imaging allows staff to see a client's case information from any location. Clients are also able to submit the verification information requested to process their cases electronically. As of December 31, 2011, over 10 million pages have been scanned.
- Web Services allows clients to apply on-line, report changes on-line and view their benefits on-line. Since September 2008, over 327,000 applications have been submitted on-line. Currently, over 62% of the total applications received are received through this method and over 75% of those applications were completed on computers located at home, a relative's or friend's home or work.
- Customer Service Centers allow for clients to call one toll free number and reach a Social Service Worker who can view their case, handle reported case changes, complete an interview and answer questions. In December 2011, over 203,000 calls were made to ACCESSNebraska's telephone number; 109,000 of these were received by the Customer Service Centers; with the remainder of the calls receiving customer self service through the IVR or were routed to a different phone source such as fraud, Medicaid, or resource development. The average wait time in December was just over eight (8) minutes.

We do recognize the need for some specialization of services and we have made some changes to better serve the individuals who may fit into that category. We continue to evaluate ACCESSNebraska and how to improve our policies and procedures.

I appreciate the opportunity to provide the Committee with information related to LB1041 and would be happy to answer any questions you may have.