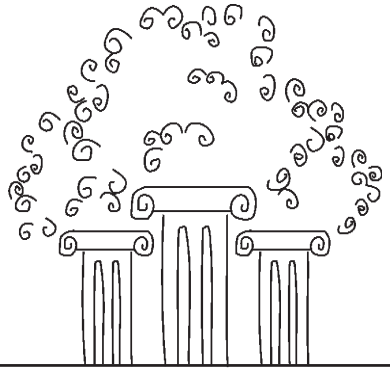
POLICY BRIEF

Public Benefits Modernization:

Best Practices & Lessons Learned

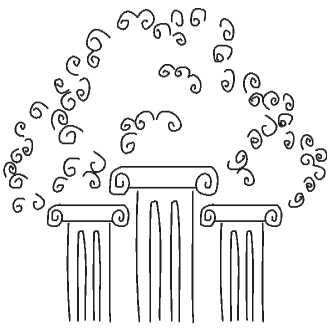


WELFARE DUE PROCESS PROJECT

Low Income Economic Opportunity Program

Nebraska Appleseed Center for Law in the Public Interest

November 2010



CORE VALUES | COMMON GROUND | EQUAL JUSTICE

These are Nebraska Appleseed's guiding principles, and have been since our non-profit, non-partisan law project started "sowing the seeds of justice" in 1996. Nebraska Appleseed focuses on advancing policies and practices that promote self-sufficiency for Nebraska's working poor families, insure affordable access to health care, promote the integration and participation of immigrant populations in communities across Nebraska, provide safe and adequate child welfare services to children who need protection, increase low-income people's access to the legal system and support democracy by removing barriers to low-income people's participation in the electoral and public policy decision-making processes.

Nebraska Appleseed
941 O Street, Suite 920
Lincoln, NE 68508
402.438.8853
www.neappleseed.org

ACKNOWLEDGEMENTS

Nebraska Appleseed Center for Law in the Public Interest would like to thank the Legal Aid and Services Fund for their support of this report. We would also like to thank Jordan Milliken for her generous assistance in editing this report and Justin Swanson for his research assistance.

Public Benefits Modernization: Best Practices & Lessons Learned

Nebraska Appleseed

November 2010

TABLE OF CONTENTS

INTRODUCTION **1**

PUBLIC BENEFITS MODERNIZATION NATIONWIDE **2**

Modernization Across the United States 2

Modernization Case Study: Indiana 2

Lessons Learned Nationwide 3

Accessibility *3*

Responsiveness *4*

Accuracy and Effectiveness *5*

MODERNIZATION IN NEBRASKA **4**

The Nebraska Model: ACCESS Nebraska 4

Progress to Date *5*

Modernization and Nebraska Demographics *5*

BEST PRACTICES **6**

Modernization Considerations 6

Accessibility 6

Best Practice: Provide for Special Populations *6*

Best Practice: Support Community-Based Organizations *7*

Responsiveness 8

Best Practice: Communication with Clients *8*

Best Practice: Communication with the Community *8*

Accuracy and Effectiveness 8

Best Practice: Streamline Processes *8*

Best Practice: Retain Expertise *9*

RECOMMENDATIONS **9**

Accessibility Recommendations 9

1. Maintain Options for Public Benefits Access *9*

2. Proactively Serve Individuals with Disabilities and Other Barriers. *10*

3. Effectively Support Community Based Organizations. *10*

4. Empower Clients and Service Providers to Address Problems. *10*

Responsiveness Recommendations 10

5. Provide for Public Information and Engagement. *10*

Accuracy and Effectiveness Recommendations 11

6. Simplify Processes. *11*

7. Retain Expertise. *11*

8. Transition Effectively. *11*

APPENDIX A **13**

Data Tracking in ACCESS Nebraska: Recommendations for Outcome Indicators in On-Line Provision of Public Benefits

REFERENCES **14**

INTRODUCTION

The modernization of Nebraska's public benefits system through the creation of ACCESS Nebraska is a major step by the Department of Health and Human Services that is significantly changing the way that people access public services. Modernization of the public benefits delivery system means that people seeking assistance may do so using a computer and Internet connection. At the same time, most traditional methods of seeking assistance will be replaced.

Public programs and services provide assistance in many shapes and forms to Nebraskans. Programs and services serve Nebraskans in a variety of places, times, and ways and range from child care assistance to tuition assistance to prescription assistance. Public benefits programs, like the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) and Medicaid, help provide for the basic needs of low-income families, the elderly, and people with disabilities. Such programs are vital to the health and well-being of our residents. Indeed, public benefits programs provide vital services and receive federal matching dollars that contribute to the Nebraska economy and create jobs.

This policy paper provides an overview of modernization efforts nationwide, identifies lessons learned, describes how modernization processes have moved forward in Nebraska, discusses best practices from other states, and provides recommendations for public benefits modernization in Nebraska.

The stated purpose of ACCESS Nebraska is "To make Economic Assistance Service Delivery the best it can be for the people in Nebraska. Increase Accessibility. Increase Responsiveness. Maintain Accuracy. Increase Efficiency." This vision is a positive one for clients, for the Nebraska Department of Health and Human Services, and for the state as a whole. But, there is no guarantee that these principles will be achieved. There are multiple examples from across the country of states that acted with high-minded goals and ideals, but did not utilize the best possible practices, which ultimately decreased the effectiveness of their public benefits programs. The information and recommendations in this report are intended to contribute to the vision of an accessible, responsive, accurate, and efficient public benefits system in Nebraska so that the best possible results can be realized.

PUBLIC BENEFITS MODERNIZATION NATIONWIDE

MODERNIZATION ACROSS THE UNITED STATES

Modernization, in simple terms, means using the Internet and other technology in public benefits programs, particularly for client applications and renewals. This is a change from a model in which local offices with a staff of caseworkers worked with clients to help them access assistance. A number of states have modernized in a variety of different ways. In many cases, states have developed online applications for multiple programs, allowing applicants to apply online at any time of day, any day of the week. Some states also now use a call center model for conducting client interviews and providing assistance. With this model, clients are not assigned a specific caseworker.

Modernization has had clear, positive effects in some states; the most significant has been that applicants are able to apply for benefits outside of regular business hours, thereby increasing access by avoiding work conflicts. In many cases, this change has resulted in more people in need receiving public benefits. The first year that Florida used a modernized public benefits program model, applications increased by 20 percent.[1] Also, because the call center model requires fewer workers than the caseworker model, states are realizing cost savings.

Yet, there have also been negative effects in some states. As states move away from the caseworker system, the most vulnerable individuals are more susceptible to "slipping through the cracks" of a public assistance system that provides less individual attention. Indiana's initial modernization attempt resulted in a 2008 ACLU class-action lawsuit alleging that disabled residents were going without benefits under the new, automated system.[2] Soon after the state dropped the program.

Another negative outcome occurred in Florida, where 375 experienced Economic Self-Sufficiency workers were let go to lower the program's overhead. When the number of applications submitted increased due to greater access and higher demand, processing times slowed as the smaller staff struggled to deal with the heavier workload, causing major difficulties for the system as a whole.[3] Ultimately, some states have learned from earlier mistakes while remaining mindful of the importance of serving clients effectively.

MODERNIZATION CASE STUDY: INDIANA

In 2005 Indiana began the process of modernizing their public benefits system. Call centers were developed, and community-based organizations partnered with the state to offer outreach and application services. Benefit applications became available online, and the Indiana Family and Social Services Agency (IFSSA) created savings by decreasing the size of the staff.

But, indicators of potential problems with the system developed early on in the modernization process. A company hired by the State of Indiana created and implemented the modernized process. This was perceived as moving too quickly, and the lack of community input frustrated the public. The result was a system that did not respond quickly enough to clients. Recently this led to lawsuits between Indiana and the private company they partnered with where each party is suing the other and seeking damages totaling more than $1.75 billion.[4] Indiana is suing their privatization partner for over $1.3 billion for breach of contract and actions that included denying Medicaid to a dying cancer patient and a nun.[5] The private company, in turn, is asking for $52.8 million in deferred payments and equipment costs that it said the state still owed it from

the company's canceled ten-year, $1.37 billion deal to automate intake for Medicaid, SNAP, and other benefits.[6]

million in deferred payments and equipment costs that it said the state still owed it from the company's canceled ten-year, $1.37 billion deal to automate intake for Medicaid, SNAP, and other benefits.[6]

The program went operational in 2007 but was cancelled in 2009 due to recurring problems with timeliness, accuracy, and poor customer service. The privatization process eliminated caseworkers and the new system struggled to adequately meet the public's needs.[7] Before the failed program was created, 4.38 percent of welfare claims were mishandled in Indiana; once the program got started, the number rose to 18.2 percent.[8] The counties where this program was fully operational were plagued with lost records, improper denials, and suspensions of benefits.[9]

Soon after the program was cancelled, IFSSA set out to create one to replace it. This process was highly transparent and hinged on input from providers, clients, advocates, and employees. The general public communicated feedback through an e-mail address dedicated to this issue. The agency received hundreds of responses through the modernization input e-mail address, as well as letters from people who did not have access to the Internet. The agency also created a working group of providers and advocates from across the state to provide input. IFSSA rolled out a pilot program, kept the input e-mail address active, and established advisory groups in each region with the pilot program.[10]

What resulted was a program Indiana called its "Hybrid System," a combination of the best elements of the failed modernized program run by a private entity (online application options, for example), the best elements of the state-run system that existed prior to the privatized system (such as options for face-to-face contact), and input from the community.[11] The new system is similar to the old in that the initial application can be filled out online, but there is an increased focus on face-to-face contact, including local and county offices following up on applications. Clients are served by teams within their county and every person on a team has personal knowledge of each client's case. Any time a client wants to speak to someone about their specific case, they will always be put through to a local office where someone who has specific knowledge about their case can answer their questions. This new system requires more labor than the former system, so the staff was increased to make up for the previously laid off workers.[12]

Ultimately, the Hybrid System integrates aspects of the traditional public benefits model, such as connections for clients to local offices and availability of face-to-face interviews, while incorporating the benefits of modern technology.

LESSONS LEARNED NATIONWIDE

The Indiana example illustrates that there are pitfalls to be avoided in modernization and that it is important to carefully develop a modernization process that maintains client access to essential services. Other states also provide lessons for modernization. Taken together, the important lessons to be learned from the national experience relate to the priorities of accessibility, responsiveness, and accuracy and effectiveness.

Accessibility

Accessibility, especially for vulnerable populations, must be protected. As systems modernize and utilize call centers, it is important to assure that people can access the community-based organizations that serve as entry points to application processes. The price of inaccess can be high; from fines resulting from difficulties with federal rules, to frustrations of clients and communities. This was illustrated clearly in New York City, where

individuals with disabilities faced struggles in accessing services, assessments, and help with applications after a private company was used to serve this clientele. Once these difficulties came to light, significant contract modifications had to be made.[13] Most importantly, the human costs associated with a lack of access were high. One lesson learned is that even a small break in public access can contribute to exacerbated health problems and increased costs. Therefore, continuous and accessible services are vitally important.

Responsiveness

It is vital to have effective call centers, adequate staff, and community engagement to develop responsive programs. In Texas, individuals struggled to get in touch with call center staff, and poorly trained call center employees frequently failed to solve their client's problems.[14] As a result, clients suffered delays in receiving benefits. The United States Department of Agriculture had to assign staff to help with client problems. The state legislature ultimately adopted legislation setting goals for an enhanced eligibility system, requiring the state agency to prepare a transition plan for ongoing efforts and mandating independent oversight. Lessons learned include the importance of ongoing adequate staffing and the value of setting benchmarks and goals in modernization processes.

Accuracy and Effectiveness

Another key part of modernization is the shedding of unnecessary policies and procedures in order to make public benefits more accessible to those who need them, and making sure the systems are simplified for effective use by clients, community-based partners, and call center staff. However, experiences from other states show that this must be done carefully. For example, a modernization project undertaken by Colorado to unify computer systems resulted in an initial processing accuracy rate of only 63%, resulting in problems with federal compliance. At the same time, other approaches, like reducing the amount of financial statements that need to be submitted to prove eligibility in Ohio, have made the process more manageable for applicants. A clear lesson learned from Colorado is that caution and testing are necessary in developing new computer systems and other procedures to modernize public benefits provisions.

In the end, well-tested processes are important to set systems up for successful implementation of modernization; avoiding access struggles, lengthened processing times, and other costly problems that are antithetical to the intentions of modernization initiatives overall.

MODERNIZATION IN NEBRASKA

THE NEBRASKA MODEL: ACCESS NEBRASKA

The approach that the Nebraska Department of Health and Human Services (DHHS) has chosen is called ACCESS Nebraska. The ACCESS model has several components: 1. an Internet application process that is accessible 24 hours a day, 7 days a week online; 2. call centers where ACCESS staff conduct phone interviews and answer questions about the programs; and 3. a network of community partners, both public and private organizations that will facilitate the application process for people who do not have Internet access or who want additional help with the application process.[15] These components, working together, are the core of the ACCESS Nebraska system.

Once the system is fully in place, it is supposed operate as follows. An applicant will first make contact with the system by either logging on to www.ACCESSNebraska.ne.gov, or by going to a community partner location where a computer will be provided. Once online, applicants will either go through a screening tool, which will assess which public assistance programs the applicant may be eligible for, or start immediately on the application. If implemented correctly, after the application is completed, applicants will be contacted a DHHS worker via telephone for an interview. The workers performing the interviews will eventually be located at one of four ACCESS Nebraska call centers across the state. After this interview, a determination of eligibility will be made, and benefits granted accordingly. If ever a public benefits applicant or recipient would have a question, they would call these call centers to get answers. Additionally, although the default practice is to have the interview over the telephone, the Department of Health and Human Services states that face-to-face interviews may be granted upon request.

Federal and state public assistance programs that are accessible via ACCESS Nebraska include: Temporary Assistance for Needy Families (TANF); SNAP (formerly known as Food Stamps); Medicaid; Kids Connection; Child Care; Aid to Aged, Blind and Disabled (AABD); and the Low Income Home Energy Assistance Program (LIHEAP).[16]

Progress to Date

The ACCESS Nebraska online application system became available in the fall of 2008. This was considered Phase One of the ACCESS Nebraska roll out. At this stage, local offices were closing and case workers lost due to attrition were no longer replaced. A Spanish Language version of the online application also rolled out during Phase One. Meaningful access to public benefits systems for non-English speaking individuals is required under federal law. Indeed, this is particularly obvious where there is a high concentration of non-English speakers in a geographic area.

Phase Two of the ACCESS Nebraska roll out, getting the Document Imaging System up and running, was completed in November of 2009. Document Imaging is the process of scanning key documents and saving them to the system, eliminating the need for photocopies and photocopy storage, as well as allowing ACCESS workers to retrieve these documents at anytime.

Phase Three, the utilization of regional call centers, began in the fall of 2010. The first and only existing call center opened in Lincoln. The remaining call centers are expected to open between the fall of 2010 and 2012 in Scottsbluff, Lexington, and Fremont. Twenty-two satellite DHHS office locations will remain open across Nebraska.[17]

The vast majority of the development of the ACCESS Nebraska system has occurred administratively. While some legislative and administrative hearings have occurred, more opportunities for public input and legislative engagement and oversight are needed.

Modernization and Nebraska Demographics

In assessing the implementation of changes in the provision of public benefits in Nebraska, it is important to be mindful of the population served. Nebraska families, the elderly, non-English speakers, and people accessing health insurance options all rely on our public benefits system, and require appropriate assistance and access to services.

Indeed, the economic downturn has dramatically increased the need for public benefits in Nebraska. For example, participation in the Supplemental Nutrition Assistance (SNAP, formerly Food Stamps) program has increased 21.2 percent from May 2009 to May 2010.[18] SNAP benefits serve families, people with disabilities, and the elderly. The increased demand for SNAP and other programs is important to consider and manage, as there are significant federal penalties for improper administration.

It is also important to note that Nebraska's population is getting older. In 2000, 13 percent of the population in the Central Plains states was over age 65. Projections call for this number to increase to 21 percent by 2030.[19] As Nebraska's population ages, and elderly persons become eligible for assistance, there will almost certainly be an increase in utilization of public benefits programs.

Furthermore, there is a significant population of individuals in Nebraska that do not speak English. For example, Lincoln is a national refugee center where Sudanese, Kurdish Yezedis, Bosnians, and many more refugees are brought to start a new life in the United States. The rights of non-English speaking individuals to access public benefits systems is clearly protected under federal law.

Finally, Nebraska, like the rest of the nation, will in future months and years face the task of implementing federal health care reform, placing increased focus on access to Medicaid for the thousands of Nebraskans that will be newly eligible for the program.

With such a diverse population, there is no simple way to meet the state's public benefits needs. Modernization of the system will certainly help, but it is no panacea. In creating and implementing a modernized public benefits program, Nebraska must weigh these factors and accommodate all residents effectively.

BEST PRACTICES

MODERNIZATION CONSIDERATIONS

Modernization can be beneficial, but there are points for caution. As Nebraska modernizes it is important to be certain that our processes, resources, and information are adequate to meet needs in our state.

In fact, it is essential for the state of Nebraska to have a strong public benefits system that is accessible to all, continues to provide quick and appropriate assistance to vulnerable individuals and families, and supports working people through child care, health care, and other forms of assistance; all while remaining fiscally and legally sound. Technology will be a big part of this, but lessons learned nationwide warn that Nebraska must act wisely to ensure that all changes to the system are made in the public's best interest.

Modernization can bring positive changes to the public benefits system, but it is important to note that there are responsible ways to modernize, and there are ways to modernize that have serious downsides. Lessons learned and best practices from other states illustrate that accessibility, public awareness, and overall system effectiveness are all areas for careful calibration in modernization initiatives.

ACCESSIBILITY

Best Practice: Provide for Special Populations

Individuals need meaningful access to public benefits. Vulnerable population groups such as the elderly, those with limited English proficiency, and those with mental and physical disabilities, may have difficulty accessing or using technology. The Federal Government has developed several accessibility laws with these populations in mind. Title II of the Americans with Disabilities Act (ADA), applies to the programs, services, and activities of all state and local governments. Section 504 of the Rehabilitation Act of 1973 applies to programs that receive federal financial assistance.[20] Best practices must be implemented to assure that vulnerable client groups have the support they need, and that public benefit systems are fully compliant with federal law.

Florida has retained options for traditional paper applications to allow those who are not technologically savvy or are more comfortable with paper applications.

Cary LaCheen, Senior Attorney at the Center for Law and Economic Justice, in an article published in the Journal of Poverty Law and Policy, offers the following best practices for work with individuals with disabilities in the public benefits modernization context:

1. Public benefits agencies should ensure that voicemail, auto attendant, and interactive voice response systems are clear and audible, allow for additional response time, and default to a staff person.
2. Develop systems to answer Text Telephone Technology (TTY) calls with a live staff person.
3. Create release forms to allow agencies to work with third parties when the client consents.
4. Improve staff training about how to work with deaf and hard of hearing technology, Americans with Disabilities Act rules, provision of reasonable modifications, and communication skills (such as using a slower pace) to provide quality service to individuals with disabilities.[21]

Texas faced difficulties in their public benefits modernization process, including long backlogs and wrongful denials. In response, the Texas Center on Public Policy Priorities recommends that when testing or piloting a new approach to applying for public benefits, special attention must be paid to vulnerable populations who may struggle with a remote application process. The testing should be designed to address what distinguishes the successful applicant from the unsuccessful applicant, so that states can take steps to ensure access by all applicants.[22]

Oregon provides an online screening tool in 28 different languages[23.]

Best Practice: Support Community-Based Organizations

Community-Based Organizations play a crucial role in the effective implementation of public benefits modernization. As local offices close or limit hours, Community-Based Organizations provide an increasingly important role in the dissemination of information and provision of support in their essential position as an access point for clients. Community-Based Organizations must have basic capacities to effectively perform this role, therefore, best practices in partnerships with organizations in the community fall into three categories: provision of resources, creation of community partner liaisons, and strategic development of community partners.

Ohio has developed an online "Benefits Bank," a public-private partnership between the Governor's Office, the Ohio Association of Second Harvest Foodbanks, and faith-based nonprofit organizations. The Benefit Bank uses trained AmericorpVISTA members and volunteers to help eligible Ohioans apply for and access public benefits. The operations of the Benefits Bank is supported by appropriations in the State budget, funds from the Governor's Office of Faith-based Initiatives, grants from the Ohio Department of

Development and non-profit and foundation supporters, and federal food stamp administrative matching funds.[24]

Florida provides liaisons to maintain a line of communication between Community-Based Organizations and ACCESS Florida. A liaison is a person, or several persons, responsible for training specific Community-Based Organizations, making sure they have all the materials and equipment they need, and maintaining an open line of communication.

Louisiana has taken a "no wrong door" approach to public benefits access to assist families in need of multiple services. They created an aligned assessment tool and web-based system to streamline practices and ensure a coordinated benefits system.[25] Connecticut, Ohio, and California also provide online access to public benefits applications in one-stop career centers to reach the job-seeking population that has been hit hard in difficult economic times.[26]

Florida also has a community partner finder as a part of ACCESS Florida. One can locate community partners by searching by either county or zip code.[27]

RESPONSIVENESS

Best Practice: Communication with Clients

Effective modernization depends on clear and ongoing communication with clients, particularly about systemic changes. Therefore, effective communication is key to prevent misinformation, inefficiencies, or decreased access. It is important to be proactive regarding services to vulnerable populations in order to be responsive to their needs for information and benefits.

Oregon has provided public information, training materials, newspaper articles, and public service announcements regarding their system, much of which is available in multiple languages.[28]

Best Practice: Communication with the Community

The "ACCESS" modernization model relies on the partnership of community-based organizations and other stakeholders. Therefore, public engagement is vital to the transition to a modernized system that avoids problems and develops an ongoing system of communication.

Vermont developed a ***vision*** for modernization, which was rolled out and discussed in statewide town meetings and at a departmental all-staff meeting specifically designed for that purpose.[29]

Indiana has created a positive public plan, and created opportunities for feedback and engagement from ongoing community partners and other stakeholders.

ACCURACY AND EFFECTIVENESS

Best Practice: Streamline Processes

Modernization, in many ways, moves not only to a more technology-based system, but also to a more client- and community-driven system. Consequently, simplification of processes can contribute to smooth functioning.

Florida decreased requirements for verifications of assets and incomes, and simplified the application system, increasing accuracy and effectiveness of a more community-based system.

Washington allows online users to either submit a basic cover sheet (with information such as name and address) to start the application process or answer the complete set of questions online.[30]

Best Practice: Retain Expertise

Increased participation of clients and community partners can increase and create efficiency in the provision of public benefits. However, it is important to retain certain professional expertise in areas that require specialization. It is also important to retain expertise in order to manage difficult cases. Institutional knowledge should not be underestimated as public benefits systems become leaner.

Vermont has assured that their service center is staffed with experts in the major program areas who can address complex situations.[31]

RECOMMENDATIONS

Nebraska is fortunate to have the opportunity to learn from best practices and experiences from across the nation in the implementation of ACCESS Nebraska. Drawing from the models and lessons learned in other states, several recommendations apply in Nebraska to achieve the vision of access and effectiveness. Recommendations fall into three categories guided by the mission of ACCESS Nebraska: accessibility, responsiveness, and system accuracy and effectiveness.

ACCESSIBILITY RECOMMENDATIONS

1. Maintain Options for Public Benefits Access

a. Retain options for traditional application processes in order to avoid excluding applicants who otherwise would qualify for benefits but are not technologically savvy, do not learn new skills easily, are elderly or disabled, or for whatever reason find the computerized process a barrier. Retain the right to apply in regulation and in practice.

b. Retain regulations to protect access (particularly for vulnerable populations). For example, allow applications to be taken in local offices, allow interviews to be conducted in clients' homes or other convenient public places for the Supplemental Nutrition Assistance Program (SNAP).i

c. Provide a system for establishing a dedicated worker (preferably in the same geographic region) for clients that have complex cases (such as households accessing multiple programs), clients with special needs (such as disability or mental illness), clients with difficulty with written and/or oral communication, and/or clients that self-declare need for additional assistance. Ask

everyone if they have a third party (such as a gaurdian) that they would like to recieve notices and other information about thier case. A dedicated caseworker would be able to address complex issues, provide referrals, and assure renewals. This is particularly important for people with special needs, in which systems that assure continuation of services can prevent utility shut offs, emergency room visits, or other greater difficulties.

d. Retain the current practice to screen clients for all programs for which they may be eligible in the interview process. List out the programs (including waivers) for clients to choose from.

2. Proactively Serve Individuals with Disabilities and Other Barriers.

a. Implement technology that is responsive to the needs of people with disabilities, allow for options to reach a staff person, allow options for people to work with third party representatives, and provide related staff training.

b. Provide information and screening tools in multiple languages.

c. Test processes with special attention paid to the difficulties special populations might encounter. Provide related training to staff members. Develop a system that allows for needed processing time to help clients with special needs.

3. Effectively Support Community Based Organizations.

a. Develop effective public private partnerships, and provide resources for training, technology, staff support, accessibility options, and technology.

b. Provide a sufficient number of liaisons. The best way to maintain a line of communication is through the creation of multiple full-time liaisons between Community Partners and ACCESS Nebraska.

c. Co-locate public benefits online access in one-stop career centers to assure that families access the full range of state benefits available to contribute to job retention and family stability.

4. Empower Clients and Service Providers to Address Problems.

a. Develop ongoing mechanisms for feedback including customer satisfaction surveys, dedicated e-mail addresses, and adequately staffed help lines.

b. Protect and implement options for hearings and complaints for clients experiencing difficulties, including sharing information about rights to appeal and providing a process for callers who ask to have their case reviewed.

RESPONSIVENESS RECOMMENDATIONS

5. Provide for Public Information and Engagement.

a. Develop a public plan, a public meeting process, and an evaluation strategy to gather input and engagement from clients and community partners.

b. Provide a transparent plan for benchmarks of success and on-going reports of progress. Such information should be posted on the DHHS website and should include information regarding process goals, caseloads, timeliness of benefit provision, implementation dates for proposed changes, and other information relevant to clients and service providers.

c. Provide proactive and accessible trainings and educational materials for service providers and clients. Share information about services and waivers publicly and provide information broadly about where to go to apply for benefits.

ACCURACY AND EFFECTIVENESS RECOMMENDATIONS

6. Simplify Processes.

a. Decrease requirements for verifications of assets and incomes, and simplify the application system, including aligning asset tests for multiple programs.

b. Inform online users that they may simply enter their name and phone number and hit "submit" on the application to begin the application process. Inform applicants of their right to request a face-to-face interview after submission.

7. Retain Expertise.

Retain staff with expertise in the major program areas, specifically health care, who can address complex situations, and assure adequate staffing for non-English speaking clients.

8. Transition Effectively.

a. Monitor and manage caseloads during the transition period to effectively assure access and benefits processing during the transition to the call center. The Nebraska Association of Public Employees / AFSCME recommends a caseload cap of 400-450 program cases. Caseloads exceeding 450 per employee should trigger hiring of additional staff members or lifting overtime restrictions.

b. Provide adequate information to clients who will be affected by office closures and caseworker changes, specifically, providing information about community-based partner locations, new contact phone numbers, and office hour changes.

c. Review denials for accuracy in person to assure that all eligibility related details are considered, examine statewide take up rates of public programs and provide appropriate outreach to eligible individuals not receiving assistance (such as by making follow-up phone calls to clients that are previous benefits recipients or who are known to have special needs).

d. Consider the roll out of the Lincoln call center a pilot. Test processes and achieve service and efficiency goals before moving forward with implementation statewide.

e. Implement processes that serve both efficiency and customer service goals, such as decreasing asset verification requirements and synchronizing renewal processes.

f. Set benchmarks for accuracy, speed, and customer service, particularly as they relate to wrongful denials, client wait time, and customer satisfaction (see Appendix A for recommended benchmarks.

APPENDIX A

DATA TRACKING IN ACCESS NEBRASKA: RECOMMENDATIONS FOR OUTCOME INDICATORS IN ON-LINE PROVISION OF PUBLIC BENEFITS

The following data points represent initial recommendations for information to be tracked and shared publically regarding the implementation of ACCESS Nebraska in order measure performance, understand the system's strengths and weaknesses, and to provide information for ongoing improvements.

ACCESS:

1. Participation rates among eligible Nebraskans
2. Participation rates among eligible Nebraskans that are elderly, disabled, and/or non-English speakers
3. Rate of enrollment in multiple programs for those eligible
4. Number of applicants that apply and number of applicants (including independent measure on number of applicants eligible for benefits and on number of applicants ineligible for benefits

RESPONSIVENESS:

5. Client wait times
6. Number of abandoned or dropped calls
7. Results of customer satisfaction surveys: assess client's understanding of the process, perception of Positive customer service, and overall satisfaction
8. Results of partner satisfaction surveys with Community Based Partners: assess satisfaction with Department of Health and Human Services support and responsiveness

ACCURACY:

9. Benefit processing timelines (including information on the reason for processing delays e.g. lack of client responsiveness or Department delays)
10. Overall accuracy rates

EFFICIENCY:

11. Number of multiple contacts with clients and related resolved or unresolved issues
12. Caseworker feedback regarding workload and ability to provide quality customer service
13. Number Access Nebraska employees (including number of bilingual employees)
14. Number of procedural closings and associated re-applications and those closed for failure to complete the application process along with reasons why and stage in the application process

REFERENCES

[1] Office of Program Policy Analysis and Government Accountability (OPPAGA). March 2008, Report No. 08-13. "ACCESS Improved Productivity; Additional Refinements Would Better Manage Workload," *available at* http://www.oppaga.state.fl.us/MonitorDocs/Reports/pdf/0813rpt.pdf at 6.

[2] Austin Considine, *The Perils of Privitization*, NUVO Newsweekly, *available at*. http://www.nuvo.net/indianapolis/the-perils-of-privatization/Content?oid=1364772.

[3] OPPAGA, *see infra* note 1 at 2.

[4] AP, *Indiana agency, IBM sue each other over $1.3B deal*, Las Vegas Sun, *available at* http://www.lasvegassun.com/news/2010/may/17/indiana-agency-ibm-sue-each-other-over-13b-deal/.

[5] *Id.*

[6] *Id.*

[7] Mary Beth Schneider, *House bill would end privatization of welfare*, Indianapolis Star, *available at*

http://inthepublicinterest.org/article/house-bill-would-end-privatization-welfare.

[8] Robert Charette, *Indiana and IBM Sue Each Other Over Failed Outsourcing Contract, available at*

http://spectrum.ieee.org/riskfactor/computing/it/indiana-and-ibm-sue-each-other-over-failed-outsourcing-contract.

[9] *Give details of welfare hybrid plan*, Journal Gazette, *available at*

http://www.journalgazette.net/article/2009312069971.

[10] AP, *see infra* note 4.

[11] FSSA Releases Details of New Eligibility System - The Hybrid System, *available at* http://www.in.gov/portal/news_events/44847.htm.

[12] *Id*.

[13] Mannix, et al, "*Public Benefits Privatization and Modernization: Recent Developments and Advocacy,"* Clearinghouse Review Journal of Poverty Law and Policy, May-June 2008 at 15.

[14] Mannix, *see infra* note 13 at 6.

[15] ACCESS Nebraska: Modernization of Economic Assistance Service Delivery in Nebraska, *available at* http://www.dhhs.ne.gov/accessnebraska/docs/presentation.pdf.

[16] DHHS News Release: ACCESSNebraska Customer Service Centers Timeline Announced, *available at* http://www.hhs.state.ne.us/newsroom/newsreleases/2010/Jan/accessnebraska.htm.

[17] DHHS News Release: DHHS Announces Further Details of "ACCESSNebraska" Implementation, *available at* http://www.hhs.state.ne.us/newsroom/newsreleases/2009/Dec/accessnebraska2.htm.

[18] Food Research and Action Center, Supplemental Nutrition Assistance Program: Number of Persons Participating - 1 Year, *available at* http://frac.org/newsite/wp-content/uploads/2009/09/snapdata2010_may.pdf#page=2.

[19] Aging in Place Initiative. (2008). "Getting communities on track for an aging population," *available at* www.aginginplaceinitiative.org.

[20] National Center for Law and Economic Justice, *Modernizing Public Benefit Programs: What the Law Says State Agencies Must Do to Serve People with Disabilities, available at http://www.nclej.org/documents/ModernizingPublicBenefits_20Jul10.pdf* at 2.

[21] LaCheen, Cary, Journal of Poverty Law and Policy, "Improving Remote Communication between Public Benefits Agencies and Deaf and Hard of Hearing Individuals," 2010, *available at* http://www.nclej.org/documents/LaCheenRemoteCommunicationPublicBenefitsAgenciesDeafHard-of-Hearing.pdf.

[22] Center on Public Policy Priorities, "Updating and Outsourcing Enrollment in Public Benefits: The Texas Experience," 2006. *available at* http://www.cppp.org/files/3/CPPP_PrivReport_(FS).pdf

[23] Hoffman, Linda, National Governor's Association, "Issue Brief: Improving Access to Benefits for Low-Income Families," 2006, *available at* http://www.nga.org/Files/pdf/06LOWFAM.pdf.

[24] "History of the Ohio Benefit Bank," *available at* http://www.governor.ohio.gov/Default.aspx?tabid=324.

[25] Boots, Shelly Waters, "Improving Access to Public Benefits: Helping Eligible Individuals and Families get the Income Supports they Need," 2010, *available at* http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid={8872A9B1-5DA0-422D-A2CD-2054833DB206}

[26] Hoffman, Linda, National Governor's Association, "Issue Brief: Improving Access to Benefits for Low-Income Families," 2006, *available at* http://www.nga.org/Files/pdf/06LOWFAM.pdf.

[27] ACCESS Florida Community Partner Lookup, *available at* http://www.dcf.state.fl.us/access/CPSLookup/search.aspx.

[28] Oregon Helps! *available at* http://www.oregonhelps.org/information/.

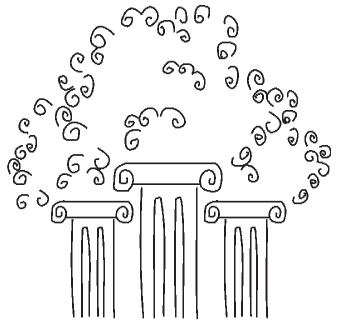
[29] "Modernization of Public Benefits Eligibility" Project Commission, Vermont Department for Children and Families, *available at* http://dcf.vermont.gov/sites/dcf/files/pdf/Modernization.pdf.

[30] Schott, Liz and Parrott, Sharon, Center on Budget and Policy Priorities, "Using the Internet to Facilitate Enrollment in Benefit Programs: Eligibility Screeners and Online Applications," 2005, *available at* http://www.cbpp.org/12-14-04tanf.htm.

[31] "Modernization of Public Benefits Eligibility" Project Commission, Vermont Department for Children and Families, *available at* http://dcf.vermont.gov/sites/dcf/files/pdf/Modernization.pdf.

[32] 475 NAC 2-002 (proposed 5/28/2010).

[33] 392 NAC 1-005 (proposed 5/28/2010).; 468 NAC 1-006 (proposed 5/28/2010).; 469 1-006 (proposed 5/28/2010).; 475 NAC 1-003.04 (proposed 5/28/2010).; 476 NAC 5-001.01 (proposed 5/28/2010).



CORE VALUES | COMMON GROUND | EQUAL JUSTICE

Nebraska Appleseed
941 O Street, Suite 920
Lincoln, NE 68508
402.438.8853
www.neappleseed.org