



## Agency Legislative Proposal - 2018 Session

**Document Name:** DSS Access to Prescription Drug Monitoring Program

**State Agency:** Department of Social Services

**Liaison:** Krista Ostaszewski

**Phone:** 860-424-5612

**E-mail:** [krista.ostaszewski@ct.gov](mailto:krista.ostaszewski@ct.gov)

**Lead agency division requesting this proposal:** Division of Health Services

**Agency Analyst/Drafter of Proposal:**

**Title of Proposal:** AAC DSS Access to Prescription Drug Monitoring Program Information

**Statutory Reference:** 21a-254

**Proposal Summary:**

This proposal would allow the Department of Social Services (DSS) to access Prescription Drug Monitoring Program (PDMP) information by entering into a Memorandum of Agreement with the Department of Consumer Protection. The information DSS could obtain through the PDMP would specifically be for the purposes of conducting prior authorization reviews of prescription drugs covered under any of the medical assistance programs administered by DSS. DSS requires prescription prior authorization review and approval for controlled substances, with the majority of such reviews specifically for opioid related prescriptions.

### PROPOSAL BACKGROUND

- **Reason for Proposal**

The Department has experienced a few recent situations where CT Medical Assistance Program (CMAP) providers have refused to give PDMP information to the Department, citing the provisions of CGS 21a-254(j)(7).

Not receiving this information has proved to be a barrier to the Department's ability to make meaningful decisions on authorization for opiates and other dependency producing drugs for our members.

The CMAP serves 1 in 5 CT residents. It is incumbent upon the Department to ensure our members are engaging in safe and effective prescription drug use, and without access to records



on prior controlled substance prescriptions the Department is unable to make an accurate and informed determination about future prescriptions.

The Centers for Medicare & Medicaid Services has identified access to a state’s PDMP as an effective tool for the Medicaid agency to “identify potential inappropriate prescribing and use of controlled prescription drugs, such as opioids.” CMS/CSMS January 28, 2016 Informational Bulletin: “Best Practices for Addressing Prescription Opioid Overdoses, Misuse and Addiction.”

- **Origin of Proposal**       **New Proposal**       **Resubmission**

Empty box for additional information.

**PROPOSAL IMPACT**

- **Agencies Affected** (please list for each affected agency)

Agency Name: Department of Consumer Protection  
 Agency Contact (name, title, phone): Leslie O’Brien  
 Date Contacted:  
 Approve of Proposal     YES     NO     Talks Ongoing

**Summary of Affected Agency’s Comments**

Will there need to be further negotiation?     YES     NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

**Municipal** (please include any municipal mandate that can be found within legislation)

**State**  
n/a

**Federal**



Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

This proposal will assist DSS in making meaningful decisions on the authorization for opiates and other dependency producing drugs for our Medicaid members.

Section 1. Subdivision (11) of section 21a-254(j) of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(11) The commissioner may provide controlled substance prescription information obtained in accordance with subdivisions (3) and (4) of this subsection to other state agencies, pursuant to an agreement between the commissioner and the head of such agency, provided: 1) the information is obtained for a study of disease prevention and control related to opioid abuse or the study of morbidity and mortality caused by overdoses of controlled substances; 2) the information obtained is used for the purposes of conducting prior authorization review of prescriptions for drugs covered under any of the medical assistance programs administered by the Department of Social Services. The provision of such information shall be in accordance with all applicable state and federal confidentiality requirements.



## Agency Legislative Proposal - 2018 Session

**Document Name:** Automatic Refill of Prescriptions under Medicaid

**State Agency:** Department of Social Services

**Liaison:** Krista Ostaszewski

**Phone:** 860-424-5612

**E-mail:** [Krista.Ostaszewski@ct.gov](mailto:Krista.Ostaszewski@ct.gov)

**Lead agency division requesting this proposal:**

Division of Health Services

**Agency Analyst/Drafter of Proposal:**

**Title of Proposal:** AAC A Reduction in Medicaid Prescriptions offered through an Automatic Refill Program at CT Pharmacies

**Statutory Reference:**

**Proposal Summary:**

This proposal seeks to reduce the ability of Connecticut pharmacies to offer a prescription automatic refill program to Medicaid beneficiaries for certain drugs. The proposal also provides the Commissioner of Social Services with the discretion to allow certain drugs to participate in the automatic refill program. In an effort to advise the Commissioner in making such decisions, the proposal requires the Pharmaceutical & Therapeutic Committee to review and provide the Commissioner with recommendations on such drugs.

### PROPOSAL BACKGROUND

- **Reason for Proposal**

Currently, pharmacies in CT are allowed to enroll clients in a program to “auto refill” their prescriptions without any patient action or request to refill.

The Department has found that many of the automatic refills for Medicaid beneficiaries are done unnecessarily and Medicaid is still left liable to pay for the prescription. Specifically, DSS has seen instances where a beneficiary’s prescription has changed or has been discontinued (either through a provider request or post-hospitalization) but the pharmacy has not been notified of such change.

The prescription for a drug which is no longer needed is then automatically refilled, the pharmacy notifies the beneficiary (without detailing which prescription is ready for pickup)



and the beneficiary retrieves the prescription. In this situation, DSS is still required to pay the pharmacy in full for the prescription. Once a prescription leaves the pharmacy premises, it cannot be returned.

Furthermore, when an unnecessary medication is picked up and consumed by a beneficiary, it may have serious clinical consequences including duplicative medications, hospitalization or even death. Additionally, auto refills of unnecessary prescriptions can lead to stockpiling of medications for improper purposes.

Many other states have limited auto refills under Medicaid as a cost savings and fraud prevention measure (FL, AZ, IL, MS, MA, NY etc ). In July of 2015 the US Government Accountability Office published a report to review program integrity efforts related to pharmacy practices in select state Medicaid programs. The document details that, “automatic refill programs may result in Medicaid beneficiaries obtaining medications far in excess of what was utilized or needed, resulting in wasted Medicaid resources.” (GAO 15-390 Medicaid Pharmacy Fraud, page 30)

In 2013 CMS began to limit pharmacy automatic refills in Medicare Part D program because the practices were potentially generating significant waste and unnecessary additional costs for the Medicare Part D Program. (GAO 15-390 Medicaid Pharmacy Fraud, page 29)

- **Origin of Proposal**       **New Proposal**       **Resubmission**

### PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name:

Agency Contact (name, title, phone):

Date Contacted:

Approve of Proposal     YES     NO     Talks Ongoing

### Summary of Affected Agency's Comments

Will there need to be further negotiation?     YES     NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)



<b>Municipal</b> (please include any municipal mandate that can be found within legislation)
<b>State</b> Possible savings.
<b>Federal</b>
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

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**Section 1.** (NEW) (*Effective from passage*) (a) Except as permitted in subsection (b) of this section, pharmacy providers shall not enroll any medical assistance recipient in an automatic refill program, regardless of whether a recipient requests or consents to participation in such program. Prescription refills are not eligible for payment without an explicit request from the beneficiary or their legal representative.

(b) The Commissioner of Social Services, in consultation with the Pharmaceutical and Therapeutics Committee, may exempt specific drugs or classes of drugs from the provisions of this section.

**Sec. 2.** Subsection (j) of section 17b-274d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(j) The Pharmaceutical and Therapeutics Committee may also make recommendations to the department regarding (1) the prior authorization of any prescribed drug and (2) what prescribed drugs, if any, should be eligible for automatic refill.



DRAFT



## Agency Legislative Proposal - 2018 Session

**Document Name:** Temporary Family Assistance Program

**State Agency:** Department of Social Services

**Liaison:** Krista Ostaszewski

**Phone:** 860-424-5612

**E-mail:** [Krista.ostaszewski@ct.gov](mailto:Krista.ostaszewski@ct.gov)

**Lead agency division requesting this proposal:** Eligibility Policy and Economic Security

**Agency Analyst/Drafter of Proposal:**

**Title of Proposal:** AAC The Temporary Family Assistance Program

**Statutory Reference:** 17b-112(d)

### Proposal Summary

This proposal:

- 1) removes the “cap child” provision for families receiving Temporary Family Assistance (TFA) cash assistance; and
- 2) eliminates the prohibition on granting an exemption from time-limited benefits to a family with a member who is needed to care for a child under one year of age who was born not more than ten months after the family's enrollment.

### PROPOSAL BACKGROUND

- Reason for Proposal

Currently, if a family is in receipt of TFA cash assistance nine or ten months before the birth of a child who is part of the family, the TFA benefit received for that child is limited to 50% of the average incremental difference between amounts paid per each family size, which equates to an additional \$50 per month for that child. Such a child is commonly referred to as a “family cap child” or just a “cap child.” In contrast, the benefit increase in TFA for the addition of an assistance unit member who is not a cap child generally ranges from \$95 to \$131 a month.

Furthermore, while a family that includes a caretaker relative who is needed in the home to care for a child under one year of age is typically exempt from the twenty-one month time limit on receipt of TFA benefits, under current law this exemption is not extended to a family if the child under one year of age is a cap child. This proposal would also eliminate this restriction.



In addition, it is worth noting that, under current law, a family member who is needed to care for a child under one year of age is also exempt from employment services requirements, provided such child is not a cap child. *See* Conn. Gen. Stat. § 17b-688c(b) (requiring DSS to terminate assistance for a family that includes a member who is not compliant with employment services unless that family is exempt from the twenty-one month time limit); Uniform Policy Manual § 8530.10.B.2.f. (exempting from employment services requirements “one individual in the household caring for a child under one year of age, if such child is not subject to the family cap provision”). Accordingly, eliminating the cap child provisions of General Statutes § 17b-112 would also have the effect of extending the exemption from employment services to *all* family members needed to care for a child under one year of age.

The Department believes these changes are appropriate because there is no reliable evidence that family cap policies reduce the number of births to low income families in receipt of TFA cash assistance or support any of the TANF program goals. In fact, findings have shown that family cap policies can actually further deprive low-income families.

TANF Program Goals include:

1. Providing assistance to needy families so that children may be cared for in their own homes or the homes of relatives.
2. Ending the dependence of needy parents on government benefits by promoting job preparation, work and marriage.
3. Preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies.
4. Encouraging the formation and maintenance of two-parent families.

Additional points of interest:

- Current exceptions to the “cap child” provisions are a first-born child, and a child born as a result of rape or incest.
- The National Conference of State Legislatures reports that only 15 states have “family cap child” policies. Connecticut is currently listed as one of these states.

• **Origin of Proposal**     **New Proposal**     **Resubmission**

## PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)



Agency Name:

Agency Contact (name, title, phone):

Date Contacted:

Approve of Proposal    \_\_\_ YES    \_\_\_ NO    \_\_\_ Talks Ongoing

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

**Municipal** (please include any municipal mandate that can be found within legislation)

**State:** Based on FY 2016 data, DSS estimates this proposal will result in an annual expenditure increase of \$644,112. This is based on analysis of 994 cap children in TFA during the time of review. This fiscal impact is likely to be lower once refreshed from SFY 2017 data given declines in TFA cases between 2016 and 2017.

**Federal**

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Section 1. Subsection (b) of section 17b-112 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The Commissioner of Social Services shall exempt a family from such time-limited benefits for circumstances including, but not limited to: (1) A family with a needy caretaker relative who is incapacitated or of an advanced age, as defined by the



commissioner, if there is no other nonexempt caretaker relative in the household; (2) a family with a needy caretaker relative who is needed in the home because of the incapacity of another member of the household, if there is no other nonexempt caretaker relative in the household; (3) a family with a caretaker relative who is not legally responsible for the dependent children in the household if such relative's needs are not considered in calculating the amount of the benefit and there is no other nonexempt caretaker relative in the household; (4) a family with a caretaker relative caring for a child who is under one year of age **[and who was born not more than ten months after the family's enrollment]** if there is no other nonexempt caretaker relative in the household; (5) a family with a pregnant or postpartum caretaker relative if a physician has indicated that such relative is unable to work and there is no other nonexempt caretaker relative in the household; (6) a family with a caretaker relative determined by the commissioner to be unemployable and there is no other nonexempt caretaker relative in the household; and (7) minor parents attending and satisfactorily completing high school or high school equivalency programs.

Sec. 2. Subsection (d) of section 17b-112 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) Under said program [(1)] no family shall be eligible that has total gross earnings exceeding the federal poverty level, however, in the calculation of the benefit amount for eligible families and previously eligible families that become ineligible temporarily because of receipt of workers' compensation benefits by a family member who subsequently returns to work immediately after the period of receipt of such benefits, earned income shall be disregarded up to the federal poverty level. **]; and (2) the increase in benefits to a family in which an infant is born after the initial ten months of participation in the program shall be limited to an amount equal to fifty per cent of the average incremental difference between the amounts paid per each family size.]** Except when determining eligibility for a six-month extension of benefits pursuant to subsection (c) of this section, the commissioner shall disregard the first fifty dollars per month of income attributable to current child support that a family receives in determining eligibility and benefit levels for temporary family assistance. Any current child support in excess of fifty dollars per month collected by the department on behalf of an eligible child shall be considered in determining eligibility but shall not be considered when calculating benefits and shall be taken as reimbursement for assistance paid under this section, except that when the current child support collected exceeds the family's monthly award of temporary family assistance benefits plus fifty dollars, the current child support shall be paid to the family and shall be considered when calculating benefits.



## Agency Legislative Proposal - 2018 Session

**Document Name:** An Act Concerning Repeals to Social Services Statutes

(If submitting an electronically, please label with date, agency, and title of proposal – 092611\_SDE\_TechRevisions)

**State Agency:** Department of Social Services

**Liaison:** Krista Ostaszewski

**Phone:** 860-424-5612

**E-mail:** [Krista.Ostaszewski@ct.gov](mailto:Krista.Ostaszewski@ct.gov)

**Lead agency division requesting this proposal:** OLCRAH

**Agency Analyst/Drafter of Proposal:**

**Title of Proposal:** An Act Concerning Repeals to Social Services Statutes

**Statutory Reference:** 17b-241b, 17b-242b, 17b-258, 17b-260c, 17b-263a and 17b-600a

### Proposal Summary

This proposal requests full repeal of Connecticut General Statutes 17b-241b, 17b-242b, 17b-258, 17b-260c, 17b-263a and 17b-600a.

## PROPOSAL BACKGROUND

- Reason for Proposal

**CGS 17b-241b-** This statute implemented a one-time rate increase for psychiatric residential treatment facilities, in 2014. This rate increase was implemented within available appropriations through State Plan Amendment 14-029. The statute is now obsolete and should be repealed.

**CGS 17b-242b-** This section implemented a pilot program that was subject to available appropriations in 2012. No funds were appropriated for this pilot and the statute is now out of date. If implemented this pilot would result in an unbudgeted cost to the state. The Department is requesting repeal.

**CGS 17b-258-** This statute, which was enacted during the May 1992 special session, established



a discretionary, “two-year pilot program to provide health insurance assistance for unemployed persons.” The Department is requesting repeal of this statute as it is no longer relevant and is outdated.

**CGS 17b-260c-** This statute required DSS to apply for a Medicaid waiver to provide coverage for family planning services. This provision is now obsolete as family planning service is now part of the state plan under CT Medicaid.

**CGS 17b-263a-** This statute required DSS to amend the Medicaid state plan on or before December 31, 2006, “to include assertive community treatment teams and community support services within the definition of optional adult rehabilitation services” that would “provide intensive, integrated, multidisciplinary services to adults with severe psychiatric disabilities . . . .” DSS was never able to dedicate the funds necessary to implement these services, and the state plan was therefore never amended to add the services. DSS believes that DMHAS currently offers many of the services contemplated by this statute. Amending the state plan to add these services through Medicaid would likely expand the population served and result in an unbudgeted cost to the state. Moreover, as part of the Behavioral Health Partnership, which is a collaboration among DSS, DCF, and DMHAS, a wide variety of behavioral health services are available for individuals with behavioral health conditions who receive Medicaid. Accordingly, this statute is no longer necessary and should be repealed.

**CGS 17b-600a-** This statute, which was enacted during the June 2000 special session, directed DSS to establish a pilot program to benefit severely disabled persons receiving state supplement benefits who cannot transfer from one surface (such as a bed) to another (such as a wheelchair) without assistance. Subsection (b) of the statute required DSS to promulgate regulations to implement the program. The pilot program was implemented, but enrollment was so low that the program was not pursued on a more long-term basis, and no regulations were ever completed. At this point, the statute is no longer relevant and should be repealed.

- **Origin of Proposal**       **New Proposal**       **Resubmission**

### PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)



Agency Name: Agency Contact (name, title, phone): Date Contacted:  Approve of Proposal    ___ YES    ___ NO    ___ Talks Ongoing
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<b>Summary of Affected Agency's Comments</b>   
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- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

<b>Municipal</b> (please include any municipal mandate that can be found within legislation)
<b>State</b>
<b>Federal</b>
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

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Sections 17b-241b, 17b-242b, 17b-258, 17b-260c, 17b-263a and 17b-600a of the general statutes are repealed. *(effective from passage)*



## Agency Legislative Proposal - 2018 Session

**Document Name:** An Act Concerning the Money Follows the Person Demonstration Project

**State Agency:** Department of Social Services

**Liaison:** Krista Ostaszewski

**Phone:** 860-424-5612

**E-mail:** [Krista.Ostaszewski@ct.gov](mailto:Krista.Ostaszewski@ct.gov)

**Lead agency division requesting this proposal:** Division of Health Services

**Agency Analyst/Drafter of Proposal:**

**Title of Proposal:** An Act Concerning the Money Follows the Person Demonstration Project

**Statutory Reference:** 17b-369

### Proposal Summary

This proposal requests to repeal the statutory cap that requires DSS to serve no more than 5,000 persons under the Money Follows the Person (MFP) Demonstration Project.

## PROPOSAL BACKGROUND

- Reason for Proposal

In January of 2013, the State released its Strategic Plan to rebalance long term supports and services (LTSS). This plan detailed diverse elements of a broad agenda, designed to support older adults, people with disabilities and caregivers in a choice of their preferred means, mode and place to receive such supports. Rebalancing LTSS reduces the reliance on institutional care and expands access to community LTSS.

MFP has been one of the leading initiatives working toward rebalancing LTSS across the state. Specifically, MFP allows residents transitioning from institutional care back into the community to access to a full range of high quality, long term care options that maximize autonomy, choice and dignity.

Since inception of the program in 2007 (with the first transition occurring in 2008) MFP has



successfully transitioned 4447 participants back into the community. In the next fiscal year MFP projects the program will transition an additional 716 participants.

Currently, state statute caps service to participants at 5,000. As upcoming projections will surpass this cap, the Department is recommending repeal. It is imperative that residents in need of MFP services have the ability to access to them.

- **Origin of Proposal**       **New Proposal**       **Resubmission**

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**PROPOSAL IMPACT**

- **Agencies Affected** (please list for each affected agency)

Agency Name: Agency Contact (name, title, phone): Date Contacted:  Approve of Proposal <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Talks Ongoing
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<b>Summary of Affected Agency's Comments</b>

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

<b>Municipal</b> (please include any municipal mandate that can be found within legislation)
<b>State</b>
<b>Federal</b>
Additional notes on fiscal impact



- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Section 1. Subdivision (a) of section 17b-369 of the general statutes is repealed and the following is substituted in lieu thereof (*effective from passage*):

(a) The Commissioner of Social Services, pursuant to Section 6071 of the Deficit Reduction Act of 2005, shall submit an application to the Secretary of Health and Human Services to establish a Money Follows the Person demonstration project. Such project shall **[serve not more than five thousand persons and shall]** be designed to achieve the objectives set forth in Section 6071(a) of the Deficit Reduction Act of 2005. Services available under the demonstration project shall include, but not be limited to, personal care assistance services. The commissioner may apply for a Medicaid research and demonstration waiver under Section 1115 of the Social Security Act, if such waiver is necessary to implement the demonstration project. The commissioner may, if necessary, modify any existing Medicaid home or community-based waiver if such modification is required to implement the demonstration project.



## Agency Legislative Proposal - 2018 Session

**Document Name:** Contracting With Other States

**State Agency:** Department of Social Services

**Liaison:** Krista Ostaszewski

**Phone:** 860-424-5612

**E-mail:** [krista.ostaszewski@ct.gov](mailto:krista.ostaszewski@ct.gov)

**Lead agency division requesting this proposal:** OLCRAH

**Agency Analyst/Drafter of Proposal:**

**Title of Proposal:** AA Authorizing the Department of Social Services to Contract with Other States

**Statutory Reference:** 17b-3

**Proposal Summary:**

This proposal would provide the necessary legislative authority to allow the Department of Social Services (DSS) to contact with another state. As with all DSS contracts, these contracts would comply with the state's standard contract language and review process.

### PROPOSAL BACKGROUND

- **Reason for Proposal**

To allow DSS the legislative authority to contract with other states.

Pursuant to the 1981 formal opinion of Honorable Henry E. Parker, State Treasurer, Attorney General, State of Connecticut (1981 WL 157392), state agencies are required to have explicit legislative authority to contract with other states.

- **Origin of Proposal**       **New Proposal**       **Resubmission**

### PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)



Agency Name: n/a  
Agency Contact (name, title, phone):  
Date Contacted:  
  
Approve of Proposal     YES     NO     Talks Ongoing

**Summary of Affected Agency's Comments**

Will there need to be further negotiation?     YES     NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

**Municipal** (please include any municipal mandate that can be found within legislation)

**State**  
n/a

**Federal**

Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)



Section 1. section 17b-3 of the general statutes, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Sec. 17b-3. Commissioner of Social Services: Powers and duties. (a) The Commissioner of Social Services shall administer all law under the jurisdiction of the Department of Social Services. The commissioner shall have the power and duty to do the following: (1) Administer, coordinate and direct the operation of the department; (2) adopt and enforce such regulations, in accordance with chapter 54, as are necessary to implement the purposes of the department as established by statute; (3) establish rules for the internal operation and administration of the department; (4) establish and develop programs and administer services to achieve the purposes of the department as established by statute; (5) ~~contract~~ enter into a contract, including, but not limited to, a contract with another state, for facilities, services and programs to implement the purposes of the department as established by statute; (6) process applications and requests for services promptly; (7) with the approval of the Comptroller and in accordance with such procedures as may be specified by the Comptroller, make payments to providers of services for individuals who are eligible for benefits from the department as appropriate; (8) make no duplicate awards for items of assistance once granted, except for replacement of lost or stolen checks on which payment has been stopped; (9) promote economic self-sufficiency where appropriate in the department's programs, policies, practices and staff interactions with recipients; (10) act as advocate for the need of more comprehensive and coordinated programs for persons served by the department; (11) plan services and programs for persons served by the department; (12) coordinate outreach activities by public and private agencies assisting persons served by the department; (13) consult and cooperate with area and private planning agencies; (14) advise and inform municipal officials and officials of social service agencies about social service programs and collect and disseminate information pertaining thereto, including information about federal, state, municipal and private assistance programs and services; (15) encourage and facilitate effective communication and coordination among federal, state, municipal and private agencies; (16) inquire into the utilization of state and federal government resources which offer solutions to problems of the delivery of social services; (17) conduct, encourage and maintain research and studies relating to social services development; (18) prepare, review and encourage model comprehensive social service programs; (19) maintain an inventory of data and information and act as a clearing house and referral agency for information on state and federal programs and services; and (20) conduct, encourage and maintain research and studies and advise municipal officials and officials of social service agencies about forms of intergovernmental cooperation and coordination between



public and private agencies designed to advance social service programs. The commissioner may require notice of the submission of all applications by municipalities, any agency thereof, and social service agencies, for federal and state financial assistance to carry out social services. The commissioner shall establish state-wide and regional advisory councils.

DRAFT