

Department of Social Services Annual Report State Fiscal Year 2020



Ned Lamont
Governor

Deidre S. Gifford, MD, MPH
Commissioner



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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

State Fiscal Year 2020

(July 2019-June 2020)

Deidre S. Gifford, MD, MPH, *Commissioner*

Kathleen M. Brennan, *Deputy Commissioner, Programs and Operations*

Michael J. Gilbert, *Deputy Commissioner, Finance and Administration*

Established - 1993

Statutory Authority - Title 17b

Central Office – 55 Farmington Avenue, Hartford, CT 06105

Number of Employees – 1,729

Operating Expenses - \$259,677,545

Program Expenses - \$4,072,261,475

Structure - Commissioner’s Office, Field Operations, Administrative Operations, Program Operations

VISION

- We envision a Connecticut where all are healthy, secure and thriving

MISSION

- DSS makes a positive impact on the health and well-being of Connecticut’s individuals, families, and communities

VALUES

- Excellence and Integrity
- Learning and Innovation
- Equity and Inclusion
- Compassion and Empathy
- Collaboration and Communication
- Pride in Public Service

STATUTORY RESPONSIBILITY

The department's statutory authority is found in Title 17b of the Connecticut General Statutes (CGS). The Department of Social Services is designated as the state agency for the administration of 1) the Connecticut Energy Assistance Program, pursuant to the Low-Income Home Energy Assistance Act of 1981; 2) the Refugee Assistance Program, pursuant to the Refugee Act of 1980; 3) the Legalization Impact Assistance Grant Program, pursuant to the Immigration Reform and Control Act of 1986; 4) the Temporary Assistance for Needy Families program, pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5) the Medicaid program, pursuant to Title XIX of the Social Security Act; 6) the Supplemental Nutrition Assistance Program (SNAP), pursuant to the Food Stamp Act of 1977; 7) the State Supplement to the Supplemental Security Income Program, pursuant to the Social Security Act; 9) the state Child Support Enforcement Plan, pursuant to Title IV-D of the Social Security Act; 10) the state Social Services Plan for the implementation of the Social Services and Community Services Block Grants, pursuant to the Social Security Act; and 11) the state plan for the Title XXI State Children's Health Insurance Program.

DEPARTMENT OVERVIEW

The Department of Social Services delivers and funds a wide range of programs and services as Connecticut's multi-faceted health and human services agency. DSS serves about 1 million residents of all ages in all 169 cities and towns, supporting the basic needs of children, families and individuals, including older adults and persons with disabilities. With service partners, the agency provides health care coverage, food and nutrition assistance, financial assistance, child support services, energy aid, independent living services, social work services, protective services for the elderly, home-heating aid, and additional vital assistance. DSS has approximately 1,700 dedicated staff led by Commissioner Deidre S. Gifford, with services delivered through 12 field offices, central administration, and online and phone access options. DSS was established on July 1, 1993, through a merger of the Departments of Income Maintenance, Human Resources, and Aging.

PUBLIC CONTACT POINTS (ONLINE AND PHONE)

- DSS general: www.ct.gov/dss
- DSS ConneCT (online benefit accounts, service eligibility pre-screening, applying for services, renewing benefits, reporting changes): www.connect.ct.gov application guidance also at www.ct.gov/dss/apply
- Child Support Services: www.ct.gov/dss/childsupport
- Connecticut Child Support Payment Resource Center: www.ctchildsupport.com
- HUSKY Health Program (Medicaid/Children's Health Insurance Program): www.ct.gov/husky; to apply online: www.accesshealthct.com or www.connect.ct.gov

- CT Medical Assistance Program (for health care providers): www.ctdssmap.com
- My Place CT (long-term services and supports): www.myplacect.org
- Winter heating assistance: www.ct.gov/staywarm
- John S. Martinez Fatherhood Initiative of Connecticut: www.ct.gov/fatherhood
- Supplemental Nutrition Assistance Program (formerly food stamps): www.ct.gov/snap
- Medicaid for Employees with Disabilities: www.ct.gov/med
- Reporting suspected client or provider fraud or abuse: www.ct.gov/dss/reportingfraud
- Special information for service partners: www.ct.gov/dss/partners

Toll-free information:

- DSS Client Information Line & Benefits Center: 1-855-6-CONNECT (1-855-626-6632)
- 2-1-1 Infoline: 24/7, toll-free information and referral, crisis intervention services: call 2-1-1. Operated by United Way of Connecticut with DSS funding
- General DSS information and referral (recorded information): 1-800-842-1508
- TTY for persons with hearing impairment: 1-800-842-4524
- Child Support:
 - Child Support Payment Disbursement Unit: 1-888-233-7223
 - Connecticut Child Support Call Center: 1-800-228-KIDS (1-800-228-5437)
- Connecticut Home Care Program for Elders: 1-800-445-5394
- Reporting suspected fraud/abuse; and benefit recovery (including lien matters): 1-800-842-2155
- John S. Martinez Fatherhood Initiative of Connecticut: 1-866-CTDADS (1-866-628-3237)
- Winter heating/Weatherization assistance: 2-1-1 or 1-800-842-1132
- HUSKY Health/Medicaid/Children's Health Insurance Program information and referral: 1-877-CT-HUSKY (1-877-284-8759). Contact information for current member support with major categories of HUSKY Health coverage:

Type of coverage:	Contact:	Telephone Number:	Website:
Medical Coverage (Community Health Network of CT)	HUSKY Health Member Services	1-800-859-9889	www.huskyhealthct.org
Behavioral Health Coverage (Beacon)	Connecticut Behavioral Health Partnership	1-877-552-8247	www.ctbhp.com
Dental coverage (BeneCare)	Connecticut Dental Health Partnership	1-866-420-2924 855CTDENTAL (855-283-3682)	www.ctdhp.com
Non-Emergency Medical Transportation	Veyo	1-855-478-7350	https://ct.ridewithveyo.com
Pharmacy coverage	DSS Division of Health Services	Member services: 1-866-409-8430	www.ctdssmap.com

DSS CENTRAL ADMINISTRATION

55 Farmington Avenue, Hartford, CT 06105

Deidre S. Gifford, MD, MPH, Commissioner

Kathleen M. Brennan, Deputy Commissioner, Programs and Operations

Michael J. Gilbert, Deputy Commissioner, Finance and Administration

Department Chief of Staff and Directors:

Chief of Staff and Affirmative Action Director: Astread Ferron-Poole; Communications Director: David Dearborn; Human Resources Director: Penny Davis; Legal Counsel, Regulations, Administrative Hearings Director: Matthew Antonetti; Counselor and Government Relations Director: Alvin R. Wilson, Jr.; Business Systems Director: Sharon Condel; Health Services Director: Kate McEvoy; Medical Director: Bradley Richards, MD (effective 1/4/21); Health Services Integrated Care Director: William Halsey; Health Services Community Options Director: vacant; Child Support Services Director: John Dillon; Fiscal Services Director: Nicholas Venditto; Chief Innovation Officer: Joe Stanford; Information Technology Services Director: Vance Dean; Quality Assurance Director: John McCormick; Field Operations Director: Marva Perrin; Field Operations Deputy Director: Elizabeth Thomas; Field Operations Benefits Centers Director: Phil Ober; Social Work Services Director: Dorian Long; Program Oversight and Grants Administration Director: Peter Hadler; Organizational and Skill Development Director: Darleen Klase; Facilities Operations Director: Dorothy Dileria; Business Intelligence and Analytics Director: Susan R. Smith; Enterprise Project Management Office Director: Shan Jeffreys; Medicaid Enterprise Technology System Project Director: Mark Heuschkel.

News media contact: David Dearborn, david.dearborn@ct.gov; 860-424-5024

DSS FIELD OFFICE INFORMATION

Services provided through 12 DSS Field Offices include Temporary Family Assistance; Supplemental Nutrition Assistance Program (formerly food stamps); Medical Assistance (HUSKY Health Program; Medicaid for elders and adults with disabilities; Medicaid for Low- Income Adults; Medicare premium affordability assistance); State-Administered General Assistance; State Supplement Program; Social Work Services; and Child Support Services.

The Department of Social Services' customer service modernization initiatives provide applicants, clients and the general public with multiple access points to the federal and state programs administer by the agency. DSS customers now have more options and can reach the department online, on the phone, or in-person. For more information on these contact points: www.ct.gov/dss/connect.

Thanks to modernization efforts, DSS staff work with a statewide electronic document management system to transmit, store and process client documents. All 12 Field Offices have lobbies where clients may see eligibility services workers or drop off information, called Service Centers. Nine of the 12 Field Offices also have Processing Centers, where staff process work associated with cases from around the state. Three of the 12 Field Offices have eligibility services workers who staff the DSS statewide telephone Benefits Center.

Please note: Local phone numbers were replaced by the statewide DSS Client Information Line & Benefits Center number: 1-855-6-CONNECT (1-855-626-6632); TTD/TTY 1-800-842-4524 for persons with speech or hearing difficulties. Video Remote Interpreting (VRI) was added to the Service Centers located in the 12 Field Offices to assist clients who are deaf or hard of hearing.

Service Centers

Service Centers provide direct assistance to eligible clients in the areas of Supplemental Nutrition Assistance Program, Temporary Financial Assistance, State Supplement, Medical Assistance and State-Administered General Assistance. In addition, Field Offices also provide on-site Child Support Services, Social Work Services, as well as Quality Assurance services. Offices are open Monday through Friday between 8:00 a.m. and 4:30 p.m. For more information: www.ct.gov/dss/fieldoffices.

Benefits Center

DSS clients can dial one toll-free number --1-855-6-CONNECT (1-855-626-6632), or TTD/TTY 1-800-842-4524 (for persons with speech or hearing difficulties) -- from anywhere in Connecticut to reach information or services. This phone access is called the **Client Information Line and Benefits Center**. Callers can self-serve through an IVR (interactive voice-response) system, 24/7, or reach a Benefits Center eligibility services worker directly, if they prefer, during business hours. Benefits Center eligibility services workers are available by phone Monday through Friday, 7:30 a.m. to 4:00 p.m.

Field Office Locations

- **Greater Hartford**—20 Meadow Road, Windsor; Jessica Carroll, Musa Mohamud and Judy Williams, Social Services Operations Managers.
- **Manchester**—699 East Middle Turnpike; Tricia Morelli, Social Services Operations Manager.
- **New Britain**—30 Christian Lane; Patricia Ostroski, Social Services Operations Manager.
- **Willimantic**—1320 Main Street/Tyler Square; Tonya Beckford, Social Services Operations Manager.
- **New Haven**—50 Humphrey Street; Rachel Anderson, Cheryl Stuart and Lisa Wells,

Social Services Operations Managers.

- **Middletown**— 2081 South Main Street; Brian Sexton, Social Services Operations Manager.
- **Norwich**—401 West Thames Street; Cheryl Stuart, Social Services Operations Manager.
- **Bridgeport**—925 Housatonic Avenue; Yecenia Acosta and Tim Latifi, Social Services Operations Managers.
- **Danbury**—342 Main Street; CarolSue Shannon, Social Services Operations Manager.
- **Stamford**—1642 Bedford Street; Yecenia Acosta, Social Services Operations Manager.
- **Waterbury**—249 Thomaston Avenue; Jamel Hilliard and Judy Williams, Social Services Operations Manager.
- **Torrington**—62 Commercial Boulevard; Alejandro Arbelaez, Social Services Operations Manager.

SIGNIFICANT ACCOMPLISHMENTS/HIGHLIGHTS OF SFY 2020

Overview

The Department of Social Services continued to deliver vital public benefits to more than 1 in 4 Connecticut residents in 2020. During SFY 2020, DSS provided services to approximately 1.14 million state residents. [Note: this number includes any individual who received at least one month of benefits during SFY 2020.] Agency field staff served the public directly at 12 offices and the telephone Benefits Center, while central office staff administered specialized services and supported field operations across the full range of direct and funded programs.

Among other initiatives, the department continued its **‘ConneCT’ service modernization and online access** initiative and statewide implementation of the **‘ImpaCT’** advanced eligibility management system and integrated document management system; worked with Access Health CT, Connecticut’s health insurance exchange/marketplace, to **continue implementation of the national Affordable Care Act**, continued to build on a variety of care delivery and value-based purchasing **advances in one of the nation’s leading Medicaid programs**; and achieved **performance benchmarks in the Supplemental Nutrition Assistance Program**.

ImpaCT replaced the department’s 1980s-era legacy eligibility management system with a modern system designed to upgrade and support eligibility determination and service delivery. Benefits to clients include easier-to-read and more helpful DSS notices and letters; optional email notifications; tools to support efficient, accurate and timely processing; integration with online applications, renewals and change reporting; and other advances from the new-generation eligibility system.

Supporting Connecticut’s Response to the COVID-19 Pandemic

The Department of Social Services was among the leading agencies in the state’s response to the COVID-19 pandemic. The following list outlines many of the actions taken by DSS, including some through Governor Lamont’s executive orders. For more information, please visit www.ct.gov/dss/covid and specific information related to health coverage beginning on page 17 of this report.

- Provided **COVID-19 testing coverage** to uninsured children and adults who would not usually qualify for the HUSKY Health program. www.ct.gov/husky/covidinfoformembers.
- Provided monthly rounds of **Emergency Supplemental Nutrition Assistance Program (SNAP)** benefits to hundreds of thousands of Connecticut SNAP participants. www.ct.gov/snap.
- Provided SNAP benefits for children in the free and reduced-price school lunch program through the new **Pandemic Electronic Benefits Transfer program**, serving about 270,000 Connecticut children who were not able to receive meals at school.

- **Eliminated the requirement for face-to-face interviews** to qualify for Temporary Family Assistance.
- **Suspended the 21-month limit on receiving Temporary Family Assistance** from applying during all months of such assistance received during the public health and civil preparedness emergency. Suspending the time limit for this program helped families with the time and resources needed to get back on their path to self-sufficiency after the emergency is over.
- **Expanded capacity** of the DSS telephone Benefits Center.
- **Expanded telehealth coverage** in Medicaid/HUSKY Health.
- **Suspended in-person attendance requirements** for certain administrative hearings.
- **Suspended medical and pharmacy co-payments** in the Children’s Health Insurance Program (HUSKY B).
- **Covered testing and treatment for COVID-19**, without co-pays, in Medicaid/Children’s Health Insurance Program/HUSKY Health.
- **Waiving Medicare Part D co-payments** that were otherwise required for dually eligible individuals dually enrolled in Medicaid and Medicare.
- **Allowed refills of non-maintenance and maintenance medications for up to 90 days** for Medicaid/HUSKY Health beneficiaries (except for controlled substances).
- **Modified the HUSKY Health early-refill policy** for prescriptions to reduce the ‘pharmacy early refill threshold’ from 93% to 80%.
- **Suspended SNAP ‘ABAWD’ work requirements.** The ‘ABAWD’ work requirements and three-month SNAP time limit were suspended for enrollees in all towns in Connecticut for the duration of the public health emergency, per Congressional action (ABAWD=Able-Bodied Adults Without Dependent Children enrolled in the Supplemental Nutritional Assistance Program).
- **Suspended Periodic Review Forms** for SNAP enrollees.
- **Automatically renewed SNAP eligibility** for six months.
- **Extended timeframe to request an administrative hearing** from 60 to 90 days.
- **Suspended SNAP Interviews for many applicants.**
- **Extended coverage for Medicaid/HUSKY Health clients.** Medical assistance benefits will be continued for the duration of the federally-declared public health emergency.
- **Suspended co-payments for full-benefit Medicare Part D beneficiaries who are dually eligible for Medicaid.**
- **Suspended recoupment of non-fraudulent overpayments for public assistance.**

- **Increased enrollment flexibilities** across Medicaid and Children’s Health Insurance Program.
- The Department submitted a Section 1135 public health emergency waiver request to the federal Centers for Medicare and Medicaid Services, and was approved for measures including the following:
 - **Increasing access-to-care flexibilities** by giving DSS the authority to waive various prior authorizations and serve HUSKY Health members in alternate settings, such as a shelter or vehicle.
 - **Removing barriers for providers** by allowing deferred provider enrollment revalidations and creating flexibility to enroll new providers.
 - Further, CMS indicated that ‘blanket waivers’ issued at the federal level authorize the state to take actions including increasing the bed capacity in various health care settings and maximizing Medicare coverage of nursing facility stays.
- **Extended the application period for the Connecticut Energy Assistance Program.**
- **Extended Refugee Cash Assistance** if immigration status was granted on or after April 1, 2019. [Please follow this link for more information.](#)

[Advances in the Supplemental Nutrition Assistance Program \(SNAP\)](#)

DSS continued to improve its quality of service to over 474,200 Connecticut residents who received at least one month of SNAP benefits during SFY 2020. **The department continues to excel in application processing timeliness, posting a timeliness rate over 98% for SNAP application processing** in SFY 2020. Connecticut is one of the top states in the nation for SNAP application processing timeliness. The U.S. Department of Agriculture cites that every \$5 in new SNAP benefits generates as much as \$9 of economic activity. In 2020, approximately \$585.7 million in direct federal revenue came into Connecticut's food economy through SNAP, generating as much as \$1.05 billion in economic activity, representing a huge impact on hunger/poverty and help to the local economy.

In response to the COVID-19 pandemic, DSS accessed flexibilities offered by the USDA’s Food and Nutrition Service to ensure Connecticut residents maintained access to food assistance during the emergency. These flexibilities included: waiving the interview requirement for most SNAP applicants and renewing clients through August 2020; suspension of SNAP overpayment collections for a period of 120 days; six-month extensions of SNAP renewals due between March and June 2020; establishing the ability to accept SNAP applications telephonically; and enabling the use of SNAP benefits online to purchase food from participating retailers. Most notably, however, DSS operationalized and oversaw the distribution of SNAP Emergency Allotments and the Pandemic EBT program.

Authorized by the federal Families First Coronavirus Response Act of 2020 (FFCRA), SNAP Emergency Allotments increase benefits for households that were not receiving the maximum

benefits allowed for their household size. As a result, all households enrolled in SNAP received the maximum food benefit allowable for their household size, even if they had not previously been eligible for the maximum benefit. Between March and September 2020, this program provided an additional **\$117.4 million in additional SNAP assistance statewide** to an average of over 109,900 households each month.

Also authorized by the FFCRA, DSS partnered with the State Department of Education to implement a new benefit program, Pandemic EBT. Pandemic EBT has provided the families of approximately **289,500 students** who participated in the free or reduced-price meals program in school with over **\$105.6 million** in additional SNAP benefits to ensure that their children continued to receive nutritious meals while learning from home during the pandemic.

Using the multiplier referenced above, these two programs have combined to generate as much as an additional **\$401.4 million** in economic activity to the state of Connecticut.

Advances in Medicaid/HUSKY Health Application Processing and Cost Control

The Department has sustained significant improvements in Medicaid application processing. Overall, Medicaid timeliness averaged 99% timely in SFY 2020 through April, the most recent month for which reporting is available this fiscal year. Timeliness for processing the most complex long-term services and supports applications averaged 97% timely during SFY 2020 (through April 2020). Additionally, applicants for HUSKY A (children/parents/relative caregivers/pregnant women) and HUSKY D (low-income adults without dependent children) continue to receive real-time application determinations when applying through the DSS-Access Health CT shared eligibility system. In December 2019, the Department successfully concluded a class-action settlement agreement based on its sustained outstanding performance in timely processing of Medicaid applications over the course of several years.

A cross-state comparison of Medicaid, Medicare and private insurance spending, published by *Health Affairs* and based on federal data, showed that Connecticut's Medicaid program led the nation in controlling cost trends, when measured per enrollee during the 2010-14 reporting period. Connecticut was reported as having reduced its per-person spending by a greater percentage (5.7%) than any other state in the country. Overall, Medicaid tracked lower nationally than both private health insurance and Medicare in the cost trend comparisons. For more about Connecticut Medicaid's best-in-nation status for curbing the per-enrollee cost trend, please follow this link (DSS news release, July 14, 2017): <https://portal.ct.gov/DSS/Press-Room/Press-Releases/2017/Connecticut-Medicaid-Best-in-Nation-For-Curbing-Per-Enrollee-Cost-Trend>.

Also, please see here for information on current financial trends:
https://www.cga.ct.gov/ph/med/related/20190106_Council%20Meetings%20&%20Presentations/20200214/HUSKY%20Financial%20Trends%20February%202020.pdf

ConneCT – Modernizing DSS Service Delivery

Online:

- Current DSS clients can visit www.connect.ct.gov to set up online accounts (called ‘MyAccount’) and get benefit information without visiting or calling their local DSS office.
- Clients and the general public can visit www.connect.ct.gov to apply online for services, renew benefits and report changes and upload documents needed for eligibility determination.
- Clients and the general public can also visit www.connect.ct.gov to check on food, cash and medical service eligibility through a handy pre-screening tool (called ‘Am I Eligible?’).
- The ConneCT online portal is also available on the main DSS webpage at www.ct.gov/dss.

By Phone:

- To reach our Client Information Line & Benefits Center, the single-statewide toll-free number for client access:

Call 1-855-6-CONNECT (1-855-626-6632)

TTD/TTY 1-800-842-4524 for persons with speech or hearing difficulties

- The automated ‘interactive voice response’ telephone system helps DSS clients get the information they need without waiting to speak to an eligibility worker. Recipients and applicants can establish a secure PIN to check on benefit details and the status of documents submitted. Clients also have the option of speaking to a worker, during business hours.

In Person:

- DSS services are available at 12 field offices. For a list, please visit www.ct.gov/dss/fieldoffices.

Implementing the Affordable Care Act

Connecticut’s effective implementation of the Affordable Care Act (ACA) continued in SFY 2019, with the Department of Social Services partnering with Access Health CT in a shared/integrated eligibility system encompassing HUSKY Health (Medicaid/Children’s Health Insurance Program) and private qualified health plans offered through the exchange. The ACA represents major eligibility change for the majority of Medicaid members, with beneficiaries moving from traditional eligibility criteria to the so-called Modified Adjusted Gross Income (MAGI) criteria. Most significant for public access is expanded income-eligibility standards in

Medicaid for low-income adults without dependent children (from approximately 56% to 138% of the federal poverty guideline).

Online applications are processed in real time, at www.accesshealthct.com, allowing people to apply for most areas of Medicaid, CHIP or private health insurance and have their eligibility determined immediately through the integrated eligibility process. **In SFY 2020 approximately 980,600 individuals were enrolled in Medicaid for at least one month, including approximately 333,700 in the Medicaid expansion for low-income adults without dependent children (HUSKY D).**

DSS and its Division of Health Services have implemented advances through the ACA that:

- 1) enable implementation of new Medicaid-funded preventive benefits, including coverage for smoking cessation and family planning;
- 2) extend the federal Money Follows the Person initiative, which enables residents of nursing facilities to transition to independent living in the community;
- 3) have brought millions of additional grant dollars to Connecticut for the purposes of enhancing community-based long-term services and supports;
- 4) provide funding and direction for various care delivery reforms, including health homes and a shared savings initiative (PCMH+) under the State Innovation Model test grant. Please see the 'Federal Revenue Maximization' section on next page for more information.

The State of Connecticut has also continued to invest in and to promote ACA-related care delivery and value-based payment reforms in HUSKY Health, including state support for increased rates of reimbursement for primary care providers, practice transformation under the nationally recognized Person-Centered Medical Home initiative, Intensive Care Management (ICM) under an Administrative Services Organization structure, integration of behavioral health and medical services under a health home model, launch of PCMH+, and hospital payment modernization.

[Serving Connecticut Residents: A Sampling of Critical DSS Programs](#)

DSS programs served approximately 1.14 million individual beneficiaries:

- Approximately 387,100 residents in 225,600 households receiving federally funded SNAP benefits as of June 2020. During SFY 2020, 474,200 residents received at least one month of SNAP benefits.
- Approximately 32,600 individuals were served by the Temporary Family Assistance program during SFY 2020.
- Approximately 980,300 individuals received benefits through the Medicaid program during SFY 2020 (including HUSKY A for children, parents, relative caregivers and pregnant women; HUSKY C for elders and persons with disabilities; and HUSKY D for low-income adults without dependent children).

Health Service Delivery and Purchasing Initiatives

Federal Revenue Maximization

Connecticut Medicaid sought and received extensive new federal resources under the Affordable Care Act (ACA) that:

- enabled many people to access coverage under expansion of Medicaid eligibility – participation in HUSKY D, our Medicaid expansion group, increased from **99,103** individuals in December 2013 to **approximately 333,700** individuals as of June 2020.
 - *Research shows that coverage gives people more financial security from the catastrophic costs of a serious health condition, tends to improve mental health, and enables earlier diagnosis of conditions such as diabetes.*
- permitted Connecticut Medicaid to cover new services that are of great benefit to Medicaid members – just one example is coverage of tobacco cessation services (counseling, treatment and medications)
 - *This is a well-targeted service because many sources estimate that far more Medicaid members smoke than is typical of the general population.*
- provided new family planning services for eligible individuals
 - *Family planning services support good reproductive health, and help reduce unintended pregnancies, which in turn promotes better long-term health, completion of education and improved outcomes of subsequent pregnancies.*
- expanded the highly successful Money Follows the Person program, which supports individuals in transitioning from nursing facilities to living in the community
 - *MFP has supported over 5,600 individuals with disabilities and older adults in moving from nursing facilities to their setting of choice.*
- provided millions in additional federal grants that are enhancing home and community-based long-term services and supports for Medicaid members
 - *These new resources will help to address the historical imbalance of LTSS resources as between nursing facilities and home and community-based services.*
- enabled the DMHAS-led behavioral health, health home effort
 - *Health homes are enabling local mental health authorities and their affiliates to integrate behavioral health, primary care and community-based supports for people with Serious and Persistent Mental Illness.*
- supported launch of a major new shared savings initiative – PCMH+ - with Federally Qualified Health Centers and advanced networks that builds on primary care practice transformation efforts by incorporating enhanced care coordination and connections with community-based organizations

- *Coordination of care and integration of behavioral health services has enabled the program to better support members and to improve their care experience, while reducing use of hospital emergency department and inpatient care.*
- funded rate increases, which have been continued on a somewhat more limited basis by the State, that have increased participation of primary care practitioners in Medicaid.
- *Access to primary care is a key aspect of Medicaid reform and an essential means of reducing use of the emergency department, as well as effective management of chronic conditions.*

Initiatives Taken in Response to COVID-19 Pandemic

In response to the COVID-19 pandemic, the Department took the following actions to support HUSKY Health members and providers:

- Created content-specific web pages to enable easy access to information and to highlight policy and program changes and interventions - <https://portal.ct.gov/DSS/Communications/DSS-Response-to-COVID-19>
- Used federal public health emergency authorities, detailed below, to enable needed coverage and flexibilities:

Authority Type	Details	Status
Medicaid and Children’s Health Insurance Program (CHIP) 1135 waiver	Increasing Access-to-Care Flexibilities by removing prior authorization requirements, expanding the ability to serve members in alternate settings such as a shelter or vehicle, waiving or adding flexibilities (settings, signatures, assessments, other) to various requirements for home and community-based 1915(c), 1915(i), and 1915(k) programs, and suspending various provider enrollment requirements to enable enrollment of new providers	CMS has approved many of Connecticut’s requests via letters of 3/27/20, 5/12/20 and 6/17/20 The approved 1135 authorities expire at the end of the PHE

Medicaid & CHIP Disaster Relief State Plan Amendments (SPAs)	<ul style="list-style-type: none"> • Eligibility (election of the new Medicaid testing group) • Coverage (add flexibility for telehealth, home health, Community First Choice (CFC), and 1915(i)) state plan services) • Reimbursement (specified temporary rate increases, COVID-19 lab fee codes, telehealth audio-only codes, other) • Cost sharing (waiver of HUSKY B copayments for most medical services and prescription drugs) 	<p>Medicaid SPA was submitted on 5/28/20; CHIP SPA was submitted on 6/30/20</p> <p>Both SPAs are pending approval during a standard CMS SPA review period</p> <p>The disaster SPAs expire at the end of the PHE</p>
Appendix K to 1915(c) waivers	<p>Requests for flexibilities around remote assessments and reassessments, additional services, staffing of services, and retainer payments for home and community-based providers</p>	<p>CMS approved Connecticut's Appendix K submissions on 3/27/20</p> <p>Expire one year from the effective date</p>

- Took the following eligibility-related actions:
 - **Extended renewal end dates.**
 - Individuals with renewal closure dates of March 31st were initially extended three months to June 30th
 - Active Medicaid spend-down cases were extended for 6 months
 - All individuals who were enrolled as of 3/18/20 are extended at least through July 31st
 - DSS will extend monthly as permitted through the end of the PHE
 - **Delayed certain changes.** For the duration of the PHE, DSS is not taking action on changes (e.g. change in family income, aging out of coverage) that would result in a change of eligibility group or termination of coverage
- Expanded coverage for COVID-19 testing:
 - **New Medicaid for the Uninsured/COVID-19 optional coverage group.** Uninsured state residents – both citizens and qualified non-citizens - of any income level may be eligible for free coverage of COVID-19 testing and testing-related visits between March 18, 2020, and end of the PHE
 - **Guidance interpreting Emergency Medicaid for Non-Citizens/COVID-19.** State residents - including undocumented people - who meet financial eligibility

requirements, but do not qualify for full Medicaid due to their immigration status, are eligible for coverage of an emergency medical condition, including COVID-19 testing and testing-related provider visits

- To support **members** during the PHE, HUSKY Health:
 - Covers COVID-19 testing and treatment with no cost share
 - Extended coverage to 90-day periods for prescription drugs, medical surgical supplies, hearing aid batteries, parenteral/enteral supplies, respiratory equipment and supplies
 - Through CHNCT, is maintaining a 24/7 nurse care line, supporting referrals to providers, and using data to identify and connect people who are at high risk with Intensive Care Management
 - Through Beacon Health Options, has implemented a peer staff warm line
 - Expanded home and community-based long-term services and supports under the waivers
 - Is ordering and distributing Personal Protective Equipment (PPE) to consumer employers who participate in self-directed care under Community First Choice
 - Through Veyo, implemented a specialized Non-Emergency Medical Transportation (NEMT) service for COVID-positive people
- To support **providers** during the PHE, HUSKY Health has:
 - Implemented extensive coverage for telemedicine at the same rates that are paid for in-person visits
 - Provided administrative flexibilities (e.g. removal of prior authorization) in how and where care can be provided
 - Continued to pay 100% of clean claims on a timely, biweekly basis
 - Made payment advances and distributed provider relief payments
 - Advocated at the federal level for further financial relief

Administrative Services Organization Initiatives

Connecticut Medicaid is structured as a self-insured, managed fee-for-service model, much like the model used by many employers (including the State of Connecticut) for their employees. This is in stark contrast to almost all other state Medicaid programs, almost all of which utilize managed care arrangements under which companies receive capitated payments for serving beneficiaries. Connecticut Medicaid contracts with three statewide Administrative Service Organizations (ASOs), respectively, for medical, behavioral and dental health services. Each ASO provides member and provider services, utilization review, quality management and improvement services to the members of the Medicaid program. An important feature of the ASO arrangement is that they provide Intensive Care Management (ICM), an intervention developed specifically to meet the diverse needs of our most socially and medically vulnerable members.

To incentivize ASO performance, a percentage of each ASO's administrative payments are withheld by the Department pending completion of each fiscal year. Each ASO must demonstrate that it has achieved identified benchmarks items related to, but not limited to health outcomes, healthcare quality and both member and provider satisfaction outcomes in order to receive the incentive payments.

❖ *Data Analytics and Intensive Care Management*

Among the many benefits gained from Connecticut's self-insured model of care is a continuously growing, fully integrated single set of claims data, which spans all coverage groups and covered services, Connecticut Medicaid takes full advantage of data analytic tools in order to stratify beneficiaries by risks and to connect those who are at high risk or who have complex health profiles with ASO ICM support. Risk stratification is based on medical and pharmacy claims, member/ provider records, and results from diagnostic laboratory and imaging studies. Factors used to determine risk include: 1) overall disease burden (ACGs); 2) disease markers (EDCs); 3) special markers (Hospital Dominant Conditions and Frailty); 4) medication patterns; 5) utilization patterns; and 6) age and gender.

ICM is structured as a person-centered, goal directed intervention which is individualized that is tailored to each beneficiary's needs. Connecticut Medicaid's ICM interventions:

- integrate behavioral health and medical interventions and supports through clinical staff of the medical and behavioral health ASOs co-case management;
- augment Connecticut Medicaid's Person-Centered Medical Home initiative, through which primary care practices receive financial and technical support towards practice transformation and continuous quality improvement;
- provide transitional care from hospital to home through real-time discharge notifications;
- sustain the reduction of emergency department usage, inpatient hospital admissions and readmission rates;
- reduce utilization in confined settings (psychiatric and inpatient detoxification days) among individuals with behavioral health conditions; and
- reduce use of the emergency department for dental care and significantly increase utilization of preventative dental services by children.

❖ *Interventions through Department's medical ASO, Community Health Network of Connecticut (CHNCT)*

CHNCT utilizes a stratification methodology to identify members who presently frequent the emergency department (ED) for primary care and non-urgent conditions as well as those at risk of future use of acute care services. High risk members are defined as those who have claims data of seven or more ED visits in a rolling year; members with twenty (20) or more ED visits in a rolling year are defined as ED Super Users and are considered highest risk. ICM focuses on high risk members with multiple co-morbid, advanced, interrelated, chronic and/or behavioral (psychiatric and/or substance use disorder) conditions. These members frequently exhibit instability in health status due to fragmented care among multiple providers, episodes or exacerbations and/or complications and impaired social, economic and material resources and tend to have higher ED utilization. Many of these members are homeless and are in need of coordinated housing and access to health homes. Individuals with multiple chronic conditions benefit from an integrated plan of care that incorporates behavioral and non-medical supportive services.

For calendar year 2019, CHNCT interventions for members engaged in care management programs have: 1) **reduced emergency department (ED) usage** for members engaged in the CHNCT ICM program **by 23.24% and inpatient admissions by 54.85%**; 2) reduced ED usage for members engaged in ICM with a Severe and Persistent Mental Illness (SPMI) by 26.23%; 3) increased PCP visits for ICM members by 6.85%; 4) reduced ED usage for members managed by CHNCT's ED Care Management (EDCM) program by 34.75%; and 5) reduced readmissions for those members who received Inpatient Discharge Care Management (IDCM) services by 73.25%.

❖ *Interventions through Department's behavioral health ASO*

An important example of continuing interventions through the Department's behavioral health ASO, Beacon, is focus on individuals with Autism Spectrum Disorder (ASD).

Under the direction of the three state agencies that manage the Connecticut Behavioral Health Partnership (the Departments of Social Services, Mental Health and Addiction Services, and Children and Families), Beacon Health Options reviews and authorizes Autism Spectrum Disorder services for Medicaid recipients since calendar year 2015.

Beacon was charged with developing a provider network and a system of care to support individuals and families diagnosed with ASD consistent with the 2014 CMS mandate that required states to cover behavioral health treatment services for Medicaid members enrolled under HUSKY A, C or D under the age of 21 and not to overlap with Birth to Three services.

Services must be conducted by a licensed clinician, MD, APRN practicing within his or her scope of practice, a Board Certified Behavior Analyst (BCBA) and a behavior

technician and or Board Certified Assistant Behavior Analyst (BCaBA) working under the direct observation and direction of either the licensed clinician or the BCBA.

The provider network began with six CMAP enrolled providers in the first quarter of 2015. As of July 31, 2020, the Autism Spectrum Disorder (ASD) Provider network consists of 124 unique practices and 443 individual providers, 459 of whom provide direct treatment services while the others more exclusively conduct Autism Diagnostic Evaluations. This is an increase from 302 providers in July 2019. Beacon continues to identify and outreach to potential providers to further develop the network and facilitate referrals.

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❖ Interventions through the Department's dental health ASO

The primary objective of the Connecticut Dental Health Partnership oral health service program (CTDHP) is to provide enhanced access to a more complete and effective system of community-based oral health services to members and to improve individual member oral health outcomes. Secondary objectives include better management of state resources and the delivery of standardized, but appropriate dental benefits.

In order to obtain these objectives, the CTDHP emphasizes the member as an integral partner in their health care and in receiving consistent dental care through a single dental home in the provider network.

The Connecticut Dental Health Partnership (CTDHP) continuously evaluates the HUSKY Health dental network based upon a number of contractually defined metrics. These include anticipated enrollment, expected utilization of services, the number of practitioners required to furnish those contracted services and the number of dental practitioners who are not accepting new HUSKY Health members. These factors are further analyzed using the geographic location of dentists and members, taking into consideration members' travel distance and travel time.

The evaluation leads to the annual network development plan in which CTDHP analyzes the network by three measures and identifies areas for improvement: 1) access: a member-dentist distance related measure; 2) capacity: a member-dentist volume related measure; 3) availability: a time based appointment scheduling measure.

The CTDHP also provides extensive care coordination and outreach activities over 2019, which are highlighted below:

- CTDHP provided support for 1,028 care coordination cases.
- CTDHP performed 1,036 in-person visits, presentations and events to Head Start, WIC, dental offices, OB/GYN offices, pediatricians, family service agencies and others.
- CTDHP distributed approximately 200,000 pieces of educational material, including oral health kits for infants, perinatal women, children and adolescents/adults; program booklets, posters, referral pads and more.
- CTDHP made nearly 514,000 automated outreach calls. These include calls to members not compliant with the preventative dental schedule, adults close to the benefit limit maximum and members who have had problem focused exams or emergency room visits.
- CTDHP made nearly 7,400 live calls to new members who indicated they did not have a dental home and made over 11,100 calls to prenatal women to educate them on the importance of good oral health during pregnancy.

For calendar year 2019, CTDHP reported 2,449 providers, 622 of whom are specialists. This reflects a .9% decrease in network providers over calendar year December 31, 2018 (2,471).

The current contract has a minimum access standard of one primary care dentist (PCD) in 20 miles to each member. The standard is met for 100% of HUSKY Health members.

❖ *Benefits of ASO structure*

ASO arrangements continue to substantially improve beneficiary outcomes and experience through centralization and streamlining of the means of receiving support. The ASOs act as hubs for member support, location of providers, Intensive Care Management (ICM), grievances and appeals. ASO arrangements have also improved engagement with providers, who have a single set of coverage guidelines for each service, and a uniform fee schedule from which to be paid. Providers can bill every two weeks, and ‘clean claims’ are paid completely and promptly through a single fiscal intermediary – DXC Technology. This promotes participation and retention of providers, as well as enabling monitoring of the adequacy of the networks needed to support a growing population of beneficiaries.

Additionally, the ASOs continue to collaborate on high risk individuals and cohorts of people with complex needs. For example, the behavioral health and medical ASO regularly co-manage individuals that have complex behavioral health and medical conditions.

Key Accomplishments Across Health Services Over SFY 20

❖ *Access to Care*

Medical Providers

Primary care providers: 3,870

Specialists: 17,808*

Network growth over calendar year 2019: 24.3%

*Please note: The overall increase in the provider network was due to a change in provider status. In 2019, DSS changed 3,249 providers from “out-of-state” to a “border” status. Providers classified as “border” are considered enrolled CMAP providers

Behavioral Health Providers

Behavioral Health Providers: 9,682

Network growth over calendar year 2019: 15.4%

Dental Providers

Primary care providers: 1,827

Specialists: 622

Network decrease over calendar year 2019: .9%

Pharmacies

Pharmacies: 784

Network decrease over calendar year 2019: 1.1%

The below compares medical data and information from calendar year 2017 and 2018. CHNCT, through its claims analytics, hospital discharge summary information, and patient and provider surveys, is able to monitor the effectiveness and efficiency of our program. New initiatives and quality improvement projects continue to drive overall cost down while increasing access to appropriate care.

❖ *Utilization Management and Cost-Effectiveness*

- Overall admissions per 1,000 member months (MM) decreased by 2.0%
- Inpatient days per 1,000 MM decreased by 2.3%
- Utilization per 1,000 MM for emergent and non-emergent medical visits decreased by 2.8%
- Ambulatory Care- ED Visits (Per 1000 MM) statewide rate improved by 3.61%
- Hospital Inpatient Utilization for Members Newly Engaged in Intensive Care Management improved by 54.85%
- ED Utilization for Members Engaged in Intensive Care Management improved by 23.24%
- ED Utilization for Members Managed by the EDCM Program improved by 34.75%
- Frequent User Member Month ED Visit Rate improved by 2.40%

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- ED Utilization for Members Engaged in Intensive Care Management improved by 23.24%
- ED Utilization for Members Managed by the EDCM Program improved by 34.75%
- Frequent User Member Month ED Visit Rate improved by 2.40%
- Total ED Visits for Frequent Utilizers improved by 8.06%
- Total ED Visits for Alcohol-related ED Visits for Frequent Utilizers improved by 10.72%
- Ambulatory Care Emergency Department Visits for Low Performing PCMH Practices improved by 7.02%
- ED Visit Utilization for Members Newly Engaged in ICM improved by 2.48%
- Readmission Rates improved for the following conditions:
 - Asthma by 8.42%
 - Congestive Heart Failure (CHF) 10.99%
 - Coronary Artery Disease (CAD) 13.95%
 - Sickle Cell Disease 24.36%
- Inpatient Utilization- Medicine- Discharges Per 1000 MM:
 - Declined by 3.59% for HUSKY A and B
 - Declined by 2.14% for HUSKY D
- Inpatient Utilization- Medicine- Average Length of Stay:
 - Declined by 3.57% for HUSKY C
- Inpatient Utilization- Surgery- Average Length of Stay:
 - Decreased by 5.43% for HUSKY A and B
- Chlamydia Screening in Women 16-20 years improved by:
 - 2.86% for HUSKY A and B
 - 3.46% for HUSKY D
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD improved by 2.43% for HUSKY C
- Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid improved by:
 - 6.47% for HUSKY A and B
 - 2.27% for HUSKY D
- Controlling High Blood Pressure improved by 17.94% for HUSKY C
- Persistence of Beta-Blocker Treatment After a Heart Attack improved by:
 - 5.32% for HUSKY A and B
 - 11.64% for HUSKY D
- Antidepressant Medication Management improved by:
 - Effective Acute Phase Treatment

- 2.28% for HUSKY C
 - 3.15% for HUSKY D
 - Effective Continuation Phase Treatment
 - 3.30% for HUSKY A and B
 - 2.36% for HUSKY C
 - 5.26% for HUSKY D
- Non-Recommended Cervical Cancer Screening in Adolescent Females improved by:
 - 25.00% for HUSKY A and B
 - 18.87% for HUSKY D
- Use of Imaging Studies for Low Back Pain improved by:
 - 5.42% for HUSKY A and B
 - 9.44% for HUSKY C
 - 5.42% for HUSKY D
- Statin Therapy for Patients With Cardiovascular Disease improved by:
 - Received Statin Therapy – Total
 - 1.04% for HUSKY C
 - 3.97% for HUSKY D
 - Statin Adherence 80% - Total
 - 3.72% for HUSKY A and B
 - 4.28% for HUSKY C
 - 7.66% for HUSKY D

❖ *Child and Adolescent Well Care Outcomes*

- Childhood Immunization Status improved for HUSKY A and B by:
 - 2.23% for DTaP
 - 1.20% for Hepatitis B
 - 3.64% for Pneumococcal Conjugate
 - 3.01% for Rotavirus
 - 4.17% for Combination #2
 - 5.92% for Combination #3
 - 6.29% for Combination #4
 - 8.65% for Combination #5
 - 1.94% for Combination #6
 - 8.70% for Combination #7
 - 2.36% for Combination #8
 - 4.66% for Combination #9
 - 4.66% for Combination #10
- Immunizations for Adolescents for HUSKY A and B improved by:
 - 1.35% Meningococcal
 - 1.06% Tdap
 - 25.52% HPV
 - 2.49% Combination #1

- 26.93% Combination #2
- Early and Periodic Screening, Diagnostic, and Treatment - Participant Ratio improved by 1.47% for HUSKY A and B
- Developmental Screening in the First Three Years of Life (Ages 1-3) improved by 2.84%
- Behavioral Health Screening (Ages 1-18) improved by 12.54%
- Well Child Visits in the Third, Fourth, Fifth and Sixth Year of Life improved by 3.11% for HUSKY A and B
- Adolescent Well Care Visits improved by 4.00% for HUSKY A and B

❖ *Diabetes Health Measures*

- ICM members with an HbA1c \geq 9% in CY 2018 and who had HbA1c <8 in CY 2019 improved by 17.46%
- Average HbA1c for Members age 18-75 with an HbA1c \geq 9% in CY 2018 and who had an HbA1c <8 in CY 2019 improved by 33.90%
- Statin Therapy for Patients with Diabetes improved by:
 - Received Statin Therapy- Total:
 - 5.72% for HUSKY A and B
 - 2.83% for HUSKY C
- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications improved by 2.29% for HUSKY C
- Diabetes monitoring for people with diabetes and schizophrenia improved by 5.33% for HUSKY A and B

❖ *Asthma Outcomes*

- Asthma Inpatient Rate Per 1,000 Members improved by 10.21%
- Asthma in younger adults admission rate (ages 18 to 39) per 100,000 MM improved by 9.35%
- Asthma patients with one or more asthma related emergency department visits rate (ages 2 to 20) improved by 8.00%
- COPD or asthma in older adults admission rate (ages 40 and older) per 100,000 MM improved by 7.33%.

❖ *Addressing Substance Use*

- Use of Opioids from Multiple Providers improved by:
 - Multiple Prescribers
 - 18.73% for HUSKY A and B
 - 13.81% for HUSKY C
 - 13.65% for HUSKY D
 - Multiple Pharmacies

- 12.94% for HUSKY C
 - 4.21% for HUSKY D
- Multiple Prescribers and Multiple Pharmacies
 - 27.07% for HUSKY C
 - 9.73% for HUSKY D
- Number of members with an MME greater than or equal to 750 improved by 11.11%
- Number of members with an MME between 200 and 749 improved by 17.63%

❖ *Pharmacy*

- 22.1 million pharmacy claims and 26.3 million non-pharmacy electronic claims were processed
- 48.5 million electronic eligibility transactions and 57,914 automated voice response eligibility transactions were processed
- 6.6 million medication histories were processed through the e-Prescribing application
- 8.4 million EVV transactions were submitted

❖ *Program Satisfaction*

- Achieved a 97.3% overall favorable rating by members surveyed for satisfaction with the ICM program
- Achieved a 94.92% overall favorable satisfaction rating by providers surveyed for satisfaction with the Community Practice Transformation Specialist team
- Achieved a 97.37% overall favorable rating by members surveyed for satisfaction after completion of a call with the CHNCT Member Engagement Services call center

❖ *Person-Centered Medical Home Plus (PCMH+) Program Satisfaction*

- Achieved an overall member satisfaction rating of 93.0% among adults surveyed

Access to Primary, Preventative Medical Care

❖ *Person-Centered Medical Homes (PCMH)*

The Department implemented its PCMH initiative on January 1, 2012, and further developed it over SFY 2019. The premise of a PCMH is that it enables primary care practitioners to bring a holistic, person-centered approach to supporting the needs of patients, while reducing barriers to access (e.g., limited office hours) that have inhibited people from effectively using such care.

Through this effort, the department is investing significant resources to help primary care practices obtain PCMH recognition from the National Committee for Quality Assurance.

Practices on the “glide path” toward recognition receive technical assistance from CHNCT. Practices that have received recognition are eligible for financial incentives including enhanced fee-for-service payments and retrospective payments for meeting benchmarks on identified quality measures. Practices on the glide path also receive prorated enhanced fee-for-service payments based upon their progress on the glide path but are not eligible for quality payments at this time. Key features of practice transformation include embedding limited medical care coordination functions within primary care practices, capacity for non-face-to-face and after hours support for patients, and use of interoperable electronic health records.

As of June 2020, a total of 121 practices were participating (reflecting 563 sites and 2,331 providers) in this program. These practices were supporting 422,159 HUSKY Health members.

❖ *Electronic Health Records (EHR)*

Another important aspect of enhancing the capacity of primary care is financial support for adoption of EHR technology. EHRs support more person-centered care and reduce duplication of effort across provider networks. EHRs assist health care professionals to better manage care for patients and provide the ability to securely share electronic information with the patient and other physicians. This can also improve interaction and communication between the patient and provider.

In program year 2019, \$1,478,996 was paid out to 178 eligible professionals and one hospital. Eligible Professionals have two program years left to attest and take advantage of the enhanced payments to increase EHR interoperability and improve patient access to health information.

❖ *Health Equity Work*

DSS, CHNCT, and Beacon are currently examining access barriers related to gender, race and ethnicity faced by Medicaid members. During the COVID-19 pandemic, this has focused on use of daily Admissions, Discharge and Transfer (ADT) data to examine the impact of COVID on communities of color. It has also involved use of claims and American Community Survey data to create an affirmative care coordination initiative through which CHNCT outreached to thousands of Medicaid members whose health condition and race/ethnicity put them at greater risk for adverse outcomes. This resulted in extensive contacts and support for both health and social determinant needs.

Medicaid Integration Initiatives

Many Medicaid members, especially those who are dually eligible for Medicare, have complex health profiles. A high incidence of members have co-morbid physical and behavioral health conditions, and need support in developing goal-oriented, person-centered plans of care that are realistic and incorporate chronic disease self-management strategies.

A siloed approach to care for a recipient’s medical **and** behavioral health needs is unlikely to effectively care for either set of needs. For example, a client with depression and a chronic illness such as diabetes is unlikely to be able to manage either diabetes or depression without effectively addressing both conditions. Further, many such individuals also require long-term services and supports. All of these facets must effectively be coordinated in order to achieve improved outcomes.

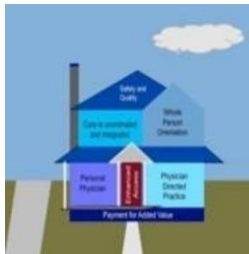
❖ *Health Homes for Individuals with Serious and Persistent Mental Illness*

DSS worked with the Department of Mental Health and Addiction Services to implement health homes for individuals who are diagnosed with an identified Serious and Persistent Mental Illness, have high expenditures, and are served by a local Mental Health Authority.

This model is making per-member/per-month payments to mental health authorities that permit them to incorporate Advanced Practice Registered Nurses within their existing models of behavioral health support. Health homes were launched in Fall, 2015.

❖ *Person-Centered Medical Homes*

Connecticut has implemented a primary-care initiative – PCMH+ - that includes enhanced features of care coordination, connections with community-based services, and an upside-only shared savings model.



Person-Centered Medical Homes



Community-based care coordination through expanded care team



“Upside-only” arrangements in which providers that meet health and satisfaction measures and produce savings share in a portion of those savings, but do not absorb losses

PCMH+ amplifies the important work of the Connecticut Medicaid PCMH initiative. PCMH practices have adopted practices and procedures designed to enable access to care; developed limited, embedded care coordination capacity; become attuned to use of data to inform responses to their panel members; and also have become attentive to

working within a quality framework. Further, they have demonstrated year over year improvement on a range of quality measures and have received high scores on such elements as overall member satisfaction, access to care, and courtesy and respect. Nonetheless, there remain a number of areas in the quality results that illustrate ongoing opportunities for improvement. These have informed both the care coordination approach and quality measure framework for PCMH+.

PCMH+ has also enabled DSS to begin migration of its Administrative Services Organization-based ICM interventions to more locally based care coordination. While the ASO ICM continues to wrap around PCMH+ efforts in support of individuals with highly specialized needs (e.g. transplant, transgender supports), PCMH+ underscores DSS' commitment to provide practice coaching and funding supports to local entities that have the experience and trust basis to effectively serve their communities.

Finally, PCMH+ represents the first Connecticut Medicaid use of an “upside-only” shared savings approach. This has brought DSS along the curve of value-based payment approaches, which previously focused exclusively on Category 2C APM rewards for performance.

DSS selected seven Federally Qualified Health Centers (FQHCs) and two advanced networks via a Request for Proposals as the inaugural cohort of PCMH+ Participating Entities for Wave 1. DSS then rolled participation of all of the Wave 1 Participating Entities (PEs) and selected an additional two FQHCs and four advanced networks through a procurement for PCMH+ Wave 2. Total member attribution for Wave 2 was 181,902 (132,155 individuals attributed to FQHCs and 49,747 individuals attributed to advanced networks). For Wave 3, two advanced networks and nine FQHCs were selected to participate.

Initial performance indicators for Wave 1 demonstrate that PCMH+ was implemented successfully, with many positive elements and also some challenges that are fairly typical of experiences in other new care coordination initiatives.

Similar to results from Wave 1, Wave 2, Year 1 results show significant improvement in quality measures for behavioral health screening, declines in ED usage, developmental screening in the first three years of life, and avoidance of antibiotic treatment in adults with acute bronchitis. Measures in Wave 2, Year 1 that did not improve include diabetes HbA1c screenings, postpartum care, and well-child visits in the first 15-months of life.

Key indicators from Wave 1 continue into Wave 2. including:

- a low member opt-out rate (the overwhelming majority of which occurred concurrent with the release of the initial member letter)
- low rate of member complaints
- successful PE implementation of care coordination activities and establishment of community partnerships.

Further, we are excited about Participating Entities' (PEs'):

- use of the data that is being provided to them via the CHN portal;
- hiring of community health workers;
- various, locally informed applications of behavioral health integration;
- great collaboration among PEs via an ongoing provider collaborative, related to clinical practice; and
- members' positive reports of experience.

As noted above, some quality measures improved, but others did not show substantial change. This is consistent with experiences in other care coordination programs. Based on lessons learned from both Wave 1 and Wave 2, Year 1, the Department has made important changes to Wave 3 model design. Wave 3 supports further enhancement to care coordination, allowing dual members to participate in Wave 3, addition of quality measures on Avoidable ED Visits and Hospitalization, and requires the integrates interdisciplinary teams to seamlessly share medical record and patient information to support care coordination. Changes to the shared savings calculation in Wave 3 set performance standards that measure PE performance against their peers to be eligible to receive shared savings awards.

PCMH+ Wave 1 resulted in aggregate Minimum Savings Rate-adjusted savings of \$2,375,366, with two entities earning savings in the Individual Saving Pool, and all entities earning a Challenge Pool Award. Wave 2 award amounts will not be released until 2021 once claims run out for Wave 2; Year 2 is complete and results have been calculated.

❖ *Quality Assurance and Improvement*

Quality improvement is an essential part of healthcare delivery. The unique structure of Connecticut's HUSKY Health Program (self-insured ASO model) continues to both allow for and demand systematic and continuous actions that lead to measurable improvement in the health status of our members and in the health care services they receive. Quality improvement seeks to improve health services for individuals and populations thereby increasing the likelihood of improved health outcomes.

Beginning in 2019, the federal Centers for Medicare and Medicaid Services (CMS) formally launched a dashboard that highlighted its efforts to improve the care and outcomes of Medicaid members across the nation. The first part of the dashboard highlighted several measures of quality of care drawn from two larger "core" data sets measuring care for adults and for children as voluntarily reported by the 56 state and territorial Medicaid programs. The "core" measures are drawn from a larger group of standardized measures, including Health Effectiveness Data and Information Set (HEDIS) and Children's Healthcare Quality Measures (CHIPRA), reported for many years by both Medicaid and most commercial payers.

HUSKY Health historically collects complete sets of both HEDIS and CHIPRA measures, as well as several 'homegrown' measures developed specifically for the

HUSKY Program. Further, HUSKY Health reports these measures for the program overall, as well as by different practice types and settings, comparing each to established national Medicaid averages.

The good news is that Connecticut reports greater than the median number of measures for both children and adults. The bad news is that, as Connecticut seeks to reach 100% reporting of both adult and child “core” measures, we do not receive the necessary data from claims remains the single greatest challenge to full compliance.

As HUSKY Health embraces the concept of value-based care, a key outcome will be to measure value by seeking and receiving the data necessary to measure care, and most important, to measure member’s individual health outcomes. Requiring more timely and more descriptive data will be a major step towards full compliance with CMS reporting, which becomes mandatory in 5 years.

Quality Improvement remains critically important to our state health reform initiatives, as HUSKY Health is uniquely positioned to serve as a model for other states who may want to move towards using Administrative Services Organizations to achieve these goals while experiencing an overall reduction in the per member per month cost over time.

‘Rebalancing’ of Long-Term Services and Supports (LTSS)

Consumers overwhelmingly wish to have meaningful choice in how they receive needed long-term services and supports. Connecticut’s Medicaid spending remains weighted towards institutional settings, but re-balancing is shifting this. In SFY 2019, 64% of Medicaid members who required LTSS received services in the community. This equates to a monthly average of 29,585 Medicaid members served in the community while the balance of 36% –a monthly average of 16,685 – received care in an institution. This percentage has increased significantly over time. Since SFY 2003, the percentage of Medicaid clients receiving care in the community has increased by 39% -- from 46% in SFY 2003 to 64% in SFY 2019.

In SFY 2020, 52% of the total LTSS Medicaid expenditures were spent in the community while 48% was spent in institutions.

❖ Strategic Plan to Rebalance Long-Term Services and Supports

In January 2020, the Governor, the Office of Policy and Management and the Department of Social Services Commissioner released an updated copy of the State’s Strategic Plan to Rebalance Long-Term Services and Supports (LTSS). This plan details diverse elements of a broad agenda that is designed to support older adults, people with disabilities and caregivers in the choice of their preferred means, mode and place in which to receive long-term services and supports. The 2020 plan revises strategies and objectives with the aim of increasing the pace of rebalancing. Key aspects of the plan include 1) increasing transitions under Money Follows the Person; 2) development and implementation of a predictive methodology to identify people in institutions at risk of

long-term stay; 3) continued development and implementation of Community First Choice; 4) technical assistance for nursing homes to align their business model with emerging trends; 5) statewide implementation of the new standardized assessment and budget allocation process; 6) development of a housing and supports model for individuals who are homeless; and 7) a set of new objectives regarding workforce, housing and employment. The strategic plan identifies ‘hot spots’ for development of services, including medical services, since it projects demand attributed to the aging population at a town level.

❖ *Money Follows the Person*

The Money Follows the Person (MFP) initiative that has led efforts toward systems change in long-term services and supports key MFP demonstration services include: care planning specialized in engagement and motivation strategies, alcohol and substance abuse intervention, peer support, informal care giver support, assistive technology, fall prevention, recovery assistance, housing coordination, self-directed transitional budgets including housing set-up, transportation assistance and housing modifications. Systems focus areas for MFP include housing development, workforce development, LTSS service and systems gap analysis/recommendations and hospital discharge planning interventions. An additional key aspect of the demonstration is the development of improved LTSS quality management systems.

Over SFY 2020, the Money Follows the Person program supported 602 individuals in transitioning from nursing facilities to the community. Of these, 572 received enhanced match; 241 of these were elders, 213 had physical disabilities, 98 had mental health disabilities and 20 had intellectual disabilities. Since implementation in December 2008, there have been over 6,270 transitions, of which 5,869 received enhanced federal financial participation. Out of this total, 2,640 were elders, 2,162 had physical disabilities, 755 had mental health disabilities and 312 had an intellectual disability. MFP has enabled a broad array of individuals to live independently and to receive needed supports including accessible housing and home and community-based services. For more information, please visit www.ct.gov/dss/moneyfollowstheperson.

❖ *Universal Assessment*

Further, MFP led efforts to submit an application to the federal Centers for Medicare and Medicaid Services under the State Balancing Incentive Payments Program. Connecticut received confirmation in fall 2012 of a \$72.8 million award. In July 2015, Connecticut received an additional performance-related award of \$4.2 million. Key aspects of the BIP awards include development of:

- A pre-screen and a common comprehensive assessment for all persons entering the long-term services and supports system, regardless of entry point. It is anticipated that medical offices, various state agencies administering waivers, and the ASOs will all utilize the same tool so that the people served by the state’s systems won’t be continually asked the same question unless there is a status

change. The anticipated result is a more efficient system where information is shared and unnecessary duplication is eliminated. During SFY 17, the assessment was improved to refine levels of need and efficiency of the tool and in SFY 19, the assessment was implemented in all DSS LTSS programs. Further design updates were made in SFY 20 to incorporate new clinical eligibility criteria for the State's CHES program

- A conflict-free case management across the system.
- A 'no-wrong door' system for access in long-term services and supports.

Phase one of the state's 'no wrong door' was launched in 2013. The web-based platform was branded My Place CT and aims to coordinate seamlessly with both ConneCT and the health insurance exchange over the next two years. The Department submitted an Advance Planning Document to the Centers for Medicare and Medicaid Services that outlines the funding and information technology architecture required to support the coordination effort.

To realize the My Place CT vision of in-person help at various community entry points, the Department initiated the Care Through Community Partner network of trusted places where consumers could access online resources and receive in-person assistance with information and referral. During 2017 the Department awarded mini-grants to towns and organizations to provide a higher level of navigation to their residents. Recruitment of senior centers, libraries, providers and others into the network continues. This network includes outreach and grass-roots communication at places where consumers already go, like pharmacies, hairdressers and doctors' offices.

In SFY 2017, phase one of the web-based system that supports electronic referrals to both formal long-term services and supports, and to local community services and supports was implemented. Town level asset maps were created as well as common indexing to facilitate electronic search functions. Work was coordinated with the United Way 2-1-1 which supports a 24-hour chat function. It is anticipated that this support will be especially helpful to hospital discharge planners and others seeking streamlined, automated coordination assistance. During SFY 2020, revisions to the process were made to ensure ongoing coordination with other IT projects within DSS.

Further, the Department implemented the second workforce development campaign and developed messaging and concepts to reach out to potential professionals, leading them to a new mini-website. DSS also partnered with the CT Department of Labor to make the new DOL CTHires website the hub for both jobseekers and those looking for help.

Additional information about www.MyPlaceCT.org is detailed below.

❖ *My Place CT*

The rebalancing plan emphasizes the need to enable consumers, caregivers and providers to access timely and accurate information with which to make decisions, means of connecting with services (both health-related and social services), and a clearinghouse

through which formal and informal caregivers can find opportunities to provide assistance. In support of this, the department launched www.myplacect.org in June 2013. The site focused on two key areas: 1) workforce development - helping people who are entering or re-entering the workforce to understand what types of caregiving jobs are available, to list positions and to provide contacts. 2) Consumer education – helping older adults, people with disabilities and their caregivers plan and manage in-home care and support. Two statewide outreach campaigns started creating awareness of the need for in-home support professionals and educated consumers about the resources available on www.MyPlaceCT.org.

During SFY 2019, My Place CT continued to evolve in partnership with 2-1-1 Infoline and to improve the overall effectiveness of the site. After launching the first phase of the enhanced MyPlaceCT website in 2017, DSS engaged in a comprehensive review and testing of all content and messaging. Content revisions were continually updated throughout the year. In February 2019, DSS relaunched the web site with pod casts, blogs and improved streamlined access to information and services. During SFY 20, updates to the site were focused on improved access to information, including information for the dual eligible population, and information related to COVID 19.

❖ *Community First Choice (CFC)*

Launched in July 2015, CFC is an entitlement made possible by the Affordable Care Act. The program enables Medicaid beneficiaries who require nursing facility or other institutional level of care to self-direct home- and community-based services under individual budgets, with the support of a fiscal intermediary. Services include (as applicable) personal care attendants to assist with hands on care, cueing and/or supervision. Additional supports and services include, home delivered meals, support and planning coach, health coaches, emergency backup systems, assistive technology, environmental accessibility modifications and costs associated with transitioning from institutions. During SFY 2020, approximately 4,200 Medicaid members accessed services through this new self-directed model.

❖ *Nursing Home Diversification*

Another important feature of rebalancing is the use of a request for proposals process and an associated \$40 million in grant and bond funds to seek proposals from nursing facilities interested in diversifying their scope to include home-and-community-based services. Undergirding this effort is town-level projections of need for long-term services and supports, associated workforce and a requirement that applicant nursing facilities work collaboratively with the town in which they are located to tailor services to local need. During SFY 2015, the department awarded funds to four additional nursing homes, a total of eleven proposals have been awarded since SFY 2014, seeking to diversify their business models. Of the eleven awarded, six moved forward to funding of the proposals. Two of the six nursing facilities were awarded nine-month planning grants that have been completed and resulted in sustainable community based diversified business plans. During SFY 2020, DSS worked with nursing homes create a new transition to community

option for people who are covered under Medicare. This initiative was temporarily put on hold due to COVID 19.

❖ *Medicaid Waiver services*

Connecticut is continuing to streamline and improve access to its Medicaid ‘waiver’ coverage. Waivers enable states to be excused from certain federal Medicaid rules and to cover home and community-based long-term services and supports using Medicaid funds. Existing waivers enable services to older adults, individuals with physical disabilities, individuals with behavioral health conditions, children with complex medical profiles, individuals with intellectual disabilities, children with autism spectrum disorder and individuals with acquired brain injury. The Department administers 11 Medicaid waiver programs, three of which are operated by the Department of Developmental Services and one of which is operated by the Department of Mental Health and Addiction Services. The centralized waiver eligibility hub established in SFY 2015 continued to improve support for consumers and timeliness in approving waiver applications. In July 2016, the Department assumed responsibility for the direct operation of the Early Childhood and Lifespan Autism Waivers. The Early Childhood waiver was phased out as the services under the waiver are now available under the Medicaid state plan. For more information, please visit https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Long-Term-Care/overview_of_connecticut_medicaid_waiver_programs_2_6_15.pdf?la=en

❖ *Pre-admission Screening*

The Department utilizes a web-based system for the federally mandated Pre-admission Screening Resident Review program. The system identifies persons who are in need of both long-term and short-term institutional care, and recommends alternatives to those whose preference is for home and community-based services options.

❖ *Electronic Visit Verification*

Beginning January 1, 2017, the Department implemented Electronic Visit Verification (EVV) home services provided to waiver participants. EVV furthers the interests of persons receiving care at home, the caregivers and the administration, legislature and taxpaying public by documenting that the services for which DSS receives claims were actually provided.

Pre-Release Entitlement Unit – Helping to Address Recidivism

This is a successful collaborative between DSS, Department of Mental Health and Addiction Services, Department of Correction, University of Connecticut and various community partners. Unit staff facilitate the transition of individuals from correctional facilities to the community by ensuring the availability of medical assistance upon their release, contributing to a decline in the inmate recidivism rate. This medical assistance is critical to providing these individuals with medication and medical services necessary to safely maintain them in the

community. Staff also provide technical assistance regarding departmental programs and procedures to participating agencies.

The project includes a collaborative initiative with the Connecticut Judicial Branch's Court Support Services Division to expedite determination of eligibility for persons sentenced to a term of probation. The initiative also encompasses populations making the transition from psychiatric institutions to nursing homes. Staff also have facilitated the suspension of Medicaid benefits for certain eligible clients who were active on Medicaid when held in custody by the Department of Correction to help program participants experience fewer barriers to medical care upon release from custody.

The Pre-Release Entitlement Unit is part of the Division of Field Operations.

Child Support Services – For Children and Taxpayers

The Office of Child Support Services (OCSS) collected over \$313 million in court-ordered child support during SFY 2020 (ending 6/30/20). The program sent \$211.9 million in parental support to children whose families were not receiving cash assistance. Another \$15.01 million went to children living in another state/territory.

At the same time, state taxpayers benefited from approximately \$15.1 million in child support collected from parents of Connecticut children receiving Temporary Family Assistance. Most of that amount goes back to the state as reimbursement for public assistance. Another \$38.9 million was collected on past-due amounts and kept by the State as reimbursement. The increase in collections over SFY 2019 is attributed to the offset of Covid-19 economic impact (stimulus) payments. The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided qualifying individuals with a stimulus payment of up to \$1,200. While the Act intentionally exempted stimulus payments from reduction or offset against certain debts, there was no exemption for child support debt. As a result, stimulus payments made to eligible noncustodial parents who owe past-due child support and who are subject to intercept under the Federal Income Tax Refund Offset Program were offset by the amount of past-due child support.

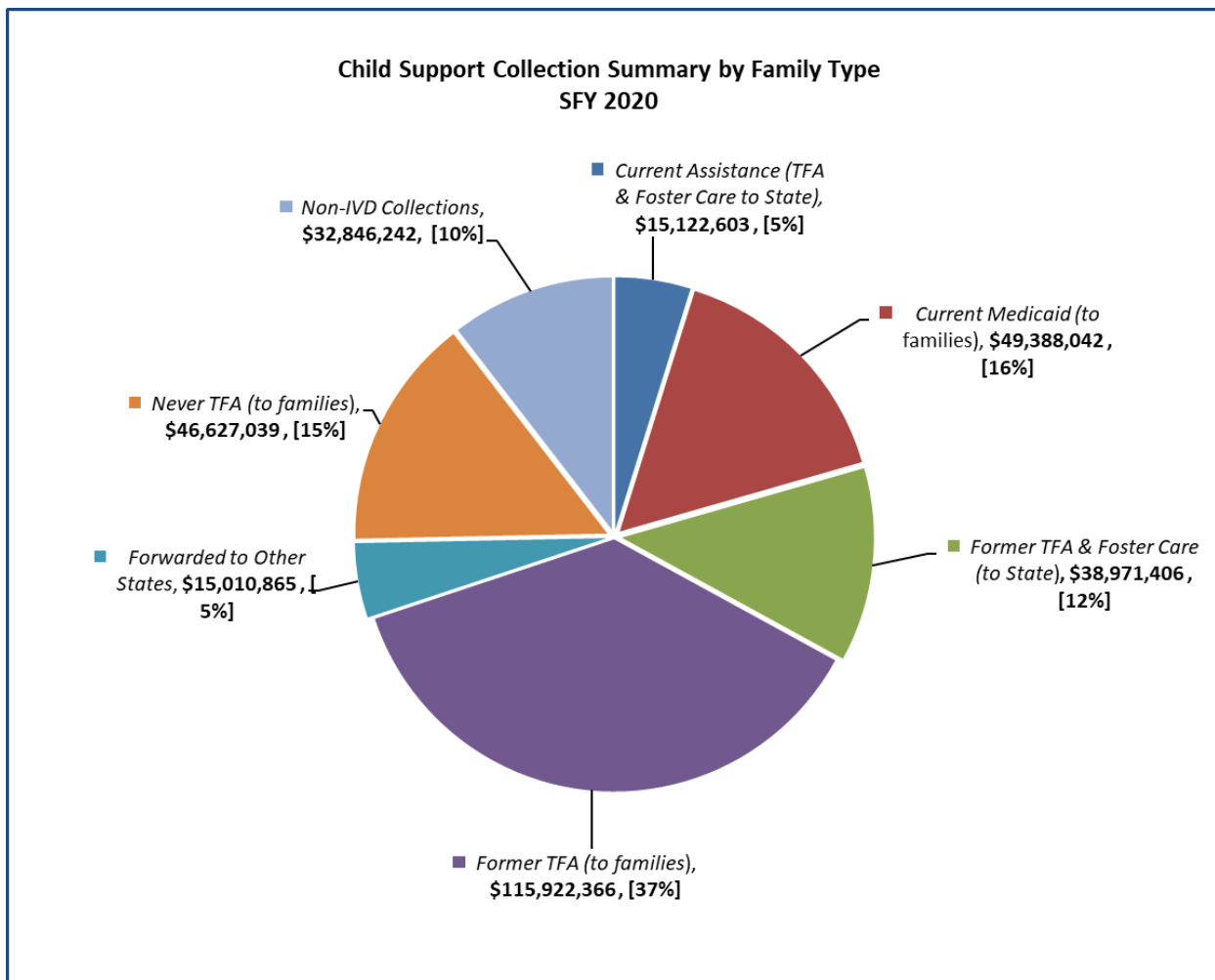
At the end of Federal Fiscal Year 2019 (9/30/19), the child support caseload was 146,004. Just over seven percent (7.3%) of those cases were active Current Cash Assistance (support assigned to the State); 60.5% were Former Assistance (payments to families); and 32.2% Never Assistance cases (payments to families). Ninety-four and a half percent (94.5%) of OCSS entire caseload had a court order for child support and/or health care coverage in place.

Child Support Federal Performance Standard: Self-Assessment Review

Connecticut has exceeded the federal performance requirements for every review criterion during this year's evaluation, demonstrating a combined compliance average of 94%, which is well above the federal benchmark of 75%.

Administrative Enforcement

The DSS Office of Child Support Services oversees a number of administrative (non-judicial) enforcement remedies that have historically reinforced overall program collections. Remedies include: IRS and state tax offset; real estate liens; personal property liens (civil suits, workers comp, inheritance, and insurance settlements); collection of unclaimed property held by the Office of the State Treasurer; reporting delinquent obligors to consumer reporting agencies; bankruptcy collections; seizure of bank account assets and lottery winnings, and passport denial. During SFY 2020, the Office of Child Support Services Administrative Unit collected over \$71 million in child support for families and the State of Connecticut.



Medical and Health Care Services

The Division of Health Services and Field Operations staff statewide helps eligible children, youth, adults, and elders access needed health coverage through Medicaid, Children's Health Insurance Program, and other programs. Connecticut's HUSKY Health Plan combines services under Medicaid and the Children's Health Insurance Program for children, teenagers, pregnant women, parents/caregivers, individuals who are aged, blind or with disability, and low-income adults without dependent children.

Supporting the delivery of medical coverage services to DSS clients are the Division of Program Oversight and Grant Administration and the Division of Social Work Services. DSS works with Access Health CT, Connecticut's health insurance exchange/marketplace, to provide health coverage, pursuant to the Affordable Care Act.

HUSKY Health (www.ct.gov/husky or 1-877-CT-HUSKY for information) offers health coverage to Connecticut children and families, individuals who are aged, blind or disabled, and low income adults. The program has four parts: HUSKY A (children, parents/relative caregiver, and pregnant women), HUSKY B (Children's Health Insurance Program), HUSKY C (aged, blind or with disability), and HUSKY D (low-income adults under age 65 and without dependent children).



During SFY 2020, approximately 980,300 individuals received at least one month of coverage in the HUSKY Health Medicaid areas (HUSKY A, C and D); and approximately 31,100 in the Children's Health Insurance Program (HUSKY B).

HUSKY A and HUSKY B

Connecticut children and their parents or a relative caregiver; and pregnant women may be eligible for HUSKY A (Medicaid), depending on family income. Approximately 561,900 individuals received medical coverage through HUSKY A during SFY 2020.

Uninsured children under age 19 in higher-income households may be eligible for HUSKY B (non-Medicaid Children's Health Insurance Program). Depending on specific income level, family cost-sharing applies. Approximately 31,100 children participated in the program during SFY 2020.

HUSKY C

Connecticut residents aged 65 or older, or who are aged 18 through 64 and who are blind or who have another disability, may qualify for coverage under HUSKY C (also known as Medicaid for the Aged/Blind/Disabled, or Title 19). There are income and asset limits to qualify for this program. Net income limits (after deductions) vary by geographic area in Connecticut.

Monthly Amount:

	REGION A (Southwestern CT)	REGIONS B & C (Northern, Eastern & Western CT)
Single Person	\$ 633.49	\$523.38
Married Couple	\$ 805.09	\$696.41

Institutionalized Individuals
Single Person \$2,313

Asset limits are as follows:
Single person - \$1,600
Married couple - \$2,400

The HUSKY C program served approximately 106,100 low-income elders and adults with disabilities, including about 17,900 individuals who received care in nursing homes during SFY 2020.

HUSKY D

With federal approval in 2010, DSS transferred its State-Administered General Assistance medical coverage beneficiaries to the Medicaid for Low-Income Adults program (HUSKY D). Connecticut was the first state in the nation to receive federal approval to expand Medicaid to the levels permitted by the Affordable Care Act. The HUSKY D program serves low-income adults aged 19 through 64 who do not qualify for Medicare, are not pregnant, and do not have dependent children. Effective January 1, 2014, under the Affordable Health Care Act, income eligibility limits for this program expanded to 138% of the federal poverty level. Approximately 333,700 Connecticut residents were served through HUSKY D in SFY 2020.

The income limits to qualify for this program are listed below.

Monthly Amount:

Single Person	\$ 1,436.58
Married Couple	\$ 1,945.90

For more information please visit www.huskyhealth.com.

Medicare Savings Programs

The Medicare Savings Programs (MSP) help Medicare recipients pay their Medicare premiums and out-of-pocket costs. MSP beneficiaries can earn up to \$2,560.86 per month for a single person and \$3,466.14 per month for a couple to qualify for one of the Medicare Savings Programs. Beneficiaries of the Qualified Medicare Beneficiary program qualify for federal Low-Income Subsidy prescription drug benefits for their Medicare Part D. The department pays for Medicare Part B premiums (\$135.50 per month). During SFY 2020, the department served approximately 202,300 individuals through the three levels of Medicare Savings Programs. For further information please go to www.ct.gov/dss/medicaresavingsprograms.

MED-Connect, or Medicaid for Employees with Disabilities (www.ct.gov/med) enables people with disabilities to become and stay employed without risking eligibility for medical coverage.

Approximately 5,500 individuals with disabilities in Connecticut's workforce received Medicaid coverage through this program in SFY 2020. Enrollees may have income up to \$75,000 per year. Some participants are charged a premium (10% of their income in excess of 200 percent of the federal poverty level). Liquid assets may not exceed \$10,000 for a single person or \$15,000 for a couple.



The Connecticut Home Care Program for Elders (CHCPE; www.ct.gov/dss/chcpe) is a comprehensive home care program designed to enable older persons at risk of institutionalization to receive the support services they need to remain living at their home.

The CHCPE provides a wide range of home health and non-medical services to persons age 65 and older who are institutionalized or at risk of institutionalization. The program serves approximately 16,000 older adults statewide. Available services include adult day health, homemaker, companion, chore, home delivered meals, emergency response systems, care management, home health, assisted living, personal care assistant, assistive technology, mental health counseling, chronic disease self-management programs, recovery assistant, bill payer, care transitions and minor home modification services. The individual must meet the income and asset limits to be eligible for the program.

The program has a multi-tiered structure through which individuals can receive home care services in amounts corresponding to their financial eligibility and functional dependence. Two categories within the program are funded primarily with state funds; the third category is funded under a Medicaid waiver. An additional category was added in February 2012 under the 1915(i)-state plan home and community-based services option. This option serves individuals who are categorically eligible for Medicaid, are less than nursing home level of care and whose services would otherwise have been one hundred percent state funded. Under this option, the state can claim the federal match on the participants' home and community-based services. Persons receiving services under the state funded portion of the program are required to pay a copay for the services they receive.

Connecticut Home Care Program for Adults with Disabilities (CHCPD) was created in 2007, through Public Act 07-02. This program serves people ages 18-64 who are in need of home and community-based services to assist them to remain in the community. The program grew out of advocacy efforts by the Multiple Sclerosis Society. This program is state funded and is not for individuals with Medicaid. Originally, the program served 50 participants but effective July 1, 2014, that number was doubled to 100.

Prospective clients are referred by community home-health agencies, hospitals and nursing facilities. Interested people can call the program directly at 1-800-445-5394. During SFY 2014, the unit added a web-based application and individuals can access the application at www.ascendami.com/cthomecareforelders/default.

Individuals who meet both the financial and functional criteria are referred for an independent, comprehensive assessment. This assessment determines the prospective client's needs and whether a plan of care can be developed which will safely and cost-effectively meet those needs in the community. Current enrollment is 94 active participants.

The Katie Beckett Waiver serves children and young adults up to the age 22 who have physical disabilities. The waiver provides nursing care management services to children and their families and supports their efforts to keep the child in the family home with community-based services and supports. The waiver had served up to 203 individuals but as of July 1, 2014, 100 new slots were added to the program as a result of budget action. Effective July 1, 2019, the legislature increased the appropriation to allow an additional 28 participants to be served. Currently, the waiver has 319 enrollees.

Lifespan Autism Waiver serves persons who are at least 3 years of age with a diagnosis of Autism Spectrum Disorder who live in a family or caregiver's, or their own, home. Although these individuals do not have a diagnosis of intellectual disability, they have substantial functional limitations that negatively impact their ability to live independently. These individuals and their caregivers need flexible and necessary supports and services to live safe and productive lives. This waiver is currently capped at \$60,000 annually to change to \$50,000 annually with the upcoming waiver renewal.

Waiver services are provided face to face, in the participant's home or in other community settings. An individualized assessment, individual service plan development, and service delivery emphasize participant strengths and assets, utilization of natural supports and community integration. Current enrollment is 110 participants.

Acquired Brain Injury Waivers 1 and 2 provide a broad range of services to persons with acquired brain injuries. The waivers have a rehabilitative focus and are currently serving 579 persons. The waiver targets individuals who, without services, would require the services provided in a nursing home, a subacute facility, and Intermediate Care Facility for Individuals with Intellectual Disabilities or a chronic disease hospital. Care managers, utilizing a person-centered approach, develop service plans and monitor effectiveness within the model of a care team.

Personal Care Assistant Waiver provides services to persons 18-64 with physical care needs who would otherwise need nursing facility care. Services offered include care management, independent support broker and adult family living. Waiver participants typically receive personal care assistant services through the Community First Choice State Plan option. A total of 1,056 persons are currently being served under this waiver.

For information about Medicaid waiver programs, please visit www.ct.gov/dss/medicaidwaiveroverview.

Contras (Connecticut Organ Transplant Fund; www.ct.gov/dss, search term 'ConnTRANS'): ConnTRANS is a non-entitlement program supported by donations from taxpayers who earmark a part of their state tax refund, assisting donors, pre- and post-transplant patients when their expenses are not covered by another source. Applications and questions

may be directed to the Medical Eligibility Policy Unit in the Division of Program Oversight & Grant Administration.

Medical Coverage for Children at DCF (www.ct.gov/dss, search term ‘Family Services’): provides medical benefits for children cared for by the Department of Children and Families (DCF). During SFY 2020, DSS provided medical coverage to 9,115 children who were in the care of DCF.

The Connecticut Breast and Cervical Cancer Early Detection Program is a comprehensive screening program available throughout Connecticut for medically underserved women. The primary objective of the program is to significantly increase the number of women who receive breast and cervical cancer screening, diagnostic and treatment referral services. Medical coverage is also available for eligible adults. All services are offered free of charge through the Connecticut Department of Public Health’s contracted health care providers located statewide. The Department of Social Services served 255 individuals in this coverage group during SFY 2020. For more information please visit www.ct.gov/dss/bcc.

Tuberculosis Medicaid Coverage: Provides Medicaid coverage for patients who are not otherwise eligible while they are being evaluated or treated for TB disease and infection including medication. The department served 113 individuals in this coverage group during SFY 2020.

Family Planning Services: Provides Medicaid coverage for family planning and related services for individuals of childbearing age who are not otherwise eligible for full Medicaid coverage. The department provided services to 2,811 individuals in these coverage groups during SFY 2020.

[Services for Families and Children](#)

[Temporary Family Assistance](#)

The department operates **Jobs First**, Connecticut’s TANF cash assistance and employment services program, providing Temporary Family Assistance (TFA) benefits to families in need of and eligible for cash assistance. During SFY 2020, the department provided TFA benefits to approximately 32,600 individuals.

Jobs First is a time-limited program that emphasizes early case management intervention and participation in the labor market. Jobs First establishes a time limit of 21 months for families that contain an adult who is able to work. Extensions beyond 21 months may be available if the adult cannot find a job that makes the family financially independent. Adult recipients are referred to Jobs First Employment Services (JFES), administered by the Department of Labor and regional Workforce Investment Boards, for help in finding work. During the 21 months, and during extensions, recipients must cooperate with the JFES program and make a good-faith effort to find a job and keep working. Pursuant to executive orders issued by Governor Lamont during the COVID-19 pandemic, the JFES 21-month time limit has been temporarily suspended to ensure families receive the full level of employment services necessary to

support their path to self-sufficiency.

Safety Net Services are provided to families who have exhausted their 21 months of benefits, have an eligible child in the home, have income below the TFA benefit level for their family size, and do not qualify for an extension due to the exhaustion of the time limits. Help with meeting basic needs is available, along with case management and service coordination. In cases of significant need, Safety Net Services may also be provided to active TFA recipients.

The **Individual Performance Contract Program (IPC)** provides case management services to families who have been penalized for non-compliance with Jobs First Employment Services and are at risk of being ineligible for an extension of benefits. The IPC is an opportunity for the adults in the household to restore a good faith effort by removing barriers to employment in order to qualify for an extension of benefits.

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps, provides monthly benefits to help eligible families and individuals afford food purchases. A total of approximately 387,100 residents in 225,600 households were receiving federally funded SNAP benefits as of June 2020. During SFY 2020, 474,200 residents received at least one month of SNAP benefits. Benefits are provided electronically, enabling clients to use a debit-type swipe card at food markets for federally approved purchases. The general gross income limit is 185% of the federal poverty level.



Effective January 1, 2016, Able-Bodied Adults Without Dependents (ABAWDs) from age 18 up to and including 49 years old must meet special work requirements to be eligible to receive SNAP benefits for more than three months during a 36-month period, unless the individual is exempt from the time limit or the individual is meeting the ABAWD work requirement. Further information: www.ct.gov/snap/abawd.

The Supplemental Nutrition Assistance Program has helped bridge the difference between food security and hunger for eligible families and individuals in Connecticut. As noted above, at the end of SFY 2020, 387,100 Connecticut residents were receiving SNAP benefits, with 225,622 total households participating in the program. The SNAP Unit provides policy support to the 12 DSS field offices, while developing and implementing practices that support the program and providing contract management to over 30 SNAP partners. Each office has an assigned Public Assistance Consultant to help field staff administer this federally funded program. The SNAP Unit, part of the Division of Program Oversight and Grant Administration, also includes a Local Quality Control Review Unit and administrative support staff.

DSS remains committed to expanding and improving the SNAP Employment and Training program through partnerships with the community college system and community-based organizations. In 2020, DSS strengthened its partnership with its nineteen SNAP employment and training providers, to provide services in vocational training, supervised job search, work experience, and job retention. In SFY 2020, in response to the changing educational environment

brought on by the COVID-19 pandemic, a laptop loaner program was implemented to support student participation in an online environment. Our providers are geographically located throughout the state with each providing free skills-based training in the form of over 60 non-credit and credit short-term vocational training programs with some even offering associate's degree programs.

As noted earlier in this report, **DSS posted a timeliness rate of over 98% for SNAP application processing in SFY 2020, making Connecticut a national leader in application processing timeliness.** The U.S. Department of Agriculture cites that every \$5 in new SNAP benefits generates as much as \$9 of economic activity. In 2020, approximately \$585.7 million in direct federal revenue came into Connecticut's food economy through SNAP, generating as much as \$1.05 billion in economic activity, representing a huge impact on hunger/poverty and help to the local economy.

For more information about SNAP, please visit www.ct.gov/snap.

Child Support Services



Child support enforcement services are available to all families in Connecticut. A need for assistance in establishing and maintaining financial support from both parents is the only criterion for service eligibility, regardless of a family's income.

DSS is the lead agency for Title IV-D child support enforcement activity, working closely with the Judicial Branch's Support Enforcement Services and the Office of the Attorney General to establish and enforce paternity, financial, and medical orders.

The DSS Office of Child Support Services (OCSS) is committed to assisting families in reaching independence through increased financial and medical support, establishment of paternity for children born outside of marriage, and integration of the principles of the Fatherhood Initiative.

Child support efforts that involve other state and local agencies include: the Paternity Registry and Voluntary Paternity Establishment (VPE) Program, which works with the Connecticut Department of Public Health, Connecticut birthing hospitals, and community-based agencies with DSS-certified fatherhood programs; employer reporting via the Connecticut Department of Labor of all newly-hired employees; the Arrears Adjustment Program, which works with DSS-certified fatherhood programs; and the Partners Executive Council, which includes representatives from all child support cooperating agencies (Attorney General, Judicial) and works to improve the child support program.

While core functions remain a major focus for the Office of Child Support Services, as the lead Title IV-D agency, a number of initiatives are in place to improve the quality of customer service, program performance, and service delivery. The Office continued participation in longstanding collaborative efforts such as the federal Access and Visitation grant, providing supervised visitation and other parental counseling services to never-married couples; and the

Voluntary Paternity Establishment Program, providing services in 26 area hospitals and six community-based Fatherhood Initiative program sites.

Electronic Income Withholding

Income Withholding Orders (IWOs) are transmitted electronically to employers who participate in the federal e-IWO program. Employers who have the capability and have agreed to participate in this program receive IWO information via electronic transmission rather than receiving an income withholding order (JD-FM-1) form via first class mail. Employers then process the child support order information directly into their automated payroll systems. Via e-IWO, state IV-D programs transmit, and employers receive, income withholding orders electronically. In addition, an electronic acknowledgement process enables employers to notify states, tribes or territories about the status of an existing income withholding order.

The e-IWO program increases processing efficiency to improve the timeliness of families receiving payments. The Federal Office of Child Support Enforcement (OCSE) has enlisted over 15,000 employers nationwide. If employers are interested in participating in the e-IWO program, information is available at the Connecticut State Disbursement Unit (SDU) website at: www.ctchildsupport.com.

The Connecticut Child Support Enforcement System (CCSES) Replacement Project

In continuous operation since 1987, the current CCSES has served children and families for over 30 years. The project to replace the current system is targeted for implementation in the fall of 2022.

Using the results of a detailed 14-month feasibility study, the DSS/OCSS captured the data required to drive decision-making, collaboration, and service coordination to justify the need to replace the legacy system and improve services. The chosen hybrid approach to system design and development seeks to leverage available enterprise technology in the Connecticut inventory, and select functionality from other state child support systems. The selected approach envisions a modular solution that is easy to use and maintain, while providing the opportunity for continuous improvement through the efficient application of state resources at a reasonable cost.

Final system implementation will deliver services through several interfaces that include the web, mobile platforms and Interactive Voice Response (IVR), allowing the Connecticut Child Support Program to continually improve the service offerings provided to the public and internal partners in state government.

The Connecticut/Rhode Island State Disbursement Unit (SDU) Partnership Agreement

In August 2010, the Connecticut and Rhode Island child support programs began a joint venture to provide child support payment processing services to the State of Rhode Island at the Connecticut SDU facility. Through an amendment of Connecticut's existing payment processing contract with Systems and Methods, Inc. (SMI), Rhode Island child support customers have received the same efficient and cost-effective child support payment processing services that Connecticut has come to expect, while saving money for both states.

After eight years of this unique partnership, both states continue to realize a cost savings through the sharing of expenses for office rent, management staff, equipment and maintenance. Connecticut saves approximately \$133,143 annually and will continue to realize this savings throughout the term

of the SDU contract. With state budget deficits, the partnering of states is proving to be mutually beneficial for both child support agencies to provide high quality service while realizing substantial savings.

Connecticut Fatherhood Initiative

The Connecticut Fatherhood Initiative (CFI), currently in its 21st year of operation, is a broad-based, statewide collaborative effort involving numerous state and local partners led by the Department of Social Services. At the core of our work is changing the systems that can improve fathers' ability to be fully and positively involved in the lives of their children. The Initiative was initially named Fatherhood Initiative of Connecticut. The late [John S. Martinez](#), former Connecticut State Representative in New Haven, played an integral role in the passage of the legislation creating this Initiative, which had bi-partisan support and was comprehensive and instructive truly an example of comprehensive social policy reflecting a desire and vision to effect positive change for fathers, families and children in Connecticut. Therefore, after he passed away in 2002 from injuries sustained in a car accident, the initiative was renamed in his honor. Recognizing the continued work of all CFI partners across the state whether at the state or local level, in 2015 upon the completion of the Strategic Plan the partners agreed the working name for our efforts will be the *Connecticut Fatherhood Initiative*.

Partners in the CFI include the Departments of Children & Families, Correction, Education, Labor, Mental Health & Addition Services, and Public Health; Judicial Branch Support Enforcement Services and Court Support Services Divisions; Connecticut Commission on Women, Children and Seniors, Office of Early Childhood, Connecticut Coalition Against Domestic Violence; Legal Aid Services and numerous community-based partners serving families (mothers, fathers, and children). Efforts are focused on four proven systems change strategies including capacity-building in existing programs, infusing father- friendly principles and practices into existing systems, media advocacy to promote responsible fatherhood and recommending social policy change to support father involvement and strengthen families.

During SFY 2020, program staff across the six sites (New Haven Family Alliance, New Haven; Madonna Place, Norwich; Family Strides, Torrington; Career Resources, Bridgeport; GBAPP, Bridgeport; and New Opportunities, Waterbury) served 348 participants providing curriculum-based group sessions, intensive case management and economic stability services for enrolled participants. DSS and its partners have also continued with the implementation of the CT Fatherhood Initiative (CFI) Strategic Plan strategies and recommendations. The plan included participation from over 80 individuals, representing 52 agencies, which includes both state agency and community-based organizations. The Plan makes recommendations for short- and long-term strategies to address program, policy and system barriers, expand promising practices already being implemented, and establish new and strengthen existing partnerships at the state and local levels. The Domains for which strategies are recommended include: DOMAIN 1: Fathers economically stable; DOMAIN 2: Fathers in healthy relationships; DOMAIN 3: Young people prepared to be responsible parents; DOMAIN 4: Men involved in the criminal justice system supported in being responsible fathers; DOMAIN 5: Policy/Public Awareness. Each of the 5 Domains have recruited staff and formed committees to begin to work on those recommendations approved by the CFI Council. Further, a 211 Workgroup, led by United Way of CT, was formed with representation from all five Domain Committees, to strengthen the connection between CT's 211 staff and resource network and the CFI partners. Each Committee

Chair and the 211 Workgroup Chair reported out on their respective group's work at the CFI Council quarterly meetings. DSS is the lead agency for the CT Fatherhood Initiative and is charged with convening the broad-based CFI Council to assist with the planning and implementation of statewide activities to support the CFI. Membership includes seventeen state partners representing all three branches of government, community-based fatherhood practitioners, experts in domestic violence, legal aid, men's health and others.

The Department of Social Services, as lead for the CFI, was awarded a nine-month (January-September 2019), \$10,000 state planning mini grant from the Fatherhood Research and Practice Network (FRPN), a national project funded through the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. The purpose of this funding is to enhance father inclusion in state programs and policies dealing with children and families. With the FRPN funds we were seeking to inform the current implementation of the CFI Strategic Plan, which was developed over an 18-month period (September 2013- December 2015) and launched December 2016. A research team from the University of Connecticut, Human Development and Family Studies Department, has conducted focus groups with fathers in communities across the state whose children or families are involved with state services. The focus groups will allow a true assessment of father-inclusive practices, policies and publications for which our state agencies (including the various court systems) strive. This valuable information will also inform leaders as to potential legislative proposals, collaborative opportunities and next steps that are needed to fully engage and support the fathers and families we serve. Findings were shared on Day 1 of the 2019 Connecticut Fatherhood Summit.

DSS co-sponsored with the Department of Children and Families and Central CT State University the 2019 Connecticut Fatherhood Summit at Central CT State University August 8-9, 2019. More than 264 local professionals and leaders attended this event. Day one of the Summit focused on engaging leadership in the Governor's office, federal government (ACF), legislators, state agencies and community leaders. Day two focused on sharing best practices on the importance of the continual engagement of fathers and family men in our systems and the significant roles they play in the lives of children.

In November 2019, Connecticut Department of Social Services (representing the CFI) was one of thirty organizations across the country invited to apply to participate in the year-long Aspen Institute Fatherhood Learning and Action Community (LAC) by Ascend at the Aspen Institute and the Kresge Foundation. The Request for Participation was seeking up to 10 organizations and 3 fathers to join this father-focused LAC with demonstrated expertise in and/or strong capacity and will to engage and support fathers for family prosperity. In December 2019, DSS/CFI was selected to participate in the LAC, as the community offers an important opportunity for organizations identify and document policy barriers, best practices, and opportunities for father engagement and support; and package and disseminate policy ideas and strong strategies via print and multi-media tools (e.g., parent stories, social media campaigns, blogs, video clips, and issue briefs) to policymakers, practitioners, and philanthropists. Ascend will facilitate an active, year-long Learning and Action Community with the selected organizations and fathers.

The year will include two in-person convening's, webinars, and other virtual information

sharing, connections, and resources. The first convening was held at the Aspen Institute headquarters in Washington, DC in January 2020 with the second scheduled for April 2020. However, due to the COVID-19 pandemic all LAC activities have been conducted virtually since March.

Tony Judkins, DSS Program Manager for the Connecticut Fatherhood Initiative, appeared on WNPR-Connecticut Public Radio's talk show, "Where We Live," with host Lucy Nalpathanchil, on February 10, 2020, along with Professor Brad Harrington of Boston College and Perry Thompson, program participant who completed the Connecticut Fatherhood Initiative program at New Opportunities Inc. in Waterbury. The show was titled "What's it like being a dad in 2020?" and discussed social expectations for fathers as caregivers, and the impact an involved father has on the entire family, emotionally and financially.

The DSS Office of Child Support Services (OCSS), in collaboration with the Connecticut Fatherhood Initiative, launched its 4th Annual "Fill-A-Truck" Toy Campaign on Monday, November 4, 2019. The campaign collected unwrapped toys, books, clothing and other gifts for families in need, to help brighten the holiday season for children. The campaign concluded on Friday, December 13, 2019 and proved once again to be a huge success as OCSS staff in eleven offices statewide (Central Office, Bridgeport, New Haven, Greater Hartford, Manchester, New Britain, Middletown, Torrington, Waterbury, Danbury and Norwich) collected a countless bounty toys and other gifts. All toys collected were distributed to DSS Certified Fatherhood Programs across the state so that those fathers and/or mothers who are participating in programming were able to give their child a gift this holiday season. Donations were also made to the Interval House in Hartford, a shelter serving victims of domestic violence and Family & Children Aid, Inc. in Danbury, which is a child-focused 501(c) (3) not-for-profit organization offering high quality, innovative mental health care for children and their families.

DSS also partnered with DCF to participate at the 7th Annual Dads Matter Too Community Day September 28, 2019, at Waterbury PAL Building Located at 64 Division St. Waterbury, where staff provided an information/resources table to provide handouts, brochures and/or answered questions about DSS services, Child Support Services and the Fatherhood Initiative.

The Department and ten of its sister agency partners in the CFI from the Executive and Judicial Branches contributed to the event through financial support which allow the Planning Committee to offer more scholarships to fathers who attend from local programs in Connecticut and across New England, as well as covering conference costs. Agencies also supported through work on the conference planning committee, staff attendance, delivering workshops and participating as panelists for Connecticut's State Roundtable discussion and providing agency/program materials in the event's resource hall.

For more information about the CT Fatherhood Initiative, please visit <https://portal.ct.gov/fatherhood>.

Financial Assistance for Adults

State-Administered General Assistance

Through the **State-Administered General Assistance (SAGA)** program, the department provides cash assistance to eligible individuals with very low incomes and assets who are unable to work for medical or other prescribed reasons, or meet other non-medical criteria. Approximately 9,700 individuals received at least one month of SAGA cash assistance during SFY 2020.

General applications for SAGA and other DSS services are made at the local DSS offices or online at: www.ct.gov/dss/apply or www.connect.ct.gov.

State Supplement Program

The **State Supplement Program** provides cash assistance to certain individuals over 65 and older, people with disabilities, and people who are blind, to supplement their income. To receive benefits, individuals must have another source of income such as Social Security, Supplemental Security Income, or veteran's benefits.

To qualify as "aged," an individual must be 65 years of age or older; to qualify as disabled, an individual must be between the ages of 18 and 65 and meet the disability criteria of the federal Social Security Disability Insurance program; and to qualify as blind, an individual must meet the criteria of the Social Security Disability program, or the state Board of Education and Services for the Blind. The program is funded entirely by state funds but operates under both state and federal law. Incentives are available to encourage recipients to become as self-supporting as their ages or abilities will allow. State Supplement Program payments also promote a higher degree of self-sufficiency by enabling recipients to remain in non-institutional living arrangements.

During SFY 2020, approximately 15,600 individuals received at least one month of State Supplement benefits. Further information: www.ct.gov/dss, search term 'state supplement.'

General applications for State Supplement and other DSS services are made at the local DSS offices or online at: www.ct.gov/dss/apply or www.connect.ct.gov.

Social Work Services

Protective Services for the Elderly assists persons age 60 and older who have been identified as needing protection from abuse, neglect and/or exploitation. During SFY 2020, agency social workers provided services to 8,089 persons living in the community. The department also investigated 67 reports regarding residents of long-term care facilities.

The **Conservator of Person program**, for indigent individuals 60 and older who require life management oversight, helped 128 individuals; and the **Conservator of Estate Program** provided financial management services to 50 people in the same age group.

During the fiscal year, the **Community-Based/Essential Services Program** provided services designed to prevent institutionalization to 1,049 persons with disabilities.

The **Family Support Grant Program** helped two families with children with developmental disabilities other than mental retardation in meeting extraordinary expenses of respite care, health care, special equipment, medical transportation and special clothing.

Family and Individual Social Work Services

Field and Central Office social work staff provided brief interventions for 246 families and individuals to include counseling, case management, advocacy, information and referral, housing and homelessness assistance and consultation, through Family and Individual Social Work Services.

The **Teenage Pregnancy Prevention Initiative**, designed to prevent first-time pregnancies in at-risk teenagers, targets the urban areas of Bridgeport, East Hartford, Hartford, Killingly, Meriden, New Britain, New Haven, New London, Norwich, Torrington, Waterbury, West Haven, and Willimantic. The programs served 750 individuals.

In addition to the above services, Social Work Services staff provided more than 50 educational and training sessions to community members, professional associations, agency and institutional staff on DSS social work programs and services. Staff continued to develop practice standards for the agency social work programs, program databases to track client services and outcomes.

Domestic Violence Services provides shelter services, including support staff, emergency food, living expenses and social services for victims of household abuse. It is also intended to reduce the incidence of household abuse through preventive education programs. The department contracts with non-profit organizations to provide these services in their respective coverage areas. The program is supported with a combination of state and federal funding. There are 16 shelter sites and two host homes funded through a consolidated contract with the Connecticut Coalition Against Domestic Violence. In Federal Fiscal Year 2019, 2,214 individuals were served by the Domestic Violence Shelter Program.

Repatriation Services are provided for U.S. citizens who are or were residents of Connecticut and who need emergency evacuation from another country for medical treatment, to escape from a dangerous or hostile environment, or are being deported from another country. DSS works with International Social Services, a subcontractor for the U.S. Department of State, to assist Connecticut repatriates in finding housing and accessing medical treatment. DSS Social Workers provide transitional case management to repatriated citizens.

[Office of Community Services \(part of the Division of Program Oversight and Grant Administration\)](#)

The **Connecticut Energy Assistance Program (CEAP)** is administered by DSS through the Office of Community Services and coordinated by regional Community Action Agencies, in cooperation with municipal and other non-profit human service agencies. Families or individuals may obtain help with their winter heating bills, whether the primary heating source is a utility

(natural gas or electricity) or a deliverable heating fuel (oil, kerosene, wood, and propane).

During the 2019-2020 winter heating season, DSS and its service partners assisted 75,260 eligible households, distributing federally funded energy assistance through CEAP.

- CEAP is available to households with incomes up to 60% of the state median income. Efforts are made to accommodate homebound applicants;
- CEAP-eligible households whose heat is included in their rent, and who pay more than 30% of their gross income toward their rent, are eligible for renter benefits; and
- CEAP offers Heating System Repair/Replacement including oil tanks and clean, tune, and test of systems; for households with incomes up to 60% of the state median income guidelines with homes that are single-family owner occupied;
- CEAP includes liquid assets eligibility requirements.

For additional information regarding CEAP, please visit www.ct.gov/staywarm or dial 2-1-1.

Refugee Resettlement Services

Refugees and Special Immigrant Visa (SIV) holders are approved for entry into the country by the U.S. State Department and Department of Homeland Security's U.S. Citizenship & Immigration Services. An SIV is a foreign national from Afghanistan or Iraq who provided faithful and valuable service to the U.S. government while in its employ overseas, and who have experienced or are experiencing an ongoing serious threat as a consequence of that employment. Refugees are placed by the State Department with local affiliates of nine national refugee agencies.

In addition to refugees and SIV holders, there are several other populations eligible for Refugee Assistance Program services funded through the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement (ORR). While refugees and SIV holders are vetted and approved overseas for placement in the United States, other populations eligible for Refugee Assistance have been granted their status in the United States. These include Asylees, Cuban/Haitian Entrants, and Victims of Human Trafficking.

In Connecticut, the Department of Social Services contracts with several non-profit agencies to provide case management and employment services that help assimilate these populations of newcomers. Monies for these 100% federally-funded services come from several federal grants from ORR.

Three resettlement agencies in Connecticut have a direct role in receiving, placing, and resettling refugees. The agencies are Integrated Refugee and Immigrant Services, Catholic Charities Migration & Refugee Services, and the Connecticut Institute for Refugees and Immigrants. Additionally, two agencies, the Connecticut Coalition of Mutual Assistance Associations and the Jewish Federation Association of Connecticut, provide supplemental employment/case management services and citizenship training to refugees. This process for refugee resettlement is consistent with that of other states.

The Department of Labor, through Jobs First Employment Services, assists with the provision of employment services to refugee and SIV households, particularly those approved for Temporary Family Assistance benefits. Single adults or couples without children who are not eligible for TFA can receive Refugee Cash Assistance benefits. Refugees and SIVs food assistance through the Supplemental Nutrition Assistance Program, and medical assistance (typically through Medicaid).

After entry, a refugee or SIV can request legal permanent resident status after one-year resident status in the U.S. and can apply for U.S. citizenship five years after date of arrival to the U.S.

Repatriation Services are provided for U.S. citizens who are or were residents of Connecticut and who need emergency evacuation from another country for medical treatment, to escape from a dangerous or hostile environment, or are being deported from another country. DSS works with International Social Services, a subcontractor for the U.S. Department of State, to assist Connecticut repatriates in finding housing and accessing medical treatment. DSS Social Workers provide transitional case management to repatriated citizens.

Community Services Block Grant, Human Services Infrastructure Initiative, and Community Action Agencies

During 2018, the department continued to administer the Community Services Block Grant (CSBG), which provides core funding and underlying support for the state's Community Action Agencies (CAAs) and the Connecticut Association for Community Action. The CAAs are designated anti-poverty agencies that collaborate across sectors, leveraging federal funds with state, local, and private resources to coordinate and deliver a broad range of programs and services for low-income families and individuals. The goal is to help the state's vulnerable population reduce and/or remove barriers and work toward self-sufficiency.

In addition to federal CSBG funds expended by the department, the CAAs brought in and administered funding from other sources (federal, state, local and private) funds in direct services to fight poverty. These services include employment and training, financial literacy and income management, nutrition, housing and shelter, health care, education, child and family development, senior support, energy, and emergency assistance.

For every \$1 of CSBG, the Connecticut network also leveraged \$27.36 from state, local, and private sources. Including all federal sources, the CT Community Action Network leveraged \$27.36 per \$1 of CSBG funds.

Since 2004, the Connecticut CAAs have been integral to DSS' Human Services Infrastructure Initiative (HSI), in partnership with 2-1-1 Infoline. HSI is a coordinated, client-centered approach to human services delivery. The initiative: 1) integrates intake, assessment, state and federal program eligibility information and referral; 2) streamlines customer access to services within and between CAAs, DSS and other human service partners; and 3) connects clients to community resources before, during and after DSS intervention.

The CAAs annually employ a Results-Based Accountability framework called Results-Oriented Management and Accountability, or ROMA, to measure customer, agency and community outcomes based on CSBG National Performance Indicators. Additionally, every three years, the CAAs undergo a triennial monitoring review. On an annual basis CAAs are required to

complete the Center of Excellence Organizational Standards. CAAs are evaluated on 58 organizational standards.

ADDITIONAL SERVICES/DIVISIONS WITHIN DSS

Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH)

The Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH) serves as in-house counsel for the agency, administers the formal regulations promulgation process and houses the administrative hearing function required under state and federal law.

The attorneys advise all areas of the Department on an ongoing basis in close collaboration with program staff, as well as providing legal advice whenever legal issues and problems arise. OLCRAH attorneys work on problems of statutory and regulatory interpretation and compliance; compliance with federal and state law; development of the Department's legislative proposals; questions about application of various state and federal laws, and provide consultation on a wide variety of topics. OLCRAH's legal staff leads the promulgation of agency regulations pursuant to the Uniform Administrative Procedures Act in coordination with program staff. OLCRAH's attorneys are also consulted on a regular basis concerning the agency's responses to requests for documents under the Freedom of Information Act and pertaining to its contractual obligations.

In addition to providing general legal advice to the agency, the OLCRAH attorneys handle conservatorship petitions in the Probate Courts for the Protective Services for the Elderly Program. Such legal assistance has become more necessary each year as the laws governing conservatorship hearings have become more exacting and the types of cases brought by the department have become more complex.

OLCRAH attorneys act as hearing officers in fraud cases the department brings against Medicaid providers and in cases contesting Department provider audits.

OLCRAH attorneys act as Attorney General Designees and are responsible for preparing answers to discrimination complaints brought by both department employees and clients to the Connecticut Commission on Human Rights and Opportunities (CHRO). After they file the answer with the CHRO, the department's attorneys act as the liaison between the department and the Attorney General's Office as the case winds its way through the CHRO fact-finding process.

The Ethics Liaison is housed within OLCRAH and serves as a point of contact for staff questions concerning the State Code of Ethics and for coordination of ethics compliance as requested by the Office of State Ethics.

The Administrative Hearings Division of OLCRAH schedules and holds administrative hearings, in accordance with the provisions of the Uniform Administrative Procedures Act, for those applicants and recipients of DSS programs who wish to contest actions taken by the department. Hearing officers hear and decide the following types of cases:

- Appeals when benefits are denied, discontinued or reduced in Medicaid programs (HUSKY A, C and D); Medicaid waiver programs (Personal Care Attendants,

Connecticut Home Care Program for Elders, Money Follows the Person, Community First Choice, Acquired/Traumatic Brain Injury); HUSKY B (which is Connecticut's Children's Health Insurance Program, or CHIP); Supplemental Nutrition Assistance Program (SNAP); Temporary Family Assistance (TFA); Assistance to the Aged, Blind, and Disabled; State Administered General Assistance; and the Connecticut Energy Assistance Program; Medical services under HUSKY A, C and D; Individual and Family Grant for FEMA (Federal Emergency Management Agency) following a disaster in the state; Qualified Medicare Beneficiaries; CT Drug Assistance Program (prior to its transfer to DPH); and the Department of Developmental Services Community-Based Services. Hearing officers also conduct hearings on Access Health CT programs: Advance Payment Tax Credit Cost Sharing Reduction, Medicaid and the Children's Health Insurance Program.

- Pharmacy Lock-in appeals; nursing facility discharge and involuntary transfer appeals; and Medicaid long-term care level of care denial appeals.
- Administrative Disqualifications for the following programs: TFA, SAGA, and SNAP.
- Appeals of claimed overpayments and recoupment of benefits, including liens placed by the Department of Social Services; appeals of recoveries of assistance by the Department of Administrative Services through liens on accident awards and other claims.
- Child Support appeals by obligors concerning an administrative offset; state and federal income tax offset; consumer reporting; property liens.

In an effort to accommodate homebound appellants and cut down on expenses associated with home visit hearings, such as transportation costs and traveling time, the Administrative Hearings unit continues to conduct hearings via teleconferencing and home visit hearings, when appropriate.

For further information on the Office of Legal Counsel, Regulations and Administrative Hearings, visit www.ct.gov/dss, search term 'OLCRAH.'

Business Intelligence and Shared Analytics

The DSS Business Intelligence and Analytics (BIA) group is partnering across the DSS enterprise to improve equitable outcomes for Connecticut children, families, individuals and elders through the use of data. Guided by person-centric principles, BIA is establishing a data governance structure to enhance data quality, reliability, availability, accessibility, usability and analysis. This data governance structure is intended to create agency wide efficiencies and efficacy through increased standardization of data collection practices, documentation, vetting, analysis and sharing. In addition, BIA will collaborate with providers and other key stakeholders to support accountability and transparency by increasing access to high value DSS data through the CT Open Data Portal, ad hoc data requests, and other public facing tools and resources.

Escalation Unit

Launched as a pilot initiative in 2014, the Escalation Unit (EU) continued customer troubleshooting and issue resolution operations over SFY 2020. The Escalation Unit is in the unique position of functioning as both a processing center and benefits center. As such, staff is able to address client-specific inquiries received at DSS central administration, many of which originate with client advocates, service delivery partners and executive and legislative branches of government. The Escalation Unit staff is also directly available to the Office of the Healthcare Advocate, the Department of Aging and Disability Services, Area Agencies on Aging/Choices, Community Health Network of Connecticut, Office of Policy Management and Office of Victim Services in bringing about resolution to the noted client inquiries and concerns.

For SFY 2020, cases included urgent requests for medical care access and food assistance. The unit also supports field office and other central office units in fielding and addressing customer service cases. Highly experienced in eligibility services, unit members also track and monitor all inquiries received by unit staff using a Client Information Tracking System developed for the EU. Part of Field Operations, the Escalation Unit is highly invested in providing the residents of Connecticut the best experience possible in eligibility determination and issue resolution with respect to DSS services.

Quality Assurance

The Office of Quality Assurance (QA) is responsible for ensuring the fiscal and programmatic integrity of programs administered by the Department of Social Services. In addition, QA is responsible for ensuring the integrity of administrative functions of the Department. QA has five separate divisions, each with unique program integrity functions: Audit, Investigations and Recoveries, Special Investigations, Quality Control & Claims Recovery and Third-Party Liability. During SFY 2020, QA identified over \$661 million in overpayments, third-party recoveries and cost avoidance.

The Audit Division

The Audit Division ensures compliance, efficiency, and accountability within federal and state programs administered by the Department by detecting and preventing mismanagement, waste and program abuse and ensuring that state and federal dollars are spent appropriately, responsibly, and in accordance with applicable laws and regulations. To achieve this objective, The Audit Division:

- Performs federally mandated audits of medical and health care providers that are paid through the various medical assistance programs administered by the Department;
- Reviews medical provider activities, audits claims, identifies overpayments, and educates providers on program integrity issues;
- Provides support and assistance to the Department's Special Investigations Division in the ongoing effort to combat fraud and abuse;

- Performs audits of the Department’s operations, involving review of administrative and programmatic functions and the electronic data processing systems used in their support;
- Coordinates the Department’s responses to all outside audit reviews performed on the Department, including but not limited to, the State Auditors of Public Accounts and federal audit organizations;
- Reviews federal and state single audit reports and performs audits of financial, administrative and programmatic functions of the Department’s grantees;
- Performs data analytics to identify aberrant billing activity and pursues collection of such overpayments; and
- Substantiates whether complaints received from various sources are valid and determines the proper disposition of the complaint including conducting an audit or forwarding to the Department’s Special Investigations Division.

Investigations and Recoveries Division

The Investigations and Recoveries Division is comprised of two units; the Client Investigations Unit and the Resources and Recoveries Unit. Both units have investigation staff located at both central and field office locations.

- **Client Investigations Unit** investigates alleged client fraud in various programs administered by the Department. This unit performs investigations via pre-eligibility, post-eligibility and other fraud investigation measures that include, but are not limited to, data integrity matches with other state and federal agencies. This unit also oversees the toll-free Fraud Hotline, 1-800-842-2155, available to the public to report situations where one believes that a public assistance recipient or a provider (including medical providers) may be defrauding the state. Suspected fraud and abuse can also be reported through www.ct.gov/dss/reportingfraud.
- **Resources and Recoveries Unit** is charged with ensuring that the Department is the payer of last resort for the cost of a client’s care by detecting, verifying, and utilizing third-party resources; establishing monetary recoveries realized from liens, mortgages, and property sales; and establishing recoveries for miscellaneous overpayments.

Special Investigations Division

The Special Investigations Division is comprised of two units; Provider Investigations and Provider Enrollment.

- **Provider Investigations Unit** is charged with the responsibility of coordinating and conducting activities to investigate allegations of fraud in the Connecticut Medical Assistance Program. When appropriate, credible allegations of fraud are referred to the Department’s law enforcement partners pursuant to a memorandum of understanding (MOU). Parties to the MOU are the Office of the Chief State’s Attorney, the Office of the Attorney General and the U.S. Department of Health and Human Services’ Office of the Inspector General. Each entity is responsible for independently investigating the Department’s referral to determine if a criminal and/or civil action is appropriate.

- **Provider Enrollment Unit** is responsible for the review and approval of all provider enrollment and re-enrollment applications, on an on-going basis. This Unit also shares responsibility for ensuring that federal and ACA requirements for provider enrollment are instituted and adhered to. Coordination of efforts between the Provider Investigations Unit and Provider Enrollment Unit strengthens Connecticut's program integrity efforts.

Quality Control Division

The Quality Control Division is responsible for the federally-mandated reviews of child care, Medicaid, and the SNAP programs. A newly-established set of federally-required Medicaid reviews has been implemented under the Payment Error Rate Measurement program. Reviews of Temporary Assistance for Needy Families cases and special projects may also be performed by this unit.

The Claims Recovery Unit

The Claims Unit is charged with processing overpayments resulting from changes in a client's eligibility, as well as the collection of already established claims. The claims are specific to the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families program, and state administered cash programs.

Third Party Liability Division

The Third-Party Liability Division is responsible for the Department's compliance with federal Third-Party Liability requirements and recovering taxpayer-funded health care from commercial health insurance companies, Medicare and other legally liable third parties. The Division manages programs that identify client third-party coverage and recovers client health care costs.

Equal Employment Opportunity and Diversity

The Department of Social Services is strongly committed to the concepts, principles, and goals of affirmative action and equal employment opportunity. The objectives are commensurate with the state's policy of compliance with all federal and state constitutional provisions, laws, regulations, guidelines, and executive orders that prohibit discrimination. The **Affirmative Action Plan**, submitted on March 2, 2020, was approved and granted continued annual filing status by the Connecticut Commission on Human Rights and Opportunities. DSS administers its programs, services, and contracts in a fair and impartial manner.

During SFY 2020, the Department of Social Services continued to monitor and improve its practices in employment and contracting, giving special consideration to affirmative action goal attainment, diversity training for all employees, and contract compliance. At the close of the affirmative action reporting period on October 31, 2019, DSS had 1,761 employees: 491 (27.9%) were male and 1,268 (72%) were female. Of these numbers, 223 (45 %) of the male employees were minorities and 700 (55.2 %) of the female employees were minorities and (0.23%) were self-identified as having a disability. During the plan year, the department hired 193 new employees: 45 (23.3 %) were male and 146 (75.6 %) were female. Of these, numbers 26 (57.8%) of the male employees hired were minorities and 98 (67.1 %) of the female employees hired were minorities.

As part of its ongoing commitment, the department's affirmative action posture is reflected in the established, and Department of Administrative Services-approved, goals for Small-, Women- and Minority-owned business enterprises. The agency actively solicits participation from these categories in its selection of contractors.

Division of Financial Services

The Division of Financial Services supports the department through a full range of financial oversight and operational functions. These financial management activities are provided through three key service groups outlined below.

The Budget and Revenue Group includes the Budget, Revenue, Benefiting Accounting, Accounts Receivable and Cash Management functions.

The Budget Unit was responsible for budgeting \$4.3 billion in state general funds in SFY 2020 through 26 distinct budgeted accounts. Ongoing functions of this group include developing estimates of agency spending, producing or reviewing detailed spending plans, monitoring against these plans and estimates, facilitating the development of agency budget options and providing updates on the status of the budget process for the agency. In addition to operational expenses, the Budget Group develops forecasts and expenditure reports for the many complex medical and cash assistance services DSS provides to eligible state residents.

During the past fiscal year, this group has reviewed and approved spending plans that allocate available funding to several hundred contracts; monitored, reviewed and estimated approximately \$4.3 billion in state General Fund expenses (approximately \$8.5 billion, including federal reimbursement); provided metrics for all key program areas including Medicaid, assistance programs, and operational accounts; and reviewed and approved all of the agency's position requests for funding availability and coding accuracy. The group continues to be involved in providing fiscal analyses on major department initiatives that were implemented or proposed during the year.

The Revenue Unit is responsible for revenue reporting which includes the calculation and filing of the federal award requests and claiming for Connecticut's Medicaid, Children's Health Insurance and Money Follows the Person programs. In SFY 2020, funding from revenue generating programs resulted in approximately \$1.6 billion in federal revenue for the state General Fund. The unit is also responsible for cash management for all federal accounts. The Cash Management area oversees the drawdown and reconciliation of all federal grants and reimbursement streams received by the Department.

The Benefit Accounting Unit is responsible for the management of funds associated with approximately 30 DSS benefit entitlement programs utilizing state and federal funds, such as Medicaid and Temporary Family Assistance. Other programs include HUSKY B, Supplemental Security Interim Assistance, State Supplement Benefits, State-Administered General Assistance, along with several other benefit programs.

The Accounts Receivable Unit, responsible for a significant level of receivables related to

the Medicaid program, as well as those of other programs, is located within this service center.

The Federal Reporting and Accounting Services Group includes the Federal Reporting, General Accounting and Accounts Payable, Purchasing and Cost Allocation and Contract Administration functions.

The Federal Reporting Unit is responsible for the fiscal monitoring and financial reporting of federal grants and for the department's public assistance cost allocation plan. The federal reports submitted to the federal agencies are grant level expenditures for point and time and the Federal Fund Accountability Transparency Act (FFATA) obligation reporting at a sub-recipient level. The Schedule of Expenditures of Federal Awards (SEFA) reporting is also completed by this unit and submitted to the Office of the State Comptroller.

The General Accounting Unit coordinates the fund postings to the state accounting system, complex accounting adjustments and cost tracking, GAAP accounting, and the maintenance of the agency Chart of Accounts. The unit is also responsible for the control and administration of petty cash and the monthly Comprehensive Financial Status Report (CFSR).

The Accounts Payable unit is responsible for all vendor payments issued through the state accounting system and to ensure all payments are processed and are done timely, accurately, and in compliance with the federal and state rules and regulations.

The Cost Allocation function provides a mechanism to allocate the administrative costs to programs and grants administered by the department, in accordance with 2 CFR Part 200 – Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards. The group is also responsible for the Random Moment Sample System, which supports the cost allocation process for field operations expenses.

The Purchasing Unit is responsible for providing the purchasing function for the agency, including the purchase and leasing of equipment, supplies, and services for the continued operation of the department and in support of employees, clients, and program operations. Purchasing staff ensure that purchases are conducted in accordance with state guidelines and state statutes.

The Contract Administration Unit is charged with the oversight and administration of all contracts and procurement functions for the department and ensures that the department complies with policies and procedures pertaining to contracting promulgated by the Office of Policy and Management (OPM) and that all contracts contain the requisite contract provisions, as directed by the OPM and the Attorney General's Office.

During SFY 2020, this group allocated close to \$519 million in department administrative costs for the purpose of accessing federal reimbursement, compiled 124 federal reports for \$102 million in direct federal grants and \$758 million in SNAP benefits, processed over 6,787 CORE-CT payment vouchers, and developed and executed over 275 contracts with over 147 contractors and sister agencies.

The Division also includes the Convalescent Accounting unit, which successfully assisted in Medicaid payment starts for reimbursement of care provided in skilled nursing facilities.

Facilities Operations and Support Services

This unit provides support services to all DSS offices, including central administration and 12 field office locations throughout the state. Staff monitor and address building-related maintenance and operational matters, including security needs, health and safety, environmental issues and emergency requirements, while ensuring landlord compliance with all federal, state and local building code regulations.

Staff track equipment inventory, process surplus items for reuse, arrange for recycling of IT equipment, and maintain a fleet of 95 state vehicles. Facilities Operations and Support Services is the department's primary liaison with the Department of Administrative Services for all DSS-leased and state-owned office space, totaling more than 300,000 square feet. The unit recommends and negotiates leased office space reductions with the goal of providing yearly rental and utility savings while modernizing and providing for a more efficient use of space. The unit also focuses attention to incorporating universal design standards at each of DSS' office locations in need of these much-needed improvements. The unit continues to review space plans and recommend operational and energy upgrades for improved office facilities as well as short- and long-term savings.

In addition to daily operational task, staff establish and monitor the budget for the use of capital equipment funds, control equipment costs and implement Lean processes and ideas for improved operational results. Staff is on call 24 hours per day. Facilities Operations and Support staff strive daily to support their DSS colleagues by providing the tools and environment necessary to ensure uninterrupted service to our clients.

Information Technology Services

Through the pandemic ITS has continued to support the needs of the agency. This unprecedented situation required us to quickly transform our workforce to a predominately telework workforce. ITS was required to quickly stand up new technology to support a new way of operating and was able to meet the need in a short amount of time.

DSS' ITS Division also continues to refine its newly implemented organizational transformation service delivery model to meet the business needs of the agency. Additional resources have allowed ITS to have state staff lead, drive the work and fill key roles on projects. Successful execution of this has decreased DSS's reliance on vendors and allow us to do a better job of holding on to institutional knowledge at the end of initiatives.

The **Project Management Office (PMO) Unit** was established to accelerate, manage and track the delivery of projects. This group is responsible for oversight of project delivery to include; discipline of planning, executing, monitoring, and closing out projects. Standards for project execution are employed to standardize and introduce economies of repetition in the delivery of managed work. Over the past year this unit has continue to mature and our PM's are leading projects for DSS and Shared Services.

The **Support Unit** provides support to all levels of the business in the areas of applications, network, telecommunications and all hardware related issues. This group ensures continuity of services, as well as triages responses to issues to ensure that systems are performing as expected and all problems are addressed in a timely manner. All requests and issues are directed to a single point of contact helpdesk that can be accessed, through email, phone or in person. Issues and requests are escalated as needed to other areas of ITS. ITS completed the transition of support services that were previously managed by BEST to DSS ITS. In addition to the existing Units, the following are groups formed under the Support Unit.

- **Software/Hardware Procurement and Tracking** – This group supports the Department’s software/hardware procurement needs and works closely with DAS to ensure that we leverage statewide contracts wherever applicable.
- **Network Administration** – This team supports the needs of AHCT and DSS applications.
- **Application and Database Support** - This group supports application hosting and Databases for enterprise applications like Access Health CT (AHCT), ConneCT, Balancing Incentive Program (BIP) and ImpaCT

The **Applications/Data Unit** designs, develops and supports implementation of business applications, based on business needs. This area also provides support for business intelligence, reporting, data warehouse and data standards. This now includes all ad hoc reporting from HHS Applications for meeting business needs. These reports were historically managed by vendor teams and have been migrated to DSS ITS staff who have been onboarded to support all DSS reporting needs. In addition to the existing units, the following are groups formed under the Applications/Data Unit. Additional areas under App/Data include;

- **Quality Management:** This group provides Quality Management by supporting projects with end-to-end quality assurance. This includes providing User Acceptance Testing (UAT) across all applications/projects.
- **Metrics / Reporting:** This group handles an array of reporting needs from creating and support dashboards for the Open Data portal and various needs at DSS in this area. This group also develops and generates reports from many of DSS’s systems to meet the needs of the agency.

The **Compliance Unit** is responsible for all areas of security practices that include Federal Security requirement standards, vendor management, and inventory tracking. This includes remaining current with standard information security practices to ensure the integrity of DSS’ systems, as well as firewall, network security, internet filtering, anti-virus and anti-malware practices. Inventory, vendor management support is also provided. This Unit includes the Vendor Management Office and DSS Chief Information Security Officer (CISO). Within the Compliance Unit, the Vendor Management Office and Enterprise Architecture.

- **Vendor Management Office** –Tasked with providing Business Technology procurement assistance to help control vendor costs, increase value, mitigate risks, and drive service excellence.
- **Enterprise Architecture**, partners with the business to align technology with business strategies. Defining an Application and Technology Roadmap is an in-process effort that will play a key role in laying out what technologies will be utilized at DSS. This unit has also come a long way in establishing technology standards to support how technology needs at DSS will be addressed.

The **Document Center and Mailroom/Mainframe Support Unit** provides departmental printing/ mailing services and also supports legacy mainframe applications (primarily Eligibility Management System - EMS).

Office of Organizational & Skill Development “*Building Skills, Developing Success*”

The Office of Organizational & Skill Development (OSD) provides the department, its staff, and partners with training and organizational development services that enhance staff skills and support the DSS mission.

OSD’s core services include training and staff development, organizational development, change management, multimedia services, web-based training development, computer applications support, and leadership and professional development opportunities. OSD supports DSS’s organizational development initiatives such as the John S. Martinez Fatherhood Initiative, LEAN, and CT Medicaid Enterprise Technology System (CTMETS).

Overall, OSD is committed to the philosophy that people are the organization. OSD provides customized services that drive achievement of knowledge and skills for professional performance, leadership development, change management, and organizational strength. We provide these services in the context of inclusionary practice, collaborative learning, and impactful strategies.

OSD also supports DSS partners (other state agencies, Community Action Agencies, hospitals, etc.) with training in topics like the Voluntary Paternity Establishment program, the use of the ImpaCT system, and programmatic overviews.

OSD is established through a collaborative agreement between DSS and the University of Connecticut School of Social Work.

Improvements/Achievements for SFY 2020 include:

Training Development & Delivery--

Programmatic - CORE training - Child Support – 15 staff; General Eligibility CORE – 99 staff; Long Term Services and Supports CORE – 32 staff; Temporary Family Assistance Eligibility Services Specialist CORE – 15 staff; Asset Verification; Benefit Centers;

Professional Leadership Development--

Orientation; Project Management; Pre-Supervisory and Supervisory Series; Human Services Certificate Program; Cultural Awareness Certificate Program; Microsoft Word, PowerPoint, Outlook, Excel, and Teams; Business Writing.

Media Production and Support--

Video and graphic development for Supplemental Nutrition Assistance Program (SNAP) Summer Meals; Support for DSS at the statewide LEAN showcase; electronic signage for client information in DSS offices (DSS Network); Public Service Announcements for the CT Association for Community Action (CAFCA).

Organizational Development & Support--

Fatherhood Initiative; LEAN projects; Organizational Change Management and Project Support for ImpaCT and CTMETS; External Partners Support; Job Aids and FAQs.

Human Resources Division

Effective August 28, 2020 human resources and labor relations employees and functions of the department were centralized under the Department of Administrative Services (DAS) and the Office of Policy and Management (OPM), respectively, pursuant to Executive Order No. 2.

Within DAS, Agency Human Resources Business Partners will support agency leadership with organizational design, corresponding position management, handling classification grievances, properly implementing mandatory rights associated with filling approved positions, the selection and onboarding of qualified applicants/employees, and handling various employee inquiries and issues.

OPM - Office of Labor Relations, will providing both statewide (Statewide Contract Administration) and agency specific services (Agency Labor Relations). Through this system the State will achieve efficiencies by standardizing practices, addressing organizational issues earlier to avoid costly appeals and through more consistent labor relations services. A centralized labor relations service delivery model will provide opportunities to deploy resources in a more coordinated fashion to address specific agency needs.