Department of Social Services

Annual Report

State Fiscal Year 2022

Ned Lamont
Governor

Deidre S. Gifford, MD, MPH
Commissioner

Senior Advisor to the Governor
For Health and Human Services

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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
State Fiscal Year 2022
(July 2021-June 2022)

Deidre S. Gifford, MD, MPH, Commissioner
and Senior Advisor to the Governor for Health and Human Services
Kathleen Brennan, Deputy Commissioner, Programs and Operations (retired 4/1/22)
Michael Gilbert, Deputy Commissioner, Finance and Administration (retired 7/1/22)

Established - 1993
Statutory Authority - Title 17b
Central Office – 55 Farmington Avenue, Hartford, CT 06105
Number of Employees – 1,600
Operating Expenses - $274,401.077
Program Expenses - $4,142,416,806
Structure - Commissioner's Office, Field Operations, Program and Operations, Finance and Administration

VISION

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

MISSION

- To make a positive impact on the health and well-being of Connecticut's individuals, families, and communities

VALUES

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

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 over 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 1,600 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/heating help and www.ct.gov/staywarm
- Connecticut Fatherhood Initiative: www.ct.gov/fatherhood
- Supplemental Nutrition Assistance Program: 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 (-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
- Connecticut Fatherhood Initiative: 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:	Website:
Medical Coverage (Community Health Network of CT)	HUSKY Health Member Services	1-800-859-9889	www.huskyhealthct.org
Behavioral Health Coverage (Beacon Health Options)	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)	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 and Senior Advisor to the Governor for Health and Human Services (www.ct.gov/dss/commissionergiffordbio)
Kathleen Brennan, Deputy Commissioner, Programs and Operations*
Michael Gilbert, Deputy Commissioner, Finance and Administration*

Department Chief of Staff and Directors:

Chief of Staff and Equal Employment Opportunity and Diversity Administrator: Astread Ferron-Poole; Human Resources Director: Lisa Owens (Department of Administrative Services); Legal Counsel, Regulations, Administrative Hearings Director: Matthew Antonetti; Business Systems Director: Sharon Condel; Health Services Director: William Woolston; Medical Director: Bradley Richards, MD; Deputy Health Services Director: William Halsey; Health Services Community Options Director: Jennifer Cavallaro; Child Support Services Interim Director: Lynn Reeves; Fiscal Services Director: Nicholas Venditto; Information Technology Services Director: Krithika Deepa (Department of Administrative Services); Quality Assurance Director: John Jakubowski; Field Operations Interim Director: Elizabeth Thomas; Field Operations Interim Deputy Director: Yecenia Acosta; Field Operations Benefit Center Director: Phil Ober; Social Work Services Director: Dorian Long; Program Oversight and Grants Administration Director: Peter Hadler; Organizational and Skill Development Director: Darleen Klase; Plant Facilities Engineer 1/Facilities Operations: William Lovejoy; Business Intelligence and Analytics Director: Susan R. Smith; Enterprise Project Management Office Director: Shan Jeffreys; Medicaid Enterprise Technology System Project Director: Mark Heuschkel; Planning and Improvement Office Director: Laurie Ann Wagner; Diversity, Equity and Inclusion Director: Talitha Coggins.

*Note: as SFY 2022 ended, several executive positions were in transition due to retirements, including Deputy Commissioners, Communications Director and Legislative Director.

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 administered 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; or https://portal.ct.gov/DSS/Common-Elements/General-Guidance.

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. During SFY 2022, offices hours were Monday, Tuesday, Thursday, and Friday from 8:00 a.m. to 4:30 pm. Offices are closed on Wednesdays to allow workers time to process applications, renewal and related work. For more information on current office hours: 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. During SFY 2022, Benefits Center eligibility services workers were available by phone Monday, Tuesday, Thursday, and Friday from 7:30 a.m. to 4:30 p.m. Eligibility workers are not available on the Benefits Center phone lines on Wednesdays to allow workers time to process applications, renewals and other related work. For more information on current office hours: www.ct.gov/dss/fieldoffices.

Field Office Locations

- **Greater Hartford**—20 Meadow Road, Windsor; Lindsey Collins and Josie Savastra, Social Services Operations Managers.
- **Manchester**—699 East Middle Turnpike; Angelica Branfalt, Social Services Operations Manager.
- **New Britain**—30 Christian Lane; Vacant- Social Services Operations Manager.
- **Willimantic**—1320 Main Street/Tyler Square; Tonya Beckford, Social Services Operations

Manager.

- **New Haven**—50 Humphrey Street; Rachel Anderson, Mathew Kalarickal and Ralph Filek, Social Services Operations Managers.

- **Middletown**— 2081 South Main Street; Brian Sexton, Social Services Operations Manager.

- **Norwich**—401 West Thames Street; Jessica Carroll, Social Services Operations Manager.

- **Bridgeport**—925 Housatonic Avenue; Tim Latifi and Robert Stewart, Social Services Operations Managers.

- **Danbury**—342 Main Street; Jill Sweeney, Social Services Operations Manager.

- **Stamford**—1642 Bedford Street; Shahar Thadal, Social Services Operations Manager.

- **Waterbury**—249 Thomaston Avenue; Jamel Hilliard and Randalynn Muzzio, Social Services Operations Managers.

- **Torrington**—62 Commercial Boulevard; Jill Sweeney, Social Services Operations Manager.

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SIGNIFICANT ACCOMPLISHMENTS/HIGHLIGHTS OF SFY 2022

Overview

The Department of Social Services continued to deliver vital public benefits to more than 1 in 4 Connecticut residents in SFY 2022, providing services to approximately 1.27 million state residents. [Note: this number includes any individual who received at least one month of benefits during the calendar year.] Agency field staff served the public directly at 12 offices and via the statewide DSS Client Information Line & Benefits Center phone number, while central office staff administered specialized services and supported field operations across the full range of directly administered programs as well as agency-funded programs administered by partner entities.

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 has 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 continues to be one of the leading agencies in the state's response to the COVID-19 pandemic during SFY 2022 and SFY 2023.

In May 2020, as the pandemic intensified, Governor Lamont appointed DSS Commissioner Deidre S. Gifford to also head the Department of Public Health, as Acting Commissioner. In this dual role, Dr. Gifford has served as a leading member of the Governor's team in planning and implementing the state's comprehensive response to the public health emergency. (Dr. Manisha Juthani took office as Public Health Commissioner on September 20, 2021.)

In July 2021, Governor Lamont appointed Commissioner Gifford to the additional duty of serving as Senior Advisor to the Governor for Health and Human Services. In this new role, she is tasked with coordinating a multi-agency approach among the state's nine health and human services agencies to improving health and healthcare in Connecticut. The Senior Advisor is responsible for convening and leading coordination efforts between these agencies, working closely with the Office of Policy and Management, as well as provide the Governor with policy input and recommendations that address issues of health, healthcare costs, quality, and disparities.

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 275,450 Connecticut children who were not able to receive meals at school.
- The face-to-face interview requirement was eliminated and has been replaced with the ability to complete all Temporary Family Assistance (TFA) interviews by telephone to qualify for the family cash program.
- 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 preserve the time and resources needed to get back on their path to self-sufficiency after the emergency is over.
- In conjunction with the Department of Labor (DOL), suspended work requirements as a condition of receiving Temporary Family Assistance. DOL's Jobs First Employment Services

(JFES) reopened in July 2021 to provide full service while allowing flexible participation. Clients were required to connect with JFES to be granted TFA assistance, but there were no penalties being imposed for non-participation thereafter.

- 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). Medical and pharmacy co-payments under CHIP (HUSKY B) re-instated May 21, 2021 (PB 2021-32 and PB 2021-24).
- Covered testing and treatment for COVID-19, without co-pays, in Medicaid/Children's Health Insurance Program/HUSKY Health.
- Waived Medicare Part D co-payments that were otherwise required for individuals dually enrolled in Medicaid and Medicare. Medicare Part D co-payment requirements re-installed May 21, 2021 (PB 2021-24).
- Allowed refills of non-maintenance and maintenance medications for up to 90 days for Medicaid/HUSKY Health beneficiaries (except for controlled substances). Effective May 21, 2021, the thirty (30) day supply limitation for non-maintenance drugs re-instated (PB 2021-24).
- Modified the HUSKY Health early-refill policy for prescriptions to reduce the 'pharmacy early refill threshold' from 93% to 80%. Re-instated the early refill threshold to 93% effective May 21, 2021 (PB 2021-24).
- 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 Nutrition 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.
- Implemented a SNAP Online Purchasing Pilot. This allowed SNAP recipients to purchase food online for store pickup or delivery from many major retailers in Connecticut including Aldi, Amazon, BJ's, Price Chopper, ShopRite, Walmart and Stop & Shop.
- Extended coverage for Medicaid/HUSKY Health clients. Medical assistance benefits were continued for the vast majority of enrollees for the duration of the federally-declared public health emergency, in accordance with federal guidance.

- Suspended co-payments for full-benefit Medicare Part D beneficiaries who are dually eligible for Medicaid.

- Temporarily suspended recoupment of non-fraudulent overpayments for public assistance

- Increased enrollment flexibilities across Medicaid and Children's Health Insurance Program.

- Submitted a Section 1135 public health emergency waiver request to the federal Centers for Medicare and Medicaid Services, and received approval 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. Prior authorization requirements were re-instated May 21, 2021 (PB 2021-26).

  - 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.

- Expanded categorical eligibility and relaxed eligibility and procedural policies to limit face-to-face interactions and facilitate enrollment in the Connecticut Energy Assistance Program.

- Received federal and state approval to expend an additional $94 million in federal Low-Income Home Energy Assistance Program funding to increase program access and benefit levels for low-income state residents; most benefits were issued in SFY 2022.

- Extended Refugee Cash Assistance if immigration status was granted on or after April 1, 2019. Please follow this link for more information.

- Received federal and state approval for, and began development of, the first-ever Connecticut Low-Income Household Water Assistance Program to help reduce drinking water and wastewater costs of low-income state residents; the program opened in November 2021 (www.ct.gov/dss/waterassistance).

- Collaborated with the Governor's Office, Office of Policy and Management and the Department of Public Health on major investments of federal and state dollars in support of care of older adults and persons with disabilities in the state's skilled nursing facilities.

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Advances in the Supplemental Nutrition Assistance Program (SNAP)

DSS continued to improve its quality of service to over 476,500 Connecticut residents who received at least one month of SNAP benefits during SFY 2022. The department continues to excel in application processing timeliness, posting a timeliness rate of over 96% for SNAP application processing in SFY 2022. 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 $9 of economic activity. In calendar year 2021, approximately **$**1.1 billion in direct federal revenue came into Connecticut's food economy through SNAP, generating as much as $2 billion in economic activity, representing a tremendous 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 residents of Connecticut maintained access to food assistance during the emergency. These flexibilities included: waiving the interview requirement for most SNAP applicants; waiving the mid-certification Period Report Form review; continuing the ability to accept SNAP applications telephonically; expanding the use of SNAP benefits online to purchase food from participating retailers by adding retailers throughout the state. Most notably, DSS again 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), with additional amendments made in the Continuing Appropriations Act and Other Extensions Act of 2021, as well as the Consolidated Appropriations Act of 2021, 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 with a minimum increase of at least $95. In addition, those already receiving the maximum amount of SNAP benefits receive an additional $95 monthly. In SFY 2022, this program provided $409.8 million in additional SNAP assistance statewide to all households in Connecticut increasing the total distributions to $820.3 million since April 2020.

Also authorized by the FFCRA, with additional amendments made in the Continuing Appropriations Act and Other Extensions Act of 2021, as well as the Consolidated Appropriations Act of 2021, DSS continued its partnership with the state Department of Education to implement Pandemic EBT for the 2020 – 2021 school year providing P-EBT benefits totaling over $270 million in SFY 2022. Pandemic EBT has provided the families of approximately 275,450 students who participated in the free or reduced-price meals program in school and who were learning remotely for at least part of the school year 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 **$**1.2 billion in economic activity to the state of Connecticut in SFY 2022.

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Implementation of the New Covered CT Program

Based on state laws passed in the 2021 legislative session, the Covered CT program began effective July 1, 2021.

Covered Connecticut provides eligible individuals with free qualified health plan) coverage available through Access Health CT. The State will directly reimburse the plan for the monthly premium and the cost-sharing amounts that the enrollee would normally have to pay, such as out-

of-pocket costs for deductibles, copays, and coinsurance. Effective July 1, 2022, coverage was expanded to adults without dependents and all enrollees will also receive no-cost dental care and non-emergency medical transportation services, comparable to the benefits under Connecticut Medicaid and provided through the HUSKY delivery and payment system. The program is currently state-funded using funding made available through the American Rescue Plan Act (ARPA). DSS has requested federal approval of an 1115 Demonstration waiver, which if approved, will enable the state to receive federal financial participation for the state's costs of paying for the premiums, cost-sharing amounts, dental care, and non-emergency medical transportation services. Covered CT will be available to (1) parents and caretaker relatives, and their tax dependents under age 26, and (2) adults ages 19 to 64 without dependents who have income that is above the Medicaid limit but does not exceed 175% of the federal poverty level. Enrollees must enroll in a Silver-level QHP available through Access Health CT using federal advance premium tax credits, commonly referred to as subsidies, and cost-sharing reductions.

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Increasing Access to Health Care

The American Rescue Plan Act of 2021 (ARP, P.L. 117-2, Sections 9812 and 9822) gave states the option to extend postpartum care in Medicaid from 60 days to 12 months, starting on April 1, 2022. States that elect this option must also provide the same coverage in CHIP (excluding the new HUSKY B Prenatal Program). Pregnant adolescents eligible as a "targeted low-income child" in CHIP/HUSKY B can receive prenatal and postpartum care along with other child health assistance. The newly extended postpartum coverage option offered states an opportunity to provide care that can reduce pregnancy-related deaths and severe maternal morbidity. During the last legislative session, the Connecticut General Assembly enacted legislation to require the Department of Social Services to extend postpartum care to 12 months. Public Act 21-2, §§ 335 & 336 (June Special Session).

With State Plan approval, effective April 1, 2022, this extended benefit provides 12 months of continuous postpartum coverage to eligible Connecticut Medicaid and CHIP (HUSKY B) beneficiaries whose pregnancy ended on or after April 1, 2022. It also allows postpartum coverage for individuals whose pregnancy ended prior to April 1, 2022, but who are still within their 12-month postpartum period. Coverage will end on the last day of the month that their 12-month postpartum period ends. Individuals are entitled to the extended postpartum coverage regardless of the reason the pregnancy ends. Pregnant individuals eligible for Medicaid are eligible for all Medicaid covered services (medical, dental, and behavioral health services) during the extended postpartum period.

Immigrants who do not have a legal immigration status are less likely than U.S. citizens to have health care coverage, including adequate prenatal care. This is in part due to fewer interactions with the health care system, and the impact of past immigration policies. It is critical for immigrants to have access to health care – to advance health equity and reduce health disparities, such as maternal mortality. Federal law limits Medicaid coverage for this group to "treatment of

an “emergency medical condition.”

The Connecticut General Assembly also enacted legislation (PA 21-176, § 4) to help address issues with access to health care by immigrant populations. Pursuant to this legislation, DSS added a new eligibility group to its HUSKY B (“CHIP” or Children’s Health Insurance Program) program, starting on April 1, 2022. This new group, HUSKY B Prenatal Care, will allow pregnant individuals who are not citizens or qualified non-citizens (that is, individuals without a legal immigration status or “undocumented” individuals) to receive full CHIP benefits, including prenatal care. The income limit for this group will be the same as the limit for pregnant women covered under Medicaid, 263% of the federal poverty level.

Advances in Medicaid/HUSKY Health Application Processing and Cost Control

The Department has sustained significant improvements in Medicaid application processing. Overall, Medicaid timeliness averaged 98% timely in SFY 2022 through March, 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 2022 (through March 2022). 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 financial trends (1/8/21):
https://www.cga.ct.gov/ph/med/related/20190106_Council%20Meetings%20&%20Presentations/20210108/HUSKY%20Financial%20Trends%20January%202021%20.pdf.

ConneCT – Modernizing DSS Service Delivery

Online:

- Current DSS clients can visit www.connect.ct.gov to set up online accounts (called “My Account) 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 ConnecCT online portal is also available on the main DSS webpage at www.ct.gov/dss.

Mobile Device:

- DSS has launched a new progressive web application technology to make services available in ConneCT accessible on mobile devices.
- Through "MyDSS" clients can check benefit status, upload documentation, report changes and renew program eligibility.
- MyDSS is accessible at mydss.ct.gov.

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.

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Implementing the Affordable Care Act

Connecticut's effective implementation of the Affordable Care Act (ACA) continued in SFY 2022, 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 2022, approximately 1,036,800 individuals were enrolled in Medicaid for at least one month, including approximately 382,000 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, dental 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+, nursing home acuity and hospital payment modernization.

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Serving Connecticut Residents: A Sampling of Critical DSS Programs

DSS programs served approximately 1.27 million individual beneficiaries over the course of SFY 2022. • 380,397 residents in 220,674 households were receiving federally funded SNAP benefits as of June 2022. During SFY 2022, over 476,500 residents received at least one month of SNAP benefits.

- Approximately 22,600 individuals were served by the Temporary Family Assistance program during SFY 2022.

- Approximately 1,036,800 individuals received benefits through the Medicaid program during SFY 2022 (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).

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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 382,000 individuals as of June 2022.
  - *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 7,300 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.*

SUD Demo Waiver

Connecticut sought and received approval of a Substance Use Disorder (SUD) demonstration waiver under section 1115 of the Social Security Act to waive longstanding federal policies that prohibits Medicaid from making payments to Institutions for Mental Diseases (IMDs) for beneficiaries aged 21-64. The purpose of this waiver is to allow coverage of residential and inpatient SUD services under HUSKY Health that have previously been excluded and test flexibilities to improve the SUD service system for beneficiaries.

With first-time federal funding of these treatment services, the state is reinvesting in the services system by way of increased provider payment rates and provider standards to improve the quality of care all treatment recipients receive.

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 – www.ct.gov/dss/covid
- 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, 6/17/20, 8/21/20 and 3/12/21. The approved 1135 authorities expire at the end of the PHE.

Authority Type	Details	Status
Medicaid & CHIP Disaster Relief State Plan Amendments (SPAs)	• **Eligibility** (election of the new Medicaid COVID-19 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, COVID-19 vaccine administration, other) • **Cost sharing** (waiver of HUSKY B copayments for most medical services and prescription drugs)	Initial Medicaid SPA was approved on 8/13/20; second Medicaid SPA was approved on 2/22/21. Additional SPAs have been submitted and are pending review. CHIP SPA was approved on 8/27/20. The disaster SPAs expire at the end of the PHE.
Appendix K to 1915(c) waivers	Requests for flexibilities around remote assessments and reassessments, additional services, staffing of services, and retainer payments for home and community-based providers During SFY 2022, this authority was used for the implementation of American Rescue Plan act Initiatives including, informal caregiver supports, increased payments to providers, specialized dementia supports, and a performance-based incentive system	CMS approved Connecticut's initial Appendix K submissions on 3/27/20 and subsequently approved one or more Appendix K submissions on 9/24/20, 11/5/20, 3/24/21, and 5/4/21).Expire one year from the effective date (unless renewed) or six months after end of the PHE, whichever is earlier.

- Took the following eligibility-related actions:
    - **Extended renewal end dates**.
        - Individuals with renewal closure dates of 3/31/20 were initially extended three months to 6/30/20. Subsequent extensions occurred in line with each extension of the federal Public Health Emergency (PHE) declaration.
        - Active Medicaid spend-down cases were extended
        - All individuals who were validly enrolled as of 3/18/20 are extended as permitted through the end of the PHE.
    - **Maintained continuous coverage.** For the duration of the PHE, DSS has taken measures (e.g., delaying income changes) to maintain the enrollment of validly enrolled beneficiaries in one of three tiers of coverage, and will not transition individuals to a lower tier as defined by federal guidelines.

- 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, vaccine administration 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. Reinstated the 30-day period for prescription drugs May 21, 2021, and June 1, 2021, for medical surgical, hearing aids, parenteral/enteral, and 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
    - Ordered and distributed 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. Prior authorization requirements re-instated May 21, 2021.
    - 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

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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.

The non-emergency medical transportation (NEMT) contract is structured slightly differently than the ASOs. The costs for transportation services are paid to the NEMT vendor through a capitated Per Member Per Month payment while the administrative costs are paid based on a fixed administrative budget negotiated between the vendor and Department.

To incentivize ASO performance and the NEMT vendor, a performance incentive pool is established in each ASO contract that the ASO may earn if certain performance benchmarks are met. Each ASO must demonstrate that it has achieved identified benchmark 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 Administrative Services Organizations (ASO) Intensive Care Management (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; Social Deprivation Index, Charlson-Elixhauser Comorbidity Index 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 withdrawal management 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 HUSKY Health members.

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 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 need 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 2021, 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 24.02% and inpatient admissions by 37.1%; 2) reduced ED usage for members engaged in ICM with a Severe and Persistent Mental Illness (SPMI) by 26.55%; 3) increased PCP visits for ICM members by 12.80%; 4) reduced ED usage for members managed by CHNCT's ED Care Management (EDCM) program by 38.62%; and 5) reduced readmissions for those members who received Inpatient Discharge Care Management (IDCM) services by 61.09%.

Interventions through Department's behavioral health ASO, Beacon Health Options

The Department's behavioral health ASO, Beacon Health Options, provides crucial continuing behavioral health interventions. Two examples of current member and system interventions include: 1) the Connecticut Housing Engagement and Support Services (CHESS) program,

focused on providing supportive housing benefits under Medicaid, coordinated with Medicaid services and non-Medicaid housing subsidies to individuals experiencing homelessness and unstable housing; and 2) the Managing Systems Throughput project aimed at ensuring youth access the appropriate level of care at the right time.

The goal of the CHESS program is to identify HUSKY Health members experiencing homelessness for whom housing would increase quality of life and decrease unnecessary health care utilization, while also ensuring all Medicaid members have equitable access to the program, regardless of their racial and/or ethnic identity. Beacon is charged with identifying potentially eligible members through a specially-developed algorithm and then providing outreach and follow-up, including: conducting a Universal Assessment, referrals to supportive housing providers, and authorizing pre-and post-tenancy services provided by the supportive housing providers.

Beacon's Intensive Care Managers (ICMs) conduct the Universal Assessments and are all licensed clinicians in the state of Connecticut. Outreach is performed by ICMs and Certified Peer Recovery Specialists, who are certified through the CT Certification Board. So far, over 740 individuals have been identified as potentially eligible.

Through the Managing Systems Throughput initiative, the main goal is to address delays in accessing appropriate behavioral health treatment at multiple levels of care, including youth stuck in an emergency department and youth who are admitted to a medical unit while awaiting psychiatric inpatient care. Beacon is also working to assist providers, youths and families to ensure that youths are transitioned to the next appropriate level of care as timely as possible following inpatient hospitalization. Prior to the beginning of the Connecticut Behavioral Health Partnership (CT BHP), the average discharge delay days comprised up to 40% of total inpatient days for HUSKY Health youth. To date, the percent of inpatient days in delay status has largely stayed below 10%.

The two most common reasons for a delay are the need for a higher level of care (such as the state hospital) or access to a Psychiatric Residential Treatment Facility (PRTF). Additionally, youth experience delays in timely access from emergency departments to inpatient services; at times, this delay is caused by a concern that the youth is "too acute" for the level of care or that the inpatient unit itself is "too acute," causing the referral to be declined. Addressing system throughput issues is critical to addressing access issues, identifying gaps in the service delivery system, and identifying additional resources needed to provide timely support to the youth population. As such, the Department and Beacon expanded the focus of interventions to include additional areas where throughput within the child system was impacted. These areas include:

- Identifying youth stuck in an emergency department and offering support in accessing the recommended level of care.
- Supporting youth who are admitted to a medical unit in accessing an inpatient psychiatric bed when indicated and reducing the number of unnecessary days on the medical floor while ensuring psychiatric care is provided during any periods of delay.
- Accurately monitoring average length of stay and discharge delay for Medicaid youth using claims-based reports for pediatric inpatient facilities.

- Continuing the PRTF Provider and Analysis Reporting (PAR) program to address throughput challenges related to the PRTF level of care.

Interventions through the Department's dental health ASO

The primary objective of the Connecticut Dental Health Partnership (CTDHP) program 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 health outcomes. Secondary objectives include better management of state resources and the delivery of standardized, but appropriate dental benefits. To attain 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 CTDHP is consistently among the top three programs in the United States with child utilization rates of dental services exceeding 60% for preventive care.

The CTDHP has undertaken an extensive study of the factors that affect and influence Health Equity and the Health Inequities that exist among the HUSKY Health population served. The goal is to enable all HUSKY Health members to achieve and maintain good oral health, by ensuring the availability of oral health services are fairly distributed across the population. CTDHP is committed to develop data driven strategies to address population specific needs to reduce barriers to accessing and utilizing oral health services. CTDHP completed its first member survey to identify barriers to care directly from HUSKY Health members. A total of 3,957 HUSKY Health members responded to the survey to provide their insights into the dental program.

Health disparity is a quality that separates a group from a reference point on a particular measure of health that is expressed in terms of rate, proportion, mean, or some other quantitative measure. Health equity is the fair distribution of health determinants, outcomes, and resources within and between the segments of the population, regardless of social standing. Health inequities are the difference in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, live, work, and age. Through data analytics and the responses from the survey CTDHP has Identified the "High Impact 25 cities" where Health Inequity exists particularly affecting the adult Members. The demography of the towns and cities reflect socioeconomic disparities, characterized by below or lowest averages that separates a group from a reference point on a particular measure of health that is expressed in terms of rate, proportion, mean, or some other quantitative measure. The CTDHP looks at geographic accessibility, dental network provider capacity, dental provider appointment availability, geographic access, capacity, and member understanding of oral health and the importance of good oral health.

In order to address Member understanding of the importance of oral health, targeted disease outreach activities were undertaken with a high proportion being the adult Membership. Members with chronic medical conditions such as Type I and Type II Diabetes Mellitus, and Members who have Sickle Cell Anemia who were non – utilizers of dental services were targeted in a medical – dental integration program between CHNCT and CTDHP care management teams. Both teams conducted monthly case conferences to triage and identify actions needed to support members. 56% of the members completed a dental visit as a result of the effort. 47% who did not

have a PCP or dental home did complete a dental visit opening up the opportunity for dentists to support and encourage primary care visits to members.

In addition, members with chronic health conditions received outreach phone calls, emails, and postal mail to remind each of the importance of having a regular dental appointment to achieve good oral health. Extensive outreach campaigns to target non – utilizers of dental services were conducted in non – traditional places such as food banks and pantries, libraries, and local bodegas to name a few. This was performed in addition to traditional modes of outreach which include newsletters, "e-blasts," automated phone calls and USPS mailings. Further outreach is undertaken using social media tools such as Twitter®, Facebook® and LinkedIn®, bus posters, billboards in the high impact cities, geofenced marketing in the bus and train stops in high impact cities, including partnering with local community organizations to develop the "trusted person" approach to educating Members regarding the importance of good oral healthcare.

The CTDHP Community Engagement Team is piloting a "Pop Up Resource Center" with Hartford Health's Neighborhood Initiative (HHNI). The HHNI conducts health clinics in local, community - based organizations. The Community Engagement Team is testing a rapid intake and dental appointment scheduling station while in the HHNI clinic for HUSKY Health Members.

- Oral Health Navigation for Acute Needs/Complex Barriers Cases: 1,061
- Community Engagement via visits, presentations, staff and member training in the community. e.g., Head Start, WIC, Family Resource Centers, Community Action Agencies, OBGYN, Pediatric, and Family Medicine Practices: 1,552
- Educational Material distributed: 75,998
- Live calls made to new enrollees who indicated that they did not have a dental home: 7,171
- Outbound Calls made by Member Service Representatives: 28,509
- Automated Calls made to Members without a Dental Home: 512,956
- Automated Calls made to Prenatal Members: 11,563
- Automated Calls made to adult members to inform them of their near approaching/reaching the annual benefit limit: 11,723
- Community Engagement to Libraries, Food Pantries, Shops & Bodegas, Homeless Shelters: 344
- Type 1 Diabetes Member Engagement Campaign: 3,656 Calls, 2,599 letters sent, 866 emails

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 —Gainwell Technologies. 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.

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SFY 2022 Network Adequacy Analysis

<u>Access to Care</u>

Medical Providers
Primary care providers: 4,191
Specialists: 20,034
Network growth over calendar year 2021: 6.1%

Behavioral Health Providers
Behavioral Health Providers: 8,256**
Network change over calendar year 2021: -17%
** This represents a decrease of behavioral health providers compared to last year. The decrease includes those providers who retired, consolidated and did not re-enroll into the CMAP system.

Dental Providers
Primary care providers: 1,795
Specialists: 403
Network change from calendar year 2021: -3.6%

Pharmacies
Pharmacies: 761
Network change from calendar year 2020: -2.0%

The below compares medical data and information from calendar year 2020 and 2021. 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.

<u>Population Health</u>

- *HEDIS® MY 2021 Pharmacotherapy Management of COPD Exacerbation* improved:
    - *Bronchodilator* 5.96% for HUSKY C
    - *Systemic Corticosteroid* 1.67% for HUSKY D
- *HEDIS® MY 2021 Persistence of Beta-Blocker Treatment After a Heart Attack* improved by 13.14% for HUSKY C and 6.79% for HUSKY D.
- *HEDIS® MY 2021 Antidepressant Medication Management* improved:
    - *Effective Acute Phase Treatment* 4.08% for HUSKY A and B, 13.43% for HUSKY C, and 6.30% for HUSKY D

- Effective Continuation Phase Treatment 5.25% for HUSKY A and B, 7.73% for HUSKY C, and 6.59% for HUSKY D

- *HEDIS® MY 2021 Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis* improved by 1.40% for HUSKY A and B, 18.15% for HUSKY C, and 19.15% for HUSKY D
- *HEDIS® MY 2021 Appropriate Treatment for Upper Respiratory Infection Total* increased for HUSKY A and B by 2.68%.
- *HEDIS® MY 2021 Statin Therapy for Patients with Cardiovascular Disease* improved:
  - *Received Statin Therapy Total* by 2.10% for HUSKY C and 1.11% for HUSKY D
- *HEDIS® MY 2021* Cardiac Rehabilitation improved:
  - *Initiation ages 18-64* by 43.88% for HUSKY D
  - *Initiation Total* by 43.46% for HUSKY D
  - *Engagement 1 18-64* by 20.95% for HUSKY A and B, 15.25% for HUSKY C, 82.47% for HUSKY D
  - *Engagement 1 Total* by 20.95% for HUSKY A and B, 231.34% for HUSKY C and 81.96% for HUSKY D
  - *Engagement 2 18-64* by 82.18% for HUSKY A and B and 149.34% for HUSKY D
  - *Engagement 2 Total* by 82.18% for HUSKY A and B, 65.67% for HUSKY C and 148.68% for HUSKY D
  - *Achievement ages 18-64* by 58.36% for HUSKY A and B and 450.77% for HUSKY D
  - *Achievement Total* by 58.36% for HUSKY A and B, 65.67% for HUSKY C and 449.23% for HUSKY D
- *HEDIS® MY 2021 Controlling High Blood Pressure* improved by 7.58% for HUSKY A and B, and 6.76% for HUSKY D.
- *HEDIS® MY 2021 Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia* improved by 22.98% for HUSKY C.
- *HEDIS® MY 2021 Plan All-Cause Readmissions* improved*:*
  - *Observed Readmission Rate Total* 1.74% for HUSKY A and B
- CHNCT continued to show decreases in readmissions for members with asthma (-35.88%), COPD (-16.18%), and CAD (-6.74%).

Child and Adolescent Well-Care Health Measures

- *HEDIS® MY 2021 Childhood Immunization Status* improved for HUSKY A and B by:
  - *Hepatitis B* 1.33%
  - *Influenza* 4.50%
  - *Combination #10* 3.54%
- *HEDIS® MY 2021 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* improved for HUSKY A and B by:
  - *BMI Percentile Total* 8.64%
  - *Nutritional Counseling Total* 6.41%
  - *Physical Activity Counseling Total* 7.81%
- *HEDIS® MY 2021 Children and Adolescent Well-Care Visits Total* improved by 10.78% for HUSKY A and B and 15.21% for HUSKY D.
- *HEDIS® MY 2021 Non-Recommended Cervical Cancer Screening in Adolescent Females* improved by 22.50% for HUSKY A and B, and by 34.55% for HUSKY D.
  - Behavioral Health Screening (Ages 1-18) increased by 10.30%.

- Developmental Screening in the First Three Years of Life (Ages 1-3) increased by 2.68%.

Adult Well-Care Health Measures

- *HEDIS® MY 2021 Breast Cancer Screening* improved by 1.33% for HUSKY A and B.
- *HEDIS® MY 2021 Cervical Cancer Screening* improved by 4.85% for HUSKY C and 1.03% for HUSKY D.
- *HEDIS® MY 2021 Chlamydia Screening in Women Total* improved by 3.15% for HUSKY A and B and 4.49% for HUSKY D.
- *HEDIS® MY 2021 Adults' Access to Preventative/Ambulatory Health Services Total* improved by 1.38% for HUSKY A and B, 1.25% for HUSKY C, and 2.34% for HUSKY D.

Asthma Health Measures

- *HEDIS® MY 2021 Asthma Medication Ratio for ages 51-64* improved by 2.67% for HUSKY A and B.
- Medical ED Visits for ICM Engaged members with Asthma decreased by 26.78%.
- Medical Inpatient Admissions for ICM Engaged members with Asthma decreased by 39.04%.
- Asthma in Younger Adults Admission Rate (ages 18 to 39) per 100,000 MM decreased by 10.16%.
- COPD or Asthma in Older Adults Admission Rate (ages 40-64) per 100,000 MM decreased by 11.82%.
- COPD or Asthma in Older Adults Admission Rate Total (ages 40 or older) per 100,000 MM decreased by 10.45%.

Cardiovascular Conditions

- Hypertension Admission Rate:
    - Ages 18-64 years per 100,000 MM decreased by 9.73%
    - Total (ages 18 and older) per 100,000 MM decreased by 8.20%
- Heart Failure Admission Rate:
    - Ages 18-64 years per 100,000 MM decreased by 6.88%
    - Ages 65+ years per 100,000 MM decreased by 12.21%
    - Total (ages 18 and older) per 100,000 MM decreased by 7.51%

Diabetes Health Measures

- *HEDIS® MY 2021 Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)* improved by 5.88% for HUSKY A and B, and 10.20% for HUSKY D.
- *HEDIS® MY 2021 Comprehensive Diabetes Care - HbA1c Control (<8.0%)* improved by 15.94% for HUSKY A and B, and 8.79% for HUSKY D.
- *HEDIS® MY 2021 Comprehensive Diabetes Care-Eye Exam (Retinal) Performed,* improved by 6.23% for HUSKY A and B, and 14.66% for HUSKY D.
- *HEDIS® MY 2021 Comprehensive Diabetes Care –Blood Pressure Control (<140/90 mm Hg)* improved by 3.22% for HUSKY C and 10.53% for HUSKY D.
- *HEDIS® MY 2021 Kidney Health Evaluation for Patients with Diabetes* improved:
    - *18-64 Years* by 8.97% for HUSKY A and B, 6.93% for HUSKY C, and 8.95% for HUSKY D

    - *65-74 Years* by 7.14% for HUSKY A and B, 18.79% for HUSKY C, and 41.59% for HUSKY D
    - *75-85 Years* by 23.70% for HUSKY C
    - *Total (18 years and older)* by 9.01% for HUSKY A and B, 12.93% for HUSKY C, and 9.38% for HUSKY D
- *HEDIS® MY 2021 Statin Therapy for Patients with Diabetes* improved by:
    - *Received Statin Therapy* by 1.16% for HUSKY A and B
    - *Statin Adherence 80%* by 1.52% for HUSKY A and B
- *HEDIS® MY 2021 Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications* improved by 4.58% for HUSKY A and B, 6.97% for HUSKY C, and 4.24% for HUSKY D.
- *HEDIS® MY 2021 Diabetes Monitoring for People with Diabetes and Schizophrenia* improved by 4.20% for HUSKY A and B, 17.89% for HUSKY C, and 8.72% for HUSKY D.
    - Hospital Admission Rates For**:**
        - Diabetes Short-term Complications (age 18-64) per 100,000 MM decreased by 9.57%
        - Diabetes Short-term Complications (Total- age 18 and older) per 100,000 MM decreased by 9.29%
        - Diabetes Long-term Complications (age 18-64) per 100,000 MM decreased by 21.87%
        - Diabetes Long-term Complications (age 65+) per 100,000 MM decreased by 10.99%
        - Diabetes Long-term Complications (Total- Age 18 and Older) per 100,000 MM decreased by 21.43%
        - Uncontrolled Diabetes (age 18-64) per 100,000 MM decreased by 5.15%
        - Uncontrolled Diabetes (Total Ages 18 and Older) per 100,000 MM decreased by 4.40%
        - Lower-Extremity Amputation among Patients with Diabetes Rate (age 18-64) per 100,000 MM decreased by 32.91%.
    - Lower-Extremity Amputation among Patients with Diabetes Rate (age 65+) per 100,000 MM decreased by 10.99%.
    - Lower-Extremity Amputation among Patient with Diabetes Rate (Total ages 18 and older) per 100,000 MM decreased by 31.80%.

<u>Perinatal, Maternal and Infant Health Measures</u>

- NICU Count per 100 Live Newborn Births decreased by 1.67%.

<u>Addressing Substance Use</u>

- *HEDIS® MY 2021 Use of Opioids at High Dosage* improved by 23.34% for HUSKY A and B, 8.67% for HUSKY C, and 17.56% for HUSKY D.
- *HEDIS® MY 2021 Use of Opioids from Multiple Providers* improved by:
    - *Multiple Pharmacies* 8.05% for HUSKY A and B, and 10.70% for HUSKY C
    - *Multiple Prescribers and Multiple Pharmacies* 1.16% for HUSKY A and B
- *HEDIS® MY 2021 Risk of Continued Opioid Use ≥ 15 Days Covered* improved by:

- *≥15 Days Covered* 3.07% for HUSKY C, and 5.80% for HUSKY D
- *≥31 Days Covered* 2.76% for HUSKY A and B, and 6.23% for HUSKY D

Utilization Management and Cost Effectiveness

- Overall inpatient admissions per 1,000 MM decreased by 7.1%.
- Hypertension Admission Rate per 100,000 MM (Ages 18 and Older) decreased by 8.20%.
- Heart Failure Admission Rate per 100,000 MM (Ages 18 and Older) decreased by 7.51%.
- ED Utilization for Members Engaged in Intensive Care Management decreased by 24.02%.
- ED Utilization for Members Managed by the EDCM Program decreased by 38.62%.
- Frequent User Member Month ED Visit Rate decreased by 20.72%.
    - Total Medical ED Visits for Frequent Utilizers improved by 26.12%.
- *HEDIS® MY 2021 Ambulatory Care - Outpatient Visits per 1000 MM* increased by 18.23% for HUSKY A and B, 10.89% for HUSKY C, and 11.36% for HUSKY D.
- *HEDIS® MY 2021 Inpatient Utilization- Maternity- Discharges per 1000 MM* decreased by 4.33% for HUSKY A and B, and 27.27% for HUSKY C.
- *HEDIS® MY 2021 Inpatient Utilization- Medicine- Discharges per 1000 MM* decreased by 3.32% for HUSKY C and 13.00% for HUSKY D.
- *HEDIS® MY 2021 Inpatient Utilization- Medicine- Average Length of Stay* decreased by 3.07% for HUSKY A and B.
- *HEDIS® MY 2021 Inpatient Utilization- Surgery- Discharges per 1000 MM* decreased by 0.44% for HUSKY D.
- *HEDIS® MY 2021 Inpatient Utilization- Surgery- Average Length of Stay* decreased by 0.76% for HUSKY A and B, and by 10.06% for HUSKY C.
- *HEDIS® MY 2021 Plan All-Cause Readmissions – Observed Readmission Rate Total* decreased by 1.74% for HUSKY A and B.

Access to Care

- CHNCT increased the total number of providers in the CMAP network by 5.87%.
- Number of providers who provide Medication Assisted Therapy (buprenorphine) improved by 4.06%
- Increased attribution rate by 1.83% in MY 2021 compared to MY 2020, resulting in an overall member attribution rate of 68.10%.

Program Satisfaction

- CHNCT achieved above a 90% overall favorable rating on program satisfaction surveys:
    - ICM Satisfaction Survey 93.3%
    - CPTS Satisfaction Survey 92.71%
    - Member Engagement Satisfaction Survey 97.87%

Pharmacy

- 23.5 million pharmacy claims, and 28.7 million non-pharmacy electronic claims were processed
- 66.6 million electronic eligibility transactions and 69,709 automated voice response eligibility transactions were processed
- 11.7 million medication histories were processed through the e-Prescribing application
- 9.7 million EVV transactions were submitted

Program Satisfaction

- Achieved a 94.1% overall favorable rating by members surveyed for satisfaction with the ICM program
- Achieved a 96.19% overall favorable satisfaction rating by providers surveyed for satisfaction with the Community Practice Transformation Specialist team
- Achieved a 97.82% overall favorable rating by members surveyed for satisfaction after completion of a call with the CHNCT Member Engagement Services call center.

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Access to Primary, Preventative Medical Care

Person-Centered Medical Homes (PCMH)

The Department implemented its PCMH initiative on January 1, 2012, and has further developed it over ensuing years. 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 2021, a total of 123 practices were participating (reflecting 585 sites and 2,363 providers) in this program. These practices were supporting 469,887 HUSKY Health members. This represents an 11.31% increase in the number of HUSKY Health members that are attributed to a PCMH Primary Care Practice.

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 2020, $1,039,824 was paid out to 125 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.

More recently, the Department has engaged all of the ASOs to develop well-defined areas of health or outcome disparities relative to their specific focus area of healthcare. CHNCT has identified a specific area of health and outcome disparity related to Black/African American children and youth not receiving their immunization and vaccinations at well-child visits in New Haven and Bridgeport. Beacon has identified an outcome disparity for Black/African American youth and adults related to follow-up after hospitalization. BeneCare will be focusing on individuals who have never used dental services and will assist them in connecting to a dental home.

Identifying and Correcting Bias in Healthcare Algorithms

In healthcare, data and algorithms are frequently used to identify populations that may benefit from specialty care management. Such data-driven programs have the potential to improve disease management, health outcomes and reduce the cost of care and may also have the potential to remove bias from human decision making in eligibility or access determinations. However, recent research has shown that algorithms in healthcare and other fields can show bias against certain populations due to systemic racism that is reflected in the data used to construct these algorithms. In 2019, Beacon, in its role as the ASO for the CT Behavioral Health Partnership, was tasked with assisting in the administration of the Coordinated Housing Engagement and Support Service (CHESS) program, including developing an algorithm to aid in the identification of those Medicaid recipients most likely to benefit from receiving housing support services and obtain priority access to housing vouchers. Over a 14-month period, five algorithm solutions were tested against program goals relating to maximal impact on health and cost efficiency, right-sizing program capacity, and achieving equity in program participation. Beacon abandoned the more typical (and likely biased) approach of measuring utilization and shifted to the use of a comorbidity index based on diagnosis supplemented by other housing indicators that helped to avoid bias in the eligibility process.

The Department works in partnership with the ASO in the implementation of the CHESS program. To date, 2294 people have applied for CHESS. Of the 2294 applicants, 2057 people met the pre-screen requirements. Pre-screened applicants are sent to the ASO to determine if the applicant meets the comorbidity index based on diagnosis. 412 people have met the comorbidity index and are currently working with a supportive housing provider. Of the 412 people, 30 people are now housed with CHESS.

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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

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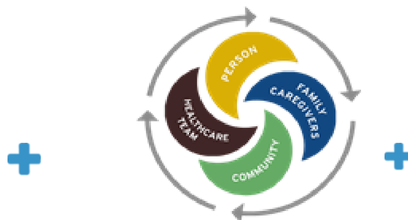

Community-based care coordination through expanded care team

+

"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 become more 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 I. DSS then rolled participation of all of the Wave 1 Participating Entities (PEs) and selected an additional two FQHCs and three advanced networks through a procurement for PCMH+ Wave 2. Total member attribution for Wave 2 was 181,902 (132,155 individuals attributed to the FQHCs and 49,747 individuals attributed to advanced networks). For Wave 3, two advanced networks and ten FQHCs were selected to participate. Total member attribution for Wave 3, Year 1 (CY2020) was 152,583 (123,814 individuals attributed to FQHCs and 28,769 individuals attributed to advanced networks). Wave 3, Year 2 (CY2021) saw increased membership growth with total member attribution of 190,278 (148,258 individuals attributed to FQHCs and 42,020 individuals attributed to advanced networks).

Initial performance indicators for Wave 1 and 2 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 results show significant improvement in quality measures for behavioral health screening, developmental screening in the first three years of life, and avoidance of antibiotic treatment in adults with acute bronchitis and declines in ED usage. Measures in Wave 2 that did not significantly improve include diabetes HbA1c screenings, prenatal care, readmissions within 30 days, and child and adolescent well-child visits.

Key indicators from Wave 1 and 2 continuing into Wave 3 include:

- a low member opt-out rate (the overwhelming majority of which occurs at the start of a new wave with the release of member letters)

- low rate of member complaints
- successful PE implementation of care coordination activities and establishment of community partnerships.

Further, we are very pleased 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, the Department has made important changes to Wave 3 model design. Wave 3 supports further enhancement to care coordination, paving the way towards the inclusion of dual members in the future, the addition of quality measures on PPA and PPV, and requires the integrated 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 Year 1 resulted in aggregate Minimum Savings Rate-adjusted savings of $8,236,847 half of which was shared with the PEs. Wave 2, Year 2 resulting in aggregate Minimum Savings Rate-adjusted savings of $14,609,933, half of which was shared with the PEs. Wave 3, Year 1 included a rebase and did not carry forward any savings from prior years. A rebase every three years (2017, 2018, and 2019) is similar to the three-year rebasing done in the Medicare shared savings program. The aggregate Minimum Savings Rate-adjusted savings of $529,576 was recorded for Wave 3, Year 1.

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. On the other hand, 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 federal fiscal year 2024. Data reported in 2024 will reflect care delivered in 2023.

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.

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'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 toward institutional settings, but rebalancing is shifting this. In SFY 2022, 70% of Medicaid members who required LTSS received services in the community. This percentage has increased significantly over time. Since SFY 2003, the percentage of Medicaid clients receiving care in the community has increased significantly -- from 46% in SFY 2003 to 70% in SFY 2022.

In SFY 2022, 60% of the total LTSS Medicaid expenditures were spent in the community, while 40% 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.

American Rescue Plan Act – Home and Community Based Services

The State of Connecticut's home and community-based services (HCBS) ARPA plan utilizes temporary enhanced federal reimbursement (approximately $240 million for Connecticut) for reinvestment in new qualifying services which support community-based long-term services and supports.

Connecticut's plan for use of the temporary 10% increase to the federal medical assistance percentage (FMAP), enacted under the American Rescue Plan Act of 2021, will provide for the alignment of HCBS initiatives with the state's longstanding, Governor-led Strategic Rebalancing Plan, across multiple domains like expansion of service options, workforce initiatives, housing, access to community-based services, and nursing facility diversification and modernization. More information and status updates are located here: Home and Community Based Services (ct.gov)

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 2022, the Money Follows the Person program supported 445 individuals in transitioning from nursing facilities to the community. Of these, 428 received enhanced match; 180 of these were elders, 181 had physical disabilities, 58 had mental health disabilities and 9 had intellectual disabilities. Since implementation in December 2008, there have been over 7,300 transitions, of which 6,829 received enhanced federal financial participation. Out of this total, 3,041 were elders, 2,554 had physical disabilities, 875 had mental health disabilities and 342 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.

During SFY 22, the state received additional funds under the Money Follows the Person Demonstration. As a result, the Department launched a new initiative called My Care Options. My Care Options provides information and care management to individuals living in nursing homes based on a predictive model. The program remains in the testing phase with the aim of statewide implementation during SFY 23.

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 (BIP) 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 2017, the assessment was improved to refine levels of need and efficiency of the tool and in SFY 2019, the assessment was implemented in all DSS LTSS programs. Further design updates were made in SFY 2020 to incorporate new clinical eligibility criteria for the Coordinated Housing Engagement and Support Service 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 2021, 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 job-seekers 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 2022, 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 22, 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 2022, approximately 5,600 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 11 proposals have been awarded since SFY 2014, seeking to diversify their business models. Of the 11 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 to 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.

Child Support Services – For Children, Parents and Taxpayers

The Office of Child Support Services (OCSS) collected over $263.8 million in court-ordered child support during SFY 2022 (ending 6/30/22). The program sent $190.5 million in parental support to children whose families were not receiving cash assistance. Another $13.8 million went to children living in another state/territory.

At the same time, state taxpayers benefited from approximately $9.2 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 $23.6 million was collected on past-due amounts and kept by the State as reimbursement.

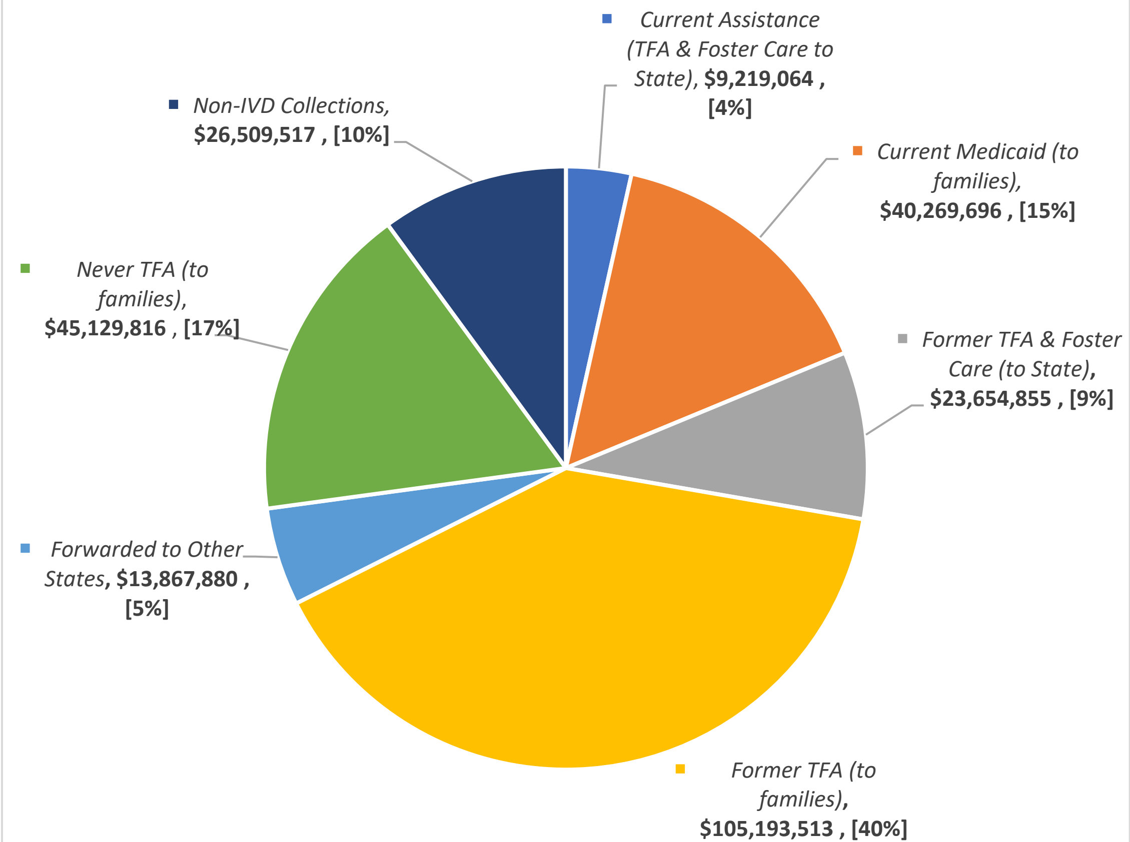
At the end of Federal Fiscal Year 2021 (9/30/21), the child support caseload was 128,565. Just over five percent (5%) of those cases were active Current Cash Assistance (support assigned to the state); 63% were Former Assistance (payments to families); and 32% Never Assistance cases (payments to families). Ninety-four percent (94%) of OCSS 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 2022, the Office of Child Support Services Administrative Unit collected over $50 million in child support for families and the State of Connecticut.


Child Support Collection By Family Type
SFY 2022
Current Assistance (TFA & Foster Care to State), $9,219,064 , [4%]
Current Medicaid (to families), $40,269,696 , [15%]
Former TFA & Foster Care (to State), $23,654,855 , [9%]
Former TFA (to families), $105,193,513 , [40%]
Forwarded to Other States, $13,867,880 , [5%]
Never TFA (to families), $45,129,816 , [17%]
Non-IVD Collections, $26,509,517 , [10%]

MAJOR PROGRAM AND SERVICE AREAS

Medical and Health Care Services

Staff from the Divisions of Health Services, Program Oversight and Grant Administration, Field Operations, Child Support Services and Social Work Services help eligible children, youth, and adults, including persons with disabilities and older adults, access needed health coverage through Medicaid, Children's Health Insurance Program, and other programs. Connecticut's HUSKY Health program 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. DSS works in tandem with Access Health CT, Connecticut's health insurance exchange/marketplace, to provide health coverage through a shared eligibility and enrollment system, 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 2022, approximately 1,036,800 individuals received at least one month of coverage in the HUSKY Health Medicaid areas (HUSKY A, C and D); and approximately 22,600 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 581,800 individuals received medical coverage through HUSKY A during SFY 2022.

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 22,600 children participated in the program during SFY 2022.

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. Effective 7/1/2022, the three regions for TFA and MNIL eligibility became one statewide standard.

Monthly Amount:

Single Person - $653

Married Couple: $879

Institutionalized Individuals

Single Person: $2,523

Asset limits are as follows:

Single person: $1,600

Married couple: $2,400

The HUSKY C program served approximately 94,100 low-income elders and adults with disabilities, including about 17,600 individuals who received care in nursing homes during SFY 2022.

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 382,000 Connecticut residents were served through HUSKY D in SFY 2022.

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

Monthly Amount:

Single Person: $1,563

Married Couple: $2,106

For more information, please visit www.ct.gov/husky.

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 $2,786 per month for a single person and $3,572 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 ($170.10 per month). During SFY 2022, the department served approximately

209,253 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 5,100 individuals with disabilities in Connecticut's workforce received Medicaid coverage through this program in SFY 2022. 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 77 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 currently supports 236 enrollees.

Waiver for Persons with Autism (Lifespan Waiver) serves persons who are at least three 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 $50,000 annually.

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. Legislation passed in the 2021 session added an additional 50 waiver slots and legislation passed in 2022 session added an additional 150 waiver slots. DSS is actively recruiting and hiring three additional case managers in order to transition individuals from the waiting list to the waiver. As of June 2022, there were 124 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 581 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 1,087 persons are currently being served under this waiver.

ConnTRANS (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 2022, DSS provided medical coverage to 17,306 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 249 individuals in this coverage group during SFY 2022. 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 109 individuals in this coverage group during SFY 2022.

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 1,314 individuals in these coverage groups during SFY 2022.

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Services for Families and Children

Temporary Family Assistance

DSS 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 2022, the Department provided TFA benefits to approximately 20,500 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. DSS provided TFA recipient families the opportunity to access these services on a voluntary basis to provide additional support during the COVID-19 pandemic.

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 380,397 residents in 220,674 households were receiving federally funded SNAP benefits as of June 2022. During SFY 2022, over 476,500 residents received at least one month of SNAP benefits. Benefits are provided electronically, enabling clients to use a debit-type swipe card at grocery stores, food markets, farmers markets, and online 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 2022, 380,397 Connecticut residents were receiving SNAP benefits, with 220,674 total households participating in the program. The SNAP Unit provides policy support to the 12 DSS field offices, central office, and legislative and community partners 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** (also known as CT Pathways) through partnerships with the community college system and community-based organizations. In 2022, DSS strengthened its partnership with its 18 SNAP employment and training providers, to provide services in vocational training, supervised job search, work experience, job retention, and added case management services. In SFY 2022, in response to the changing educational environment brought on by the COVID-19 pandemic, a laptop loaner program was continued from the previous year to support student participation in an online

environment. SNAP Employment and Training 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 degree programs. For further information, please visit www.ct.gov/snap/employmentandtraining.

As noted earlier in this report, DSS posted a timeliness rate of over 96% for SNAP application processing in SFY 2022, 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 SFY 2022, approximately $1.1 billion in direct federal revenue came into Connecticut's food economy through SNAP, generating as much as $2 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.

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Child Support Services (please see also pages 43-44)

Child support 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 parentage for parents who meet the legal requirements under the Connecticut Parentage Act (AN ACT CONCERNING ADOPTION AND IMPLEMENTATION OF THE CONNECTICUT PARENTAGE ACT), and integration of the principles of the Connecticut Fatherhood Initiative.

Child support efforts that involve other state and local agencies include: the Parentage Registry (formerly known as the Paternity Registry) and Voluntary Acknowledgment of Parentage (VAP) Program (formerly Voluntary Paternity Establishment(VPE) Program), which works with the Connecticut Department of Public Health, and Connecticut birthing hospitals; 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 services to never-married noncustodial parents to increase access to their children; and the Voluntary Acknowledgment of Parentage Program, providing services in 24 area birthing facilities. Hospital-

based paternity establishment was particularly critical during the pandemic, and for 2021 the statewide average rate of acknowledgements completed at hospitals at the time of birth was 78%.

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 majority of collections via the e-IWO program go primarily to families. 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 2025.

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 ten 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

As key leaders at the local and state levels continued to see children who had been impacted by father-absence, they recognized this as a nonpartisan issue and the CT Fatherhood Initiative (CFI) formally began with the passage of legislation in 1999 entitled "An Action Establishing A Fatherhood Initiative, A Fatherhood Council And A Research And Demonstration Program And Concerning Other Methods To Strengthen Child Support Enforcement". The overarching goal of the CFI is to promote the positive involvement and interaction of fathers with their children. CFI promotes responsibility in fatherhood at multiple levels. It supports fathers in their personal responsibilities through programs and interventions. At the same time, the Initiative advocates for responsibility on the system level, working to identify and address barriers in policies and practices that hinder full involvement of fathers in all aspects of their children's lives.

Currently in its 23rd year of operation, The CFI is a statewide multi-agency collaboration, led by the Department of Social Services, working toward a common goal: to support children, mothers and fathers by focusing on the important influence of men who are or will be in fathering roles. CFI partners do this through systems change efforts as well as supporting direct services and programming for fathers, with a commitment to racial equity, gender equity and safe engagement of fathers with their children.

CFI partners include the Departments of Children and Families, Correction, Developmental Services, Education, Housing, Labor, Mental Health and Addiction Services, Public Health, Veterans Affairs and the Office of Early Childhood; Judicial Branch Court Support Services Division, Support Enforcement Services and Family Support Magistrate Division; Board of Pardons and Parole; Commission on Women, Children, Seniors, Equity and Opportunity; CT Coalition Against Domestic Violence; CT State Colleges and Universities; United Way of CT; legal services, researchers and numerous community-based family and youth serving providers.

The recent passage of Senate Bill 289, AN ACT CONCERNING OVERSIGHT AND FUNDING OF THE CONNECTICUT FATHERHOOD INITIATIVE., reaffirms the work that's been done over the last 23 years to support the important role that fathers can play in the lives of their children. Collectively, the partners' work has begun to improve how fathers are recognized, included and supported in their roles within the multiple agencies that serve them. This work in service of strong children is critical. More information about the CFI can be found at www.ct.gov/fatherhood.

Additional father-engagement efforts managed by the OCSS include the CT Voluntary Acknowledgment of Parentage (VAP) Program, The Federal Access and Visitation Grant and the CT Arrearage Adjustment Program.

DSS-Contracted Fatherhood Program Providers

During SFY 2022, six DSS-certified fatherhood programs below received an allocation of

$310,498; $48,416 per site.

- Career Resources, Inc., Bridgeport - Fathers for Life Program
- Family Strides, Inc., Torrington - Fatherhood Initiative Program
- GBAPP, Inc., Bridgeport – Teen Fathers Program
- Madonna Place, Inc. Norwich - Fatherhood Initiative Program
- New Haven Family Alliance, Inc., New Haven - Male Involvement Network
- New Opportunities, Inc., Waterbury - Fatherhood Initiative Program

While the above programs receive some funding through DSS, there are two other programs, the Community Renewal Team (CRT) and Catholic Charities of the Archdiocese of Hartford (CCAOH), who have successfully completed DSS Certification process for fatherhood programming but are funded through other channels. Legislation passed in 2003 charged the CT DSS Commissioner with creating a state certification process for fatherhood programs. There are currently 8 DSS-certified fatherhood programs. The purpose of certification is to recognize fatherhood programs that have demonstrated exemplary practice in service to fathers and families as measured against seven defined standards. While being a DSS-certified program does not automatically lead to funding, being DSS-certified does allow programs the opportunity to demonstrate the delivery of comprehensive services based on the standards identified by national groups as best practices, which may enhance applications and may increase an agency's chances to be successful in obtaining funding.

Each of the above-noted agencies are contracted to provide a Fatherhood Initiative Program to assist at least 50 (per program site) unduplicated low-income noncustodial fathers with services including: economic self-sufficiency; positive involvement and interaction with their children; outreach/recruitment to engage noncustodial fathers, intensive case management; and curriculum-based group sessions. During SFY 22 the fatherhood programs combined to serve 255 unduplicated low-income non-custodial parents statewide.

Overall, program outcomes include improved employability; improved/maintained compliance with child support orders; improved ability to obtain/maintain consistent employment; initiating the process to establish legal paternity for their child(ren) if not yet established; increased time spent with his/her child(ren); and increased knowledge about parenting skills.

CFI Strategic Plan Implementation

DSS and its partners have also continued with the implementation of the CFI Strategic Plan strategies and recommendations. The collaborative has identified the following results statements as the common goal - Primary Results Statement: *Connecticut children grow up in a stable environment, safe, healthy and ready to lead successful lives*. Secondary Results Statement: *All Connecticut fathers are engaged in the lives of their children*. 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 with their children, co-parents and significant others*; DOMAIN 3: *Youth 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 Domain Committee Chair reports out on their respective group's work at the CFI Council quarterly meetings. As lead agency for the CFI, the Commissioner is charged with convening the broad-based CFI Council to assist with the planning and implementation of statewide activities to support the CFI. Senator Marilyn Moore currently serves as Co-chair of the CFI Council. Membership includes state partners representing all three branches of government, community-based fatherhood practitioners, experts in domestic violence, legal services, men's health and others.

Quarterly meetings were held throughout 2021 and are scheduled through the end of 2022.

2022 NEFC Virtual Conference

Tony Judkins, DSS Program Manager; Diana DiTunno, Office of Organizational & Skill Development Consultant and Program Manager; and longtime community partner and CFI Council Member Doug Edwards have served as Connecticut's representatives on the New England Fathering Conference (NEFC) Planning Committee since 2004. The NEFC was initiated in Massachusetts in 1999 and was held there annually until the Planning Committee decided to rotate the event around the New England region every two years. This annual event brings together 300-400 dads, family service providers, social workers, health professionals, educators, program directors, state and federal representatives, and father advocates from across New England and beyond to participate in two and a half days of learning and sharing. The best formula for raising healthy, happy children is men and women working together to meet their needs. Unfortunately, the events scheduled for March 2020 and 2021 were both cancelled due to the pandemic. At the core of the NEFC is fellowship, gathering together each year to share information and revitalize ourselves in the work we do in support of fathers, mothers and children, to catch up with those we have built relationships with across New England and beyond over the past 20-plus years, and to make new friends and colleagues for the years ahead.

Initially the Planning Committee hoped to hold an in-person event in March 2022; this could not happen due to a surge in COVID cases nationwide. As a way to keep the NEFC network engaged until the conference reconvenes in-person in March 2023, the New England Fathering Conference Planning Committee hosted the 2022 New England Fathering Conference, this free Virtual event was entitled "Opportunities for a New Beginning" the conference took place on Wednesday, March 16, 2022. The conference featured opening remarks from Commissioner Tanguler Gray from the Federal Office of Child Support Enforcement, keynote presentation from Haji Shearer, LSW called "Fathers as Agents of Positive Change: Dads and Neuroplasticity." As well as the always popular and powerful conference segment, Dad Stories: Moderated by Doug Edwards. The segment was titled "Lets Chat About Connecting" the segment featured a conversation with three local dads about the power and importance of their emotional connection with their children during the first 1,000 days and beyond. The conference was well attended as we had over 300 participants register for the event.

CFI Cross-Agency Collaborations

Noncustodial Parent Employment Pilot

This pilot is a multi-agency collaboration between DSS Office of Community Services & Office of Child Support Services and the Department of Labor, Judicial Support Enforcement Services. DOL is receiving $308,000 in Social Services Block Grant funding from the DSS Office of Community Services, intended to help fill service gaps for job seekers as result of COVID-19. The funding was initially slated to end September 2021 but was extended through September 2022. Two case managers work one-on-one with noncustodial parents who are involved with the court system related to child support issues around employment and helping the non-custodial parent to achieve their employment goals. The pilot runs in the Hartford area.

"Dads Matter Too" Virtual Conference

DSS co-hosted, along with the Department of Children and Families (DCF) and Central CT State University, the 7th Annual Dads Matter Too Virtual Fatherhood Conference entitled "Engaging Men: Moving Men from Risk to Resource" on November 18-19, 2021. More than 300 local professionals and leaders attended this event. During this two-day virtual conference, participants focused on strengths of male vulnerability and the harmful aspects of male masculinity. The conference also provided a deeper understanding of the psychology of boys and men and how social work staff can prioritize boys'/men's emotional needs, while reviewing the intersectional identity of social constructed gender roles and how this impacts father engagement. On Day 1 of the conference, DSS Commissioner Deidre Gifford provided opening remarks and a brief update on CFI activities to date.

Connecticut Fatherhood Initiative (CFI) Newsletter

On June 14, 2022, the CFI released its inaugural newsletter (summer edition). The purpose of this quarterly publication is to raise awareness of the CFI, share information and resources and potentially expand the network to agencies/individuals with whom the CFI has not connected. While the audience may include fathers and mothers, the target is professionals both already connected to the CFI and engage those who may not yet have formal connections with the CFI. The newsletter also encourages and offers an opportunity for partner agencies to continue fostering internal communication and educate each other on the various programs and services they provide to our customers and how each program area might collaborate to be more customer focused and resourceful.

The publication will be disseminated electronically via email blast as well as posted to the CFI website. Each issue will focus on an area of fatherhood from various perspectives with an attempt to find the "WIIFM" – the "What's In It For Me?" –for readers. The next issue will be released in the Fall 2022.

DSS Participation at the Department of Children and Families (DCF) Pre-Father's Day Event

In celebration of Father's Day and the impact that fathers have on the lives of their children, DCF held an event to highlight DCF, the Connecticut Fatherhood Initiative (CFI) and other community

partners efforts to engage, empower and support fathers through public/private partnerships. The event included a press conference that featured the collaborative efforts taking place statewide to engage, empower and support fathers in their fathering role as well as the unveiling of a fatherhood mural that has been painted on the entrance to the DCF Hartford Regional Office as created by local artist Corey Pane, which includes a father and his two young girls braiding each other's hair as well as a rainbow and unicorn. The words, "My Dad is…." appear to encourage conversation from children about their fathers and the activities they enjoy together. The mural also signifies that dads are welcomed and respected at DCF. The event was held on Friday June 17, 2021 at 250 Hamilton Street in Hartford, Connecticut.

Strategic Prevention Framework Initiative

During the COVID-19 pandemic multiple stressors have presented unprecedented behavioral health and substance abuse use challenges and these impacts on vulnerable and disenfranchised populations are among the top priorities of the federal Substance Abuse Mental Health Services Administration (SAMHSA).

Longstanding CFI partner, the Department of Mental Health and Addiction Services (DMHAS) applied for and received a Connecticut COVID-19 Substance Abuse and Prevention and Treatment (SAPT) Block Grant award to develop equity-based programming that ensures the needs of fathers at high risk of substance abuse and mental illness resulting from the COVID-19 pandemic are addressed. They have presented the Department of Social Services (DSS) with a collaborative opportunity as lead agency of the CFI by providing $848,000 to fund the eight DSS certified fatherhood program providers to implement the SAMHSA approved Strategic Prevention Framework (SPF) process to address alcohol, tobacco, and other drug (ATOD) use and mental health promotion for fathers in their programs. The SPF process is a strategic planning approach used by prevention planners who want to put in place effective solutions to urgent substance misuse and behavioral health problems facing their communities. It is dynamic and iterative, data-driven, and encourages a team approach.

The DMHAS funding will support the application of the SPF process to strengthen the capacity of fatherhood programs. Each fatherhood program will:

- Participate in the Strategic Prevention Framework training sessions - a 5 step process to understanding and addressing substance misuse and related behavioral health problems
- Hire .5 FTE staff to manage the day-to-day program operations and serve as the project liaison
- Convene a coalition for each funded Fatherhood Program that meets regularly to advise the project and strengthen partnerships that improve project outcomes and shared community goals

Strategic Prevention Framework Initiative, continued

- Implement approved strategies resulting from the SPF process that reduce substance use in fathers and/or promote their mental health
- Collect and submit monthly service data into DHMAS' cloud-based IMPACT Data reporting system

- Participate in meetings, learning communities, technical assistance sessions, and showcase events.

DMHAS will also provide technical assistance and training support to fatherhood programs and partners through the Connecticut Prevention Training and Technical Assistance Service Center (TTASC).

CFI Legislative Efforts – Public Act 22-138
An Act Concerning Funding and Oversight of the Connecticut Fatherhood Initiative

As part of the CFI Council's Strategic planning implementation strategy for the 2022 legislative session, the Council worked to develop language for a legislative proposal that more appropriately puts into statute the work the CFI partners have all participated in over the last two decades. On behalf of the CFI Council and as lead agency for the Connecticut Fatherhood Initiative, DSS submitted the CFI legislative proposal.

The CFI formally began with the passage of legislation in 1999, as key leaders at the local and state levels continued to see children who had been impacted by father-absence and recognized this as a nonpartisan issue. This bill updates the existing CT Fatherhood Initiative legislation to better reflect its current structure, partners and goals, and further strengthen this robust public-private collaborative.

The bill reflects the decisions made during the development of the CT Fatherhood Initiative's Strategic Plan (Plan), which included representation by over 50 agencies and more than 80 stakeholders. The Plan is currently being implemented by numerous stakeholders under the guidance of the CFI Council

This bill also reflects the current CFI Council, which outlines that members of the Council, among other things agreed to: provide membership and active participation on the Fatherhood Advisory Council and related events/activities; designate an agency liaison to facilitate communication and reporting about fatherhood activities; seek opportunities for collaboration among partners for programs, projects, or legislative proposals that support positive father, child and/or family outcomes; seek opportunities for funding, consistent with the agency's mission, to support positive father involvement; provide active participation for the implementation of the CFI Strategic Plan, including staff leadership/membership on committees and workgroups and related activities; support data development by identifying ways to collect data on men who are fathers, and opportunities to share data across agencies to obtain more accurate metrics on fathers involved with state systems; strengthen our commitment as CFI partners by communicating CFI efforts throughout the agency and with our partners; and commit to promote racial justice, with policies, beliefs, practices, attitudes, and actions that foster equal opportunity and treatment for people of all races.

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 5,900 individuals received at least one month of SAGA cash assistance during SFY 2022.

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 individuals aged 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.

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.

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Social Work Services

Protective Services for the Elderly assists persons aged 60 and older who have been identified as needing protection from abuse, neglect and/or exploitation. During CY 2021, agency social workers provided services to 9,251 persons living in the community. The department also investigated 79 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 78 individuals; and the **Conservator of Estate Program** provided financial management services to 39 people in the same age group.

During the fiscal year, the **Community-Based/Essential Services Program** provided services designed to prevent institutionalization to 954 persons with disabilities.

Family and Individual Social Work Services
Field and Central Office social work staff provided brief interventions for 133 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 Bridgeport, Danbury, East Hartford, Hartford, Killingly, Meriden, New Britain, New Haven, Norwich, Torrington, Waterbury 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 2021, 2,307 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.

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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 2021-2022 winter heating season, DSS and its service partners assisted over 92,000 eligible households (an increase of 27% from program year 2020-2021), distributing federally funded energy assistance through CEAP.

- CEAP is available to households with incomes up to 60% of the state median income.

- CEAP-eligible households whose heat is included in 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 liquid assets eligibility requirements were suspended during the 2020-2021 program year and have since been eliminated.

For additional information regarding CEAP, please visit www.ct.gov/staywarm or our new website at www.ct.gov/heatinghelp which also includes a newly launched online application.

Refugee Resettlement Services

Connecticut Refugee Resettlement and Assistance Programs are administered through DSS, notably through the position of the Statewide Refugee Coordinator. DSS provides funding support, policy guidance and overall state coordination related to refugee services, and also directly administers refugee services such as Refugee Cash Assistance and Refugee Medical Assistance.

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.

During SFY 2021 and ongoing, DSS has worked in conjunction with numerous nonprofit, state and private partners to assist with the resettlement of Afghan and Ukrainian refugees who have entered the state under Humanitarian Parole rules. The State Refugee Coordinator led a statewide Afghan Emergency Evacuee Taskforce that successfully allocated resources and provided support to critical state resettlement agency partners who resettled over 600 Afghan evacuees over the course of just a few months.

In Connecticut, the Department of Social Services primarily 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 (IRIS), the Connecticut

Institute for Refugees and Immigrants (CIRI) and Jewish Family Services of Greenwich (JFS). The Jewish Federation Association of Connecticut provides 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).

In 2020, DSS in partnership with the resettlement agencies, was successful in obtaining a grant for $1.2 million over four years to assist TANF-eligible refugee families secure the best jobs possible, pursue careers, and achieve self-sufficiency.

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 SFY 2022, 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 but are not limited to the following types: employment, educational & cognitive development, income & asset building, housing, health & social/behavioral development, case management and supportive services.

For every $1 of CSBG, the Connecticut network also leveraged $3.12 from state, local, and private sources. Including all federal sources, the CT Community Action Network leveraged $14.32 per $1 of CSBG funds. The decrease from the previous year is due to the impact of the pandemic on the network's ability to generate resources.

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.

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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;; 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.'

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Business Intelligence and Analytics Division

The DSS Business Intelligence+Analytics (BIA) Division partners across the agency's enterprise to support increased internal and external accessibility to and application of actionable data. BIA

is committed to enhancing data informed decision-making and supporting equitable outcomes for Connecticut's children, families, individuals, and elders.

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.

Over the past year, BIA engaged in the following select activities to advance accountability, transparency, and access to high value DSS data:

Public Facing Dashboards

BIA worked with DSS leadership and various Divisions within the agency to create the *People Served* dashboard. This interactive, public facing dashboard allows individuals to view data about the number of people served by the Department. These data are filterable by age, race, ethnicity, sex, geography, and service and benefit types (e.g., Medical/Medicaid, Cash and Food). These data are updated monthly and available for Calendar Years 2011-2022.

A guidance was also created to accompany the *People Served* Dashboard. This document is on the DSS *Data + Reports* webpage. This guide provides details and screenshots to aid individuals' understanding and use of this dashboard.

DSS' data and reports webpage was also updated to improve the presentation and navigation of the site. Links to additional DSS data (e.g., Field Operations monthly data and Transparency Board) and data guidance material were also included.

Last, BIA partnered with DSS' Health Services and Fiscal Divisions to create a static *Cost Transparency* dashboard. This dashboard provides information about summary and detailed costs of select Medicaid programs administered by the Department. Additional cost transparency dashboards are in production.

Data Driven Decision Making

BIA has worked directly with various DSS Divisions to produce advanced data analyses and visualizations to support informed decision making. For example, BIA has provided transformative data and analytic support, and actionable intelligence for DSS' Field Operations (FO) Division. Some of BIA's accomplishments with the FO Division were developing automated reporting to track completion of tasks; producing a weekly summary dashboard; analyzing Benefits Center data to inform efficiencies to reduce call wait times; analyzing and creating dashboards for weekly customer experience pilot survey data; producing weekly data for bi-weekly customer experience presentation to the Commissioner; and developing an unprocessed task reduction calculator.

Dashboard and data visualization work has also been done for DSS' Protective Services for the Elderly (PSE) program. BIA has established a schedule to update select PSE data monthly and other data on a quarterly and annual basis. Similar data analysis and visualization work is in production for the energy assistance program and for the Department's Equal Employment Opportunity and Diversity Division.

Data Governance

BIA continues to convene monthly meetings of the Data Governance Committee (DGC). During SFY 2022, the DGC focused on data quality, particularly with respect to the collection of race and ethnicity data. Related, the DGC developed recommendations to improve how DSS collects and reports race and ethnicity data and reduce the level of missing data.

Next, a guide to support data protection and privacy is in development. BIA is finalizing a guide that summarizes industry standards and techniques that protect against re-identification and disclosure of client data.

BIA is also supporting the centralization of DSS' data request process through a subcommittee of the DGC. This has included development of a data request form and requester guidance material. Additionally, to better ensure a consistent process and tracking of requests, BIA is serving as the coordinating body for external requests for Department data. A DGC subcommittee is currently working with the Department of Administrative Services (DAS) Bureau of Information Technology Services (BITS) to create an electronic DSS data request form and backend form detail collection solution.

Data Equity

BIA has been leading DSS' efforts to comply with and support implementation of PA 21-35's Race, Ethnicity and Language (REL) data collection and reporting standards. BIA has represented the Department at REL standards workgroup meetings convened by the Office of Health Strategies (OHS) and related activities through OPM's State Data Plan Equity Affinity Group.

In addition to leading internal mapping efforts to assess any potential gaps in DSS' REL data collection, BIA has been working on race disproportionality and disparity methodologies to actively utilize these important data. As PA 21-35 requires standardized reporting of REL data, BIA has been supporting efforts to present these data more uniformly. In furtherance of DSS' compliance with PA 21-35, BIA also partnered with OHS to receive ARPA funds to support planning and DSS data systems improvement of the collection of REL information.

Last, BIA assisted with beta-testing and completion of a Health Equity Assessment (HES) tool created by Health Equity Solutions. This activity assisted with not only aiding HES with refining a national assessment tool but supported DSS insight into areas of strength and challenge with respect to achieving health equity for Connecticut's citizens.

Interagency + Community Partnerships

During SY 2022, BIA participated in a variety of interagency and community initiatives to support improved secure and appropriate access to quality DSS data. These activities included:

- Member of the P20Win Governance Board and Data Stewards Workgroup
- Planning Team Member of the CT Data Collaborative's Equity in Data Community of Practice
- Ensure compliance with CT State Data Plan and CT Open Data requirements

- Presented at Department of Consumer Protection's *Data Dignity* Symposium
- Co-led Medicaid Transparency Board + Workgroup Meetings
- Member of the State Data Plan Equity Affinity Group
- Participate in State's GIS workgroup

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Business Systems Division

Established in 2019, the Business Systems Division provides functional oversight for the integrated ImpaCT eligibility system, ConneCT customer portal, DSS/Access Health CT shared eligibility system, and Enterprise Master Person Index. This key area combines the needs of agency business units to systems-related requirements. They support the critical linkage between business, operations and the digital and technical support systems that help drive DSS services. By understanding the needs of the system users and the policies that drive the way DSS processes its work, Business Systems is dedicated to designing and developing high quality system functionality. Staff work collaboratively with all internal divisions, ITS, vendors, sister agencies and federal partners to ensure the agency's business needs are fully supported.

During SFY 2022, the division administered numerous **COVID-19 system changes** to safeguard services to Connecticut's citizens during the Public Health Emergency (PHE).

- Extended Medicaid Renewals to match the PHE dates in ImpaCT and Access Health CT
- Reinstated ImpaCT & Access Health CT Medicaid cases
- Issued $478 million in SNAP Emergency Allotments
- Suspended the mailing of SNAP Periodic Reporting Forms
- Issued renewals for TFA Extensions
- Issued $245 million in Pandemic Electronic Benefits Transfer (P-EBT) benefits
- Provided COVID-related Medicaid coverage for over 60,000 uninsured individuals

Additional COVID-19 changes are also in flight. Pandemic Emergency Assistance Fund benefits and another round of P-EBT are planned. Preparation efforts for the PHE Unwinding continues.

Special Initiatives supported by Business Systems

- The **Elderly Simplified Application Project** extends the renewal period for most elderly and disabled households from two to three years and eliminates the requirement for mid-cycle certifications (Periodic Review Form).
- The **Connecticut Housing Engagement and Support Waiver** assists individuals served by Medicaid in accessing and retaining stable housing and meaningfully engaging with their health goals.
- Integration of an **Asset Verification System (AVS)** into the eligibility system, ImpaCT, supports passive renewal functionality for HUSKY C cases. Fewer consumers will discontinue from Medicaid for failure to renew.
- **Robotic Processing Automation (RPA)** improves processing by allowing renewal data submitted via our client portal, ConneCT, to populate into ImpaCT. Staff then review the data and take any appropriate actions to finalize processing.

- The **Progressive Web App (PWA)** allows consumers to access their MyAccount from any mobile device. Through the PWA, they can access information regarding their benefits, report a change to DSS and upload documents in multiple formats, and view notices from DSS.
- Changes have been made to the **Interactive Voice Response (IVR)** to better serve callers and reduce Benefits Center wait times. The new virtual hold feature allows callers who need to complete an interview to opt for the virtual hold without losing their place in the queue. The system returns the call when it is their turn and connects to a Benefits Center agent.
- The Office of Child Support Services is replacing its legacy Connecticut Child Support Enforcement System (CCSES). The Business Systems division supports those efforts by ensuring the data shared between ImpaCT and the new system, **CCSES+**, is accurately exchanged.
- The **360 Case View** dashboard creates processing efficiencies by allowing staff to view consumer household and benefit information on a single page. This will save time during consumer interactions.
- The division supports the **Department of Labor's Modernization** efforts by ensuring the interfaces between the two agencies is exchanged appropriately.
- Agency wide migration of the Internet Explorer browser to **Native Edge.**
- **Covered CT** provides Medicaid-equivalent dental benefits and non-emergency medical transportation (NEMT) coverage to the Qualified Health Plan (QHP) Silver Plan population. Coverage is granted in AHCT and sent to ImpaCT in a nightly batch file.
- Additional **Legislative Changes** include expanded post-partum Medicaid coverage and pre-natal care for non-citizen women. Undocumented children who meet new criteria will also be eligible for Medicaid coverage.

Integrated Eligibility System (IES) Optimization Project

The current ImpaCT project focuses on needed functionality that greatly enhances the interaction and efficiencies of DSS stakeholders and staff, while mitigating and solving for Federal Mandates and regulations associated with the ImpaCT system. There are four major releases planned. The team followed a new themes-based approach, allowing like functionality to be grouped in order to address system gaps more holistically. The first release, R15, was implemented on 4/17/21. The scope of work included AVS integration with passive renewal capability; TFA updates, spend-down enhancements and changes to task functionality. R16 was implemented on 6/26/21 and included SNAP, Benefit Recovery, Benefit Issuance and Premium Payment Module themes. The remaining two releases are in flight and planned for the upcoming fiscal year. Warranty releases are also scheduled post release to address any release fall out items or defects.

The second area of focus for the IES Optimization project is distinctively around Tier 1 MAGI eligibility determinations, associated updates, improved interface efficiencies, and expanded interoperability between the Access Health CT and ImpaCT platforms. The state believes addressing Tier 1 focus areas will provide an improved consumer experience while also enhancing alignment with state and federal regulations. There were several major releases for Access Health CT. The first release, R30, was implemented 2/26/2021. R31 deployed on 6/4/21; R32 on 9/3/21, R33 on 10/12/21, and R34 was implemented on 3/4/22. The scope was comprised of DSS-centric

changes across the worker and consumer portals.

Human-Centered Design

Business Systems incorporated Human-Centered Design principles into the Systems Development Life Cycle (SDLC). Rather than identify goals and fit concepts to stakeholders, the team sought to understand the end user's needs in order to create concepts to build an operational system. The Business Systems division interviewed over 200 users to obtain their feedback concerning how ImpaCT supported the agency's work. Information obtained was synthesized, and opportunities for change identified and evaluated for implementation. The division sends a survey to staff after each release to solicit their input and level of satisfaction. Adjustments to functionality are made as appropriate.

Metrics

The division actively uses metrics to determine the success of the releases beyond the timely completion of the SDLC phases. It seeks to evaluate if the new functionality that has been delivered is resolving the gaps or pain points identified by the users and other stakeholders. In addition to the surveys, Business Systems has defined key performance indicators associated with each functional change. The information is compiled and analyzed to determine if any system fixes or mitigations are required. Project stakeholders and federal partners are provided with supporting data.

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Connecticut Medicaid Enterprise Technology System (CT METS)

CT METS was launched in July of 2018, and it is a multi-year program predominately funded by the federal Centers for Medicare and Medicaid Services (CMS).

CT METS seeks to modernize and streamline the various information systems and business processes that support Connecticut's HUSKY Health Program. This initiative is large in scope, and it will help increase the effectiveness of the Department of Social Services (DSS) and enrolled providers and partners. Some of its broader goals are to achieve improved member health outcomes, strengthen program integrity, upgrade business processes, and promote enhanced data sharing in order to advance the overall health and well-being of nearly one million Connecticut residents.

The conclusion of the CT METS Program will entail grouping related Medicaid functions into several individual, user-friendly technology modules, thus creating a *modular Medicaid enterprise technology system.* This will enable easier upgrading and replacement of technology systems when necessary, and boost interconnectivity with other systems both inside and outside of the Department.

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Planning and Improvement Office

The Planning and Improvement Office (PIO) was established in the Commissioner's Office in 2020 and is responsible for managing, coordinating, and supporting organization-wide and multi-sector activities that result in measurable improvements of social service structures, systems, and outcomes with a focus on data, transparency of quality and outcomes, and collaborative, creative and innovative strategies.

The Planning and Improvement Office facilitates and supports the work of the Strategic Direction Team, a voluntary group of staff representing every office/division across the agency. Each of the Strategic Direction Team members oversee local teams to ensure that there is bidirectional sharing of information. The Strategic Direction Team and the local affiliates are charged with collaboratively working across the agency and with partner agencies to continuously improve service delivery to clients in support of the agency Vision, Mission, and Values. They also advise on the development of the organizational strategic plan to support direction, implementation, and monitoring of achievement of strategic priorities identified by the Agency.

Strategic Planning

The pandemic response changed our priorities and the way we conduct business. This slowed progress in the development of a comprehensive strategic plan. However, DSS did not lose focus on the needs of the people we serve, and we were able to deliver on our promise to promote and support the health and well-being of all CT's individuals, families, and communities.

In 2021, in light of the observed acts of oppression, intolerance, and violence against people of specific races, ethnicities, gender identities and other groups, we asserted our commitment to social justice by revising our Vision, Mission and Values to include Equity and Inclusion and Racial Justice as two discrete values.

In 2022, the Executive Leadership Team reflected on the volume of work that we were collectively already engaged in, that was also in support of the strategic priorities, and developed objectives illustrating that work in process. A narrative description of this planning activity, partnered with a strategic map, comprises a three-year strategic plan for the agency.

Vision

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

Mission

To make a positive impact on the health and well-being of Connecticut's individuals, families, and communities

Values
We are committed to:
Pride in Public Service
Motivation for excellence and satisfaction from meeting the needs of the community-at-large

Excellence and Integrity
The quality of being outstanding or extremely good/The quality of being honest and having strong moral principles

Compassion and Empathy
Concern for others/Understanding and sharing the feelings of others

Equity and Inclusion
Fair access, opportunity, and advancement of all people/Authentic and empowered participation with a true sense of belonging

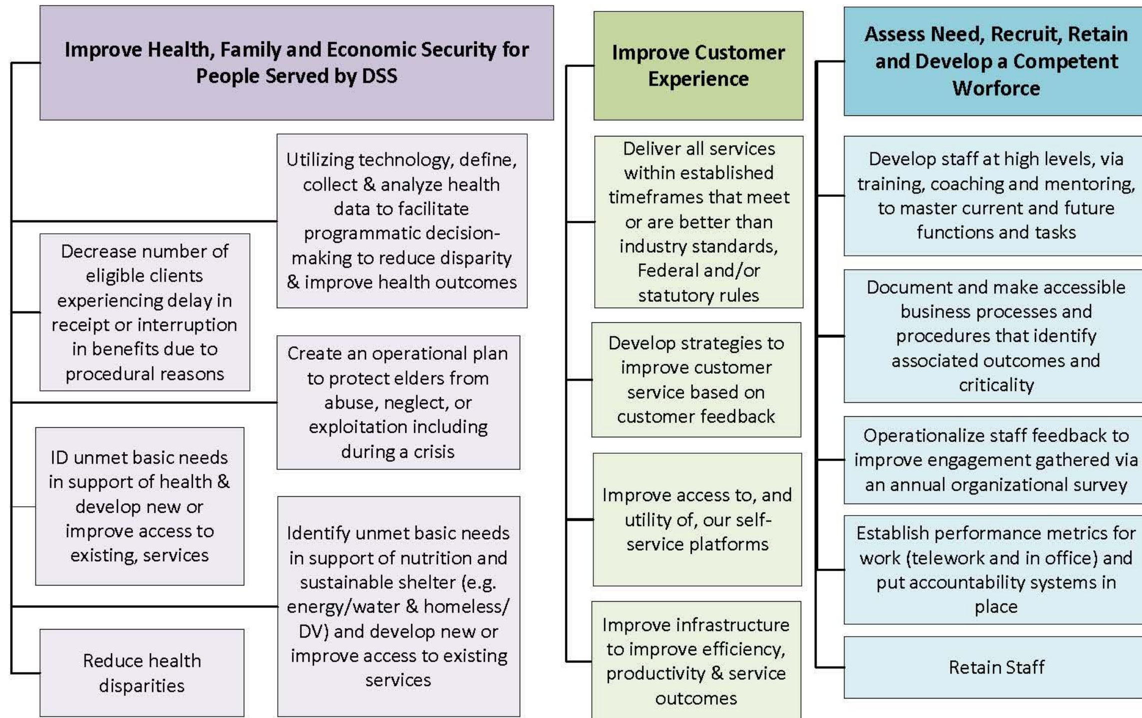
Racial Justice
The systemic fair treatment of people of all races resulting in equitable opportunities for all. All people are able to achieve their full potential in life, regardless of race, ethnicity or the community in which they live.

Collaboration and Communication
Working together to create or produce something/The act or process of using words, sounds, signs, or behaviors to exchange information and ideas

Learning and Innovation
Gaining knowledge or skills through experience, study, or by being taught/New methods, ideas, products, or service delivery

Connecticut Department of Social Services
Strategic Map: 2022-2025

Make a Positive Impact on the Health and Well-Being of Connecticut's Individuals, Families, and Communities



CROSS CUTTING STRATEGIES

Data and Analytics Inform All Decisions

- Create a sustainable data governance strategy, structure & attending products, processes and tools
- Standardize demographic data collection and reporting across the enterprise

Quality, Outcomes and Costs are Communicated to the Public

- Develop and maintain public facing dashboards promoting service transparency

Our Partners and Key Stakeholders Contribute to Our Planning

- Develop infrastructure to regularly solicit and utilize feedback.

Our Values are Evident in All We Do: ***Pride in Public Service, Excellence & Integrity, Compassion & Empathy, Equity & Inclusion, Racial Justice, Collaboration & Communication, and Learning & Innovation***

- Finalize and begin implementation of a Diversity, Equity and Inclusion Plan.

Prioritizing the Customer Experience

In support of the Department's Strategic Priority of Improving the Customer Experience, all areas of the Department were charged with exploring how to improve service delivery. After defining good customer service as that which is timely, effective and respectful, each of the Strategic Direction Teams worked with their respective areas of representation to identify opportunity for improvement and implement a change. There are currently more than 20 projects in progress ranging in size working to add efficiencies and improve work accuracy.

In alignment with, and in support of these efforts, the Field Operations Division identified the need to work across all twelve offices to reduce telephonic wait times and increase the task completion rates. They undertook a significant project in collaboration with the Planning and Improvement Office to improve service delivery on the phone, in person and in case processing. See the Field Operations Section for more information.

Public Health Emergency Unwinding

In order to prepare the people we serve, staff and community/state partner agencies for the ending of the Public Health Emergency (PHE), the Planning and Improvement Office (PIO) convened a group of staff from across multiple divisions to develop and implement a plan for an unwinding of the related waivers and enhanced benefits the PHE brought.

The primary goal of the group was to reduce the risk of an interruption in benefits for those who remained eligible to receive benefits while simultaneously not disrupting quality service delivery.

The impact of the PHE ending will be observed through 2023 and into 2024.

Improving the Customer Experience through Human Centered Design

This reflects the procurement of a third-party vendor with expertise in Human-Centered Research and Design to support the redesign of the Connecticut Department of Social Services' (CT DSS's) customer-facing content and technology, including, but not limited to: 1) Notices; 2) Application and renewal forms; and 3) CT DSS's customer technology portal, which is currently branded as "ConneCT".

The primary goal of this effort is to make it simpler, easier, and faster for individuals to apply for and receive benefits from the agency. This project focuses on improving the customer experience at CT DSS. The project scope is the major programs that are currently administered by CT DSS today, including but not limited to, SNAP, Cash Assistance, and non-Modified adjusted gross income (MAGI) Medicaid. In addition, the project is exploring whether and how other programs for which the enrollment and administration processes are jointly conducted by CT DSS and private non-profits can be integrated into this effort; this includes the Low-Income Home Energy Assistance Program (LIHEAP), which is administered by Community Action Agencies, and MAGI Medicaid, for which enrollment and eligibility is conducted by Access Health CT.

The Planning and Improvement Office is coordinating the work of the vendor and multiple divisions within DSS as well as at the Department of administrative Services (DAS) Bureau of Information Technology Services (BITS) to accomplish these goals.

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Field Operations

Field Operations Customer Experience Improvement Project

In 2021 a steady increase in calls to the Benefits Center, an influx of inbound work items, wait times of more than 30 minutes on the phone and a related increase in client complaints were all observed. As a result, a group was pulled together by the Planning and Improvement Office (PIO) to develop and implement a plan to address these issues. The group was convened recognizing that the Public Health Emergency, and with it a series of waivers that have lightened the workload, was anticipated to end, and many retirements were expected. This became a high priority project with participation of leadership from multiple divisions and across all 12 field offices.

The following goals were established:

- <5 min. wait time on the phone
- <10% abandon rate of all inbound calls
- >90% Virtual Hold Time (VHT) returned calls should be made within 10 min. of communicated wait
- Maintain ≤5% Staffing Vacancy Rate
- Maintain Processing Timeliness

Using the following strategies, progress towards all the goals has been noted. Perhaps most notable is that despite a 35% increase in calls to the Benefits Center since 2018, there has been a 147% increase in calls answered and 86% decrease in the average call wait time. Field Operations continue to excel in application processing timeliness across all programs. The timeliness rate is over 96% for SNAP application processing in SFY 2022. Medicaid timeliness averaged 98% timely in SFY 2021 through March, 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 96% timely during SFY 2021 (through April 2021).

- **Establish Productivity Standards**
    - Reached out to other state agencies that closely match the services provided by DSS to understand their benchmarks and work model
    - Instituted a pilot for manual data collection to understand data on incoming call reasons for insights on improvements to systems and business processes
    - Established working relations with the DSS Business Intelligence and Analytics (BIA) division to improve access to and engagement of quality data. With the help of BIA Field operations now have access to transformative data and analytic support, and actionable intelligence. Some accomplishments were; developing automated reporting

    - to track completion of tasks; producing a weekly summary dashboard; analyzing Benefits Center data to inform efficiencies to reduce call wait times; analyzing and creating dashboards for weekly customer experience pilot survey data; producing weekly data for bi-weekly customer experience presentation to the Commissioner; and developing an unprocessed task reduction calculator.
    - Many enhancements done to Tableau for data on task completions at all levels.

- **Maximize Utility of Tech Tools**
    - Caller ID corrected for outbound calls to inform that an incoming call is from DSS. This will increase rate of answer by clients and success to perform interview for benefits access
    - Manual effort to close the IVR as needed for dedicated processing days automated
    - Soft Phone technology made available to all Field Ops staff to make outbound calls with the hybrid work schedule
    - Virtual Hold technology (VHT) same day and future scheduled call back enabled for clients calling our Benefit Center
    - Amazon Polly for improved text to talk capability instituted
    - Barge-In feature allowing callers to make selection in pre-Main menu without having to listen to the entire menu message enabled
    - Remote logout capability to logout agents obtained
    - Service Observe feature allowing supervisors and managers to listen in on calls for training purposes upgraded to be functional for hybrid work model

- **Create an Agile Workforce**
    - With the pandemic, DSS has seen an increase in calls to the Benefits Center. To accommodate the increased demand Field Operations shifted to an agile workforce model to increase capacity of staff to serve clients on the phone, in person and process submitted documents behind the scenes.
    - Benefits Center call licenses increased from 300 to 551, supervisor licenses from 70 to 100
    - All staff given credentials to take calls on demand

- **Increase Collaboration with Partner Agencies**
    - WIC- Women Infant and Children Referral Process implemented in collaboration with DPH

- **Decrease Client Demand**
    - Messaging on self-service platform at each contact with client - MyDSS, MyAccount, IVR
    - Staff confirm and update client contact information at each contact
    - First Touch Crisis Management established to screen calls that do not require eligibility work and can be addressed quickly
    - Standardize Case Notes and Call Handling

- Checklists and posters developed by Field Office Strategic Direction Team (FSDT) staff to improving client communication and decrease repeat contact
- Job Aids created by FSDT staff for Efficiency and Accuracy
- Extended Benefits Center business hours

- **Improve Business Processes**
  - Change management implemented to improve dissemination of information and communication to staff
  - Service Centers fully opened with increased capacity to accommodate walk-in clients

- **Utilize Stakeholder Input**
  - Piloting Client Satisfaction Surveys

Field Operations continues to meet with the project team to address challenges and mitigate risk to the goals.

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Escalation Unit

Launched as a pilot initiative in 2014, the Escalation Unit (EU) continued customer troubleshooting and issue resolution operations over SFY 2022. The Escalation Unit is in the unique position of functioning as a processing center for heightened inquiries. As such, staff can 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, 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 2022, cases included urgent requests for medical care access, cash and food assistance. The unit also supports field office and other central office units in distributing, 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.

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Pre-Release Entitlement Unit – Helping to Address Recidivism

This is a successful collaboration 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.

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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 2021 (current SFY 2022 data isn't finalized as yet), QA identified over $830 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

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 clientfraud@DSS.gov. Information about reporting suspected fraud and abuse is also available at 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 to locate assets. The unit also establishes monetary recoveries realized from property sales, decedent estates, lawsuits and miscellaneous overpayments.

Special Investigations Division

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

- **Provider Investigations Unit substantiates whether complaints received from various sources are valid and determines the proper disposition of the complaint. In addition, the 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 Recovery 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.

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Equal Employment Opportunity and Diversity/Diversity Equity and Inclusion

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 1, 2022, 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 2022, 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, 2021, DSS had 1,691 employees: 454 (26.8%) were male, 1234 (72.9 %) were female and 3 (.001%) were of unknown sex. Of these numbers, 209 (12%) of the male employees were minorities and 684 (40.4%) of the female employees were minorities and (0.25%) were self-identified as having a disability.

During the plan year, the department hired 200 new employees: 48 (24%) were male and 148 (74%) were female, 4 (.02%) were of unknown sex. Of these, 18 (0.09%) of the male employees hired were minorities and 78 (39%) 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.

Diversity, Equity, and Inclusion (DEI) at DSS

The Office of Diversity, Equity, and Inclusion (ODEI) is responsible for oversight of major initiatives as it relates to DEI within DSS programs internally and outfacing to include contractors and sister state agencies. Additionally, this office advises on DEI matters and develops, implements and monitors programs to promote equitable treatment of staff and individuals and families receiving DSS services, and ensures that entities contracted to provide services on behalf of DSS deliver services in accordance with our mission, vision and values.

DSS has utilized learning, building organizational structural capacity, and organizational readiness strategies to further the work of Diversity, Equity, and Inclusion (DEI) at DSS. The goal is to build positive change for the workplace and for our customers. We are committed to

- a diverse workforce
- actively challenging and responding to bias, harassment, and discrimination in the workplace and in our services
- equal opportunity and access
- deliberate efforts to ensure differences are welcomed, different perspectives are respectfully heard and included, and every individual feels a sense of belonging

The Department of Social Services (Department) has a long history of commitment to diversity, ensuring access to services, supporting a person-centered service delivery model, eliminating disparity in programs, and protecting civil rights of staff and the people we serve. Events over the last two years have sparked a deeper analysis of this commitment and highlighted the need to invest in our efforts even further to ensure equitable access, satisfaction, and outcomes for those we serve while fostering a workplace culture that is inclusive and welcomes the active participation and engagement of all staff. DSS has added two distinct DEI driven values in support of our Mission and Vision - Racial Justice and Equity and Inclusion.

Moving forward will require intentional strategic planning. This will include a well-defined Equity and Inclusion Plan that will both inform and support the Department's Strategic Plan; improve the quality and usability of the Department's Race/Ethnicity data so that we may make informed decisions related to program policy and procedure; and created a Racial Justice Steering Committee to oversee an environmental scan of the agency to determine opportunity for organizational development and providing recommendations for planned change.

Activities Taken to Further Our Strategies

Learning Strategy - Awareness, Learning, and Application
Offered opportunities that fall under three learning strategies

- Formal training – Required and Knowledge Building
  - Required
    - Employee Human Rights Protection and the DSS Affirmative Action Program
    - Commission on Human Rights and Opportunities CHRO Sexual Harassment Prevention – web based
    - Understanding Workplace Diversity and Cultural Responsiveness

  - Knowledge Building
    - Bias, Equity, and Inclusion
    - Cultural Competence and Client Service Delivery. This course is designed for Field Office employees
    - Cultural Competence in the Workplace. This course is designed for CO employees.
    - Leading a Diverse Workforce. This course is part of the supervisory series but is offered to all staff.
    - Working with Culturally Diverse Staff - Exceptional Leadership. This course is for managers only.
    - Community Awareness Video Series
    - The Helping Relationship
    - Social Determinants of Health and Person-Centered Practice
    - Theoretical Explanations of Poverty: Defining Need and the Role of DSS
    - The Effects of Trauma

  - Supplemental – Special Topics Offerings
    - Book Club – White Fragility
    - Book Club – We Can't Talk About That At Work
    - ELT Learning Series
    - ELT Conversations on Race
    - Racial Equity Change Team training

Building Structural Capacity

- Statewide Affirmative Action Employee Advisory Committee (SAAEAC)

  Comprised of representative DSS employees from across the agency whose role is to assist the Division of Equal Employment Opportunity and Diversity in developing and implementing the agency's affirmative action plan; foster fair and non-discriminatory treatment of all employees, applicants, and those that we serve; and to promote a bias-free working and learning environment. SAAEAC functions under the auspices of the Division of Equal Employment Opportunity and Diversity.

  SAAEAC hosts an intranet page that includes Resources, Training, Policies, Statutes, Bylaws, Membership and Multi-media supports. SAAEAC additionally hosts educational events across DSS state offices that facilitate anti bias, support education, and encourage cross-cultural engagement.

- Redefining the Office of Affirmative Action as the Division of Equal Employment Opportunity and Diversity allowing for a broader scope of work and establishing the position of the Manager of Equity and Inclusion, a dedicated resource to align and further the Department's efforts
- The Statewide Affirmative Action Employee Advisory Committee (SAAEAC) actively working to develop and implement the agency's affirmative action plan; foster fair and non-discriminatory treatment of all employees, applicants and those that we serve; and promote a bias-free working and learning environment
    - Diversity Committees promoting learning activities in the DSS offices
- The Executive Leadership Team holding conversations on race with the goal of building understanding and skill
- The myriad activities taking place across the Department in support of improving health outcomes (e.g., maternal health, COVID response, chronic conditions, etc.), reducing gaps in service delivery, improving economic and family stability, and improving the customer experience
- Racial Justice League – management advisory group

Organizational Readiness & Change

- Health Equity Solutions (HES) – Launched a Health Equity Self-Assessment Tool and a Health Equity Policy Assessment Tool. Possible application to wider organization.
- CT Health Foundation – Submitted proposal for consultative support to engage in an equity assessment of select DSS programs and development of a repeatable and sustainable assessment framework and tool. This proposed assessment and framework would also align with and advance the Department's strategic priorities of decreasing gaps in the agency's service delivery system; improving the customer experience; and improving the key health outcomes for the people DSS serves.
- Equity-related initiative for an expanded maternity bundle to reduce disparities of adverse maternal health outcomes experienced by women of color.
- To address health equity in HUSKY Health, it is important to be able to track our members by race and ethnicity; this tracking allows us to determine places where there are differences across different racial and ethnic groups and to track progress toward closing those gaps. Our data on our member's race / ethnicity is constrained by the fact that this data is voluntarily self-reported during our eligibility process.
- Targeted Outreach. Member outreach and engagement effort that was conducted in 2021 by our medical ASO CHNCT identified over 9,500 people at greatest risk of poor COVID-19 outcomes utilizing claims, PCP attribution, demographic data, geographic census level data and American Community Survey (ACS) 2018 income and poverty zip code tables. People of color were and remain a particular focus of this effort.
- Standards and measurement. Require our PCMH+ practices to use National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) standards.

- Worked through the Clinton Foundation and the June 2018 public health initiatives on prevention efforts that have significant bearing on helping communities of color to address obesity and chronic conditions that affect health, well-being, and economic security.
- Racial Equity Lens training for Home and Community Based Service Providers – incentivized with a values-based payment.

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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.

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

The Budget Unit was responsible for budgeting $4.4 billion in state general funds in SFY 2022 through 27 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 $4.4 billion in state General Fund expenses (over $9 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, Temporary Assistance to Needy Families, and Money Follows the Person programs. In SFY 2022, funding from revenue generating programs resulted in approximately $1.8 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 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.

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

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Enterprise Program Management Office

Established in 2016, the Enterprise Program Management Office (EPMO) provides project oversight thru best practices, policies, processes, and methodologies to transform business and enterprise programs/projects. The EPMO focuses on the following objectives:

- Business domains that provide mission-critical services to Connecticut citizens

- Creating Department enterprise governance structures, best practices, and project management templates for transparent program and project oversight
- Assisting in financial requests to the Federal Government funding using Advance Planning Document (APD) Processes for Department initiatives, programs, and projects
- Ensuring initiatives within the Department adhere to State, Federal, and other applicable Statutes, Policies and Regulations and ensure consistent review
- Assisting business programs/projects with management of various functions to ensure they meet their deliverables

During this last year, the EPMO has provided support to the Department as follows:

- Continual roll-out of EPMO tools and procedures which are being synthesized across the agency to reinforce the foundational principles and processes. Provided project management oversight and dashboarding that includes project health based on Scope, Schedule, Budget, Quality, and Benefit and support for projects in the EPMO Portfolio including monitoring EPMO Program/Project Risks, Issues, and escalated decision needs and critical path/return to green.
- Provided leadership and guidance to the various business partners on templates, processes, PM Tools, and other researched items.
- Provided continual Department support during the pandemic due to accelerated retirements within the agency, recruitment and training of new staff, strategic focus on the end of the Public Health Emergency (PHE), and the transition of the agency's Information Technology division to a centralized, statewide technology team located within the state Department of Administrative Services.
- Established the EPMO Governance Committee that meets monthly to review project status, preview EPMO practices, and build general Project Management (PM) knowledge and awareness throughout the agency.
- Supported DSS's efforts and activities to mitigate the impacts of the ongoing COVID-19 pandemic on agency constituents and staff:
    - Management, guidance, and oversight to multiple Coronavirus Relief Fund (CRF) and American Rescue Plan Act (ARPA) Projects that support Medicaid and other Health and Human Services (HHS) eligibility programs to enhance their efficiency and provide support to ensure timely distribution of benefits.
    - Establish and operationalized Health and Communities Based Services (HCBS) ARPA Program.
- Provided project management of CoveredCT initiative and submission of an 1115 waiver through 7/1/2022 implementation; while working collaboratively with external partners: Office of Health Services (OHS), Office of Policy Management (OPM), Legislature, ASOs and community action groups.
- Documented business processes and procedures and cross trained resources to sustain the daily business operations of the agency and division (Knowledge Transfer).
- Created a cross agency APD tracker dashboard, Executive update document and established an APD designated team to monitor IAPD updates and responses, explore alignments for APDs and monitoring related Memorandum of Agreement (MOA) and Contracts. In addition, implemented an APD-focused SharePoint and Teams Channels repository to increase team collaboration, tracking, contract, and MOA creation while assisting in cross APD / Agency

Communications.

- Fully Implemented and continued to mature the DSS Executive Project Prioritization committee and processes for all new and existing projects to include:
    - o Templates for project ideation and submission, Executive prioritization and ranking of projects giving the ability for the Agency to validate Agency alignment, operational cost, benefit and expected outcomes and measures, resource demand, proposed scheduling need, and mandate / regulation analysis.
    - o Created feasibility templates, submission tracking, and feasibility studies and approvals.
    - o Implemented processes to discover, approve, prioritize, and fund all new projects.
    - o This group also approves any system change requests (ImpaCT, Health Insurance Exchange, and ConneCT) escalated to this committee from the Oversight and Project Governance group for approval.
- Fully implemented and continue to mature the DSS Oversight and Project Governance Committee and processes for ongoing approved Medicaid focused projects and change request escalated to this group for approvals:
    - o This group approves project managers, all project documentation (charters, management plans, roles, and responsibilities), reviews and approves all vendor contracts, review existing project's health (scope, schedule resources, budget, benefit/quality, project risks/issues and escalation, approves any change requests escalated from the Change Control Board for approval.
    - o Identifies cross department efficiency gains, increase cross department project transparency, enhance process improvement identification, identify project, and resource synergies.
- Assisted in the creation and support of the DSS Change Control Board and change control/request processes, templates, and approval documentation.
- Assisted the agency in creating a Medicaid Functional Area Strategic Vision Workgroup, whose output will be used to identify areas of enhancements to drive long range funding, process and system enhancements aligned to client service.
- Assisted with decision escalation path for projects within Steering Committee, Project Team, Deputy Commissioners and Commissioner. Therefore, centralizing communication and reducing redundant requests.

The EPMO vision for the coming year is to continue to support the Department's business operations through four specific areas: Strategic Prioritization, Operation Metrics/Vendor Management, Business Support Data Collection/Evaluation, and Executive projects. EPMO staff will be assigned to each agency business unit to support outcomes through providing guidance with feasibility planning, project planning, charter development, operational cost forecasting, resource planning, SMART goals, success criteria planning and measurement, business project training, project support, and knowledge base expansion. This vision utilizes a staffing complement that includes both state, and consulting staff, to create a learning collaborative that supports the Department's staff management. The EPMO will continue to provide support in knowledge transfer for each division.

The EPMO will also continue to mature the processes, tools, and governance associated with APD management. Specific tools to support the large programs and projects have been introduced into

DSS to facilitate successful project execution and monitoring. Using the PM templates, tools, and processes adopted within DSS, the EPMO will continue to support enhancements and maturation of the project and portfolio management tool, a full life cycle requirements management tool, and a document management repository.

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Facilities Operations and Support Services

This unit provides support services to all DSS offices, including the 12 DSS office locations and Central Office. 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 72 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 400,000 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 tasks, 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.

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Information Technology Services

Throughout 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/DAS' 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 continued to mature and division program managers 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 Access Health CT and DSS applications
- **Application and Database Support** – This group supports application hosting and Databases for enterprise applications like Access Health CT, ConneCT, Balancing Incentive Program 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 supporting 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's Chief Information Security Officer. Within the Compliance Unit

are 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).

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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 Curriculum Development and Delivery, Organizational Development, Change Management Project Support, Media and Graphic Production, and Web-based Development and Delivery. OSD develops and delivers instruction on Child Support, Eligibility, Social Work, Leadership and Professional Development, Computer Applications, Data Analysis, Orientation, and others. OSD supports DSS's organizational development initiatives such as the Connecticut Fatherhood Initiative, Process Improvement, Business Process Development, and Strategic Planning.

OSD practice methods include training and organizational needs assessments, instructional design based upon adult learning principles and actionable objectives, instructor led training, blended learning, interactive E-learning strategies, multicultural educational design, learn center management, facilitation, LEAN practice support, business process development and support, project management practices and support, strategic planning, coaching, mentoring, and evaluation metrics.

OSD is committed to inspiring the Department of Social Services and its staff to achieve its Mission through the provision of innovative learning and organizational development services to maximize performance. The Office of Organizational and Skill Development (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

learner centered services, innovation in our work, and outstanding service to DSS and each employee to facilitate learning and growth.

OSD also supports DSS partners (other state agencies, Community Action Agencies, hospitals, etc.) with training in topics like the Voluntary Acknowledgement of Parentage Program (VAP), 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 2022 include:

Training Development & Delivery

Programmatic - CORE training - Child Support – 15 staff; General Eligibility CORE – 153 staff; Long Term Services and Supports CORE – 30 staff; Temporary Family Assistance Eligibility Services Specialist CORE; Social Work CORE 8; Quality Assurance Investigations CORE 4; Non-Citizens training; and SNAP training 46 staff.

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; electronic signage for client information in DSS offices (DSS Network); Public Service Announcements for the CT Association for Community Action (CAFCA).

Organizational Development & Support--
Connecticut Fatherhood Initiative; Organizational Change Management and Project Support for CCSES+.

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Human Resources Division/Department of Administrative Services (DAS)

The Department of Administrative Services (DAS) and the Office of Policy and Management (OPM), respectively, provide Human Resources and Labor Relations support to the Department of Social Services.

Within DAS, Agency Human Resources Business Partners 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.

During SFY 2022, assigned Agency Human Resources Business Partners and Agency Labor Relations have supported the agency leadership in stepping through issues pertaining to

transitioning into a telework environment; providing guidance on personnel issues arising from COVID-19; working with the Employee Assistance Program (EAP) and other business partners to support agency staff during the pandemic.

Some improvements and/or achievements during SFY 2022 are:

- Partnered with Agency Management to develop and implement organizational and strategic goals in connection with the Agency's anticipated employee retirements. There were 135 employee retirements between January 1, 2022 and July 1, 2022.
- Effectively and efficiently validated, calculated and processed retroactive pay rate actions for 1,620 DSS employees.
- Developed and implemented effective and efficient processes for filling Eligibility Services Series vacancies.
- Processed over 700 either positive or presumptive employee intake reports of COVID-19
- Maintained ongoing and regular communications with agency leadership and staff on personnel matters related to COVID-19 response.

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Labor Relations – Office of Policy and Management (OPM)

OPM-Office of Labor Relations provides both statewide (Statewide Contract Administration) and agency-specific services (Agency Labor Relations). Through this system the state achieves efficiencies by standardizing practices, addressing organizational issues earlier to avoid costly appeals and through more consistent labor relations services. The centralized labor relations service delivery model provides opportunities to deploy resources in a more coordinated fashion to address specific agency needs. The Labor Relations Team provides the Agency Leadership and Management with Contract Administration and Interpretation, training on topics including Performance Management, Workplace Violence Prevention Program, and the Statewide Telework Policy. The team also has responsibility for representing the agency at Union Grievance Hearings, Arbitrations, DOL Hearings, and entering into extra contractual agreements with the unions. The team works collaboratively with the agency to provide input during union contract negotiations. The team also has responsibility for performing fact finding investigations, administering progressive discipline and investigating allegations of Workplace Violence.

Some improvements and/or achievements during SFY 2022 are:

- Successfully represented the agency at all Step I, Step II grievance hearings and DOL Hearings.
- Conducted 12 fact finding and 7 Workplace Violence investigations.
- Provided agency input as a member of the P-2, NP-3 and P-3B 2021 Union Contract Negotiation Teams. Entered into 16 extracontractual agreements with the unions on behalf of the agency.
- Prepared and provided agency wide training on Performance Management and implementation of the Interim and Final Telework policies.
- Administered the processing of all Telework Applications and appeals for both the January 1st and July 1st cycles.

- Maintained ongoing and regular communications with agency leadership and staff on personnel matters related to COVID-19 response.

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