Department of Social Services

Annual Report

State Fiscal Year 2023

Ned Lamont
Governor

Andrea Barton Reeves, JD
Commissioner

Connecticut Department of Social Services
Making a Difference

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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
State Fiscal Year 2023
(July 2022-June 2023)

Andrea Barton Reeves, JD, Commissioner
Easha Canada, Deputy Commissioner, Eligibility Operations and Chief Strategy Officer
Peter Hadler, JD, Deputy Commissioner, Policy and Program Supports
Shantelle Varrs, Deputy Commissioner, Finance and Administration

Established - 1993
Statutory Authority - Title 17b
Central Office – 55 Farmington Avenue, Hartford, CT 06105
Number of Employees – 1,810
Operating Expenses - $320,847,733
Program Expenses - $4,620,848,590
Structure - Commissioner's Office, Eligibility 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; 8) the state Child Support Enforcement Plan, pursuant to Title IV-D of the Social Security Act; 9) the state Social Services Plan for the implementation of the Social Services and Community Services Block Grants, pursuant to the Social Security Act; and 10) 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 1.2 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 1,810 dedicated staff led by Commissioner Andrea Barton Reeves, JD, with services delivered through 12 DSS field offices, central administration, and online and phone access options.

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 and Covered CT Programs (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: 1-855-626-6632
- 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: 1-866-6CT-DADS (1-866-628-3237)
- Winter heating/Weatherization assistance: 2-1-1
- Access Health CT application and renewal line for HUSKY Health and Covered CT: 1-855-805-4325

Type of	Contact:	Telephone:	Website: Coverage:
Medical Coverage (Community Health Network of CT)	HUSKY Health Member Services	1-800-859-9889	www.huskyhealthct.org
Behavioral Health Coverage (Carelon)	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 (MTM)	MTM	1-855-478-7350	https://www.MTM-INC.NET/CONNECTICUT/MEMBERS/
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

Andrea Barton Reeves, JD, Commissioner
Easha Canada, Deputy Commissioner, Eligibility Operations/Chief Strategy Officer
Peter Hadler, JD, Deputy Commissioner, Policy and Program Supports
Shantelle Varrs, Deputy Commissioner, Finance and Administration

Department Chief of Staff and Directors:

Chief of Staff: 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 Interim Director: Amy Dumont; Child Support Services Director: Lynn Reeves; Fiscal Services Director: Nicholas Venditto; Information Technology Services Director: Michelle Abrahamson (Department of Administrative Services); Quality Assurance Director: John Jakubowski; Eligibility Operations Director: Elizabeth Thomas; Eligibility Operations Associate Directors: Yecenia Acosta, Phil Ober, and Rachel Anderson; Social Work Services Director: Dorian Long; Program Oversight and Grants Administration Director: Daniel Giacomi; Organizational and Skill Development Director: Darleen Klase (UConn); 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: Vacant; Planning and Improvement Office Director and Chief Customer Experience Officer: Laurie Ann Wagner; Diversity, Equity and Inclusion Manager: Talitha Coggins; Manager of Equal Employment Opportunity and Diversity; Kailie Gulino-Farnum; Communications; Legislation, and Regulations Director: Jalmar De Dios; Labor Relations Director: Michael Vasile (Office of Policy and Management); Integrated Care Director: Fatmata Williams.

DSS FIELD OFFICE INFORMATION

Services provided through 12 DSS Field Offices include Temporary Family Assistance; Supplemental Nutrition Assistance Program (formerly food stamps); Medical Assistance (Medicaid, Children's Health Insurance Program and State-funded medical for children - HUSKY Health Program); Covered CT, Medicare Savings Program); 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:
DSSHome (ct.gov)

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. The staff work both in the office and remotely to answer a statewide call center line to answer questions and facilitate access to and maintenance of benefits.

The statewide DSS Client Information Line & Benefits Center number: 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.

DSS Offices

Staff 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 2023, offices hours were Monday, Tuesday, Thursday, and Friday from 8:00 a.m. to 4:30 pm. Offices offer limited services 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.

DSS clients can dial one toll-free number 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 Tier 1 agent. All general inquiry and form requests are handled by Tier 1 agents. Calls regarding program eligibility or case updates are transferred to Tier 2 Eligibility services workers during business hours. During SFY 2023, 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.

CT residents, current HUSKY Health and Covered CT members looking for assistance with health care coverage can call Access Health CT, the state-based marketplace at 1-855-805-4325 or visit www.accesshealthct.com to learn about HUSKY Health, Covered CT and affordable qualified health plans. DSS and Access Health CT share medical operations and work in partnership to help clients apply for or renew health care benefits. Applicants may submit applications and renewals for HUSKY Health and Covered CT online, by calling the call center, by mail or by visiting a DSS office. The shared Access Health CT call center is available Monday through Friday from 8am to 5pm. Hours may vary during open enrollment or special enrollment periods.

Field Office Locations

- **Greater Hartford**—20 Meadow Road, Windsor; Lindsey Collins, Josie Savastra, Mathew Kalarickal and David Mazzone, Social Services Operations Managers.
- **Manchester**—699 East Middle Turnpike; Angelica Branfalt, Social Services Operations Manager.
- **New Britain**—30 Christian Lane; Theresa Deangelis and Nicole Matos, Social Services Operations Managers.
- **Willimantic**—1320 Main Street/Tyler Square; Tonya Beckford, Social Services Operations Manager.
- **New Haven**—50 Humphrey Street; Ralph Filek, Sarah Chmielecki and Tim Latifi, 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; Jamel Hilliard, Robert Stewart and Annjerry Garcia, 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, Randalynn Muzzio, Katarzyna Olechowska and Alex Sirios, Social Services Operations Managers.
- **Torrington**—62 Commercial Boulevard; Jill Sweeney, Social Services Operations Manager.

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SIGNIFICANT ACCOMPLISHMENTS/HIGHLIGHTS OF SFY 2023

Overview

The Department of Social Services provided services to 1.34 million individual state residents in SFY 2023. [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.

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Advances in the Supplemental Nutrition Assistance Program (SNAP)

DSS continued to improve its quality of services to nearly 494,500 Connecticut residents who received at least one month of SNAP benefits during SFY 2023. The department continues to excel in application processing timeliness, posting a timeliness rate of over 93% for SNAP application processing in FFY 2022, the most recent data provided by the federal government. This rate puts Connecticut twelfth 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 SFY 2023, over $1.1 billion in direct federal revenue came into Connecticut's food economy through SNAP, generating nearly $2 billion in economic activity, representing a tremendous impact on hunger/poverty and aid 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 for most of SFY 2023.

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 increased 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 2023, this program provided $296.5 million in additional SNAP assistance statewide to all households in Connecticut increasing the total distributions to over $1 billion during the program's operation, April 2020 through February 2023.

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 providing P-EBT benefits totaling over $130.1 million in SFY 2023. 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, this program generated as much as an additional $234.2 million in economic activity to the state of Connecticut in SFY 2023.

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Covered CT Program

Based on state laws passed in the 2021 legislative session, the Covered CT program began on July 1, 2021. Covered Connecticut provides eligible individuals with free qualified health plan coverage available through Access Health CT. The State directly reimburses the insurance carriers 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 was initially fully state-funded using funding made available through the American Rescue Plan Act (ARPA). DSS applied for and received federal approval of, a Medicaid 1115 Demonstration waiver, from the Centers for Medicare and Medicaid Services (CMS) on December 15, 2022. Approval of the Covered CT Medicaid 1115 waiver enables the state to receive federal financial participation for the state's costs of paying for the premiums, cost-sharing amounts, dental care, non-emergency medical transportation services and outreach and engagement activities. 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.

Advances in Medical/HUSKY Health Application Processing and Cost Control

The Department has sustained significant improvements and consistently maintains high levels of timeliness in processing medical applications. Overall, medical timeliness averaged 98% timely in SFY 2023 throughout this fiscal year. Timeliness for processing the most complex Medicaid long-term services and supports applications averaged 97% timely during SFY 2023. Contributing to this successful rate, applicants for HUSKY A (children/parents/relative caregivers/pregnant women), HUSKY B children, 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.

Implementing the Affordable Care Act

Connecticut's effective implementation of the Affordable Care Act (ACA) continued in SFY 2023, with the Department of Social Services' ongoing partnership with Access Health CT, the state-based marketplace. This partnership offers a shared access point to apply for and renew health care coverage by combining operations and utilizing a shared integrated eligibility system effectively, efficiently, and immediately determining eligibility and enrollment into HUSKY Health (Medicaid/Children's Health Insurance Program/Covered CT) and qualified health plans offered through the marketplace. The ACA represented major eligibility changes for the majority of Medicaid/CHIP programs, as states were required to move from traditional eligibility rules to the Modified Adjusted Gross Income (MAGI) income determination methodology. Most significant for public access was expanded income-eligibility standards in Medicaid for low-income adults without dependent children – HUSKY D (from approximately 56% to 138% of the federal poverty guideline). By using one set of income counting rules and a single application across all programs, the ACA made it easier for people to enroll in health care programs.

Online applications are processed in real time, at www.accesshealthct.com, allowing people to apply for most types of Medicaid, CHIP or private health insurance and have their eligibility determined immediately through the integrated eligibility process. Those individuals who do not immediately qualify for a MAGI-based Medicaid program are identified and continue to be evaluated by the department for non-MAGI medical programs, e.g. HUSKY C and Medicare Savings Program (MSP).

In SFY 2023 approximately 1,179,500 individuals were enrolled in Medicaid for at least one month, including approximately 405,700 in the Medicaid expansion for low-income adults without dependent children (HUSKY D).

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

- enable implementation of new Medicaid-funded preventive benefits, including coverage for smoking cessation and family planning;
- extend the federal Money Follows the Person initiative, which enables residents of nursing facilities to transition to independent living in the community;
- have brought millions of additional grant dollars to Connecticut for the purposes of enhancing community-based long-term services and supports;
- 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 1.34 million individual beneficiaries over the course of SFY 2023.

- 398,838 residents in 231,610 households were receiving federally funded SNAP benefits as of June 2023. During SFY 2023, over 494,500 residents received at least one month of SNAP benefits.

- Approximately 22,488 individuals were served by the Temporary Family Assistance program during SFY 2023.

- Approximately 1,179,500 individuals received benefits through the Medicaid program during SFY 2023 (including HUSKY A for children, parents, relative caregivers and pregnant individuals; 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 405,700 individuals during SFY 2023.

  - *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 between nursing facilities and home and community-based services.*

- supported launch of a major new shared savings initiative – PCMH+ - with Federally Qualified Health Centers and advanced networks that build 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.

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;
- 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 the 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 2022, 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 21.60% and overall hospital inpatient admissions per 1000 Member Months (MM) decreased by 10.2% ; 2) increased Primary Care Physicians (PCP) visits for ICM members by 12.80%; In Calendar Year (MY) 2022 ICM focused on establishing a baseline rate (12.6%) of a high-risk cohort of members who were not seeking care from their PCP, those diagnosed with one or more of four comorbid conditions (hypertension, obesity, asthma, and diabetes), and established a Post-COVID-19 Care Management and Outreach Program to address the needs of these high-risk members previously diagnosed with COVID-19 that were likely to experience higher utilization and costs. 3) reduced ED usage for members managed by CHNCT's Emergency Department Care Management (EDCM) program by 41.36%; and 4) In MY 2022 ICM readmission rate for members who engage with Inpatient Dependent Care Management (IDCM) and attend post discharge follow up appointment within seven days compared to members that did not attend follow up appointment within seven days was 3.63%, although this rate was still lower than the rate for non-IDCM members (14.11%). ICM is working with providers and members on reducing the readmission rates for IDCM cohort.

CHNCT and the HUSKY Health membership saw significant growth during 2022 in terms of membership and program enhancement opportunities. The HUSKY Health population increased by 6.35%, the Connecticut Medical Assistance Program (CMAP) provider network grew by 5.38%. CHNCT successfully implemented a new medical authorization portal to improve efficiency within Utilization Management. A new care management model was established, focusing on complex and high-
risk member populations and increasing member attribution rates with a special focus on engaging members in ongoing care with a primary care provider.

Community Affairs and Engagement, division of CHNCT, established the Community Health Worker Outreach program and the Community Transition Program to provide in person support to the growing HUSKY Health member population. The work of these programs supports CHNCT's commitment to engaging HUSKY Health members to become attributed to a

primary care provider as well as supporting community referrals to meet social risk factors that can be barriers to achieving positive health outcomes.

CHNCT remained focused on achieving health equity for the membership by creating the Health Equity Council, further developing data analytics to support health equity reporting and analysis, and the development of health equity goals and interventions to reduce gaps in health outcomes by race and ethnicity.

In 2022, quality metrics demonstrated an improvement in our members health. CHNCT saw a favorable decline in the quality metrics for low-birth-weight births, C-sections and NICU counts. For CHNCT Members ages 40-64, hospital admissions for heart failure and hypertension declined along with admissions for COPD or asthma. In Members 18-64, hospital admissions for diabetes short-term complications also saw a decline. Overall, in Calendar Year (MY) 2022, Healthcare effectiveness Data and Information Set (HEDIS®) rates improved or remained the same in 68 measures for HUSKY A and B members, 42 measures for HUSKY C members, and 41 measures for HUSKY D members. In total, 151 HEDIS® measure rates improved or stayed the same in 2022. An analysis of quality metrics identifies that 42 out of 59 goals outlined in the 2022 Quality Management (QM) Work Plan and Performance Targets have been successfully achieved.

In 2023 and beyond, CHNCT will remain dedicated to expanding access, improving health outcomes, and reducing disparities in health equity for the HUSKY Health membership.

Interventions through the Department's behavioral health ASO, Carelon

The Department's behavioral health ASO, Carelon, 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. Carelon 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.

Carelon'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. Carelon 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 Carelon 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 at 57.6% despite significant decreases in dental utilization due to CDC mandated office closures during the COVID-19 pandemic, reductions in the dental workforce post pandemic, and adjusting appointment processes and workflows to meet new patient safety requirements.

In order to address Members 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 pilot program between CHNCT and CTDHP care management teams. Both teams conducted monthly case conferences to triage and identify actions needed to support members. In its first year, 55% of members utilized dental services. In the second year, the pilot shifted to working with members without a dental home and without an attributed PCP while also experiencing chronic diseases. In its second year 36% of members utilized dental services. Recognizing the importance of obtaining both a dental and medical home CHNCT and CTDHP have further collaborated to refer members from the CHNCT Community Health Worker outreach team to CTDHP to obtain a dental home through the Unite Us platform. In state fiscal year 2023, 633 members were identified as needing a dental home and were subsequently connected to CTDHP, of which 29% utilized services in the same year**.**

Health disparities are gaps that separate one demographic group from another (or all others) on a particular measure of health that is expressed in terms of rate, proportion, mean, or some other quantitative or qualitative 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 differences 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 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 Connecticut Dental Health Partnership (CTDHP) continues to lead in developing innovations to reduce oral health inequities, improve member care, and integrate oral health care service delivery within medical care. In its annual Medicaid Oral Health Inequity Report, CTDHP highlights key disparities in dental utilization across the population by age, race and ethnicity, gender, and geography and outlines its planned interventions along with policy recommendations to reach oral health equity. Additionally, its efforts to meet the US Department of Health and Human Services' National Standards for Culturally and Linguistically Appropriate Services (CLAS) was featured at the National Medicaid Medicare CHIP Services Dental Association (MSDA) Conference and the Association of State and Territorial Dental Directors (ASTDD) National Oral Health Conference. More locally, the commitment to CLAS is seen in their oral health navigation service, a unique program staffed by Community Health Workers to support Medicaid members in navigating the oral health care delivery system. By partnering with organizations like Integrated Refugee and Immigrant Services (IRIS) they have worked to ensure 80 of Connecticut's newest refugee arrivals are connected to a dental home. Recognizing the opportunity pediatricians and family medical providers have in creating oral health literacy early in a child's life, CTDHP's Access to Baby Care Program has trained 687 medical providers to date to conduct oral health assessments and apply fluoride varnish during a medical well child visit. CTDHP was selected to present its work in advancing oral health care in primary care nationally as part of the CMS Advancing Oral Health Prevention in Primary Care Affinity Group.

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: 1286.
- Case Outcomes (Closed during the Reporting Period): 22% of Members kept their dental appointments and are now in non-emergent active care.
- 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: 2,336
- Oral Health Educational Materials distributed: 50,275
- Member engagement activities are conducted via telephone, email, and text. CTDHP reached 505,924 members, of which 66,587 (13%) had a dental visit within 120 days post-contact with CTDHP. Additionally, the Member Service Center made 25,097 outbound calls to members.

Members Reached and Outcomes include:

- Members who visited an Emergency Department for an Oral Health Related Problem: 3,726; Dental Utilization within 120 days post-contact: 33%
- Members with End State Renal Disease who have not been to the dentist in the prior 12 months: 1,398; Dental Utilization within 120 days post-contact: 7%

- Members (children) who have been screened as High Risk of developing dental decay or caries: 1618; Dental Utilization within 120 days post-contact: 36%
- Members newly enrolled in HUSKY Health without a dental home: 55,058; Dental Utilization within 120 days post-contact: 18%
- Members who are pregnant: 9,382; Dental Utilization within 120 days post-contact: 17%
- Members with Type 1 Diabetes who have not been to the dentist in the prior 12 months: 6,437; Dental Utilization within 120 days post-contact: 13%
- Members who have not visited the dentist in 12 months: 395,623; Dental Utilization within 120 days post-contact: 10%
- Community Engagement to "non-traditional" sites: Libraries, Food Pantries, Shops & Bodegas, Hair Salons, Faith Based Centers: 304
- Community Partner Staff Registered to Secure Community Partner CTDHP Portal to refer members to CTDHP Oral Health Navigation: 83

Media Campaigns

CTDHP uses oral health equity data and geographic analysis to target specific geographies and populations to develop media campaigns focused on oral health literacy and a call to action to connect with the CTDHP Member Service Center to get support in locating a HUSKY Health Dentist. This in the SFY 2023 period, the messaging focused on "Time to Go to the Dentist" to nudge members to get back to a routine preventive dental visit after COVID-19 and promote how members can find a HUSKY Health dentist. One of the Dental Partnership's activities for the National Children's Dental Health Awareness was the debut of the Dr. Tooth Fairy Initiative, to outreach and teach good oral health practices to children and their parents or families. The campaign was developed in partnership with the Connecticut State Dental Foundation. HUSKY Health members were able to listen to Dr. Tooth Fairy provide oral health education on healthy snacks, the benefits of fluoride, dental sealants, brushing and flossing, and losing a tooth in 5 languages: English, Spanish, Portuguese, Polish, and Arabic.

Benefits of ASO structure

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 2023 Network Adequacy Analysis

Access to Care

Medical Providers
Primary care providers: 4,151

Specialists, including Ancillary services and Facilities 26,966

Behavioral Health Providers
Behavioral Health Providers: 8,366
Network change over calendar year 2022: 1% increase over 2021.

Dental Providers
Primary care providers: 1,711
Specialist: 268

Pharmacies
Pharmacies: 748
Network change from State Fiscal Year 2022: -1.75%

Below are medical measures derived comparing Calendar Year 2021 to 2022. CHNCT, through its claims analytics, medical chart reviews, hospital discharge summary information, and patient and provider surveys, is able to monitor the effectiveness and efficiency of our program.

Population Health

By using Population Health Management DSS and the HUSKY Health Medical ASO (CHNCT) work to improve clinical health outcomes for CT Medicaid and CHIP beneficiaries through better care coordination, increased patient engagement and adoption of appropriate financial and care models that support this effort.

Also, to address the sustained impact of COVID-19, CHNCT continued to monitor state and federal recommendations and utilize population health management strategies to proactively address identified needs for this cohort. The following are the changes between the Measurement Year (MY) 2021 and MY 2022 results for some of the HEDIS® measures used in the monitoring and evaluation of the HUSKY Health program:

- *HEDIS® 2022 Pharmacotherapy Management of COPD Exacerbation*:
  Declined for HUSKY C in the *Bronchodilator component by* 2.91%
  And improved for HUSKY D in the *Systemic Corticosteroid component* by 2.03%
- *HEDIS® MY 2022 Persistence of Beta-Blocker Treatment After a Heart Attack* declined by 3.13% for HUSKY C and 5.49% for HUSKY.
- *HEDIS® MY 2022 Antidepressant Medication Management:*
  - improved for *Effective Acute Phase Treatment by* 0.09% for HUSKY A and B, declined by 9.23% for HUSKY C, and improved by 0.10% for HUSKY D declined for Effective Continuation Phase Treatment by 2.17% for HUSKY A and B, 2.54% for HUSKY C, and 0.64% for HUSKY D

- *HEDIS® MY 2022 Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis* declined by 17.98% for HUSKY A and B, improved by 6.11% for HUSKY C, and 4.56% for HUSKY D
- *HEDIS® MY 2022 Appropriate Treatment for Upper Respiratory Infection Total* increased for HUSKY A and B by 0.12%.
- *HEDIS® MY 2022 Statin Therapy for Patients with Cardiovascular Disease* declined:
  - *Received Statin Therapy Total* by 0.06% for HUSKY C and 0.02% for HUSKY D
- *HEDIS® MY 2022* Cardiac Rehabilitation improved:
  - *Initiation ages 18-64* by 1.47% for HUSKY D
  - *Initiation Total* by 0.94% for HUSKY D
  - *Engagement 1 18-64* by 6.25% for HUSKY A and B, 40.20% for HUSKY C, 0.99% for HUSKY D
  - *Engagement 1 Total* by.25% for HUSKY A and B, declined by 53.08% for HUSKY C and improved by 2.25% for HUSKY D
  - *Engagement 2 18-64 improved* by 17.51% for HUSKY A and B and 17.13% for HUSKY D
  - *Engagement 2 Total improved* by 17.51% for HUSKY A and B, 40.77% for HUSKY C and 18.19% for HUSKY D
  - *Achievement ages 18-64 improved* by 26.89% for HUSKY A and B and 16.48% for HUSKY D
  - *Achievement Total improved* by 26.89% for HUSKY A and B, declined by 6.16% for HUSKY C and improved by 16.02% for HUSKY D
- *HEDIS® MY 2022 Controlling High Blood Pressure* declined by 3.71% for HUSKY A and B, and 3.26% for HUSKY D.
- *HEDIS® MY 2022 Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia* improved by 8.00% for HUSKY C.
- *HEDIS® MY 2022 Plan All-Cause Readmissions* improved*:*
  - *Observed Readmission Rate Total* 7.10% for HUSKY A and B
- However, generally readmission rates for all HUSKY Health population for physical health conditions declined by 4.18%; and for Respiratory System conditions by 22.18%, although for younger adults, ages 18 to 39, the Asthma admission rate increased by 10.86%.

Child and Adolescent Well-Care Health Measures

- Although the *HEDIS® MY 2022 Childhood Immunization Status* declined for HUSKY A and B by:
  - *Hepatitis B* 0.13%
  - *Influenza* 11.45%
  - *Combination #10* 12.31%, the rates improved for: DTaP 4.8%, MMR 4.42%, Hepatitis A 3.25% and Combo #3 4.58%.
- *HEDIS® MY 2022 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* declined for HUSKY A and B by:
  - *BMI Percentile Total* 2.04%
  - *Nutritional Counseling Total* 0.29%
  - *Physical Activity Counseling Total* 0.97%
- *HEDIS® MY 2022 Children and Adolescent Well-Care Visits Total* declined by 3.98% for HUSKY A and B and 1.5% for HUSKY D.
- *HEDIS® MY 2022 Non-Recommended Cervical Cancer Screening in Adolescent*

Females declined by 9.68% for HUSKY A and B, and improved by 20.83% for HUSKY D.
  - Behavioral Health Screening (Ages 1-18) increased by 6.14%.
  - Developmental Screening in the First Three Years of Life (Ages 1-3) decreased by 1.92%.

Adult Well-Care Health Measures

- *HEDIS® MY 2022 Breast Cancer Screening* improved by 4.65% for HUSKY A and B.
- *HEDIS® MY 2022 Cervical Cancer Screening* declined by 10.43% for HUSKY C and 3.15% for HUSKY D.
- *HEDIS® MY 2022 Chlamydia Screening in Women Total* improved by 0.63% for HUSKY A and B and 0.35% for HUSKY D.
- *HEDIS® MY 2022 Adults' Access to Preventative/Ambulatory Health Services Total* declined by 3.04% for HUSKY A and B, 1.23% for HUSKY C, and 3.67% for HUSKY D.

Suggested;
The new HEDIS® measure, Adult Immunization Status was first reported in MY 2022 and trends will be monitored going forward.

Asthma Health Measures

- *HEDIS® MY 2022 Asthma Medication Ratio for ages 51-64* improved by 2.41% for HUSKY A and B.
- For all members engaged in ICM (EL2), their ED utilization decreased by 21.60% in MY 2022, and for EDCM program members, including members with Asthma, the ED Utilization rate dropped by 41.36%.
- 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 increased by 10.86%.
- COPD or Asthma in Older Adults Admission Rate (ages 40-64) per 100,000 MM decreased by 7.01%.
- COPD or Asthma in Older Adults Admission Rate Total (ages 40 or older) per 100,000 MM decreased by 4.03%.

Cardiovascular Conditions

- Hypertension Admission Rate:
  - Ages 18-64 years per 100,000 MM decreased by 13.80%
  - Total (ages 18 and older) per 100,000 MM decreased by 12.78%
- Heart Failure Admission Rate:
  - Ages 18-64 years per 100,000 MM decreased by 19.61%
  - Ages 65+ years per 100,000 MM decreased by 5.99%
  - Total (ages 18 and older) per 100,000 MM decreased by 17.25%

Diabetes Health Measures

- *HEDIS® MY 2022 Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)* improved by 11.6% for HUSKY A and B, and declined by 0.97% for HUSKY D.
- *HEDIS® MY 2022 Comprehensive Diabetes Care - HbA1c Control (<8.0%)* improved

by 6.77% for HUSKY A and B, and declined by 3.87% for HUSKY D.

- *HEDIS® MY 2022 Comprehensive Diabetes Care-Eye Exam (Retinal) Performed,* improved by 6.22% for HUSKY A and B, and 2.43% for HUSKY D.
- *HEDIS® MY 2022 Comprehensive Diabetes Care –Blood Pressure Control (<140/90 mm Hg)* improved by 8.50% for HUSKY C and 2.56% for HUSKY D.
- *HEDIS® MY 2022 Kidney Health Evaluation for Patients with Diabetes* declined:
  - *18-64 Years* by 8.11% for HUSKY A and B, 1.36% for HUSKY C, and 5.42% for HUSKY D
  - *65-74 Years improved* by 2.73% for HUSKY A and B, 0.40% for HUSKY C, and 3.18% for HUSKY D
  - *75-85 Years improved* by 0.78% for HUSKY C
  - *Total (18 years and older) declined* by 8.08% for HUSKY A and B, improved by 0.40% for HUSKY C, and declined by 5.19% for HUSKY D
- *HEDIS® MY 2022 Statin Therapy for Patients with Diabetes* declined by:
  - *Received Statin Therapy* by 8.97% for HUSKY A and B
  - *Statin Adherence 80%* by 2.71% for HUSKY A and B
- *HEDIS® MY 2022 Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications* declined by 0.86% for HUSKY A and B, improved by 0.35% for HUSKY C, and declined by 0.05% for HUSKY D.
- *HEDIS® MY 2022 Diabetes Monitoring for People with Diabetes and Schizophrenia* declined by 9.08% for HUSKY A and B, 4.45% for HUSKY C, and improved by 3.86% for HUSKY D.
- Hospital Admission Rates For**:**
- Diabetes Short-term Complications Admission Rate (age 18-64) per 100,000 MM decreased by 9.38%
- Diabetes Short-term Complications Admission Rate (Total- age 18 and older) per 100,000 MM decreased by 9.03%
- Diabetes Long-term Complications Admission Rate (age 18-64) per 100,000 MM increased by 0.69%
- Diabetes Long-term Complications Admission Rate (age 65+) per 100,000 MM increased by 36.11%
- Diabetes Long-term Complications Admission Rate (Total- Age 18 and Older) per 100,000 MM increased by 2.47%
- Uncontrolled Diabetes Admission Rate (age 18-64) per 100,000 MM increased by 27.80%
- Uncontrolled Diabetes Admission Rate (Total Ages 18 and Older) per 100,000 MM increased by 29.28%
- Lower-Extremity Amputation among Patients with Diabetes Rate (age 18-64) per 100,000 MM increased by 30.13%.
- Lower-Extremity Amputation among Patients with Diabetes Rate (age 65+) per 100,000 MM increased by 136.14%.
- Lower-Extremity Amputation among Patient with Diabetes Rate (Total ages 18 and older) per 100,000 MM increased by 38.57%.

Perinatal, Maternal and Infant Health Measures

- NICU Count per 100 Live Newborn Births decreased by 3.49%.

Addressing Substance Use

- *HEDIS® MY* 2022 *Use of Opioids at High Dosage* increased by 2.42% for HUSKY A and B, 1.14% for HUSKY C, and decreased by 4.75% for HUSKY D.
- *HEDIS® MY 2022 Use of Opioids from Multiple Providers* increased by:
  - *Multiple Pharmacies* 61.31% for HUSKY A and B, and 52.10% for HUSKY C
  - *Multiple Prescribers and Multiple Pharmacies* 71.76% for HUSKY A and B
- *HEDIS® MY 2022 Risk of Continued Opioid Use ≥ 15 Days Covered* improved by:
  - *≥15 Days Covered* 3.09% for HUSKY C, and 6.01% for HUSKY D
  - *≥31 Days Covered* 14.18% for HUSKY A and B, and 6.31% for HUSKY D

Utilization Management and Cost Effectiveness

- Overall inpatient admissions per 1,000 MM Years decreased by 10.2%.
- Hypertension Admission Rate per 100,000 MM (Ages 18 and Older) decreased by 12.78%.
- Heart Failure Admission Rate per 100,000 MM (Ages 18 and Older) decreased by 17.25%.
- ED Utilization for Members Engaged in Intensive Care Management decreased by 21.60%.
- ED Utilization for Members Managed by the EDCM Program decreased by 41.36%.•
- *HEDIS® MY 2022 Ambulatory Care - Outpatient Visits per 1000 Years* decreased by 2.43% for HUSKY A and B, 4.32% for HUSKY C, and 8.46% for HUSKY D.
- *HEDIS® MY* 2022 *Inpatient Utilization- Maternity- Discharges per 1000 M Years* increased by 0.03% for HUSKY A and B, and 7.85% for HUSKY C.
- *HEDIS® MY 2022 Inpatient Utilization- Medicine- Discharges per 1000 M Years* decreased by 8.36% for HUSKY C and 12.82% for HUSKY D.
- *HEDIS® MY 2022 Inpatient Utilization- Medicine- Average Length of Stay* increased by 0.00% for HUSKY A and B.
- *HEDIS® MY 2022 Inpatient Utilization- Surgery- Discharges per 1000 M Years* decreased by 7.73% for HUSKY D.
- *HEDIS® MY 2022 Inpatient Utilization- Surgery- Average Length of Stay* increased by 9.52% for HUSKY A and B, and by 14.91% for HUSKY C.
- *HEDIS® MY 2022 Plan All-Cause Readmissions – Observed Readmission Rate Total* increased by 7.10% for HUSKY A and B.

Access to Care

- Number of providers who provide Medication Assisted Therapy (buprenorphine) improved by 3.53%
- Attribution rate decreased by 2.21% in MY 2022 compared to MY 2021, resulting in an overall member attribution rate of 65.89%.

Program Satisfaction

- CHNCT achieved above a 90% overall favorable rating on program satisfaction surveys:
  - ICM Satisfaction Survey 93.1%
  - CPTS Satisfaction Survey 93.48%
  - Member Engagement Satisfaction Survey 97.88%

Medical Operations Operational Services

- 24.8 million pharmacy claims, and 28.6 million non-pharmacy electronic claims were processed

- 61.8 million electronic eligibility transactions and 67,302 automated voice response eligibility transactions were processed
- 12.5 million medication histories and 12.3 million eligibility transactions were processed through the e-Prescribing application
- 10.3 million Electronic Visit Verifications (EVV) transactions were submitted
- 22,467 providers went through the enrollment or re-enrollment process in the Connecticut Medical Assistance Program
- 208,255 pharmacy prior authorizations were processed by the Pharmacy Prior Authorization Assistance Center

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 (NCQA). 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 6/30/2023 there was a total of 127 practices that participated in the DSS PCMH Program, which included 576 sites and 533,055 HUSKY members attributed to 2,445 CMAP providers. There were 92 NCQA recognized practices, 27 glide path practices (however, 8 practices have sites that are fully PCMH as well), and 16 Federally Qualified Health Centers (FQHCS) that participate in the DSS PCMH program.

Health Equity Work

DSS, CHNCT, BeneCare and Carelon are currently examining access barriers related to gender, race and ethnicity faced by Medicaid members. During the COVID-19 pandemic, this 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. Carelon 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, Carelon, 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. Carelon 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, 5,240 people have applied for CHESS. Of the 5,240 applicants, 4,565 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,737 people have met the comorbidity index and are currently working with a supportive housing provider. Of the 737 people, 220 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.

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.

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.

That is the Category 2C Health care Payment Learning and Action Network (HCP-LAN) Alternative Payment Model (APM). This was par of the SIM requirement since PCMH+ funding was originally SIM CCMI dollars. When the SIM program ended, we were able to adjust how the reimbursement methodology was structured based on experiences from the first waves of the program.

DSS selected seven Federally Qualified Health Centers (FQHCs) and two advanced networks via a Request for Proposals as the inaugural cohort of PCMH+ Participating Entities for Wave 1. DSS then rolled participation of all of the Wave 1 Participating Entities (PEs) and selected an additional two FQHCs and 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). Wave 3, Year 3 (CY2022) saw increased membership growth with total member attribution of 203,885 (139,217 individuals attributed to FQHCs and 64,668 individuals attributed to advanced networks).

Initial performance indicators for Waves 1 and 2 demonstrate that PCMH+ was implemented successfully, with many positive elements and 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 Participating Entities (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 Potentially Preventable Admissions (PPA) and Potentially Preventable Visits (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. Wave 3, Year 2 shared savings resulted in $3,634,261.00 distributed to four PEs who achieved savings under the program.

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 healthcare 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.

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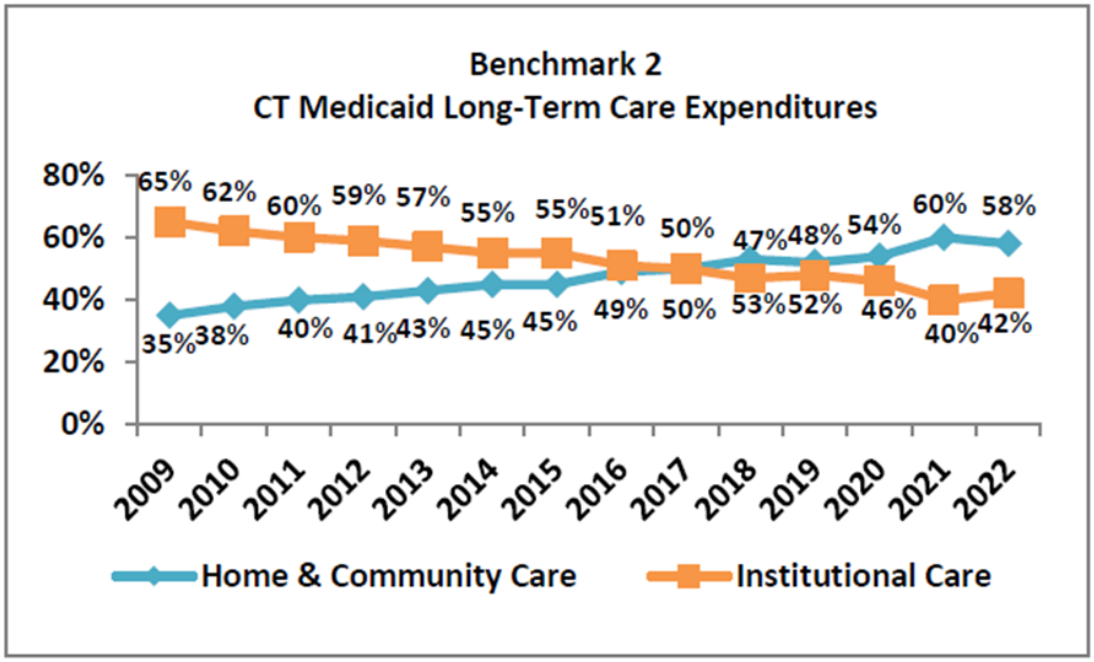
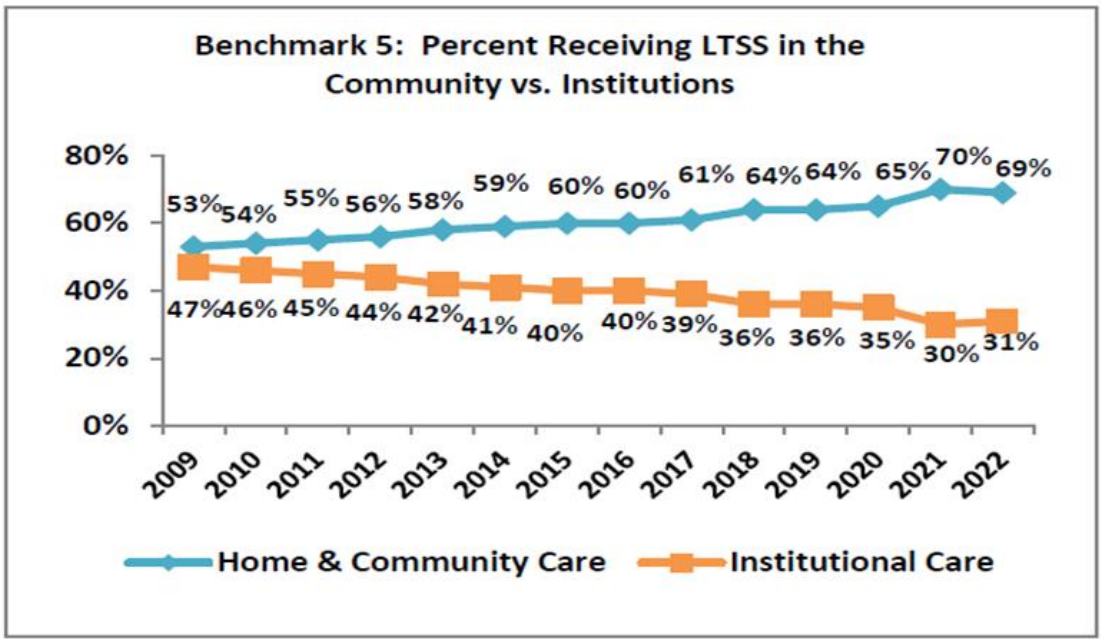
'Rebalancing' of Long-Term Services and Supports (LTSS)

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, 69% 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 69% in SFY 2022.

In SFY 2022, 58% of the total LTSS Medicaid expenditures were spent in the community, while 42% 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 (https://portal.ct.gov/DSS/Common-Elements/Home-and-Community-Based-Services).

The major areas and key initiatives include:

- **Enhance HCBS Workforce:**
  - Includes increased provider rates 3.5% and one-time provider stabilization 5% supplemental payments, Racial Equity training, and Evidence based models:

  - **Care of Persons with dementia in their Environment (COPE): "**Training and Counseling Services for Unpaid Caregivers Supporting Participants", this service is an inter-professional model delivered through a structured number of visits by a team comprised of a Care of Persons with Dementia in their Environments (COPE) certified occupational therapist (OT) and a COPE certified registered nurse (RN) to a participant as defined in the participant's person-centered plan. The service may include assessment and the development of a home treatment/support/action plan for this service, training and technical assistance to carry out the plan and monitoring of the individual and implementation of the service action plan. For participants without a dementia diagnosis, the service is referred to as "Confident Caregiver."

  - **Supports at Home Option (SHO):** Expansion of the Medicare Savings Program (MSP) for people with 1 or 2 critical needs and at risk of nursing home placement. "Lite" package of services, including COPE and Community Aging in Place – Advancing a Better Living in Elders (CAPABLE), as well as, respite, case management, assistive technology and home modification budget. The goal is to reduce signs of depression and to increase quality of life for older adults with functional limitations and their unpaid caregivers.

- **Expand Integration and Use of Assistive Technology**
  - Integrate Smart Home technology into subsidized housing.
  - Expand access to and use of Assistive Technology to Home and Community Based Services (HCBS) members.

- **Enhance Self-Direction**
  - Create and Implement Employment Network
  - Create and Implement Electronic Visit Verification (EVV) Call Center
  - Expand Self-Direction Supports Available through the Fiscal Intermediary

- **Expand Environmental Adaptations:**
  - **Community Aging in Place- Advancing a Better Living in Elders (CAPABLE):** "Participant Training and Engagement to Support Goal Attainment and Independence." This service implements services to the member utilizing the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program model. The CAPABLE program is a set of highly individualized, person-centered services that use the strengths of the participant to improve her/his safety and independence. The

CAPABLE program services engage participants to develop action plans with the aim of achieving goals related to increasing functional independence, improving safety, decreasing depression, and improving motivation as defined in the person-centered plan.

- **Enhance and Expand HCBS Delivery Transformation:**

  - **Remote Supports:** This service includes the provision of supports by staff at a remote location who are engaged with the individual through technology/devices with the capability for live two-way communication. Individual interaction with the virtual staff person may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system, and possible unscheduled back-up Personal Care Attendant (PCA) Services. Associated changes include adding certified community hubs as an authorized provider type, and the addition of a new rate for unscheduled back-up PCA services.

  - **Healthy Food Initiative:** Healthy, culturally appropriate, community-based (CT-grown) meals delivered to members with the intent to treat symptoms of diet nutrition-related chronic illnesses as associated with diabetes, chronic heart failure, obesity, and HIV.

  - **Programs of All-Inclusive Care for the Elderly (PACE):** For members 55 years or older who are at nursing home level of care and want to remain in the community as independently as possible.

- **Strengthen Quality:**

  - **Pay for Performance initiative (also referred to as "Value Base Payments," or VBP).** VBP aims to improve Medicaid member health outcomes and provide whole-person care through incentive payments to Home and Community Based Services (HCBS) providers and Home Health Agency (HHA) providers based on clearly defined outcome-based measures, person-centered goals, and evaluation of health disparities. VBP includes Racial Equity training for HCBS and HHA, which includes the following content areas: Integrating a Racial Equity lens, Implicit Bias, Health Literacy and Self-Management, Cultural Humility, Racial Microaggressions, and Cross-training.

  - **Improve and Expand Universal Assessment (UA):** The Universal Assessment Tool was established as part of our overall rebalancing strategy. The Tool is utilized by multiple programs and waivers to determine an individual's strengths and needs. The UA utilizes an algorithm to determine Level of Need and Level of Care. The tool helps to ensure an objective allocation of resources for our members. ARP 9817 funds will be utilized to expand and improve the UA.

  - **Create and Implement Quality Management Tool Kit for HCBS Participants:** Creation of web-based tools and printed materials with the aim of creating a greater sense of awareness and control regarding the quality of supports received.

Money Follows the Person

The Money Follows the Person (MFP) initiative's efforts have been towards 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 2023, the Money Follows the Person program supported 436 individuals in transitioning from nursing facilities to the community. Of these, 406 received enhanced match; 166 of these were elders, 164 had physical disabilities, 58 had mental health disabilities and 18 had intellectual disabilities. Since implementation in December 2008, there have been over 7,600 transitions, of which received enhanced federal financial participation. Out of this total, 3,206 were elders, 2,718 had physical disabilities, 933 had mental health disabilities and 360 had an intellectual disability. MFP has enabled a broad array of individuals to live independently and to receive needed supports including accessible housing and home and community-based services. For more information, please visit www.ct.gov/dss/moneyfollowstheperson.

Universal Assessment

Further, MFP led efforts to submit an application to the federal Centers for Medicare and Medicaid Services under the State Balancing Incentive Payments (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. ARP 9817 funds will be utilized to expand and improve the UA. In terms of expansion, we are working to expand the utilization of the UA to participants receiving services through other state agencies. Improvements to the UA range from functional improvements to improve user experience to technical programming updates to better capture members' needs. The improvements to the UA will help streamline the process and improve member experience and access to services.

- 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 2023, approximately 9,000 Medicaid members accessed services through CFC. The Department will be implementing agency based personal care attendant services in the coming year.

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 10 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.

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.

Child Support Services – For Children, Parents and Taxpayers (Please also see pages 46-56)

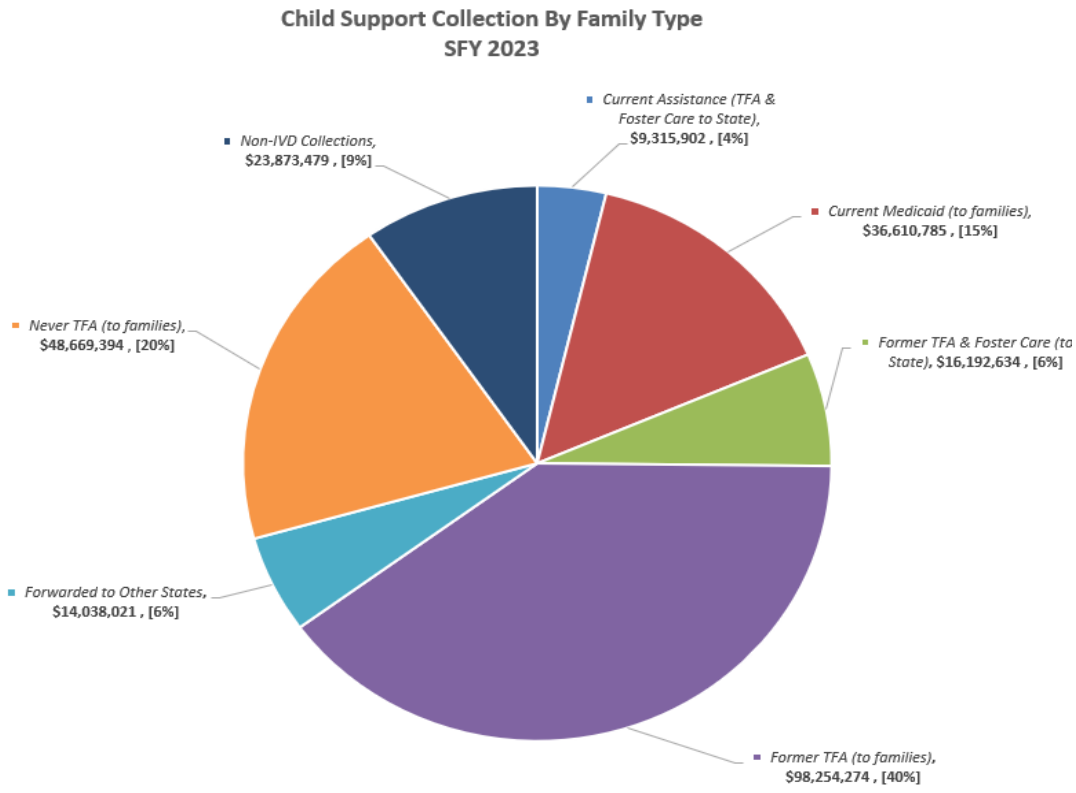
The Office of Child Support Services (OCSS) collected over $246.9 million in court-ordered child support during SFY 2023 (ending 6/30/23). The program sent $183.5 million in parental support to children whose families were not receiving cash assistance. Another $14 million went to children living in another state/territory.

At the same time, state taxpayers benefited from approximately $9.3 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 $16.1 million was collected on past-due amounts and kept by the State as reimbursement.

At the end of Federal Fiscal Year 2022 (9/30/22), the child support caseload was 122,868. 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-five percent (95%) of OCSS's entire caseload had a court order for child support and/or health care coverage in place.

Child Support Federal Performance Standard: Self-Assessment Review

Connecticut has exceeded the federal performance requirements for every review criterion during this year's evaluation, demonstrating a combined compliance average of 95%, which is well above the federal benchmark of 75%.



Administrative Enforcement

The DSS Office of Child Support Services oversees several 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 2023, the Office of Child Support Services Administrative Unit collected approximately $40 million in child support for families and the State of Connecticut.

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 individuals, 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 offers health coverage to Connecticut children and families, individuals who are aged, blind or disabled, and low-income adults. The program has four main parts: HUSKY A (children, parents/relative caregiver, and pregnant/postpartum individuals), 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 2023, approximately 1,179,500 individuals received at least one month of coverage in the HUSKY Health Medicaid areas (HUSKY A, C and D); and approximately 25,100 in the Children's Health Insurance Program (HUSKY B).

HUSKY A and HUSKY B

Connecticut children, their parents or relative caregivers; and pregnant individuals may be eligible for HUSKY A (Medicaid), depending on family size and income. Approximately 611,100 individuals received medical coverage through HUSKY A during SFY 2023.

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. Husky B also covers conception to end-of-pregnancy services to

unborn children, essentially covering pregnant individuals of any age who otherwise qualify for either Husky A or Husky B children but are ineligible due to immigration status.

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 Medically Needed Income Limit (MNIL) eligibility became one statewide standard.

Monthly Amount:

Single Person - $700

Married Couple: $946

Institutionalized Individuals

Single Person: $2,742

Asset limits are as follows: Single person: $1,600

Married couple: $2,400

The HUSKY C program served approximately 94,500 low-income elders and adults with disabilities, including about 18,400 individuals who received care in nursing homes during SFY 2023.

HUSKY D
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 405,700 Connecticut residents were served through HUSKY D in SFY 2023.

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

Single Person: $1,677

Married Couple: $2,268

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

Medicare Savings Programs

The Medicare Savings Programs (MSP) helps Medicare recipients pay their Medicare premiums and out-of-pocket costs. MSP beneficiaries can earn up to $2,989 per month for a single person and $4,043 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 ($164.90 per month). During SFY 2023, the department served approximately 217,000 individuals through the three levels the 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 4,800 individuals with disabilities in Connecticut's workforce received Medicaid coverage through this program in SFY 2023. 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 aged 65 and older who are institutionalized or at risk of institutionalization. The program currently serves 15,600 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 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.

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 74 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 320 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 caregivers, 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. As of June 2023, there were 320 waiver slots, 317 assigned cases and 170 people on the waiver.

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 542 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 1,060 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 2023, DSS provided medical coverage to 15,700 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. It is administered by the Department of Public Health in coordination with DSS. 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. All services are offered free of charge through the Connecticut Department of Public Health's contracted health care providers located statewide. For qualifying women diagnosed with cancer or pre-cancerous conditions, DSS provides full Medicaid benefits. The Department of Social Services served 242 individuals in this coverage group during SFY 2023. For more information, please visit www.ct.gov/dss/bcc.

Tuberculosis Medicaid Coverage: Provides Medicaid coverage for patients who are not otherwise eligible for Medicaid while they are being evaluated or treated for TB disease and infection including medication. The Department served 101 individuals in this coverage group during SFY 2023.

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 939 individuals in these coverage groups during SFY 2023.

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Services for Families and Children

Temporary Family Assistance

Temporary Family Assistance (TFA) is Connecticut's TANF cash assistance and Jobs First employment services program, providing eligible families with children money to meet basic living expenses, employment services and supports to help parents acquire and be successful in employment, and access to services that help remove barriers to employment. During SFY 2023, the Department provided TFA benefits to approximately 22,480 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.

Safety Net Services are provided to families who have exhausted all available time limited benefits, have an eligible child in the home, have income below the TFA benefit level for their family size, and do not qualify for any future extensions. 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.

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 396,751 residents in 230,103 households were receiving federally funded SNAP benefits as of June 2023. During SFY 2023, nearly 494,500 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 200% of the federal poverty level.

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 2023, 396,751 Connecticut residents were receiving SNAP benefits, with 230,103 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 2023, 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. 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 93% for SNAP application processing in FFY 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 2023, 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 39-41)

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 (formerly known as the Voluntary Acknowledgment of Paternity Program), providing services in 24 area birthing facilities. Hospital-based paternity establishment is the primary source of voluntary acknowledgments, The 2022 statewide average rate of acknowledgements completed at hospitals at the time of birth was 79%.

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. Connecticut continues to work on its modernization project to replace the current legacy system.

During the past year, the project team completed a comprehensive review and clarification/elaboration of the contracted requirements. This process is referred to as Requirement Verification and Validation (RVV). The requirements were separated by the following modules; Ease of Use, Case Initiation, Locate, Establishment, Enforcement, Case Management, Financials, Reports, Customer Service and the Fatherhood Initiative. A review of all requirements occurred for both functional and technical areas.

Joint Application Design (JAD) and Joint Technical Design (JTD) sessions have begun. Ease of Use, Case Initiation, Locate, Establishment, Case Management and Enforcement JAD/JTD sessions have been completed.

In addition to meeting with our internal DSS interface partners, OCSS met regularly with our external partners including, Department of Labor, Department of Public Health, Department of Children and Families, Department of Corrections, and Judicial Court Operations and the CT Lottery to review the current and future interface processes.

The Independent Verification and Validation (IV&V) vendor completed two reviews during SFY 2023. During this time, IV&V completed an assessment of the overall project. IV&V team observed project meetings and JAD/JTD sessions, reviewed project management documents and deliverables, and conducted surveys and interviews with project staff/vendors regarding the project.

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.

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

Key leaders at the local and state levels continued recognition of the impact of father absences as a nonpartisan issue, passing 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 CT Fatherhood Initiative (CFI) is to support children, mothers and fathers by focusing on the important influence of men who are or will be in fathering roles. 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(s) 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 24th year of operation, The CFI is a statewide multi-agency collaboration, led by the Department of Social Services, working toward our aforementioned common goal. 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 (formerly known as CT State Colleges and Universities); United Way of CT; University of Connecticut, The Consultation Center at Yale University, legal services, researchers and numerous community-based family and youth serving providers.

The objectives of the *CFI* are to

- Promote public education concerning the financial and emotional responsibilities of fatherhood;
- Assist men in preparation for the legal, financial and emotional responsibilities of fatherhood;
- Promote the establishment of paternity at childbirth;
- Encourage fathers, regardless of marital status, to foster their emotional connection to and financial support of their children;
- Establish support mechanisms for fathers in their relationship with their children, regardless of their marital and financial status; and
- Integrate state and local services available for families.

Public Act 22-138, An Act Concerning Oversight and Funding of the Connecticut Fatherhood Initiative., reaffirms the work that's been done over the last 24 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 Federal Access and Visitation Grant, the CT Arrearage Adjustment Program, and the DSS Fatherhood Program Certification process.

Funding Opportunities*
The Commissioner of the Department of Social Services is tasked with seeking to obtain any available federal and private funds for programs that promote the objectives described. During this reporting period there were no federal or private funding opportunities available that met and/or fit our programmatic criteria.

DSS-Contracted Fatherhood Program Providers

During SFY 2023, six DSS-certified fatherhood programs below received an allocation of $310,498; $48,416 per site and CAFCA, Inc. Received the remaining $20,000 as the Fatherhood Fiscal Agent.

- 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 the DSS Fatherhood Certification process but are funded through other channels.

Legislation passed in 2003 regarding the implementation of the CT Arrearage Adjustment Program required the CT DSS Commissioner to develop a certification process for fatherhood programs. There are currently 8 fatherhood programs with DSS certification status, scheduled to end December 31, 2023. These eight programs, and an additional program seeking to be certified for the first time, are participating in the current round of the process. Those that are successful will begin DSS certification status January 2024 for a period of four (4) years. 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.

Programs with which DSS contracts are required to participate in the certification process. Each of the above-noted DSS –contractor agencies 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 2023 the fatherhood programs combined to serve 243 unduplicated low-income non-custodial parents statewide.

The participants served by these providers present with a myriad of issues upon enrollment into programming; therefore, an Individualized Service Plan is developed, and revised as needed, for each participant.

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.

DSS Fatherhood Program Certification Process

The Department of Social Services (DSS) is committed to enhancing the capacity of community-based fatherhood programs to provide quality services to fathers and families through the *DSS Fatherhood Program Certification* process. The purpose of this effort is to recognize fatherhood programs that have demonstrated exemplary practice, and to ensure consistency and quality service delivery to low-income, noncustodial fathers and their families.

In 2001, the National Practitioners Network for Fathers and Families (NPNFF) initiated an exploratory project to identify major categories and criteria for which fatherhood program standards could be developed. This year-long exploratory project sought input and suggestions from a wide variety of stakeholders in the fatherhood field — practitioners, program managers, researchers, evaluators, and state agency officials — through a series of 11 forums held across the nation. Based on the results from the 11 forums, the work of the National Center on Fathers and Families Fathering Indicators Project, and the experience of the National Youth Employment Coalition's Promising and Effective Practices Network (PEP Net) for youth employment programs, NPNFF developed the Fathers PEP Net Project. The Fathers PEP Net Project identified six categories against which responsible fatherhood programs could measure their operations through a self-assessment process. These categories have been expanded and developed into seven program standards categories which include: *Purpose and Activities, Organization and Management, Parenting Skills Development, Personal and Social Skills Development, Workforce Skills Development, Father Support Services,* and *Evidence of Success*.

DSS collaborated with NPNFF to support the implementation of those fatherhood program standards in Connecticut. This effort, which began in 2004, has enabled governmental and private sector funding sources to assess a program's ability to accomplish their goals, established fatherhood program practice as a recognized element of family support and human service work, and provided fatherhood programs in Connecticut the opportunity to strengthen their services in support of low-income, noncustodial fathers and their families. Moreover, as an additional incentive, fatherhood programs in Connecticut awarded DSS Fatherhood Program Certification can offer the State of CT Arrearage Adjustment Program to eligible program participants. The period of DSS certification is four years (January-December). The 2023 round of certification began during this report period, in May. There are nine programs

participating in the review. If successful, they will be considered as DSS-certified from January 2024 through December 2027.

Fatherhood Program Observations

A primary challenge is data collection and reporting. Data collection is currently a paper process. DSS only receives reports from 6 DSS-contracted fatherhood program partners. Much of the data collected by staff is via self-report by participants, and verification process particularly for DSS benefits program involvement is not in place. This issue is currently being addressed in the Child Support Enforcement System Modernization Project to modernize the current CCSES system, not only to ensure compliance with federal and state laws and regulations, but to realize the benefits of systems that are in line with industry best practices. A Fatherhood Initiative module will be included where these and other data can be collected and reported in an effective and efficient manner. However, the new system is at least 3 years away from completion. The Department is exploring feasible options to capture and report this information in the interim.

DSS developed and implemented a laptop loaner program, as many providers transitioned to hybrid learning/programming environment, where some things were done virtually whenever COVID positivity rates increased. We provided each agency with funding to purchase at least 5 laptops to have on hand to provide for those program participants who did not have technology to fully participate in group sessions (24/7 Dad) and other supports provided by the agency.

There was considerable staff turnover throughout this reporting period. This provided another obstacle for the work as this left, in many cases a knowledge gap with regards to relationships in the community, understanding the population, contract compliance, recruitment, reporting, resources in the community, training, etc. as this has taken some time to get the new employees up to speed.

Currently, there are several areas of the state with little to no comprehensive fatherhood programming for fathers in those communities, including but not limited to Danbury, New Britain, Manchester, Meriden, Norwalk, Putnam, Stamford and Windham.

CFI Administration

Designated funding is not allocated for the administration of the CFI. The CFI Administrative responsibilities include management of the CFI Council; overseeing and coordinating the Strategic Plan Implementation which includes staffing of five Domain Committees and the 2-1-1 Workgroup and activities under each area; overseeing and managing the DSS Fatherhood Program Certification Process; overseeing and managing the CT Arrearage Adjustment Program; overseeing and implementing the Federal OCSE Access and Visitation Grant; contract management, including monitoring and spending plan development and payment processing with CAFCA; overseeing and coordinating the Fatherhood Interagency Memorandum of Understanding (MOU); grant activities including writing applications and management of any awards; management of the CFI website; Management of CFI correspondence; collaboration with CFI Partners for pilots/projects; New England Fathering Conference Planning Committee representation; developing and delivery of presentations for

diverse audiences in-state and interstate; provision of training and technical assistance to DSS-contracted Fatherhood providers, CFI network and other states; and representing DSS/CFI on various committees, councils and workgroups.

CFI Strategic Plan Implementation & Council

DSS and its partners have 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. 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. CFI Council quarterly meetings were held during SFY2023 in September and December 2022, and March and June 2023.

2023 NEFC Conference

Tony Judkins, Social Services Program Manager with the DSS Office of Child Support Services, Diana DiTunno, Senior Educational Program Administrator with the DSS Office of Organizational & Skill Development 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. Unfortunately, the events scheduled for March 2020 and 2021 were both cancelled due to the pandemic, and in 2022 the Planning committee held a virtual event.

March 15-17, 2023, the 23rd Annual New England Fathering Conference, *Parents and Children Thriving Through Change*, reconvened as an in-person event in Newport, Rhode Island. This annual event brought together federal, state and local professionals, paraprofessionals, and parents from the six New England states and beyond to share information and gain knowledge about the significant role fathers play in raising healthy, happy

children. While the focus is on fathers, the message is inclusive of mothers, as children gain benefits from both parents' positive involvement in their lives, including financial, emotional, social, educational and spiritual support. Keynote speakers included Zoro, a world-renowned drummer and author, Commissioner Tanguler Gray with the Office of Child Support Services at the Administration for Children and Families, U.S. Department of Health and Human Services and Ingrid M. Canady, Executive Director of Connecticut's State Education Resource Center (SERC). This event was sold out at 450 registrants and was a tremendous success.

CFI Cross-Agency Collaborations

Noncustodial Parent Employment Pilot Program

This pilot is a multi-agency collaboration between DSS Office of Community Services & Office of Child Support Services, 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 noncustodial parent to achieve their employment goals. The pilot ran in the Hartford area.

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 is disseminated electronically via email blast as well as posted to the CFI website. Each issue focuses on an area of fatherhood from various perspectives with an attempt to find the "WIIFM" – the "What's In It For Me?" –for readers.

Issues included Fall 2022, with a focus on fathers' mental health; Winter 2022: with a focus on fathers and child welfare; Spring 2023: with a focus on fathers and their children's education; Summer 2023 with a focus on shared success stories in honor of Father's Day and statistics on fathering.

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 supported the application of the SPF process to strengthen the capacity of fatherhood programs. Each fatherhood program participated in the Strategic Prevention Framework training sessions - a 5 step process to understanding and addressing substance misuse and related behavioral health problems; hired .5 FTE staff to manage the day-to-day program operations and serve as the project liaison; convened 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; implemented approved strategies resulting from the SPF process that reduce substance use in fathers and/or promote their mental health; collected and submitted service data to DHMAS; and participated in meetings, learning communities, technical assistance sessions, and showcase events.

On June 1, 2023, DSS and DMHAS co-sponsored a CFI Summit entitled *Illuminating the Path to Relational Health*. CFI network partners, the state's mental health, behavioral health and substance use prevention/recovery provider network and other stakeholders convened for a day of learning, sharing and updates on the CFI statewide multi-agency collaboration. The 2023 Summit featured two keynote speakers, highlights of the DSS/DHMAS partnership in the development of the Strategic Prevention Framework (SPF) planning model to build fatherhood programs to address alcohol, tobacco and other drug (ATOD) use and mental health promotion for the fathers they serve, CFI recognition ceremony, updates on the systems change efforts through the implementation of the CFI Strategic Plan and panel discussions with fathers and their path to relational health.

CFI Legislative Efforts – Public Act 22-138

<u>An Act Concerning Funding and Oversight of the Connecticut Fatherhood Initiative</u>
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.

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.

Access and Visitation Grant

The Access and Visitation Grant, through the federal Office of Child Support Services, is a formula grant provided to states with the goal of increasing parenting time for low-income, noncustodial parents (majority of whom are fathers) with child support cases who primarily were never married to the custodial parents (majority of whom are mothers).

DSS OCSS uses the funds to contract with five agencies that offer DSS-certified fatherhood programs, serving noncustodial parents, primarily men, in the community.

CT Arrearage Adjustment Program

CGS 17b-179b, Section 11 of Public Act 01-207, allows the Commissioner of Social Services to adopt regulations establishing criteria and procedures for the adjustment of arrearage amounts owed to the State of Connecticut (CT). The CT Arrearage Adjustment Program (AAP) process, including forms and tracking activities through the CT Child Support Enforcement System (CCSES), has been modified to better assist eligible clients in addressing their state owed arrears. Qualification for potential eligibility in the AAP requires enrollment in a DSS-Certified Fatherhood Program. Eligible participants must complete the 12-week curriculum-based instruction and individualized case management services during their program participation. Once the noncustodial parent successfully completes the fatherhood program, an initial 10% reduction of the state arrearage is made by Central Office (CO) Administrative Enforcement Supervisors and/or the Fatherhood Program Public Assistance Consultant (PAC). Ongoing adjustments are made at 50% of the dollar amount paid as long as current payments are made on the current child support order for each eligible case. Quarterly and Yearly reviews are done on each AAP case. The AAP process is monitored by the OCSS Central Office

Fatherhood Program PAC. Changes were also made on CCSES to accommodate the AAP process. For example, AAP forms have been revised and are now housed in the CCSES Forms Menu. A Memorandum was also formalized on the procedures of AAP. Mandatory training on the updated AAP process was conducted with staff from all 8 DSS-Certified Fatherhood Programs. An Excel Spreadsheet documenting every AAP referral has also been implemented.

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 6,000 individuals received at least one month of SAGA cash assistance during SFY 2023.

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.

Domestic Violence Cash Program

Added as a provision of SAGA through Public Act 21-78, the **Domestic Violence Cash Program** provides emergency financial assistance to individuals and families who are receiving treatment, services or protection from domestic violence. The Department provides victims with a one-time lump sum cash benefit, based on household size, that can assist victims with becoming safe from harm, or to help with financial hardships caused by domestic violence. There are no income, asset or citizenship requirements for this program, but applicants must provide documentation showing that they are receiving treatment, services or protection from domestic violence. During SFY 2023, the Department provided emergency benefits to approximately 500 families.

Applications for this program are handled by DSS's Social Work division and are made at local DSS offices or through any of the state's domestic violence service agencies run by the Connecticut Coalition Against Domestic Violence.

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. During FY 2023, the Department served approximately 12,000 individuals through the State Supplement Program.

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 calendar year (CY) 2022, agency social workers provided services to 8,808 persons living in the community. The department also investigated 96 reports regarding residents of long-term care facilities.

The **Conservator of Person program**, for low-income individuals 60 and older who require life management oversight, helped 68 individuals; and the **Conservator of Estate Program** provided financial management services to 28 people in the same age group.

During the fiscal year, the **Community-Based/Essential Services Program** provided services designed to prevent institutionalization to 923 persons with disabilities.

Family and Individual Social Work Services

Field and Central Office social work staff provided brief interventions for 332 families and individuals to include counseling, case management, advocacy, information and referral, housing, domestic violence case assistance 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 727 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.

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 2022, 2,539 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 2022-2023 winter heating season, DSS and its service partners assisted over 105,735 eligible households (an increase of 13% from program year 2021-2022), 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;

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 are approved for entry into the country by the U.S. State Department and Department of Homeland Security's U.S. Citizenship & Immigration Services. Refugees are placed by the State Department with local affiliates of nine national refugee agencies. In addition to refugees, 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), including Special Immigrant Visa (SIV) holders, Asylees, Cuban/Haitian Entrants, and Victims of Human Trafficking.

In SFY 2023, DSS has continued to work in conjunction with numerous nonprofit, state and private partners to assist with the resettlement of these populations from many different parts of the world In addition to those noted above, CT has welcomed Ukrainian citizens who have been displaced from their country to the US through the Ukrainian Humanitarian Parole Program. In Connecticut, the Department of Social Services contracts with non-profit agencies to provide case management and employment services, in addition to direct benefits that help integrate newcomers to our state. DSS receives both federal and state funding to ensure that each newcomer is provided with services that meet their needs and helps them succeed. 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 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 (RCA) benefits. Participants who receive RCA are also required to pursue employment. Resettlement agencies work with each participant to develop an employment plan, guide the participant in identifying and enrolling in appropriate work activities, and monitor progress. Refugees and other non-citizens eligible for ORR services receive food assistance through the Supplemental Nutrition Assistance Program, and medical assistance (typically through Medicaid).

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 2023, 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 functions 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 issues 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 to agency initiatives and provide consultation on a wide variety of topics affecting the agency. 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 detailed and the types of cases brought by the department have become more complex.

OLCRAH attorneys act as hearing officers in various rate appeals and in cases contesting department Medicaid 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 filing 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 proceeds 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 and Covered CT;

- Pharmacy Lock-in appeals; nursing facility discharge and involuntary transfer appeals;

- 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; and

- 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 reduce 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.

BIA is prioritizing the following (3) three goals:

- Data Democratization
- Data Governance
- Data Equity

Guided by person and equity centric principles, BIA is maturing a data governance structure to enhance data quality, reliability, usability, and availability. DSS' data governance approach is intended to create agency wide consistencies and efficacy through increased standardization of data collection practices, documentation, vetting, analysis and sharing.

In furtherance of its Data Democratization goal, BIA engaged in the following select activities to advance accountability, transparency, and access to high value DSS data.

+ Data Informed Decision Making

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 2011-2023.
BIA is currently beta testing an update to the People Served dashboard that will display longitudinal data. These data will be available before the end of the year.

BIA has partnered with DSS' Health Services and Fiscal Divisions to develop various static dashboards in furtherance of Executive Order 6 considering Medicaid cost and quality transparency. These dashboards provide medical, behavioral health and dental HEDIS data and select Medicaid cost data.

Further, BIA is producing monthly analyses and visualization of DSS Public Health Emergency (PHE) Unwinding data. These data are currently publicly available in a static format. BIA is working with DSS' Program Oversight and Grants Administration Division (POGA) and the

Metric's team to develop interactive, public facing versions of the PHE Unwinding data. These dashboards are expected to go live before the end of the current calendar year.

Next, 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, analytic support, and actionable intelligence for DSS' Enrollment Operations (EO) Division. Some of BIA's accomplishments with the EO Division were developing automated reporting to track completion of tasks, producing monthly customer experience summary data; weekly DSS landing page Google analytics data, monthly technology outage report; and a weekly task processing report BIA is currently working with eligibility operations and a local university to improve caller queue management.

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. Last, BIA is producing monthly Public Health Emergency (PHE) Unwinding data reports in partnership with POGA. An interactive, public facing PHE Unwinding data dashboard is being developed for a Calendar Year 2023 launch.

Data Governance

BIA continues to convene monthly meetings of the Data Governance Committee (DGC). During 2023, the DGC updated its Data Governance Charter. The DGC is an integral partner in DSS' P20WIN activities, including reviewing and weighing-in on those requests for agency data. This past spring, the Department released an RFQ to contract for Data Governance consultation services. Members of the DGC participated in the scoring and selection of the vendor that was awarded the right to negotiate a contract for these services. A Scope of Work (SOW) has been drafted and is undergoing final internal review. This contract and scope of work is intended to aid with the maturation of DSS' data governance infrastructure and support modernization of the Department's Medicaid technology enterprise.

Data Equity

BIA has been leading DSS' efforts to comply with and implement 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 represents DSS in an Actionable Intelligence in Social Policy (AISP) grant led by OPM to integrate equity within CT's P20Win initiative. As part of DSS' membership in this

grant, BIA was the lead author in writing the Data Protection, Privacy, Equity Impact Assessment tool that is being incorporated into the P20WIN data request review process.

Interagency + Community Partnerships

Over the course of SFY 2023, BIA participated in a variety of interagency and community initiatives to support access, as appropriate, to high value 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 AISP Equity in Practice Learning Community Cohort Meeting
- Presented to Georgetown Data Lab
- Co-led Medicaid Transparency Board + Workgroup Meetings
- Member of the State Data Plan Equity Affinity Group

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Business Systems Division

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 2023, the division continued to administer **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 $297 million in SNAP Emergency Allotments (ended in 2/23)
- Issued Pandemic Electronic Benefits Transfer (P-EBT) benefits
- Issued Pandemic Emergency Assistance Fund (PEAF) benefits
- Provided COVID-related Medicaid coverage for over 60,000 uninsured individuals

As the PHE period ended, the division focused on many federal and state requirements to support unwinding efforts.

- Ended continuous Medicaid enrollment
- Staggered Medicaid renewals for the PHE impacted population over a 12-month period (for over 400 thousand individuals) while ensuring coverage until renewal
- Ended COVID related medical coverage for the uninsured

- Provided an additional 30 days of coverage beyond the renewal date if waiting on the signature page
- Reinstated closed cases that met minimum essential coverage (MEC)
- Enhanced system logic to improve *ex parte* renewal rates
- Removed delinquent premiums incurred during the PHE period for Medicaid for the Employed Disabled beneficiaries
- Resumed mailing of SNAP Periodic Review Forms (PRFs)
- Rebalanced SNAP Renewals end-dates across a six-month period
- Ended SNAP Emergency Allotments
- Resumed TFA time clocks and adjusted extension counts
- Prepared monthly PHE unwinding reports for federal partners

Special Initiatives supported by Business Systems

- 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, submit renewals and Periodic Report Forms, 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 new functionality will save time during consumer interactions.
- **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.
- **Health.CT.gov** is Connecticut's new health service portal. For the first time, customers can discover multiple life-changing services, check on pre-eligibility, and enjoy synchronized benefit features -all in one central place.

- The division has partnered with AhCT, OEC and BITS to support the **transition to a new EOM vendor.**
- Business Systems is supporting the Division of Program Oversight and Grant Administration's work with Civilla to streamline DSS forms and correspondence.
- The creation of a new **LIHEAP/LIWAP online application** allows Connecticut residents to apply for heating and water assistance.

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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.

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 10 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.

Initiatives in progress as of June 30, 2023 include:
Telephonic Services: Offering information, application and renewal assistance to clients via Benefit Center inbound calls through IVR and First Touch Expansion.
Service Center Line Support: Offering information, application and renewal assistance in all 12 Field Offices.

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).

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.

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Field Operations

- **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

- **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

The Escalation Unit (EU) continued customer troubleshooting and issue resolution operations over SFY 2023. 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 and Management and Office of Victim Services in bringing about resolution to the noted client inquiries and concerns. In addition, the Escalation Unit works in conjunction with CMIS in reviewing medical buy-in eligibility.

For SFY 2023, 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.

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 and establishing monetary recoveries realized from trusts, annuities, decedent estates and other 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 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 (EEO&D)/Diversity Equity and Inclusion (DEI)

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, 2023, 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 2023, 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, 2022, DSS had 1546 employees: 379 (24%) were male, 1162 (75%) were female and 5 (.003%) were of unknown sex. Of these

numbers, 174 (11%) of the male employees were minorities and 668 (43%) of the female employees were minorities and (0.25%) were self-identified as having a disability. During the plan year, the department hired 135 new employees: 23 (17%) were male and 109 (80%) were female, 3 (.02%) were of unknown sex. Of these, 11 (0.08%) of the male employees hired were minorities and 75 (55%) 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 related to DEI within DSS programs internally and outfacing, to include contractors and sister state agencies. Additionally, this office provides consultation on DEI initiatives that promote equity and inclusion.

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.

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 League to support the Office of Diversity, Equity and Inclusion and ensure alignment of the DSS and DEI strategic plans.

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
- 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 – Nice Racism

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 furthering the goals of an inclusive workforce at DSS, foster fair and non-discriminatory treatment of all employees, applicants, and those that we serve; and promote a bias-free working and learning environment. SAAEAC functions under the auspices of the Office of Diversity, Equity and Inclusion.

SAAEAC hosts an intranet page that includes Resources, Training, Policies, Statutes, Bylaws, Membership and Multi-media supports. Through its Diversity committees, 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 Racial Justice League held a facilitated book club 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.

Organizational Readiness & Change

- CT Health Foundation Grant – Received consultative support to engage in the development of a racial equity assessment tool. The tool is intended to be repeatable and sustainable assessment framework that 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 identify 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.
- Standards and measurement. Require our PCMH+ practices to use National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) standards.

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Division of Financial Services

The Division of Financial Services is a group of financial professionals who manage over $10 billion in annual funding. The Division is responsible for the development, implementation and maintenance of financial and procurement functions. The Division consists of four primary groups. The Budget and Financial Analysis group, the Federal Reporting, Claiming, and Payroll group, the Contracts and Purchasing group, and the Accounting group which includes the Benefit Accounting, General Accounting, Convalescent Accounting, Accounts Payable, and Accounts Receivable functions.

Budget and Financial Analysis Group

The Budget and Financial Analysis group was responsible for budgeting $5 billion in state general funds in SFY 2023 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 $5 billion in state General Fund expenses (over $9.5 billion, including federal reimbursement); provided metrics for all key program areas including Medicaid, assistance programs, and operational accounts; and reviewed and approved all 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 SFY 2023.

Federal Reporting, Claiming, and Payroll Group

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 unit also oversees federal reporting for SNAP, Child Support, and all Block Grants (TANF, Social Services Block Grant, Community Services Block Grant).

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 eligibility operations expenses.

The Federal Claiming 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 2023, funding from revenue generating programs resulted in approximately $1.7 billion in federal revenue for the state General Fund.

The Payroll unit oversees all payroll functions for the agency including, benefit enrollment, and employment verification.

Contracts and Purchasing Group

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 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.

Accounting Group

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 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 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 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 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 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

Organization

Established in 2016, the Enterprise Program Management Office (EPMO) provides project oversight through using industry best practices in project, governance, policies, processes, and methodologies to deliver transparency and minimize risk in the execution of business and enterprise programs/projects sponsored by DSS business partners. The EPMO focuses on the following objectives:

- Focused support of the project and program management needs of DSS Business domains that provide mission-critical services to Connecticut citizens,
- Establish and maintain Department enterprise governance and oversight structures, best practices, processes, and project management templates,
- Assist in crafting financial requests to the Federal Government for funding using Advance Planning Document (APD) processes for Department business and IT initiatives, programs, and projects,
- Confirm that initiatives within the Department follow State, Federal, and other applicable Statutes, Policies and Regulations
- Assist business and IT programs/projects with administration and management of various project and program functions to ensure deliverables are met
- Support Executive DSS Leadership with the:
    - Tracking of Legislative Mandates, DSS activities, Funding, and others
    - Creation of dashboard reporting and DSS activity tracking
    - Large program vendor management
    - Knowledge transfer

Accomplishments

During the State fiscal year 2023, the EPMO provided support to the Department as follows:

- Continued roll-out of EPMO tools, processes, and procedures which are being synthesized across the agency to reinforce the foundational principles and processes. Provided project management oversight, biweekly and monthly status reporting, and dashboarding that includes project health based on Scope, Schedule, Budget, Resource, 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 plan.
- Provided leadership and guidance to the various business partners on templates, processes, project management (PM) tools, and other researched items.
- Provided continued support of 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.
- Matured the EPMO Oversight & Project Governance Committee that meets monthly to review project status, preview EPMO practices, and build general Project Management (PM) knowledge and awareness throughout the agency.
    - 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.
    - Created feasibility templates, submission tracking, and feasibility studies and approvals.
    - Implemented processes to discover, approve, prioritize, and fund all new projects.
    - This group continues to approve 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.
    - Identifies cross department efficiency gains, increase cross department project transparency, enhance process improvement identification, identify project, and resource synergies.
- 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 Home and Community Based Services (HCBS) ARPA Program.
- Provided project management of CoveredCT initiative and submission of an 1115 waiver through 7/1/2022 implementation and ongoing support; while working collaboratively with

external partners: Office of Health Services (OHS), Office of Policy Management (OPM), Legislature, ASOs and community action groups.

- Supported DSS's efforts and activities to mitigate the impacts of the Public Health Emergency unwinding.
- 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 Agreements (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.
- Matured the DSS Executive Project Prioritization committee that meets monthly to review all new projects and processes. The support included:
  - Updates to project ideation documentation
  - This group continues to approve any system change suggestion requests (ImpaCT, Health Insurance Exchange, ConneCT, and large programs) escalated to this committee from the Oversight and Project Governance group for approval.
- Matured the DSS Change Control Board and change control/request processes, templates, and approval documentation. The creation of the Integrated Eligibility Systems, Child Support, and foundational processes has been established.
- 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.
- Initiated administration and project support to the following:
  - Public Health Unwinding (PHE) Program
  - Customer Experience Continuous Improvement Program (CECIP)
  - Eligibility Training Environment (ETE) Project
  - Case Management Feasibility Study and Requirements Development
  - Justice Involved 1115 Waiver Project
  - DSS Agency to Service Center Communications Change Management Project
  - Division of Health Services (DHS) projects
  - CT METS
  - Child Support
  - Social Work Services
- Transitioned the ImpaCT related metrics and CMS reporting from previous vendor to the EPMO.
- Assisted with the implementation, training, and support of a staff interview scheduling tool. The tool remains in operation and used by the various Divisions when scheduling potential candidates for interviews.

Next Year's Vision

The EPMO's vision for the coming year is to continue to support the Department's business operations through specific areas:

- Strategic activity, program, and project prioritization,
- Continual updates to operational metrics and processes,
- Implementation of Vendor Management and guidance in vendor governance and oversight structures,
- Business support and data collection/evaluation,
- Executive and program/projects with high business value, inter-department or external partner assistance.

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 and program and project management. Specific tools to support 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 mature DSS by rolling out the established processes to each Division within DSS. This allows the EPMO to support enhancements, project, and portfolio management tool maturation, provide a full life cycle requirements management tool, and a document management repository.

In addition, oversight tools will be created and implemented to provide additional transparency into all project and program activities within DSS. The tools will include real-time dashboard tracking and reporting, resource estimation and forecasting tools, refinement and EPMO process improvements, maturing the business life cycle for all gating requirements. Finally, updates to the existing SharePoint site that includes governance, tools, and templates will be enhanced to ensure the latest templates and information is available to DSS.

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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

DAS Bureau of Information Technology Solutions (BITS) in service to DSS

DAS Bureau of Information Technology Solutions (BITS) has partnered with agencies and has supported DSS's technology needs throughout the PHE unwinding and post pandemic efforts. In addition, this year, BITS collaborated with DSS business teams, Access Health (AhCT), and the Office of Early Childhood (OEC) to successfully lead the transition of support to a new Enterprise Operation & Maintenance (EOM) vendor.

BITS continues to refine and mature its service delivery model to meet the business needs of the agency. Through cultural transformation and organizational restructure, BITS remains committed to its optimization effort in its quest to provide first-rate technology support and service excellence to DSS.

Within the Agency Success Division of BITS, the **Customer Success Manager (CSM)** was established to be the agency's strategic partner responsible for managing the relationship between DSS leaders and BITS. Working closely with DSS management, the CSM ensures DSS' technology needs are being met through effective and efficient solutions. As the point of contact and escalation with BITS for DSS, the CSM has demonstrated to be an effective means of communication resulting in more rapid response to the needs of the agency.

The **Project Management Group** in service to DSS, leads, manages and tracks the delivery of information technology projects for DSS. The group provides oversite and management of projects utilizing industry best practices, standards, and project management disciplines. Standardization of project execution has allowed for the repetition in the delivery of managed work. The onboarding of additional BITS resources in service to DSS, has allowed the unit to grow and support DSS technology efforts more effectively over the past year. Currently, the majority of DSS related technology projects are led by state project managers from within the

project management group, limiting the need to rely on contractors and vendors to deliver solutions.

The **Application Support Team** in service to DSS, is responsible for providing end user support for core applications including Access Health CT, ConneCT, Balancing Incentive Program and ImpaCT. The team works closely with business teams, DSS partners, technical teams and the EOM vendor, to help troubleshoot and ensure reported issues are addressed and resolved. The team provides communication and notification on a global level to all impacted staff related to outages and application issues. In addition, they are responsible for Application Security Management which includes onboarding of new users, deactivation of users, updates to user security roles and user location/office management.

The **Applications/Data Unit** in service to DSS, is responsible for providing services related to application development, data reporting, analytics, and quality management aspects, based on business needs. The four teams or subunits under this domain are Micro Applications, Quality Management, Metrics and the Medicaid data warehouse. The entire unit works in close conjunction with other areas in BITS, DSS business, other agency partners and vendors. The main functions of the four subunits include:

- **Micro Applications/ Apps Dev**: This team provides all aspects of software development life cycle specifically around analyzing business needs, gathering requirements, providing solution designs, application development, testing and implementation. The focus area for the team has been on small to medium level applications. In essence any gaps in DSS's large enterprise applications are met through temporary to long term small applications developed by this team.

- **Metrics Unit:** This team provides support for business intelligence tools, data reporting and analytics. This includes all ad hoc reporting from the integrated eligibility system and associated applications. This group handles an array of reporting needs from creating and supporting dashboards for the Open Data portal, to creating and managing the eligibility services operational dashboards. The end to end operations of the enrollment database is done through this team.

- **Medicaid Data Warehouse**: This team provides reporting and analytics of Medicaid claims with supporting data from other enterprise applications. As administrators of the Medicaid data warehouse, the team works closely with Gainwell Technology who provides the staff to do the business requirements, reporting and routine project management support for the daily operations for the team.

- **Quality Management:** This group provides as a service along with quality control and quality assurance for the agency's integrated eligibility application and other associated applications.

The **Support Unit** in service to DSS, 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. In addition to the existing Units, the following are groups formed under the Support Unit.

- **Service Desk -** All requests and issues are directed to a single point of contact for employees and partners reporting issues, requesting information, access, or other services. Delivering customer service through multiple channels including customer portal, email, phone or in person.

- **Network Administration** – This team supports the local area networks for the 12 DSS offices that provide connectivity to the state network.

- **Application and Database Support –** This group develops and supports applications and also provides database support for enterprise applications like Access Health CT, ConneCT, Balancing Incentive Program and ImpaCT.

- The **Compliance Unit** is responsible for all areas of security practices that include Federal and State security requirement standards, vendor management, and architecture.

- **Information Security and Compliance** – Ensures DSS remains current with industry and federal standard information security best practices to ensure the confidentiality, integrity, and availability of agency data, applications, databases, and supporting systems through firewall, network security, internet filtering, anti-virus and anti-malware hardening practices. Inventory and vendor management support is also provided by this office.

- **Vendor Management Office** – Provides support to DSS and BITS leadership, and program/project managers with the procurement of information technology services, solutions, and products, and helps control costs, increase value, mitigate risks, and drive service excellence with the Department's technology vendor.

- **Enterprise Architecture -** Partners with the business to align technology with business goals and objectives. Defining an Application and Technology Roadmap is an in-process effort that will play a key role in ensuring technology choices align with business needs.

This unit has also come a long way in establishing technology standards to support how the technology needs at DSS will be addressed.

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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.

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, process improvement, business process development and support, and project management practices and support.

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 UConn School of Social Work.

Improvements/Achievements for SFY 2023 include: Training Development & Delivery
Programmatic –
CORE training - Child Support; General Eligibility CORE; Long Term Services and Supports CORE; Temporary Family Assistance Eligibility Services Specialist CORE; Social Work CORE; Quality Assurance Investigations CORE; Non- Citizens training; Public Health Emergency Unwinding, and SNAP training.

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); and Public Health Emergency Unwinding.

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 2023, assigned Agency Human Resources Business Partners and Agency Labor Relations have continued to support agency leadership in stepping through issues pertaining to acclimating to 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 2023 are:

- Partnered with Agency Leadership and the Office of Organizational & Skill Development to develop and implement a New Employee Orientation program to improve the employee experience during the Onboarding process.
- Effectively and efficiently validated and calculated Pandemic Payments for current and former DSS employees.
- Effectively and efficiently filled 692 Agency vacancies.

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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 2023 are:

- Successfully represented the agency at all Step I, Step II grievance hearings and DOL Hearings.
- Conducted 17 fact finding and 23 Workplace Violence investigations.
- Entered into 16 extracontractual agreements with the unions on behalf of the agency.
- Prepared and provided agency wide training on Performance Management and Performance Apprisal training.implementation
- Administered the processing of all Telework Applications and appeals for both the January1st and July 1st cycles. Assisted in the negotiation of the P-2 DSS Telework MOU with SEBAC.
- Maintained ongoing and regular communications with agency leadership and staff on personnel matters related to COVID-19 response.