

Department of Social Services
Administrative Report (SFY 97-98)

Mission: The mission of the Department of Social Services is to serve families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance, and independent living.

JOYCE A. THOMAS: Commissioner

Michael P. Starkowski: Deputy Commissioner, Administration.

Valerie Marino, Deputy Commissioner, Programs.

Established: 1993.

Statutory Authority: Title 17b, Connecticut General Statutes.

Central Office: 25 Sigourney Street, Hartford, CT 06106

Average number of employees: 2,600.

Recurring operating expenses: \$173,166,000.

Program expenses: \$3,198,152,000.

Organizational structure: Commissioner's Office, Regional Administration, Administrative Operations, Program Operations, Health-Care Financing.

Statutory Responsibility

The Department of Social Services (DSS) is designated as the state agency responsible for administering a host of programs that directly or indirectly provide goods and services to low-income families, women, men, youth, and children, including seniors and people with disabilities. DSS administers over 90 legislatively authorized programs, and approximately one-third of the state's entire budget. By statute, DSS is the state agency responsible for administering a number

of federal programs, including Temporary Family Assistance (TFA, formerly AFDC - Aid for Dependent Children), Food Stamps, Medicaid, and services under the Older Americans Act. On July 1, 1998, DSS will be responsible for State Administered General Assistance (SAGA). Only the city of Norwich continues to administer a local general assistance program.

The agency is headed by Joyce A. Thomas, the Commissioner of Social Services, with two Deputy Commissioners, one for Programs and one for Administration. DSS administers most of its programs through offices located throughout the state. Services for most programs are available at 16 offices located in five regions, which are overseen by five Regional Administrators. The department's Bureau of Rehabilitation Services' central office is in Hartford, and it provides services to people with disabilities at 25 offices statewide. In addition, many of DSS's services are provided through a network of community-based agencies, such as community action agencies, homeless shelters, and senior centers. The agency also sends staff directly into various communities to expedite and facilitate the provision of services. For instance, DSS operates an office at Stowe Village (a public-housing community in Hartford), as well as in various hospitals and "Healthy Start" centers.

For families and children, DSS operates *Jobs First*, which provides Temporary Family Assistance (formerly AFDC), employment services (formerly JOBS), and safety net services to low-income families. DSS also provides child-support enforcement, child care, food stamps, rental assistance and other housing-related services, preventive services, and medical services.

For those who are elderly and permanently disabled, DSS provides State Supplement to SSI, rehabilitation services, nutritional assistance, housing assistance, home care, pharmaceutical assistance (ConnPACE), nursing home advocacy, protective services, AIDS drug assistance, independent living, assistive technology, and medical services.

Through the SAGA program, DSS provides financial assistance to single individuals who are unable to work for two months or more. SAGA medical assistance is provided to medically needy individuals who are categorically ineligible for Medicaid.

For communities in general, DSS operates the Community Services Block Grant and the Social Services Block Grant. DSS provides legal services, nutritional assistance, housing assistance, heating & weatherization assistance, medical services, general assistance, food stamps, and a multitude of services that relate to homelessness and housing.

In collaborative efforts, DSS works extensively with other state agencies and community groups, including the Connecticut Departments of Economic and Community Development, Insurance, Banking, Transportation, Labor, Mental Retardation, Mental Health and Addictive Services, Public Health, Children and Families, Administrative Services, and the Office of Policy and Management.

Public Service

I. Medical Services

Through its **Division of Medical Care Administration**, DSS ensures that low income children, youth, adults, and seniors are able to access needed medical services through the Medicaid program. In the past year, more than 330,000 people each month were eligible for services, including some children and youth who were receiving services from the Department of Children and Families. The program covers all of the services required under federal and state law, as well as 31 of the 33 optional services in fee-for-services and managed care systems. Facilities that were available to clients included nursing facilities, chronic disease hospitals, inpatient and outpatient hospitals, clinics, physicians' offices, pharmacies, facilities for those who

are mentally retarded, and psychiatric hospitals. Clients also were served in their own homes. Beyond standard medical services, DSS also provided medical transportation, dental, vision, and community care. The SAGA medical program covers most of the same services available under Medicaid. In this past year, DSS also began implementing the program known as HUSKY (Healthcare for UnInsured Kids and Youth), which is expected to provide health insurance to 90,000 children in low-income working families.

II. Services to Families and Children

Jobs First: Through Connecticut's welfare reform plan known as *Jobs First*, DSS provides a multitude of services that help parents and their children move from welfare dependence to true self-sufficiency:

Through **Temporary Family Assistance**, an unemployed parent with two children who was not receiving subsidized housing received approximately \$543 per month in cash assistance, and about \$250 per month in **food stamps**. In the past year, DSS served approximately 48,000 families and 130,000 people through TFA (about 1/3 were adults and 2/3 were children). These figures reflect the monthly average of a changing caseload.

Employment Services: Under *Jobs First*, families are no longer entitled to receive benefits without condition and without deadline. Rather, when parents are able to work, they are required to look for and obtain work, and face a 21-month deadline in their cash benefit package. They may continue to receive cash benefits and services beyond this 21-month period only if they have been looking for work in good faith, if they are working but not earning enough to make them ineligible, or if they encountered circumstances beyond their control which prevent them from working. If, after a time, they are unable to find work, they are provided with education and training in personal and professional development, along with further support in their efforts to

find work. For instance, if a mother is unable to find work, she is eligible for programs that provide job training, GED, ESL, and other programs that will develop her personal and professional skills. In the past year, approximately 27,000 adults with children who were served under TFA also received employment services. At the end of June, 1998, 55% of the time-limited *Jobs First* clients were working.

Beyond the programs listed above, parents with children also are eligible for support from some of the other programs listed below.

Medical Services: DSS pays for a full range of medical services to parents and children, including dental, vision, and nearly all of the services covered under federal Title XIX (Medicaid), including hospitals, doctors, dentists, vision care, and prescriptions. In the past year, DSS served more than 220,000 parents and children each month through pre-paid health plans.

Housing Assistance: Eligible parents with children also were provided with housing assistance under some of the programs listed below, under "Housing."

Child Care: The child care programs and services within DSS continued to expand considerably. DSS provided child care payments, subsidies, certificates, and tax credits to provide monthly benefits to about 30,000 children from low-income families. DSS also provided funds to allow for capital improvements in child care facilities. Through the Child Care InfoLine, more than 31,500 phone calls were received from consumers who were seeking child care. The provision and expansion of child care is a critical component of welfare reform in Connecticut, since these programs allow parents to look for and keep employment.

Child Support: When child support is owed, a family is eligible for child support enforcement services, whatever its financial circumstances. DSS is the lead agency for child support enforcement activity in Connecticut, working closely with the office of the state Attorney

General and the Support Enforcement Division of the Connecticut Superior Court to establish and enforce paternity and child support orders. Deprivation of a parent's support is the criterion for eligibility for these services, regardless of a family's income. The child support program is an important facet of the agency's welfare reform program; in SFY 98, over 4,800 families left TFA with the assistance of the child support program. A product of the success of the child support enforcement program and time-limited welfare reform is that we have been able to increase our non-TFA collections, which are up by 17% in SFY 98.

Domestic Violence: Independent of programs listed above, DSS also supports those programs, listed under "Housing," that provide shelter and other support services to families who are victimized by domestic violence and abuse. In the past year, these programs provided shelter to more than 900 adults and 1200 children.

III. Services for those who are Elderly & Disabled

Supplement to SSI: The federal Supplemental Security Income program (SSI) serves people who are elderly, disabled, and blind. When the SSI program was initiated by the federal government, Connecticut chose to supplement SSI with state funds. As a consequence, elderly, blind, and disabled people in Connecticut receive more support than they would in other states.

Through the **Community Based Services Program**, DSS provides social workers to support people with disabilities who live at home. Some of the home-based services include counseling, assessments, funding for adult companions, adult daycare, homemaking, home-delivered meals, and emergency response systems. In the past year, approximately 1,500 clients were served per month under this program. Funding also is provided for similar services, and temporary foster care, when a parent is temporarily or permanently incapacitated.

Through the **Personal Care Assistance for Working Persons' Program** and the **Personal Services Program**, DSS provides grants to severely disabled people. Through these grants, clients are able to hire personal-care attendants who help them with such tasks as bathing, dressing, transfer and toileting, as well as cleaning, shopping, and laundry. Social work services also are provided.

The **Personal Care Assistance Program** operates under a Medicaid waiver to serve people with severe disabilities between the ages of 18 and 64. One of the innovative aspects of the program is that it allows consumers to hire, supervise, and train their own personal care assistants. This program currently serves about 100 clients.

Through the **Family Support Grant Program**, DSS provided grants and social services to 27 families with children who have severe physical disabilities.

Through five programs that serve **People with Brain Injuries**, DSS supported individuals and various non-profits to provide funding for individual community services, as well as consultation and referrals for people who have suffered severe traumatic brain injuries. Approximately 87 people received direct services, and approximately 2,000 people received information and referral through non-profits.

Through its **Disability Determination Unit**, DSS helped process applications for Social Security Disability Insurance and Supplemental Security Income on behalf of 37,662 clients.

Through its **Bureau of Rehabilitation Services**, DSS provided vocational rehabilitation services to 9,811 disabled clients, helping them to succeed in employment and independent living. Of this number, more than 1,775 people entered the competitive workforce, and more than 900 entered independent living programs. Through its TechAct Project, DSS entered into a partnership with People's Bank to provide low-interest loans to enable disabled clients to buy

assistive technological devices and equipment. To date, more than 98 loans were approved, at a combined value of more than \$777,000.

Through **ConnTRANS (Connecticut Organ Transplant Program** that is funded by donations from taxpayers), DSS helped state residents who need or have received an organ transplant when their expenses cannot be covered by another source.

Through the **Insurance Assistance Program for AIDS Patients**, DSS helped about 50 AIDS patients obtain continuing health insurance for themselves and their families. Through some of the other programs listed below, DSS also supported efforts to provide drug assistance and safe and sound housing for people with AIDS. Through **CADAP (Connecticut AIDS Drug Assistance Program)**, DSS also helped AIDS patients purchase drugs that prolong their lives.

Through the **Connecticut Home Care Program for Elders**, DSS provides a comprehensive and cost effective home care program designed to enable older persons at risk of institutionalization to receive the support they need to remain in their homes. The program provides a wide range of home health and non-medical services to people 65 years and older who qualify financially and functionally. Available services include adult day health, homemaker, companion, chore, home delivered meals, emergency response system, care management, and home health. In the past year, the program served over 10,000 clients.

In the past year, the **Elderly Services Division** provided a multitude of social services to an estimated 100,000 seniors across the state, and also coordinated the state's aging network. Such services included elderly nutrition projects, transportation, home care, housekeeping, meals-on-wheels, escorts and companions, elderly health screening, self-help groups, family counseling, and support groups. DSS also supported senior centers, adult day-care centers, elderly and

congregate housing, hospices, and nursing homes. Finally, DSS helped provide legal services to help seniors obtain Medicare benefits.

Through the **Long-Term Care Ombudsman Program**, DSS provided advocates to nursing-home residents, who help clients solve day-to-day concerns, as well as protect clients from abuse, neglect, and exploitation. In the past year, over 2,000 facility visits were made, and 161 cases examined.

As part of its **Elderly Protective Services**, DSS safeguards people from abuse and neglect when they are more than 60 years old and live in the community. In providing protective services, DSS served nearly 3,000 cases in the past year. Under the authority of the Commissioner, DSS may be appointed to act as a conservator for indigent seniors over the age of 60 who are incapable of managing their own affairs. In the past year, DSS acted as a conservator for about 800 persons, and over 260 estates.

Through its **Long-Term Care Insurance Partnership** (an alliance with the Robert Wood Johnson Foundation and private insurance companies), DSS recruited counselors to advise consumers as to how they might plan for the cost of future long-term care. In the past year, the partnership responded to more than 3,600 requests for information, counseled more than 158 prospective consumers, and conducted six forums to educate the public at large.

Through **ConnPACE** (Connecticut Pharmaceutical Assistance Contract to the Elderly Program), DSS helped more than 28,454 seniors and 2,967 people who were disabled obtain needed medicines.

IV. Projects in Communities

Through the **Neighborhood Facilities Program**, DSS provides grants from state bonds for planning, site preparation, construction, renovation, and acquisition of facilities for child care,

elderly centers, multi-purpose human resource centers, domestic violence programs, emergency shelters, homeless shelters, food distribution facilities, and accommodations for people with HIV. In the past year, DSS obtained approval from the State Bonding Commission for 27 projects, at a combined value of \$10,992,769.

In the **Emergency Food Assistance Program**, DSS distributes available food from the USDA to soup kitchens and shelters that serve people in need. When this priority is met, the remaining food is distributed to food pantries, who in turn distribute the food to low-income people and families. With the support of the Department of Administrative Services, DSS oversees the distribution of approximately 525,000 pounds of food at a value of \$409,520.

Through the **Supplemental Nutrition Assistance Program**, DSS purchases high-protein foods for distribution to food pantries, soup kitchens, and shelters through a statewide network of 440 agencies. About 800,000 pounds of food were distributed last year.

In administering the federal **Community Services Block Grant** (CSBG), DSS is required to funnel 90% of the federal funds received to local Community Action Agencies (CAAs). These funds allows the CAA's to leverage other public and private grants, and in turn help low-income people through such services as employment and training, Head Start, child care, neighborhood services, and crisis intervention.

DSS administers a significant portion of the federal **Social Services Block Grant** (SSBG), with other portions going to other state agencies. The SSBG serves three critical functions. First, it allows DSS to meet critical social service needs that otherwise might not be met. Second, it allows the state to revise and set social service priorities as needs and issues change over time. Third, it forms the backbone of the social service network, by augmenting social programs and helping nonprofits leverage other private and public funds. Thus, through the

SSBG, DSS, other state agencies, and nonprofits are able to provide critically necessary services to low-income, disabled, and at-risk families, seniors, children, youth, and adults.

The SSBG supports programs within DSS, as well as programs operated by nonprofit entities, by providing 22 of the 29 allowable services. In the past year, the SSBG was very important to the efforts at welfare reform, particularly by supporting services such as employment, job training, and child care for clients and the working poor. The SSBG also provided other services such as family support and preservation, protective services for adults, protective services for children, in-home support for seniors and people who are disabled, adult day care, substance abuse counseling, and special services for youth at risk. In some instances, the SSBG directly supported programs that support those in need. For instance, the SSBG helped provide home care to about 1,800 elderly and disabled people in Connecticut. The SSBG also helped 115 nonprofits leverage the private and public funding that they need to provide critical services to people in need. In all, DSS served more than 228,647 adults and 30,717 children through the SSBG. At the same time, other state agencies such as the Department of Children and Families, and the Department of Mental Health and Addictive Services, were able to combine the SSBG with other programs to provide needed services.

In its **Teenage Pregnancy Prevention** initiative, DSS continued to target eight urban areas: Hartford, Bridgeport, New Haven, New Britain, New London, Waterbury, Norwalk, and Stamford, as well as rural northeastern Connecticut.

State Administered General Assistance (SAGA) was available to some families and single adults directly from DSS. On average, DSS serves approximately 13,000 unduplicated cash and medical assistance cases each month.

V. Housing

Through **various homeless programs**, DSS supported 46 emergency shelters with a total of 1,357 beds to serve more than 15,000 adults and children. DSS also supported three day shelters and nine programs that provided advocacy, housing, and health services. Through its **Transitional Living Program**, DSS helped families and adults move from shelters into independent living. Through the community action agencies, DSS provided other support services to help people escape from homelessness. In a related area, DSS helped provide shelter and support services to more than 259 families who were the victims of **domestic abuse**. Services included emergency shelter, security deposit assistance, counseling, information and referral, and a 24-hour helpline.

Under its **Home Share Program**, DSS helped approximately 83 single-parent families find housing by matching them with other clients who were willing to share in the cost of maintaining a home.

Through the **Eviction Prevention Program** and the related **Security Deposit Program**, DSS offered mediation, rent support, and security deposits so that more than 2,100 families could obtain and remain in permanent housing.

Under its **Rental Assistance Program**, DSS provided rental subsidies to 2,151 families and adults living in privately-owned housing, and seniors living in publicly-funded housing. In administering the federal **Section 8 Program**, DSS provided rental assistance so that 2,652 families and adults could move into and remain in safe and sanitary housing.

Through the **AIDS Residence Program**, DSS continued to provide housing and support services to 556 adults and children with AIDS. Under the federal **Housing Assistance for People with AIDS Program**, DSS also helped purchase and renovate units of housing for people with AIDS.

Through the **Connecticut Energy Assistance Program** and the **State Appropriated Fuel Assistance Program**, DSS works with the Community Action Agencies to ensure that AFDC families, seniors, those who are disabled, refugees, and people living at or below 200% of the poverty level are able to obtain deliverable heating fuel, including oil, coal, wood, and propane, as well as provide assistance with utility and heating bills. In the past year, DSS was able to help more than 62,000 households through these programs. In addition, DSS administered federal funds for a weatherization assistance program that served about 750 households.

VI. Collaboration with Other Agencies

In the area of welfare reform, DSS has continued to build strong and effective partnerships with other state agencies.

Working with the Connecticut Department of Transportation and the Department of Economic and Community Development, DSS supports programs that expand transportation services so that *Jobs First* clients can more easily get to and from work.

DSS also has worked with the Departments of Banking and Insurance in maintaining mentoring programs for *Jobs First* clients.

In another area, DSS has partnered with the Department of Economic and Community Development in efforts to build better linkages between economic development and *Jobs First* clients.

In partnership with the Connecticut Department of Higher Education, DSS provided a variety of services designed to train child care providers.

DSS worked with the Department of Public Health to support the responsible licensing of child care centers, group day care homes, and family day care homes.

DSS also worked with the Governor's office and the Headstart Directors Association to coordinate the Collaboration for Children, designed to enhance services for children and families throughout Connecticut.

DSS staff have been co-located with staff from the Department of Mental Health and Addictive Services since April, 1997, to provide assessment, treatment, and case management services to SAGA clients who abuse controlled substances and/or have mental illness.

Improvements and Achievements (1997-1998)

Management Information Systems: Through its Eligibility Management System (EMS), DSS is able to consider and act upon changing eligibility standards and notice requirements that affect the adults and children served by DSS. As eligibility standards and requirements evolve, the information system, which is critical to the success and delivery of social services, is modified and improved. In the past year, DSS implemented extensive systems changes to its Eligibility Management System to keep abreast of the evolving policies. DSS also implemented the changes needed for the assumption of SAGA. DSS continued to make progress in building a local area network/wide area network infrastructure that encompasses its regional offices. Through wiring and further development of this information systems infrastructure, staff in the DSS regional offices are able to make better use of personal computers, access a central database, share information, and plug into existing mainframes.

Quality Assurance: In the past year, DSS continued to improve its quality assurance and fraud prevention by increasing its use of computer data match technology. DSS now matches its files with Massachusetts, New York, New Jersey, the Department of Corrections, and Department of Revenue Services, and several banks and federal agencies. These matches help prevent double dipping and the payment of fraudulent welfare payments. Working with the Chief

State's Attorney, DSS also used matching technology to locate hundreds of fleeing felons. Eighty of these fleeing felons were arrested in a one-day sting operation.

Digital Imaging: During the past year, DSS continued the operation of its statewide biometric client identification system. This use of cutting edge technology has continued to ensure the highest level of fraud deterrence available in our arsenal of welfare reform strategies, and has assured the restoration of the public's confidence in the integrity of the welfare system. Connecticut was one of the early pioneers implementing this technology, and the first to have a fully operational statewide system. Connecticut also is the first to pioneer cross-state matching with our neighboring states of New Jersey and New York. In addition, Connecticut is the first state to achieve integration of a digital imaging system with a legacy EMS system. Other states regularly visit Connecticut to examine our technology, and the digital imaging system has been the subject of articles in numerous United States and European magazines. To date, DSS has enrolled 160,000 clients into the system.

Housing Directory for Seniors: The Elderly Service Division of DSS undertook a major initiative to design and distribute detailed directories of housing options across the state. The directors describe the services and amenities available in each facility, as well as eligibility requirements and fees. To date, detailed directories have been issued on retirement communities, homes of the aged, and continuing care communities. A general directory also has been prepared, listing type, address, and contacts for all elderly housing facilities in the state.

Voices: The Forum for Nursing Home Residents: DSS sponsored a forum which brought together nursing home residents, legislative and administrative policy leaders, and leaders from the private industries that serve nursing home residents. Called "Voices," the forum was designed to give nursing home residents a chance for self-empowerment, expression, and

advocacy. As one component, the forum gave nursing home residents an opportunity to express their cares and concerns directly to the public and private leaders whose decisions would most affect their lives. A number of issues were raised, including the adequacy of the \$30 per month personal care allowance which was then available to nursing home residents supported by Medicaid. Subsequently, the Governor's new budget for DSS proposed an increase in the needs allowance, an increase that was enacted.

Under the newly implemented **State Funded Food Stamps Program**, it is expected that DSS will serve approximately 4,500 non-citizens who might have been deprived of eligibility for federally funded food stamps, including children, seniors, and people who are disabled. DSS also applied for and received a grant from the federal government to provide elderly refugees with services to promote citizenship. This grant will continue into 1999.

Electronic Benefits Transfer (EBT): In instituting an EBT system for its clients, DSS has emerged as one of the leading social service agencies in the nation. Connecticut's EBT system was the first in the nation to be certified under QUEST, the new national standard for all government benefits. Functioning like a cash card and a debit card, the EBT card that is used by clients serves three purposes: it is convenient for the clients; it practically eliminates fraud and theft; and it saves administrative costs. Rather than receive cash benefits and food stamps, clients now receive their EBT card. Through the EBT card, cash benefits are available from local cash machines, and also can be transferred to legal vendors and providers, such as landlords. Food stamp benefits also are available through the EBT card. Making a black market for food stamps virtually impossible, the EBT card allows clients to purchase only authorized goods and services from authorized vendors. The initial EBT pilot was launched in February, 1997, in Waterbury. Since then, the entire state is now operating under the EBT system.

Medical Services: Among many accomplishments, three in particular should be mentioned. First, DSS controlled the cost of providing home-health and hospital outpatient services by moving from a cost-based system to fixed fee-for-service system. Second, DSS successfully controlled its expenditures for health care in nursing homes. Third, DSS has now enrolled the entire TFA population (adults and children) and children of the working poor (living at or below 185% of the poverty level) into managed care. As a result, Connecticut now operates one of the largest pre-paid health plan networks in the nation (proportionate to the entire population). This network has successfully mainstreamed clients, allowing them to obtain the services available to the entire population, such as preventive care and immunizations. During the past year, as a result of extensive client education and outreach, 91% of the clients chose their own health care plan, a rate that is one of the highest in the nation. Client surveys show that more than 90% of the clients are satisfied with the services offered and received.

Jobs First: The combination of a generous package of benefits and a 21-month time limit continues to be a strong incentive for clients moving from welfare into employment. At the end of June, 1998, 55% of the *Jobs First* clients subject to the 21-month time period were working, and the number of families receiving assistance had dropped to under 41,000, down from 55,000 at the end of June, 1997.

Worksteps: The Worksteps Program has two major components: safety net services, and individual performance contracts (IPCs). Safety net services are provided to those families who have exhausted their 21-months for TFA, have an income below the payment standard, and do not qualify for an extension. Help with meeting basic needs is available to these families, as well as case management and service coordination. IPCs are provided to TFA recipients who are at risk

of losing cash assistance due to their failure to make a good faith effort to find and maintain employment. There have been approximately 850 referrals for IPCs.

Child Care: Child care assistance for working families and families transitioning off public assistance increased by 31% in the past year. In support of welfare reform, \$127 million was spent on child care in the past year. As the result of the efficient use of child care payments, subsidies, certificates, and tax credits, DSS served an additional 3,000 families from one year before. Enhancements were made to improve the payments and quality components for new and existing child care providers. Another 3,000 children (ages 3,4, and 5) were served as a result of DSS participation in Connecticut's **School Readiness** initiative. The cornerstone of that initiative is the provision of funds to 14 priority school districts, and competitive grants to towns with severe needs schools, to create, expand, and enhance pre-school programs. Other components of School Readiness include extensive and widespread training for child care providers, as well as expansion on capital funding for child care facilities.

Child Support: Total collections for SFY 98 were \$171.63 million, a 10% increase over the previous year. Collections for TFA families amounted to \$62.5 million, while collections for non-TFA families were \$109.1 million. More than 4,800 TFA families were able to leave the TFA program with through child support assistance. The child support automated system's enforcement capabilities continued to reap benefits for families. The New Hire Data Matching System allowed placement or transfer of more than 8,500 income withholding orders in SFY 98. IN SFY 98, more than 68% of non-tax intercept collections for in-state cases was made through income withholding orders.

Rehabilitation Services: As has been the case for at least five years, DSS again ranked as one of the top disability determination units in the nation based on productivity and effectiveness.

In the past year, DSS continued to maintain and expand upon operations at its satellite office at **Stowe Village**, a public-housing complex in Hartford. The DSS-Stowe Village project has been remarkably successful, providing between 500 and 600 clients per month with a full array of services. By developing a series of community partnerships, DSS helped augment a multitude of services to the Stowe Village residents, including workforce development, apprenticeship for construction & rehab, vocational ESL, headstart, parenting, community policing, family violence prevention, and substance abuse treatment counseling. DSS works with the Hartford Housing Authority, HUD, YMCA, Headstart, Hartford police, CCSU, AFSCME, Worktalk, Mayor Peters of Hartford, various unions, and various employers, including DAS, Textron, Hartford Housing Authority, Norrell Staffing, and Tandem.

Reducing Waste

Staff Reduction: The Department has been able to accomplish its ambitious goals while sustaining sizable reductions in staff. Between the completion of the current Early Retirement Incentive Program and the addition of some employees for new programs such as HUSKY, DSS reduced its staff by 79 people. At the same time, DSS staff maintained the high quality of professional services to clients across the state. DSS will continue this pattern of achieving intended results with less resources.

Quality Assurance: Through tracking, monitoring, and investigating possible overbilling, DSS recovered nearly \$20 million from vendors and providers who had overbilled DSS for services rendered to clients. DSS recovered and saved more than \$63 million from third-parties (including insurance companies and third-party tortfeasors) who were liable for injuries and illnesses that affected clients. By investigating approximately 8,000 cases of fraud and overpayment, DSS recovered and saved almost \$4 million. DSS also recovered more than \$11

million through liens and mortgages on real estate, estate claims, assigned assets, and title XIX reimbursements. DSS prevented approximately \$9 million in Medicaid, food stamps, and TFA fraud through the use of its pre-eligibility Fraud Early Detection Program. Finally, working with the Bureau of Collection Services, DSS recovered additional funds through estates and lawsuits.

Medical Services: To cutdown on waste and fraud, DSS continues to expand efforts to audit providers of health care services and health care goods, particularly durable medical equipment and nursing homes. DSS also continues to pursue criminal and civil relief in instances of fraud and abuse.

SAGA: DSS completed the second phase of implementing SAGA by assuming the general assistance responsibilities of 157 cities and towns. SAGA has significantly reduced administrative duplication of services, and has greatly minimized opportunities for fraud and abuse at both the client and the provider level.

“New Directions”: DSS undertook a work simplification and paperwork reduction initiative to identify how DSS staff could more effeciently serve Jobs First clients. DSS worked with front line staff, supervisors, managers, clients, and providers from across the state to form focus groups, design groups, and a redesign team, along with a great deal of support from the people at GTE and the Office of Policy and Management. Since then, DSS has worked to implement the recommendations obtained through this inclusive and in-depth process.

Strategic/Business Planning

Medical Services: Several projects that are in the works are worth mentioning. First, between pre-existing programs and HUSKY, DSS expects to provide health insurance to 90,000 children in low income, working families, particularly through long-term and greatly enhanced outreach and eligibility determination in communities across the state. Second, DSS will continue

reviewing and instituting cost-saving measures in the area of pharmaceutical goods. By implementing an on-line, Prospective Drug Utilization Review (which will screen and reject pharmacies' duplicative orders for medicine), and by expanding the coverage of over-the-counter drugs, DSS anticipates significant savings. Finally, DSS will continue working on the design and implementation a federally sanctioned system, based on the PACE model, that will streamline Medicare and Medicaid for frail older persons in a comprehensive system of managed care.

Transportation for Clients: DSS expects to continue working with various community and public agencies, including the Connecticut Departments of Transportation, Economic and Community Development, and Labor to improve and develop transportation systems for clients in various parts of the state.

Brain Injury: The federal government has approved DSS plans to implement an acquired-brain injury home and community-based services waiver, which will allow DSS to support the provision of community services for up to 500 people with brain injuries. The targeted implementation date is November, 1998.

Child Care: Future plans include uniform child care subsidy program regulations, as well as enhanced coordination of services that relate to child care and children's health care.

Information Required by State Statute

Submitted on March 31, 1998, DSS's Affirmative Action Plan was approved and granted annual continued filing status by the Connecticut Commission on Human Rights and Opportunities. DSS continues in its strong commitment to the principles, policies, and practices that promote equal opportunity in programs, services, and contracts, including affirmative action. In the past year, DSS continued to monitor and improve its practices in employment and contracting, with special consideration paid to its Affirmative Action Plan. At the close of the

most recent Affirmative Action reporting period (October 30, 1997), 30.8% of DSS employees were minorities, 67.6% were women, and 1.2% were self-proclaimed as being disabled. In the past year, DSS hired 66 employees; 30 (45.5%) were minorities, and 45 (68.2%) were women.