

# Department of Social Services Annual Report State Fiscal Year 2012



**Dannel P. Malloy**  
Governor

**Roderick L. Bremby**  
Commissioner



## CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

### State Fiscal Year 2012

(July 2011-June 2012)

**Roderick L. Bremby, Commissioner**

**Claudette J. Beaulieu, Deputy Commissioner, Programs**

**Kathleen M. Brennan, Deputy Commissioner, Administration**

**Established - 1993**

**Statutory Authority - Title 17b**

**Central Office - 25 Sigourney Street, Hartford, CT 06106**

**Number of Employees - 1,975**

**Operating Expenses - \$ 201,958,264**

**Program Expenses - \$ 5,595,018,305**

**Structure - Commissioner's Office, Regional Administration, Administrative Operations, Program Operations**

### MISSION

*The Department of Social Services provides a continuum of services to meet the basic needs of food, shelter, economic support, and health care; to promote and support the choice to live with dignity in one's own home and community; and to promote and support the achievement of economic viability in the workforce. The department gains strength from a diverse environment to promote equal access to all agency programs and services.*

### STATUTORY RESPONSIBILITY

The Department of Social Services is designated as the state agency for the administration of 1.) the Child Care Development Block Grant, pursuant to the Child Care and Development Block Grant Act of 1990; 2.) the Connecticut Energy Assistance Program, pursuant to the Low Income Home Energy Assistance Act of 1981; 3.) programs for the elderly, pursuant to the Older Americans Act; 4.) the Refugee Assistance Program, pursuant to the Refugee Act of 1980; 5.) the Legalization Impact Assistance Grant Program, pursuant to the Immigration Reform and Control Act of 1986; 6.) the Temporary Assistance for Needy Families program, pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 7.) the Medicaid program, pursuant to Title XIX of the Social Security Act; 8.) the Supplemental Nutrition Assistance Program (Food Stamp), pursuant to the Food Stamp Act of 1977; 9.) the State Supplement to the Supplemental Security Income Program, pursuant to the Social Security Act; 10.) the state Child Support Enforcement Plan, pursuant to Title IV-D of the Social Security Act; 11.) the state Social Services Plan for the implementation of the Social Services and Community Services Block Grants, pursuant to the Social Security Act; 12.) the Section 8 existing certificate program and the housing voucher program, pursuant to the Housing Act of 1937; 13.) the state plan for the Title XXI State Children's Health Insurance Program; and 14.) State plan for the U.S. Department of Energy – Weatherization Assistance Program for Low-Income Persons – Title 10, Part 440, Direct Final Rule – Federal Register, June 22, 2006.

## DEPARTMENT OVERVIEW

The Department of Social Services provides a wide range of services to children, families, elders, persons with disabilities, and other individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. Services include medical coverage, food and nutrition assistance, housing and energy assistance, independent living, social work and protective services, child support enforcement, and financial subsistence. The Department of Social Services was established on July 1, 1993, through a merger of the Departments of Income Maintenance, Human Resources, and Aging. The merger resulted from legislation based on recommendations by the Harper-Hull Commission report in 1992.

## PUBLIC CONTACT POINTS

### Websites and web pages:

- DSS general: [www.ct.gov/dss](http://www.ct.gov/dss)
- Aging Services: [www.ct.gov/agingservices](http://www.ct.gov/agingservices)
- Charter Oak Health Plan: [www.charteroakhealthplan.com](http://www.charteroakhealthplan.com)
- Child Care Services (including Care4Kids): [www.ct.gov/dss](http://www.ct.gov/dss), search on “Care4Kids”; also [www.ctcare4kids.com](http://www.ctcare4kids.com)
- Child Support Enforcement: [www.ct.gov/dss](http://www.ct.gov/dss) and follow the link for “Families with Children”
- Connecticut Child Support Payment Resource Center: [www.ctchildsupport.com](http://www.ctchildsupport.com)
- Connecticut Pharmaceutical Contract for the Elderly and the Disabled (ConnPACE): [www.connpace.com](http://www.connpace.com)
- HUSKY Health Program: [www.huskyhealth.com](http://www.huskyhealth.com)
- Connecticut Behavioral Health Partnership: [www.ctbhp.com](http://www.ctbhp.com)
- Connecticut Medical Assistance Program: [www.ctdssmap.com](http://www.ctdssmap.com)
- Winter heating assistance: [www.ct.gov/staywarm](http://www.ct.gov/staywarm)
- John S. Martinez Fatherhood Initiative of Connecticut: [www.ct.gov/fatherhood](http://www.ct.gov/fatherhood)
- Long-Term Care Ombudsman: [www.ct.gov/lcop](http://www.ct.gov/lcop)
- Supplemental Nutrition Assistance Program (formerly food stamps): [www.ct.gov/snap](http://www.ct.gov/snap)

### Toll-free information:

- General public information: 1-800-842-1508
- TDD/TTY for persons with hearing impairment: 1-800-842-4524
- Aging services: 1-866-218-6631
- Child care services: 2-1-1 or 1-800-811-6141
- Care4Kids child care subsidy program: 1-888-214-5437
- Charter Oak Health Plan: 1-877-77-CTOAK (1-877-772-8625)
- Child Support Enforcement
  - Child Support Payment Disbursement Unit : 1-888-233-7223
  - Connecticut Child Support Call Center: 1-800-228-KIDS (1-800-228-5437)

- CHOICES (Connecticut Health Insurance Assistance, Outreach, Information and Referral, Counseling and Eligibility Screening): 1-800-994-9422
- Connecticut AIDS Drug Assistance Program (CADAP): 1-800-233-2503
- Connecticut Home Care Program for Elders: 1-800-445-5394
- Connecticut Pharmaceutical Contract to the Elderly and the Disabled (ConnPACE): 1-800-423-5026
- Connecticut Behavioral Health Partnership: 1-877-552-8247
- Connecticut Medical Assistance Program Client Assistance Center (Medicaid Fee-for-Service Program): 866-409-8430
- Connecticut Dental Health Partnership: 1-866-420-2924 or 1-855-CTDental (1-855-283-3682)
- Fraud and recoveries (including lien matters): 1-800-842-2155
- HUSKY Health Program:
  - information and referral, applications, accessing healthcare services for children, parents, relative caregivers and pregnant women: 1-877-CT-HUSKY (1-877-284-8759)
  - coverage and services: CHNCT 1-800-859-9889
- John S. Martinez Fatherhood Initiative of Connecticut: 1.866.6.CTDADS (1-866-628-3237)
- Long-Term Care Ombudsman: 1-866-388-1888
- Winter heating/Weatherization assistance: 2-1-1 or 1-800-842-1132
- 2-1-1 Infoline: dial 2-1-1. Available 24/7. Information and referral, crisis intervention services. Operated by United Way of Connecticut with DSS funding.

## DSS CENTRAL ADMINISTRATION

25 Sigourney Street, Hartford, CT 06106-5033

### **Department Chief of Staff and Directors:**

Chief of Staff and Affirmative Action Director: Astread Ferron-Poole; Communications Director: David Dearborn; Human Resources Director: Jeanne Anderson; Legal Counsel, Regulations, Administrative Hearings Director: Brenda Parrella; Strategic Planning Director: Alexis Fedorjaczenko; Division of Health Services Director: Mark Schaefer, Ph.D.; Certificate-of-Need and Rate-Setting Director: Christopher Lavigne; Medical Director: Robert Zavoiski, M.D.; Bureau of Aging (State Unit on Aging), Community and Social Work Services Acting Director: Margy Gerundo-Murkette; Child Support Enforcement Director: David Mulligan; Supplemental Nutrition Assistance Program Division Director: Ronald Roberts; Information Technology Services Director: Louis Polzella; Quality Assurance Director: John McCormick; Division of Finance and Administration Director: Lee Voghel; Long-Term Care Ombudsman: Nancy Shaffer; Organizational and Skill Development Director: Darleen Klase

### **News media/public information/client information and referral:**

- David Dearborn, 860-424-5024  
Email: [david.dearborn@ct.gov](mailto:david.dearborn@ct.gov)
- Kathleen Kabara, 860-424-5068  
Email: [kathleen.kabara@ct.gov](mailto:kathleen.kabara@ct.gov)

### **Legislative/intergovernmental relations:**

- Carolyn Treiss, 860-424-5538  
Email: [carolyn.treiss@ct.gov](mailto:carolyn.treiss@ct.gov)
- Heather Rossi, 860-424-5646  
Email: [heather.rossi@ct.gov](mailto:heather.rossi@ct.gov)

## DSS REGIONAL OFFICE INFORMATION

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

### ***DSS Northern Region - Silvana M. Flattery, Regional Administrator***

**Serving:** Andover, Avon, Ashford, Berlin, Bloomfield, Bolton, Bristol, Brooklyn, Burlington, Canterbury, Canton, Chaplin, Columbia, Coventry, Eastford, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hampton, Hartford, Hebron, Killingly, Manchester, Mansfield, Marlborough, New Britain, Newington, Plainfield, Plainville, Plymouth, Pomfret, Putnam, Rocky Hill, Scotland, Simsbury, Somers, Southington, South Windsor, Stafford, Sterling, Suffield, Thompson, Tolland, West Hartford, Union, Vernon, Wethersfield, Willington, Windham, Windsor, Windsor Locks and Woodstock.

- **Hartford**—3580 Main Street 06120; 1-(855)-424-5581 . TDD/TYY: 860-566-7913. Silvana M. Flattery, Regional Administrator. Alejandro Arbelaez and Judy Williams, Social Services Operations Managers.
- **Manchester**—699 East Middle Turnpike 06040; 1-800-859-6646, or 860-647-1441.. TDD/TYY: 860-647-5821. John Hesterberg, Social Services Operations Manager.
- **New Britain**—30 Christian Lane, New Britain 06051; 1-866-723-2591, or 860-612-3400. TDD/TYY: 860-827-7151. George Chamberlin, Social Services Operations Manager.
- **Willimantic**—676 Main Street 06226; 1-866-327-7700, or 860-465-3500. Albert Williams, Social Services Operations Manager.

### ***DSS Southern Region- Silvana M. Flattery, Regional Administrator***

**Serving:** Ansonia, Bethany, Branford, Bozrah, Chester, Clinton, Colchester, Cromwell, Deep River, Derby, Durham, East Haddam, East Hampton, East Haven, East Lyme, Essex, Franklin, Griswold, Groton, Guilford, Haddam, Hamden, Killingworth, Lebanon, Ledyard, Lisbon, Lyme, Madison, Meriden, Middlefield, Middletown, Milford, Montville, New Haven, New London, North Branford, North Haven, North Stonington, Norwich, Old Lyme, Old Saybrook, Orange, Portland, Preston, Salem, Seymour, Shelton, Sprague, Stonington, Voluntown, Wallingford, Waterford, Westbrook , West Haven and Woodbridge.

- **New Haven**—194 Bassett Street 06511; 1-(877) 501-4828. TDD/TYY: 203-974-8394. Silvana M. Flattery, Regional Administrator, Peter Bucknall, Cathy Patton and Frederic Presnick, Social Services Operations Managers.
- **Middletown**—117 Main Street Extension 06457; 860-704-3100. TDD/TYY: 860-704-3100. Cathy Patton, Social Services Operations Manager.

- **Norwich**—401 West Thames Street 06360; 860-823-5000. TDD/TYY: 860-892-1429. Cheryl Parsons, Social Services Operations Manager.

***DSS Western Region - Frances A. Freer, Regional Administrator***

**Serving:** Barkhamsted, Beacon Falls, Bethel, Bethlehem, Bridgeport, Bridgewater, Brookfield, Canaan, Cheshire, Colebrook, Cornwall, Danbury, Easton, Fairfield, Goshen, Hartland, Harwinton, Kent, Litchfield, Middlebury, Monroe, Morris, Naugatuck, New Fairfield, New Hartford, New Milford, Newtown, Norfolk, Norwalk, North Canaan, Oxford, Prospect, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Southbury, Stratford, Thomaston, Torrington, Trumbull, Warren, Washington, Waterbury, Watertown, Weston, Westport, Winchester, Wolcott and Woodbury.

- **Bridgeport**—925 Housatonic Avenue 06604; 203-551-2700, or 1-877-551-2700. TDD/TYY: 203-579-6821. Frances A. Freer, Regional Administrator. Phil Ober and Lisa Wells , Social Services Operations Managers. Regional Processing Unit for HUSKY applications and Child Support, Poonam Sharma, Manager.
- **Danbury**—342 Main Street 06810; 203-207-8900. TDD/TYY: 203-797-4032. Alexis Kiss, Social Services Operations Manager.
- **Stamford**—1642 Bedford Street 06905; 203-251-9300, or 1-866-663-9300. TDD/TYY: 203-251-9304. Alexis Kiss Social Services Operations Manager.
- **Waterbury**—249 Thomaston Avenue 06702; 203-597-4000, or 1-866-454-1108. TDD/TYY: 203-597-4175. Marva Perrin, Social Services Operations Manager.
- **Torrington**—62 Commercial Boulevard 06790; 860-496-9600, or 1-800-742-6906. TDD/TYY: 860-482-5719. Annette Lombardi , Social Services Operations Manager.

**SIGNIFICANT ACCOMPLISHMENTS/HIGHLIGHTS OF SFY 2012**

**Overview**

The Department of Social Services delivered vital public benefits to approximately 750,000 Connecticut residents on an ongoing basis across all programs during SFY 2012. As the need for medical coverage, food assistance and other human services remained acute, DSS field staff continued to shoulder high levels of application processing, eligibility determination and case maintenance. Central office staff administered specialized services and supported field operations across the full range of some 90 direct and funded programs. Over the past decade, demand for DSS services has steadily increased, outpacing human resource and technology capacity. During SFY 2012, this trend of under-investment since the budget crisis of 2002-03 was addressed and reversed by the administration of Governor Dannel P. Malloy and Commissioner Roderick L. Bremby. Staffing reinforcements were approved to help the agency meet the increased service needs, while a comprehensive initiative to modernize service delivery gained decisive momentum.

### ConneCT – Modernizing DSS Service Delivery

To improve access for Connecticut residents, DSS has embarked on a major initiative to modernize and upgrade service delivery. Named **ConneCT**, the initiative will transform the way DSS does business by giving staff the tools they need to get the work done in a more timely and efficient manner. Applicants and clients will have real-time access to their case information through online and interactive voice-response systems, along with a web-based pre-screening and application portal. Streamlined document management and fully-modernized service centers are also key elements of the initiative. The end result will be improved access to critical services for the public and a more efficient work environment for staff.

#### The objectives of the ConneCT initiative are to:

- improve client access
- achieve better quality outcomes
- enhance customer service
- reduce costs
- provide a technological framework for the future

#### These objectives will be met by implementing three technological components:

- online services – a service pre-screening tool, ‘MyAccount’ (customer benefit accounts), on-line applications, redeterminations and interim change reporting
- Telephony - statewide integrated voice response system and benefits centers
- Document management and workflow - scanning all documents received and electronically directing to staff for processing

#### DSS’s New Business Model: The Centers

When fully operational, all eligibility work will get processed in one of three types of centers:

- Service Centers - dedicated staff in 12 Service Centers will provide face-to-face services with walk-in clients.
- Processing Centers - processors in the 12 centers will process the work that comes in via the web and the mail via the workflow.
- Benefits Centers – representatives in three Benefits Centers will process all of the eligibility work that comes in via the phone.

As SFY 2012 closed, the agency was making steady headway toward stages of ConneCT implementation, in conjunction with contractors Deloitte and First Data, and the Department of Administrative Services’ Bureau of Enterprise Systems & Technology. When the project is fully operational, DSS will be able to serve the citizens of Connecticut with modern business processes and service efficiency. In addition, parallel groundwork was begun for the replacement of the agency’s outdated eligibility management system, with the prospect for major federal funding under the Patient Protection and Affordable Care Act.

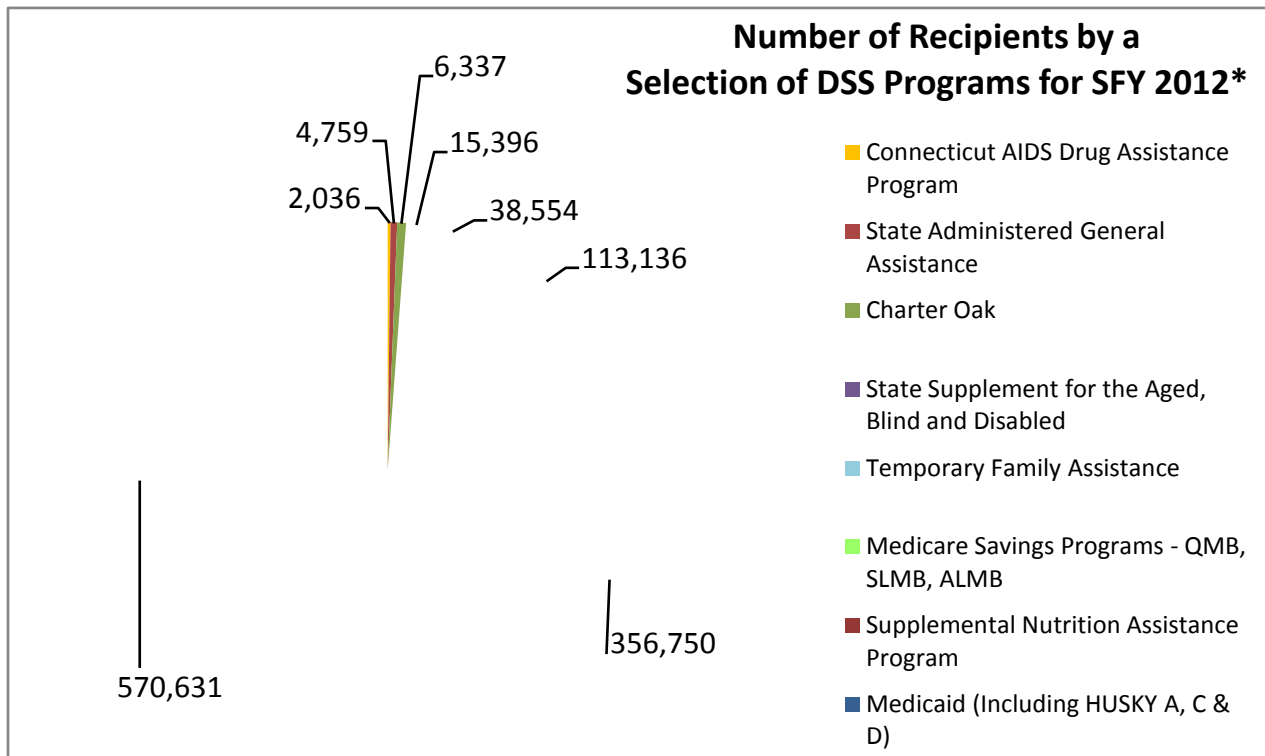


**Serving Connecticut Residents: A Sampling of Critical DSS Programs**

Nine key DSS programs showed total enrollment of roughly 700,000 individual recipients at the end of SFY 2012. To track this caseload level, DSS listed client participation across nine selected programs – Temporary Family Assistance; Medicaid (including HUSKY Part A and Medicaid for Low-Income Adults); state-funded medical assistance, including home care services; Connecticut AIDS Drug Assistance Program; State-Administered General Assistance (SAGA) cash assistance; Qualified Medicare Beneficiary Program; Supplemental Nutrition Assistance Program (SNAP, also known as food stamps); and the Charter Oak Health Plan.

Individual programs included:

- 356,750 Connecticut residents receiving federally-funded SNAP benefits, up 3.3% from the end of SFY 2011;
- 570,631 residents receiving benefits through the Medicaid program (including HUSKY A, HUSKY C - formerly known as Medicaid for the Aged, Blind and Disabled and HUSKY D – formerly known as Medicaid for Low-Income Adults). This represents a 7.6% increase over SFY 2011.
- In the Temporary Family Assistance program, 18,173 households were receiving benefits as SFY 2012 closed; this is actually a 4.4% decrease from SFY 2011.



\* duplicative number of clients, meaning a person enrolled in more than one program, such as medical coverage and food aid, is counted twice

**Health Service Delivery and Purchasing Initiatives**

- On January 1, 2012, the Department of Social Services launched the new HUSKY Health program, an innovative model of care management for all of the department's medical assistance recipients. Under this new model, DSS contracted with a medical administrative services organization (Community Health Network of Connecticut) to provide a broad range of member and provider services and supports. The administrative services organization is responsible for improving client care experiences, quality of service and overall cost-effectiveness. The administrative services organization provides a wide range of services, such as member services, health education and intensive care management for those clients with exceptional health challenges, and will also be responsible for utilization management, quality management, health data analytics and reporting. The administrative services organization authorizes and manage the medical health services for all HUSKY A, HUSKY B, and Charter Oak Health Plan clients, whose services were previously administered by one of three managed care organizations, as well as the Medicaid Aged, Blind and Disabled and Low-Income Adult populations, which are now referred to as HUSKY C and HUSKY D, respectively.
- The Person-Centered Medical Home (PCMH) initiative is one of several reforms that the department is introducing under the new HUSKY Health program. Under this new initiative, practices that demonstrate a higher standard of person-centered primary care service delivery will qualify for a higher level of reimbursement for primary care services. Practices will also be eligible for additional financial incentives based on performance measures. In order to qualify as a PCMH, a practice must be recognized by the National Committee for Quality Assurance as a "Level 2" or "Level 3" PCMH. Qualified practices must also: (1) meet federal Early and Periodic Screening, Diagnostic, and Treatment program requirements; (2) participate in activities related to the department's Rewards To Quit smoking cessation incentive program; (3) participate in initiatives to decrease racial and ethnic health disparities; and (4) adhere to consumer protections, which include ensuring recipients' rights to confidentiality, nondiscrimination, timely access, informed choice, participation in treatment decisions and access to a grievance process.
- The Integrated Care Demonstration is the department's most recent service delivery and purchasing reform, with planning funded by a \$1 million federal grant under the Affordable Care Act. The purpose of the demonstration is to improve care experience and health outcomes for individuals eligible for both Medicare and Medicaid, while controlling costs through reduction in unnecessary or duplicative services. The department has worked with a broad array of providers, advocates, and Medicaid recipients to develop its approach to the demonstration. The state will use its existing administrative services organization infrastructure and organized health neighborhoods to identify and better service persons with complex health conditions. The health neighborhoods are expected to include a broad array of provider and community agency partners. By providing a fully integrated system of care and enhanced services, aligning financial incentives across payers and providers and focusing on quality and outcomes, the state expects to improve the quality, cost-effectiveness and experience of care for individuals served under this demonstration. The initiative is expected to begin in the latter part of SFY 2013 or early in SFY 2014.

- The Rewards To Quit program is a federally funded grant program designed to significantly reduce smoking rates among the 25-30 percent of Connecticut Medicaid beneficiaries who smoke. Pregnant women and mothers of newborns and persons with serious mental illness will be a special focus of this program. By delivering incentives within person-centered medical homes, obstetrics practices, and local mental health authorities the department will leverage important changes to health care delivery under the Affordable Care Act and the Connecticut's January 1, 2012, expansion of smoking cessation coverage to all Medicaid recipients. The program will take a continuous collaborative learning approach, phasing-in services to determine the effectiveness of various approaches, and modifying the program as more is learned over the course of the four year program. Implementation activities continued throughout SFY 2012 for a projected start date of September 2012.
- In SFY 2012, legislation directed eligibility changes to the Medicaid for Low-Income Adults, or HUSKY D, program. The resulting proposed Medicaid waiver application would implement an asset test of \$10,000, exclusive of the applicant's home and a single vehicle. In addition, for purposes of determining eligibility for individuals under age 26, the application proposes to take into account the income and assets of the parents of such individuals when the individual resides with one or both parents or when the individual is claimed by one or both parents as a tax dependent. In the years since the implementation of the program in April 2010, it has seen dramatic and unanticipated growth, both in numbers of clients and program expenditures. The state's waiver application seeks to preserve Connecticut's commitment to health care coverage for the state's neediest low-income adult residents, in anticipation of the expansion of Medicaid under the Affordable Care Act in 2014, while managing program growth and expenditures.

**'Money Follows the Person' and Long-Term Support and Service System**

The **Money Follows the Person Program (MFP)**, a Medicaid 'rebalancing demonstration' initiative, makes additional services available to transition Medicaid-eligible Connecticut residents from institutionalized care back to the community. Eligible individuals must have resided in nursing homes or other institutions for a period of no less than 90 qualified days. This program receives enhanced federal financial participation, based on a grant awarded to Connecticut in 2007. Between the program's opening in 2008 and the end of SFY 2012, DSS and service partners have transitioned 1,121 people to the community. The Malloy Administration has fully supported the MFP program as part of a broader strategic rebalancing initiative in long-term care services.

In addition to transition services, the demonstration provides long-term supports and services to participants for the first 365 days in the community. Services range from personal care assistance and/or nursing to transportation and/or housing. The unique service mix provided to each participant is studied to determine impact on quality of life, cost and health outcomes. Data collected informs additional MFP initiatives designed to increase options for community long-term care as an alternative to institutionalization.

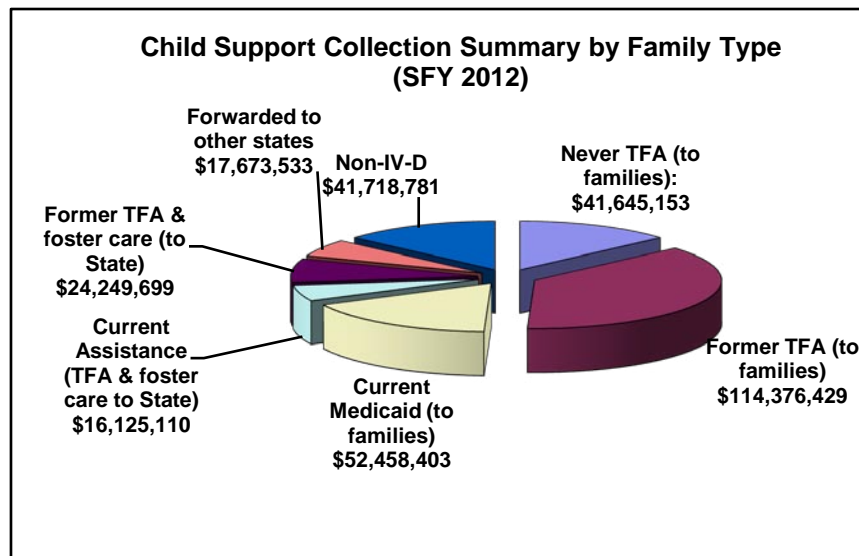
During SFY 2012, the State of Connecticut built upon its nationally recognized, successful Money Follows the Person Rebalancing Demonstration by increasing the number of persons transitioned from nursing homes from the initial projection of 140 people per year to 950 people per year. The initiative is being guided by a strategic plan developed in partnership with stakeholders. A rebalancing model and recommendations were developed, estimating the demand for home- and community-based services and institutional services over the next 15 years. With clear evidence of the preference for community-based services in lieu of institutional services, when possible, the state began development of a workforce initiative to increase the supply of community healthcare workers, a supportive housing initiative to increase the supply of supporting housing options, an expanded menu of community services, and a web-based initiative to link hospital discharge planners to community services.

The state also recognizes the valuable long-term relationship with institutional providers and initiated plans to fund and support business diversification and modernization efforts strategically aligned with the rebalancing plan. By 2016, a total of 5,200 people are projected to be served under Money Follows the Person to receive long-term supports and services at home.

**Child Support Enforcement Collections**

Connecticut’s **child support enforcement program** collected nearly \$308.2 million in court-ordered child support during SFY 2012. The program sent \$208.4 million in parental support to children whose families are not receiving state cash assistance benefits. Another \$17.7 million went to children living out of state.

At the same time, state taxpayers benefited from approximately \$16.1 million in child support collected from parents of Connecticut children receiving Temporary Family Assistance. Most of this amount goes back to the state as reimbursement for public assistance benefits. Another \$24.2 million was collected on past-due amounts and kept by the state in lieu of current or past public assistance benefits.



At the end of SFY 2012, the program provided services on 195,647 cases. Ten percent of these cases are current assistance (active cash assistance – support assigned to the state); 53% are former assistance (payments to the family); and 37% are so-called ‘never assistance’ cases (payments to the family). Some 74% of the caseloads have a court order for support and/or health care coverage in place.

### **Federal Performance Standard – Self-Assessment Review & Data Reliability Audit**

Connecticut has met or exceeded Federal Self-Assessment performance requirements for every review criterion during this year’s evaluation, demonstrating a combined compliance average of 92%, which is well above the federal benchmark of 75%. In addition, a more detailed study of child support caseload management required by the Federal Data Reliability Audit also exceeded federal requirements.

### **Maximizing Federal Food Benefits**

After Tropical Storm Irene struck Connecticut in August 2011, DSS received approval from the federal government to operate the state’s first Disaster Supplemental Nutrition Assistance Program. In addition, federal replacement benefits were authorized for households eligible for the regular Supplemental Nutrition Assistance Program after Tropical Storm Irene and the October 2011 snowstorm/nor’easter. These measures brought millions of additional federal assistance dollars into the state for residents, while boosting the food economy through increased sales at supermarkets and grocery stores.

### **CHOICES Service Nationally Ranked**

**CHOICES** (Connecticut’s program for **H**ealth insurance assistance, **O**utreach, **I**nformation and referral, **C**ounseling, and **E**ligibility Screening), was ranked second out of 54 such programs nationally by the U.S. Centers for Medicare and Medicaid Services, the program’s highest performance ranking to date. CHOICES is a free, state based counseling service that provides personalized counseling and assistance to Medicare beneficiaries and their caregivers. Staffed by volunteers, this program provides older adults with one-on-one counseling services. CHOICES continues to use a statewide network of community-based paid staff as well as 309 volunteers to provide older adults and adults with disabilities with health insurance assistance, outreach, information and referral counseling, and eligibility screening. In SFY 2012, CHOICES assisted more than 42,876 people and conducted 658 public and media events across the state.



The program is recipient of a national citation from the federal Centers for Medicare and Medicaid Services “in appreciation of State Health Assistance Program Services to Medicare Beneficiaries who are potentially eligible for the low income subsidy.”

### **Expediting Agency Regulations**

During SFY 2012, the Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH) hired four additional staff attorneys and began a greater role in drafting the regulations, in addition to reviewing for legal sufficiency. These attorneys have been assigned

areas of expertise and charged with responsibility for drafting regulations in those areas. For example, one attorney is drafting regulations for the dental, HUSKY B, Charter Oak Health Plan, school-based child health, Money Follows the Person, pharmacy and alternate care programs. Another is responsible for updating and writing regulations for the Supplemental Nutrition Assistance Program, Temporary Family Assistance, Care4Kids, Energy and Housing programs; community action agencies; and Medicaid eligibility (HUSKY A, HUSKY C, and HUSKY D).

A third attorney is developing provider payment regulations, as well as regulations for provider enrollment and Person-Centered Medical Homes, electronic health records incentives and the dual-eligible (Medicare/Medicaid) programs. Other areas of expertise that have been assigned include quality assurance, including fraud, third-party liability and provider audits, with the newly-hired attorneys joining incumbents to bring agency regulations up to date.

Additionally, the legal work for the Department's Contracts Division is now being done by attorneys in OLCRAH. The staff attorney who had previously been in that division, along with one of the new attorneys, is providing legal advice and consultation to staff on all matters relating to the Department's contracts.

### **American Recovery and Reinvestment Act (ARRA)**

DSS played a central role in Connecticut's implementation of the American Recovery and Reinvestment Act, also known as the federal stimulus bill. While the majority of projects were completed in SFY 2011, the following activity continued into SFY 2012:

- **Chronic Disease Management:** ARRA provided funding for the statewide expansion of the Chronic Disease Self-Management Program. This program teaches older adults with chronic diseases practical skills to manage chronic health problems and the program gives the older adult the confidence and motivation they need to manage challenges of living with a chronic health condition. For SFY 2012, the program was offered at over 90 sites to 888 people with a variety of chronic diseases.

## **MAJOR PROGRAM AND SERVICE AREAS**

### **Medical and Health Care Services**

#### **Health Services and Supports**

The Division of Health Services and Regional Offices ensure that eligible children, youth, adults, and seniors are able to access needed medical and/or prescription medication coverage through Medicaid, the State Children's Health Insurance Program, the Charter Oak Health Plan, ConnPACE, the Connecticut Pre-existing Condition Insurance Plan and other health coverage programs. Connecticut's HUSKY Health Plan combines services under Medicaid and the State Children's Health Insurance Program for children, teenagers, pregnant women, parents/caregivers, individuals who are aged, blind or disabled, and low income adults. Charter Oak offers coverage to uninsured adults of all incomes. The CT Pre-existing Condition Insurance Plan provides

federally subsidized coverage to adults who do not have access to affordable coverage due to a pre-existing condition.

Supporting Regional Offices and the Division of Health Services in the delivery of medical services to DSS clients are the Bureau of Assistance Programs; the Bureau of Aging, Community and Social Work Services; and Office of Communications/Public and Government Relations.

### **Health Care Initiatives during SFY 2012**

- The Pre-Release Entitlement Unit, located in Central Office, is a successful collaborative between DSS, Department of Mental Health and Addiction Services, Department of Correction, University of Connecticut and various community partners. This unit, initially comprised of two eligibility staff, added three eligibility staff this year. Staff facilitates the transition of individuals from correctional facilities to the community by ensuring the availability of medical assistance upon their release. Staff serve as liaisons for various Department of Correction re-entry organizations, councils and court staff, focusing on expediting processing of Medicaid assistance and prescription drug vouchers. They also provide technical assistance regarding departmental programs and procedures to participating agencies.
- DSS is working with the Department of Developmental Services, which has established two outposted eligibility staff dedicated to serving Developmental Services staff, partners and mutual clients of both agencies. They provide technical assistance, train on new initiatives, process Medicaid applications and resolve complex eligibility problems. This partnership has streamlined the provision of urgent services and improved program integrity.
- The **Connecticut Pre-Existing Condition Insurance Plan**, launched in August 2010, utilizes federal funds to offer coverage, regardless of income or age, prior to implementation of the Patient Protection and Affordable Care Act. This initiative to expand health care options was specifically designed for individuals with pre-existing conditions that prevented them from getting coverage in the past. In SFY 2012, the program was enhanced further by the approval of a lower monthly rate of \$381 per member per month, regardless of age or income. Further information: [www.ctpreexistingconditionplan.com](http://www.ctpreexistingconditionplan.com)
- A change in state law made it possible to make changes in the **Medicare Savings Programs**, which help many eligible Connecticut residents pay Medicare Part B premiums, deductibles and co-insurance. Specifically, the state raised the income-eligibility limits and eliminated the asset reporting requirement. Beneficiaries could earn up to \$2,091.67 for a single person and \$2,816.67 for a couple to qualify for one of the Medicare Savings Programs. In July 2011, legislation deemed Connecticut residents eligible for Medicare as no longer eligible for ConnPACE. However, with the changes in eligibility for Medicare Savings Programs, most no longer eligible for ConnPACE would be eligible for Medicare Savings Programs. Once enrolled, Medicare Part D co-pays actually went down to \$6.30 or less; through Medicaid-funded MSP, the department pays for Medicare Part B premiums

(\$96.40-\$115.40 per month), and some individuals who are eligible for the MSP may even qualify to have their 20% co-insurance and Medicare deductibles covered by the state.

Further information: [www.ct.gov/medicaresavings](http://www.ct.gov/medicaresavings).

**HUSKY Health** ([www.huskyhealth.com](http://www.huskyhealth.com) or 1-877-CT-HUSKY) offers health coverage to



Connecticut children and families, individuals who are aged, blind or disabled, and low income adults. The program has four parts, HUSKY A (children and families), HUSKY B (Children's Health Insurance Program), HUSKY C (aged, blind and disabled), and HUSKY D (low income adults).

In SFY 2012, more than 550,000 individuals received coverage under the HUSKY Health programs.

### **HUSKY A & HUSKY B**

Connecticut children and their parents or a relative caregiver; and pregnant women may be eligible for HUSKY A (also known as Medicaid), depending on family income.

Uninsured children under age 19 in higher-income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program). Depending on specific income level, family cost-sharing applies.

There is one convenient application for both HUSKY A and B.

### **HUSKY C**

Connecticut residents aged 65 or older, or who are aged 18 through 64 and who are blind, or who have another disability, may qualify for coverage under HUSKY C (also known as Medicaid for the Aged/Blind/Disabled, or Title 19).

There are income and asset limits to qualify for this program.

Net income limits (after deductions) vary by geographic area in Connecticut.

Monthly Amount:

	REGION A (Southwestern CT)	REGIONS B & C (Northern, Eastern & Western CT)
Single Person	\$ 610.61	\$ 506.22
Married Couple	\$ 777.92	\$ 672.10

Institutionalized Individuals

Single Person \$2,094

Asset limits are as follows:

Single person - \$1,600

Married couple - \$2,400



The HUSKY C program continued to serve approximately 60,442 low-income elders and adults with disabilities, including about 18,427 residents in long-term care facilities.

**HUSKY D**

With federal approval in SFY 2010, DSS transferred its State-Administered General Assistance medical coverage beneficiaries to the **Medicaid for Low-Income Adults** program (HUSKY D). Connecticut was the first state in the nation to receive federal approval to expand Medicaid under the Patient Protection and Affordable Care Act. This program continued in SFY 2012 to serve very low-income, single, childless adults who do not qualify for Medicaid because they are under age 65, do not have a permanent qualifying disability, are not pregnant, or do not have a child under age 19. Over 75,000 Connecticut residents were being served under the Medicaid for Low-Income Adults Program at the end of SFY 2012.

Connecticut residents aged 19 through 64, who do not qualify for HUSKY A; who do not receive federal Supplemental Security Income or Medicare; and who are not pregnant, may qualify for HUSKY D (also known as Medicaid for Low-Income Adults).

There are income limits to qualify for this program, which vary by geographic region.

Monthly Amount:

	REGION A (Southwestern CT)	REGIONS B & C (Northern, Eastern & Western CT)
Single Person	\$623.77	\$512.05
Married Couple	\$844.87	\$693.55

For more information visit [www.huskyhealth.com](http://www.huskyhealth.com)



**The Charter Oak Health Plan** Charter Oak is a state-sponsored health coverage program designed for uninsured residents aged 19 through 64. Charter Oak, like HUSKY B, has no upper income limit for service eligibility.

Charter Oak offers a comprehensive benefits package that includes preventive care, primary care and specialist office visits, emergency room and inpatient hospital coverage, outpatient surgery, maternity, behavioral health, skilled nursing, durable medical equipment and prescriptions. As SFY 2012 ended, 6,138 previously uninsured Connecticut residents were enrolled in Charter Oak coverage. For a full list of benefits and their co-pays/deductibles, visit [www.charteroakhealthplan.com](http://www.charteroakhealthplan.com).

At the end of SFY 2012, Charter Oak offered a flat monthly premium of \$446 to new enrollees, regardless of income, and annual deductibles and co-insurance ranging from \$150 to \$900, depending on income.

The monthly premium for enrollees who joined before June 1, 2010 increased (based on income levels) as of September 1, 2011. Before September 1, 2011, the range for this group was \$129 to

\$296, depending on specific income. As of September 1, 2011 the range increased to \$215 to \$446.

Since its inception in 2008, Charter Oak has generally attracted an older population with more chronic health care conditions than originally anticipated, leading to higher-than-anticipated costs. Consequently, premiums were adjusted for the higher program costs after actuarial analysis of claims utilization data. State statute governs the extent of available state subsidies to enrollees. Updates to the statute account for the higher cost since 2011. Another premium adjustment is anticipated in the first half of SFY2013.

The annual benefit cap of \$100,000 was rescinded September 1, 2011 (there is still lifetime \$1 million benefit cap). The \$7,500 annual prescription medication benefit cap and the \$4,000 cap on durable medical equipment were also rescinded.

**The Connecticut Pre-existing Condition Insurance Plan** offers a comprehensive health benefits package at limited out-of-pocket cost. Federal subsidies provided through the Affordable Care Act allow the Department to offer this coverage for a monthly premium of \$381, regardless of age or income. The Connecticut Pre-Existing Condition Insurance Plan is open to Connecticut residents who have qualified, diagnosed medical conditions and who have been uninsured for at least six months. Individuals who do not qualify for the Connecticut Pre-Existing Condition Insurance Plan may qualify for [Charter Oak Health Plan](#), which also covers Connecticut residents with or without pre-existing conditions.

The Connecticut's Pre-Existing Condition Insurance Plan is operated by the Health Reinsurance Association under contract with the Department of Social Services, administering state agency. Medical benefits are coordinated through the UnitedHealthcare provider network. As of the close of SFY12, there were 542 individuals enrolled in this program.

**ConnPACE** (Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled; [www.connpace.com](http://www.connpace.com)) is a program that helps individuals who are not eligible for Medicare and either 1) are age 65 or older; or 2) are age 18 and older and have disabilities afford the cost of most prescription medicines, as well as insulin and insulin syringes.



Many individuals who historically qualified for ConnPACE now qualify for prescription drug assistance through the Medicare Savings Program. As a result, as of July 2012, there are only approximately 150 individuals enrolled in ConnPACE .

**The Connecticut AIDS Drug Assistance Program** ([www.ct.gov/dss](http://www.ct.gov/dss) - DSS search term "cadap") pays for drugs determined by the U.S. Food and Drug Administration to support individuals with AIDS/HIV. To be eligible for the program in Connecticut, an applicant must have a physician certification, must not be a recipient of Medicaid, and must have net countable income within 400% of the federal poverty level. In addition, the individual must apply for Medicaid within two weeks of approval for this program. CADAP coordinates benefits with Medicare Part D and other third party coverage. There are approximately 2,100 individuals enrolled in the program at the end of SFY 2012.

**MED-Connect, Medicaid for Employees with Disabilities:** ([www.ct.gov/med](http://www.ct.gov/med)) allows people with disabilities to become and stay employed without risking eligibility for medical coverage.

Approximately 5,000 individuals with disabilities in Connecticut's workforce receive Medicaid coverage through this program. Enrollees may have incomes 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](http://www.ct.gov/dss), click on "Elders" under Programs and Services) is a comprehensive home care program designed to enable older persons at risk of institutionalization to receive the support services they need to remain living at their home.



The CHCPE provides a wide range of home health and non-medical services to persons age 65 and older who are institutionalized or at risk of institutionalization. The program serves approximately 15,000 frail elders 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 and minor home modification services. The individual must meet the income and asset limits to be eligible for the program.

The program has a three-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. Persons receiving services under the state funded portion of the program are required to pay a co-pay for the services they receive. Pending federal approval, Medicaid coverage will be extended to a portion of the state funded program under a 1915(i) state plan amendment.

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. 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.

**Medicare Savings Programs,** such as such as the Qualified Medicare Beneficiary and Specified Low-Income Medicare Beneficiary programs, are available to help eligible residents pay the out-of-pocket costs of participating in Medicare. A change in state law made it possible to make changes to help many eligible Connecticut residents pay Medicare Part B premiums, deductibles and co-insurance, as well as qualify for federal Low-Income Subsidy (LIS) prescription drug benefits. Specifically, the state raised the income-eligibility limits and eliminated the asset reporting requirement. Beneficiaries can now earn up to \$2,260.92 for a single person and \$3,052.74 for a couple to qualify for one of the Medicare Savings Programs: [www.ct.gov/dss](http://www.ct.gov/dss),

search term “Medicare Savings Programs.” In SFY 2011, the department served approximately 112,655 individuals through the Qualified Medicare Beneficiary program and another 4,481 individuals through the Specified Low-Income Medicare Beneficiary and Additional Low-Income Medicare Beneficiary programs. Application is made at DSS regional offices.

**ConnTRANS** (Connecticut Organ Transplant Fund; [www.ct.gov/dss](http://www.ct.gov/dss), follow the link for Publications, and scroll down to the Brochures list), 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 Adult Services Division by contacting (860) 424-5250.

**Medical Coverage for Children at DCF** ([www.ct.gov/dss](http://www.ct.gov/dss), search term “Family Services”) The Bureau of Assistance Programs provides medical benefits for children cared for by the Department of Children and Families (DCF).

During SFY 2012, HUSKY A coverage was provided to 1,453 children in DCF foster care and 172 children in subsidized adoption care. An additional 350 youths, transitioning from DCF care on their 18<sup>th</sup> birthday, were granted medical coverage until the age of 21. Medical benefits were also granted for 176 children in subsidized guardianship.

The Bureau of Assistance Programs also helps provide Medicaid-funded services to Temporary Family Assistance recipients and eligible breast and cervical cancer patients.

### **Services for Families and Children**

The department operates **Jobs First**, Connecticut’s welfare reform program, providing **Temporary Family Assistance** (TFA) to families in need of and eligible for cash assistance. Jobs First has been successful in helping thousands of parents move into the workforce and off welfare rolls. At the end of SFY 2012, the department’s TFA caseload was just over 18,000 households.

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. Able-bodied adults are referred to Jobs First Employment Services, 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 Jobs First Employment Services program and make a good-faith effort to find a job and keep working. Among the beneficiaries of TFA are children who are living with their grandparents.

**Safety Net** services are provided to families who have exhausted their 21 months of benefits, have an eligible child in the home, have income below the TFA benefit level for their family size, and do not qualify for an extension due to the exhaustion of the time limits. Help with meeting basic

needs is available, along with case management and service coordination. The Safety Net program served 901 families in SFY 2012.

The **Employment Success Program (ESP)** provides early intervention, in-depth assessment and intensive case management services to TFA recipients who are mandatory participants in Jobs First Employment Services. This program seeks to address client barriers that prevent successful participation in the TFA program. ESP served 785 families in SFY 2012.

The Individual Performance Contract Program (IPC) provides case management services to families who have been penalized for non-compliance with **Jobs First** Employment Services and are at risk of being ineligible for an extension of benefits. The IPC is an opportunity for the adults in the household to restore a good faith effort by removing barriers to employment in order to qualify for an extension of benefits. IPC served 306 families in SFY 2012.

The department funds **Transportation to Work (TTW)** programs for TFA and low-income working clients. The funding assists clients in overcoming their transportation barrier to employment. There are five DSS contractors administering the TTW program statewide. The Department of Transportation is a partner and offers insight and complementary funding through its Jobs Access Reverse Commute program and the Federal Transportation Administration. The TTW program served 55,652 individuals in SFY 2012.

**The Supplemental Nutrition Assistance Program:** In December of 2011 the DSS



Commissioner, Rod Bremby, announced the appointment of Ron Roberts as the Director of the newly formed SNAP Division within Central office. The Supplemental Nutrition Assistance Program provides monthly benefits to help eligible families and individuals afford food purchases. Benefits are provided electronically, enabling clients to use a debit-type swipe card at food markets. The general income limit is 185% of the federal poverty level.

The Supplemental Nutrition Assistance Program has expanded greatly since the most recent economic downturn. This vital program has meant the difference between food security and hunger for eligible families in Connecticut during SFY 2012. In April 2012 alone DSS received over 22,000 SNAP applications. At the end of SFY 2012, 356,750 Connecticut residents were receiving SNAP benefits in 195,028 households, a significant increase over previous years. While the agency continued to struggle with capacity issues during 2012 the formation of this new Division has already yielded positive results in terms of payment accuracy and customer service.

Under Ron Robert's leadership the SNAP Division has been directed to provide policy support to the 12 regional DSS offices. Each office now has an assigned Public Assistance Consultant to help the regions administer this federally funded program. The Division includes a Local Quality Control Unit, a contract representative and administrative support staff who together are transforming the way Connecticut serves its residents in need of nutrition assistance.

### *Child Care Services*

As lead agency for child care services, DSS continued administration of a range of programs and activities, in collaboration with partner agencies and providers.

- **The Care 4 Kids program**, operated with the United Way of Connecticut, provided subsidies for the care of approximately 21,246 children. About 14,659 families received an average of \$575 in child care benefits each month. For more information on Care 4 Kids, visit [www.ctcare4kids.com](http://www.ctcare4kids.com).
- **Background Checks: Criminal and Civil** - As required by law DSS continues to conduct state and national criminal history records checks for all unlicensed child care providers.
  - DSS continued collaborative activities with the Department of Children and Families and the Department of Emergency Services and Public Protection, with the goal of achieving the highest level of health and safety for children in the Care 4 Kids program.
  - Toward that end, in SFY 2012, DSS has initiated a data matching process with the Department of Emergency Services and Public Safety, which imitates the already existing data match with DCF for neglect and abuse checks. This process greatly increases manpower utilization and program outcome efficiency in our criminal background checks operations.
  - During the SFY 2012, the Family Services Division conducted approximately 10,000 criminal background checks on child care provider applicants. These checks include both state police and FBI queries. Some involving fingerprint checks as well. In addition, approximately 10, 000 providers were subject to child abuse registry checks through DCF.
- The state-supported **Child Day Care** contract program provides child care opportunities to help low-income families begin and retain employment. The program served 4,590 children.
- Nearly 2,700 children of school age participated monthly in the department's **Before- and After- School** program through seven contractors.
- The Training Program in Child Development helped nearly 146 caregivers receive training in the **Connecticut Charts-A-Course** curriculum. The statewide Accreditation Facilitation Project provided support and technical assistance to 282 childcare center sites. Of these, 151 achieved NAEYC accreditation. The Connecticut Charts-a-Course Scholarship Fund provided almost 1,860 individuals with financial assistance to support their attendance at training seminars for college credits.
- There are now 443 centers accredited by the National Association for the Education of Young Children, a 2% increase over the prior year.

The department's Child Care Unit and the Fraud and Recoveries Unit continued two **fraud prevention and detection initiatives** in SFY 2012. The Fraud Early Detection Program and the Active Case Assessment Program were developed to ensure that those parents and/or providers receiving benefits from the Care 4 Kids Program were truly entitled to those funds. The department continued efforts to reduce administrative errors, improper payments and detect, prevent and recover fraudulent overpayment claims through an array of administrative controls. Strategies included active monitoring of business functions processes, data integrity reporting and production and performance measurement. Corrective action initiatives focused on areas determined to be error-prone and included staff training initiatives and collaboration with the Departments of Public Health, Public Safety, Children and Families, Education and Labor, Criminal Justice and the Office of the Attorney General.

### **Quality Enhancement Grants**

During SFY 2012, DSS made \$1.14 million available to the 19 priority school districts to improve the quality of existing early care and education programs. School Readiness Councils (SRCs) used funds to support teacher professional development direct services to children and families; consultation services (including classroom assessment and evaluation) to licensed providers; staff training; and support to centers seeking NAEYC (National Association for the Education of Young Children) re-accreditation. Services geared to Kith & Kin care providers (also known as Family, Friends, and Neighbors - FFN) included: home visits; mentoring; collaboration with museums and local libraries with staff who modeled teaching practices; children's health screenings; literacy and/or health care events at housing projects.

**2-1-1 Child Care**, supported by department funds and United Way of Connecticut, received over 32,000 phone calls from parents seeking child care information and referrals to child care centers and homes in their area, and from child care providers interested in information and referral services. They also have an interactive childcare search tool available online at <http://search.211childcare.org/>.

The department also is a member and participant on the State Child Day Care Council, Head Start Advisory Council, Head Start Statewide Collaboration Project, Commission on Children, Early Childhood Partners, Early Childhood Alliance, Early Childhood Education Cabinet and its committees.

Readers can learn more about these and other child care activities in the state in the Child Care Annual Report. Visit the DSS website at [www.ct.gov/dss](http://www.ct.gov/dss), follow the link for Publications and scroll down to Annual Reports.

### **Child Support Enforcement Services**



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

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

The DSS Bureau of Child Support Enforcement is committed to assisting families in reaching independence through increased financial and medical support, establishment of paternity for children born out of marriage, and integration of the principles of the Fatherhood Initiative.

Child support efforts that involve other state and local agencies include: the Paternity Registry and Voluntary Paternity Establishment Outreach program, which works with the Department of Public Health and hospitals; employer reporting via the Department of Labor of all newly-hired employees; the Arrears Adjustment Program, which works with the Fatherhood Initiative sites; 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 Bureau of Child Support Enforcement, 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 bureau continued participation in longstanding collaborative efforts such as Access and Visitation, providing supervised visitation and other parental counseling services to never-married couples; and the Voluntary Paternity Establishment Program, providing services in 28 area hospitals and nine community-based Fatherhood Initiative program sites.

### **Legislative Initiatives**

During SFY 2012, the child support program implemented the following public acts, with some of the major provisions summarized below:

- P.A. 11-214- *An Act Concerning Minor and Technical Changes to the Child Support Statutes*
- P.A. 11- 219 *An Act Concerning Child Support Enforcement and Expedited Establishment of Paternity and Support in Title IV-D Cases.*

Provisions include:

- Authorizes electronic service of income withholding orders (*e-IWO*) and clarifies the term "issue" when applied in the context of *e-IWO*;
- Expands the authority of judicial marshals to execute *capias mittimus* orders in court facilities;
- Authorizes the State Treasurer to review a list of IV-D obligors before disbursing unclaimed property to the claimant, and withhold payout until DSS notifies the obligor of child support arrearages and the right to a hearing.

### **Implementation of Child Support Annual Fee**

Effective July 1, 2011, the Bureau of Child Support Enforcement began collecting a \$25 child support annual fee from payments sent to custodial parties. Under U.S. Code Title 42, §654(6)(B)(ii), an annual fee shall be imposed for each eligible case, and states are required to forward that fee to the federal government.



Since 2007, Connecticut paid the fees for all child support cases from its General Fund. However, the SFY 2012 state budget required the fee to be deducted from support payments collected from non-custodial parents in an effort to achieve a balanced state budget while meeting federal requirements.

The annual fee, which cannot exceed \$25, is collected from payments sent to a custodial party if at least \$500 child support is received from the noncustodial parent during the state fiscal year (July 1 – June 30). If the custodial party receives at least \$500 child support from additional noncustodial parents during the same period, a fee is collected for each case as appropriate. The fee is collected only if the custodial party:

- Has applied for and receives child support enforcement services from the State of Connecticut;
- Receives child support payments through the State of Connecticut;
- Receives at least \$500 in child support from one or more noncustodial parents within a state fiscal year; and
- Has never received TANF benefits from any state.

Fees in excess of \$437,300 were collected over the fiscal year.

### **The Connecticut /Rhode Island SDU Partnership Agreement**

During SFY 2012, the Connecticut/Rhode Island Consortium continued to produce savings to the State of Connecticut.

The Connecticut and Rhode Island child support programs, and the Connecticut contractor responsible for processing child support payments (Systems and Methods, Inc. - SMI) initiated a joint venture for child support payment processing on August 2, 2010. Under the agreement, payment processing services are provided to Rhode Island by SMI at the Connecticut facility through an amendment of Connecticut's existing contract. This partnership agreement allows Rhode Island clients to receive the same efficient and cost-effective child support payment processing services that Connecticut has come to expect, while saving money for both states.

Under the consortium agreement, both states save money through the sharing of expenses for office rent, management staff, equipment and maintenance. Connecticut saved approximately \$133,143 in SFY 2012 and will continue to achieve this annual savings throughout the term of the SDU contract.

See further information about Child Support services in the Significant Accomplishments/Highlights section of this report, page 10.

### ***John S. Martinez Fatherhood Initiative of Connecticut***



The Department's five-year, \$5 million grant from the Department of Health and Human Services, Administration for Children and Families (ACF), Office of Family Assistance, to implement a *Promoting Responsible Fatherhood (PRF)*

demonstration project ended September 30, 2011.

The grant incorporated strategies encompassing all three of the ACF-established activity areas: Healthy Marriage, Responsible Parenting and Economic Stability. Each of the six state-certified fatherhood programs delivering services under the *PRF* grant (Career Resources, Inc., Bridgeport; Families In Crisis, Inc. (serving incarcerated fathers); Family Strides, Inc., Torrington; New Haven Family Alliance, Inc.; New Opportunities, Inc., Waterbury and Madonna Place, Inc., Norwich) targeted primarily low-income fathers, new fathers, fathers-to-be, and young fathers who may be single, unmarried, non-custodial or cohabitating and couples who identify themselves as engaged or in a committed relationship, or who are interested in marriage.

Each program site was targeted to serve a minimum 84 fathers and seven couples for a total of 500 fathers and 40 couples served annually. Services offer enhanced prevention and intervention strategies to promote healthy marriage, responsible parenting and economic stability.

Service provision began January 1, 2007, and ended September 29, 2011. A total of 2,189 individuals and 184 couples were served during the project period. Of the participants served 13.8% were married, 13.2% were divorced, and 54% were single/never married. The average age of participants was 34 years with a range of 16 to 71 years. Attached to these fathers were over 4,888 children with the average age of the children being 9.8 years with a range from 0-38 years. Almost one-third (30.5%) of participants had less than a high school diploma/GED, (62.7%) had at least a high school diploma/GED, 22% had education and/or training above the high school level, and 5.6% served on active duty in the U.S. Armed Forces. Barriers to employment and economic stability reported included: lack of transportation (26%), housing (20%), identification/driver's license (37%), and history of criminal offending (55%).

While participants experienced successes, the complexities of life circumstances illustrated a critical need for dedicated funding for programs that support noncustodial parents, as these parents have a similar socioeconomic makeup as custodial parents receiving services through the state and federal channels such as TANF/TFA, Child Support, Justice Workforce Investment Act, etc. Dedicated funding would encourage state-local collaboration in the provision of services. The need remains high for services for this population in our communities; eliminating a "funding by grants only" environment will help meet the need resulting in positive outcomes for children, their parents and the community at large. As SFY 2012 closed, plans were progressing to develop the initiative as an allied program with the department's child support services. For more information, visit [www.ct.gov/fatherhood](http://www.ct.gov/fatherhood).

### ***Connecticut Children's Trust Fund***

The Children's Trust Fund is responsible for the administration of several major state and federally funded initiatives to prevent child abuse and neglect by helping families and communities be responsive to children, ensuring their positive growth and development. These efforts include funding a broad range of organizations to implement evidenced-based programs, testing

innovations in the field and conducting research to assess the effectiveness of programs and developing strategies for improvement.

The Trust Fund's major programs are researched and evaluated by the University of Hartford Center for Social Research. The evaluation is a vital ingredient in the development of the Trust Fund programs and has consistently shown that the programs are making a positive difference in the lives of the children and families that participate.

In addition, the Trust Fund is responsible for the administration of the Community-Based Program to Prevent Child Abuse, a federal program to support innovative community-based prevention efforts.

The Children's Trust Fund has been working on a number of groundbreaking projects that will benefit families and children throughout the state and make a significant contribute to the prevention field.

**In-Home Treatment for Maternal Depression:** The Children's Trust Fund launched a randomized control trial to study in-home cognitive behavioral therapy offered in tandem with Nurturing Families Network home visiting services. Preliminary results of study show a statistically significant improvement within the experimental group from the baseline to the follow-up assessment and a statistically significant improvement in the experimental group when compared to the control group.

**Home visiting program for new fathers and men:** Ten Nurturing Families Network sites have hired male home visitors to provide home visiting services to fathers and men. The program is among the first of its kind in the country. The fathering home visitors have made a few adjustments to the program including meeting with fathers and men not living with their baby, more evening visits, and a stronger emphasis on employment.

**Preventing Shaken Baby Syndrome within high-risk populations:** The Children's Trust Fund initiated a randomized control group study to test the two shaken baby prevention models with the high risk mothers participating in the Nurturing Families Network. The two-year study determined that one model, the *Period of Purple Crying*, was significantly more effective than the other. The Children's Trust Fund has trained all of the Nurturing Families Network home visitors in the more effective model.

In addition, the Trust Fund staff trained the prison system re-entry counselors to provide the *Period of Purple Crying* shaken baby syndrome prevention program to men leaving prison.

### **Financial Assistance for Adults**

Through the **State-Administered General Assistance (SAGA)** program, the department provides cash assistance to eligible individuals who are unable to work for medical or other prescribed reasons, and to families that do not meet the blood-relationship requirements of the Temporary

Family Assistance program. Approximately 4,572 individuals were receiving SAGA cash assistance at the end of SFY 2012.

Employable individuals are not eligible for SAGA cash assistance. However, employable individuals with drug and/or alcohol abuse problems may be eligible to receive treatment and some financial support through the Department of Mental Health and Addiction Services' Basic Needs Program.

General application for SAGA services is made at local DSS offices. Further information: [www.ct.gov/dss](http://www.ct.gov/dss), search on "financial" and scroll down.

The **State Supplement Program** provides cash assistance to the elders, people with disabilities, and people who are blind, to supplement their income and help maintain them at a standard of living established by the General Assembly. 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 and regulation. 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.

People eligible for State Supplement are automatically eligible for Medicaid. At the end of SFY 2012, 14,981 individuals (4,528 aged, 75 blind, and 10,378 with other disability) were receiving State Supplement benefits. Further information: [www.ct.gov/dss](http://www.ct.gov/dss), search for "financial" and scroll down.

**Services for Older Adults, People with Disabilities & Social Work Services**

See also: (Health Services and Supports and Financial Assistance for Adults))

As part of the DSS Bureau of Aging, Community and Social Work Services, the DSS Aging Services Division (also known as the State Unit on Aging) administered approximately \$26 million from the federal Older Americans Act and other federal and state funds to provide a wide range of services to more than 77,000 older adults in Connecticut. In addition, nearly 42,876 consumers received counseling regarding health insurance issues.

Older Americans Act-funded services are provided to adults age 60 and older. These services include home care, transportation, housekeeping, respite for caregivers, nutritional services (meals served in a group environment and meals-on-wheels, also known as home-delivered meals, as well as nutrition education and nutrition counseling as appropriate), legal assistance, adult day care, senior center operation, employment, and education and counseling.

Highlights of Older Americans Act Program for the year:

- 1,233,154 home-delivered meals were served statewide;
- 832,916 meals were served in group settings to older adults;
- 156,845 trips were provided for older adults to doctor appointments, shopping and recreational activities;
- 81,045 hours of homemaker services were provided; and
- 153,006 adult day care hours for personal care were funded.

### **Nursing Home Diversion**

With the conclusion of the Nursing Home Diversion grant in September 2010, the consumer-directed service option piloted through the CT Statewide Alzheimer's Respite Care Program as part of this grant has been adapted and permanently implemented as a service option. A consumer-directed service option has also been permanently implanted into the National Family Caregiver Support Program as well and revised program regulations have been approved.

### **Aging and Disability Resource Centers**

The Aging Services Division is implementing Aging and Disability Resource Centers (ADRCs), also known as "Community Choices," in Connecticut. An ADRC is envisioned to assist individuals 18 and older who are seeking services and support, regardless of disability, through a coordinated system of information and access. ADRCs are resource hubs of information and assistance, including completing benefits applications and planning for long-term care option supports and services. During the fiscal year, ADRCs were available in three out of the five Area Agencies on Aging Planning and Service Areas and served 1,726 individuals. Community Choices may be reached by calling 1-800-994-9422.

### **Veterans' Directed Home- and Community-Based Services Program**

The Aging Services Division's successful application for a joint funding opportunity offered by the federal Department of Veterans Affairs and the Administration on Aging has created a Veterans' Directed Home- and Community-Based Services option in the south central region of the state. This partnership with the Agency of Aging of South Central CT and the VA CT Healthcare system is designed to keep veterans in the community by self-directing their own care and receiving services in their home by the caregiver of their choice. The program is a new VA service option that has the potential to be integrated into the permanent menu of VA service offerings nationwide. Connecticut launched this new option in SFY 2010 and has enrolled 30 veterans, the maximum number allowable at this time. The program expanded into Fairfield County in partnership with the Southwestern CT Area Agency on Aging.

In SFY 2012, 15 veterans, the maximum number allowable at this time, have been enrolled onto the program in Fairfield County. A proposal to increase client counts in the south central and southwestern regions of CT as well as an expansion statewide has been submitted to the Veterans

Administration in Washington D.C. Acceptance of the proposal will allow statewide expansion of the program to begin in SFY 2013.

### **Senior Medicare Patrol (SMP)**



The Senior Medicare Patrol Program empowers seniors to prevent becoming victims of health care fraud. This program helps Medicare and Medicaid beneficiaries, family members, caregivers and others on identifying health care fraud. SMP staff and volunteers educate Medicare beneficiaries on the steps to protect their personal information and detect potential errors, fraud and abuse on their health care bills and Medicare Summary Notices. SMP staff and volunteers also educate seniors on identifying deceptive health care practices, such as illegal marketing, and reporting errors and suspected fraudulent activities.

The SMP program is funded by the U.S. Administration on Aging, Department of Health and Human Services. In SFY 2012, there were 52 presentations provided to Medicare and Medicaid beneficiaries and the SMP program held 35 community outreach events. To learn more about the program, become a SMP volunteer or arrange for a presentation, the public may contact any one of the five Area Agencies on Aging at 1-800-994-9422 or the statewide SMP Coordinator at (860) 424-5293.

### **Vulnerable Elder Rights Protection Activities**

Under Title VII of the Older Americans Act, the Aging Services Division is tasked with providing state leadership in securing and maintaining the legal rights of older individuals, coordinating the provision of legal assistance and providing technical assistance, training, and other supportive functions to the aging network. This also involves coordinating a system of elder rights programs, in part through the five Area Agencies on Aging, that protect seniors from known abuses to which older adults are often susceptible and assure the basic rights and benefits of vulnerable older adults.

### **Legal Assistance for Older Americans**

Through the Older Americans Act, Title IIIB funding is provided to the five Area Agencies on Aging to contract with legal services organizations to provide free counseling and representation on many elder law issues. Due to limited funding, the following categories have priority for representation: access to health care; federal and state benefit and support programs; rights of nursing home residents; and legal issues which are a direct result of a client's poverty. During SFY 2012, 1,107 consumers received a total of 7,083 'units' of legal services.



### **Health Care Planning and Advanced Directives**

Through the Aging Services Division, DSS publishes and distributes *Advanced Directives: Planning for Future Health Care Decisions* – for Connecticut consumers. During SFY 2012, Aging Services Division distributed over 2,000 Advanced Directive packets and the division's Legal Services Developer made presentations concerning advanced directives for consumers and health care and aging services providers at conferences and community meetings.

The Aging Services Division, one of the founders of the Connecticut Coalition to Improve End-of-Life Care, represents DSS on the coalition's executive board. DSS co-sponsored the coalition's annual meeting on December 7, 2011. The keynote speaker was Eileen O'Shea, DNP, RN: "Understanding Pediatric Palliative Care: What it is and What it Should be" and assisted with "Caring for the Elderly at End-of-Life: An Interdisciplinary Approach" on April 20, 2012.

### **Connecticut Triads for Senior Safety**



Through the advisory board of the Connecticut Triad, the Aging Services Division continued to strengthen community partnerships that help reduce crime and the fear of crime of the state's older residents. On November 16, 2011, DSS co-sponsored the 10<sup>th</sup> Annual Conference, Forewarned is forearmed: Senior Safety from Disaster Preparedness to the Web. The keynote speaker was Chris Sonderby, Associate General Counsel at Facebook, who discussed Facebook's efforts to combat scams, educate the public and collaborate with law enforcement. On March 28, 2012, the Board sponsored a spring conference for Triads at People's United Bank in Bridgeport.

### **Elderly Nutrition Services**

The department provides funding under Title IIIC of the Older Americans Act, as well as state appropriations, to serve nutritionally balanced meals and provide nutrition education and counseling to individuals 60 years and older and their spouses at 188 Senior Community Cafés statewide. Meals, nutrition education and counseling are also delivered in homes to frail, homebound or otherwise isolated persons. (Meals and these nutrition services may also be provided to persons with disabilities living in senior housing facilities that have Senior Community Cafes.)

### **Elderly Health Screening Program**

This program provides health screening services oral health, geriatric assessments, follow-up care and programs related to health promotion and wellness to persons age 60 and over at various sites throughout Connecticut in SFY 2012, funding of \$361,683 made it possible for 2,296 older adults to benefit from the services provided through this program.

### **Connecticut Statewide Respite Care**

This state-funded program offers case management and short-term respite to individuals with Alzheimer's disease and related disorders. In SFY 2012, the services of 550 consumers were recertified, and a total of 839 individuals received direct services such as adult day care and home health services.

### **The New England Cognitive Center's Brain Get Your Mind Moving (G.Y.M.M.) Program**

Working with the New England Cognitive Center, this program utilizes a two-tiered non-pharmaceutical approach to address the needs of individuals with Alzheimer's disease. The two primary interventions target specific areas of cognition and hands-on cognitive training in a small group or workshop environment. In SFY 2012, 73 consumers participated in the program, approximately 25,200 hours of cognitive training were performed and 287 sessions were conducted.

### **CT Statewide Fall Prevention Initiative**

The overall objective of the Connecticut Collaboration for Fall Prevention is to decrease the rate of falls among older adults by embedding an evidence-based, multidisciplinary, multi-factorial fall risk assessment and intervention strategy throughout Connecticut. The intervention consists of changing prevailing knowledge, attitudes, skills, and behaviors related to fall risk factor assessment and prevention among relevant care providers and ultimately among older adults.

The current state initiative began in December 2011, and projects include partnerships with VNAs in the southern and eastern regions to provide screening for fall risk assessments and to have the assessments embedded into care of sick programming. Fall risk assessments are also offered at senior centers and assisted living sites. The VNA has collaborated with the University of Connecticut School of Pharmacy faculty and students to engage pharmacists in fall prevention via student experiences working with visiting nurses to identify and modify high risk drug profiles. The program is also working with emergency response teams in Southern Connecticut to improve emergency response in order to decrease fall related injuries, human suffering and the cost of treating fall related injuries. The program is also creating a statewide network of exercise leaders and clinicians who have been trained in Tai Chi: Moving for Better Balance, an evidence-based fall prevention program developed by the Oregon Institute.

### **Senior Community Service Employment Program**

Funded under Title V of the Older Americans Act, this is a training and employment program for low-income adults aged 55 and older. The program offers part-time community service training in non-profit organizations to enhance skills and provide on-the-job work experience. During SFY 2012, this program served 184 older adults through the Title V program, and a total of \$976,537 in funding was received for this program.

### **The Connecticut Partnership for Long-Term Care**

The Partnership provides education and outreach and offers, through private insurers, special long-term care insurance to help individuals increase their options and avoid impoverishing themselves when paying for their long-term care.

Coordinated by the Office of Policy and Management, the Partnership has an information and education program managed by DSS. This education program offers one-on-one counseling, distributes materials, and conducts regional public forums and other presentations.

During SFY 2012, the Partnership responded to 538 requests for information, counseled 365 people and reached 430 people through its five regional public forums and other presentations. To date, over 55,000 Connecticut residents have purchased Partnership-approved long-term care policies.

### **Retired and Senior Volunteer Program (RSVP)**

This program recruits individuals age 55 and older for meaningful and challenging volunteer opportunities to benefit communities and non-profit organizations throughout the state. Eleven programs across the state had 4,105 participating volunteers during the last fiscal year.



### **Volunteers from the Heart**

Using a volunteer service credit program, volunteers age 55 and older provide support such as transportation to medical appointments and grocery shopping for other individuals 55 and older who are frail or homebound. In return, the volunteers receive one credit hour for each hour volunteered, with credits redeemed at any time during the life of the program to be used for similar services for themselves and their family members.

### **Congregate Housing Services**

Through funding from the Department of Housing and Urban Development, the Area Agencies on Aging provide services such as case management, personal assistance, housekeeper/chore, companion and transportation to older adults residing in rural elderly housing, with eight sites in eastern Connecticut and ten sites in western Connecticut. 309 older adults are served annually.

The **Connecticut National Family Caregiver Support** Program, funded under Title III-E of the Older Americans Act, is operated in partnership with the DSS Aging Services Division and the state's Area Agencies on Aging. The program provides services to caregivers, including family members caring for relatives age 60 and older, grandparents or older relatives caring for children 18 years of age or under, and those caring for adult children with disabilities.

During the last fiscal year, the program provided information and assistance to 7,299 individuals. Caregiver training, counseling and support group services were provided to 760 consumers. Respite care services were provided to 284 caregivers and supplemental services such as home safety devices, medical supplies and medical-related equipment were provided to 497 consumers.

**Protective Services for the Elderly** assists persons age 60 and older who have been identified as needing protection from abuse, neglect and/or exploitation. During SFY 2012, agency social workers provided services to 3,637 persons living in the community. The Department also received 283 report forms regarding residents of long-term care facilities.

The **Conservator of Person program**, for indigent individuals 60-and-over who require life management oversight, helped 321 individuals; and the Conservator of Estate program provided financial management services to 95 people in the same age group.

The **federal Supplemental Security Income Program** serves people who are elderly, disabled, or blind. In Connecticut, the State Supplement Program augments the federal program. As the state fiscal year ended, the State Supplement Program was serving 14,981 persons (4,528 aged, 75 blind, and 10,378 with other disability).

During the fiscal year, the **Community Based/Essential Services Program** provided services designed to prevent institutionalization to 1,012 persons with disabilities. There were 895 persons who received help through the **Personal Care Assistance Program** (people with disabilities between age 18 and 64); and 404 individuals were provided assistance under the **Acquired Brain Injury Program**. Both programs operate under Medicaid waivers.

The **Family Support Grant Program** helped 16 families with children with developmental disabilities other than mental retardation in meeting extraordinary expenses of respite care, health care, special equipment, medical transportation and special clothing.

### **Family and Individual Social Work Services**

Regional and Central Office social work staff provided brief interventions for 3,242 families and individuals, including counseling, case management, advocacy, information and referral, housing and homelessness assistance and consultation, through Family and Individual Social Work Services.

The **Teenage Pregnancy Prevention Initiative**, designed to prevent first-time pregnancies in at-risk teenagers, targets the urban areas of Bridgeport, East Hartford, Hartford, Killingly, Meriden, New Britain, New Haven, New London, Norwich, Torrington, Waterbury, West Haven, and Willimantic. The programs served 690 individuals.

In addition to the above services, Social Work Services staff provided more than 100 educational and training sessions to community members, professional associations, agency and institutional staff on DSS social work programs and services. Staff continued to develop practice standards for the agency social work programs; program databases to track client services and outcomes; and revised regulations to comply with recent statutory changes.

The **Long-Term Care Ombudsman Program (LTCOP)** serves residents of long-term care facilities, including nursing homes, assisted living facilities and residential care homes. The



Program works to ensure that residents in these settings receive a good quality of life and care. Regional Ombudsmen investigate and work to resolve complaints made by or on behalf of residents. Additionally, Ombudsman staff educates long-term care consumers and the general public about long-term care issues and concerns.

The State Ombudsman monitors and advocates at the state and national levels for improvements in the long term care system. In addition to the State Ombudsman, and nine Regional Ombudsmen, there are three intake counselors, a Program Administrative Assistant and a corps of Volunteer Resident Advocates.

Information and outreach are important aspects of Ombudsman work. Regional Ombudsmen and Volunteer Resident Advocates of the program provide complaint and non-complaint visits to long-term care facilities and work with administration at these homes to make improvements in the quality of care and services for the residents. Essential to the Ombudsman role and responsibility is empowering residents to advocate for themselves.

The State Ombudsman and Regional Ombudsmen educate residents through individual casework, with groups of residents through the facility Resident Council and with families through the care planning process and Family Council activities. The LTCOP works with other state agencies, advocacy organizations and a wide variety of stakeholders and organizations. Ombudsman work is always directed by the resident him/herself and the effectiveness of Ombudsman work is largely based on identifying and resolving issues and customer satisfaction of outcomes.

In SFY 2012, there were approximately 35,000 skilled nursing facility, assisted living facility and residential care home beds in Connecticut. The Long-Term Care Ombudsman Program served these long-term care residents and received 2,534 complaints. The preponderance of complaints was in regard to care issues and residents' rights related to autonomy and choice as well as admission, transfer, discharge and eviction issues. The Regional Ombudsmen provided 1,424 individual consultations, attended 475 Resident Council meetings and provided 490 consultations to facilities.

The State Ombudsman was the federally-appointed Patient Care Ombudsman for each of the nursing homes in bankruptcy in Connecticut during SFY 2012. It was her responsibility to oversee the well-being of the hundreds of residents in these bankrupt facilities, as well as those residents in closing nursing homes during this time period. The Ombudsman Program works closely with the Money Follows the Person Program to assist residents moving from nursing homes to community living. The Ombudsman Program continued in 2012 to advocate for training of nursing home staff regarding residents' Fear of Retaliation and also to provide a mandated Grievance Committee at each nursing home whose membership would include a resident. For further information: [www.ct.gov/ltcop](http://www.ct.gov/ltcop) or 1-866-388-1888.

### **Housing Assistance**

Through various **homeless assistance** programs, DSS supported 44 emergency shelters with a total of 1,349 beds, and 112 family units serving more than 11,675 adults and children, plus six programs that provide advocacy, housing, and health services.

The **Transitional Living Program** served more than 2,248 individuals, and helped families and adults move from shelters into independent living. The **AIDS Residence Program** provided housing and support services to approximately 900 people. In addition, funding was provided to 14 **CT Beyond Shelter Programs**. These programs improve housing retention by providing coordinated services to landlords and households leaving homeless shelters or transitional living programs into independent housing.

The department contractually requires its emergency shelter, transitional living, AIDS residential, CT Beyond Shelter, Housing First for Families and Homelessness Prevention and Rapid Re-housing providers to enter data into CT Homeless Management Information System in efforts to begin to capture unduplicated client level and service data on the populations that we serve.

The **Security Deposit Assistance Program** provided help to more than 2,542 individuals and families in obtaining permanent housing. These services are provided through DSS Regional Offices.

Under the **Rental Assistance Program (RAP)**, DSS provided rental subsidies to 3,052 families and adults living in privately-owned rental housing and supportive housing projects.

Under the federal **Section 8 Housing Choice Voucher Program and Section 8 Moderate Rehabilitation Program**, DSS provided 6,488 rental vouchers so families and adults could move into and afford safe and sanitary housing. A special program category under Section 8 includes the Mainstream Housing Opportunities for Persons with Disabilities Program. Competitive HUD funding awarded to DSS is used to provide housing subsidies to eligible individuals with disabilities who often face difficulties in locating suitable and accessible housing. The department currently receives funding for 150 households. There is a waiting list, which is currently closed to new applicants. When the list is about to be opened, a notice and pre-application form is placed in local newspapers and media outlets, as well as on the DSS website.

The **HUD-Veterans Affairs Supportive Housing** program combines Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the U.S. Department of Veterans Affairs (VA). VA provides these services for participating veterans at VA medical centers and community-based outreach clinics. The department was awarded 90 of these special vouchers.

DSS works closely with the Department of Children and Families in the **Family Unification Program**, promoting family unity by providing RAP housing assistance to families for whom the lack of adequate housing is a primary factor in the separation, or the threat of imminent separation, of children from their families.

The housing component of the **Money Follows the Person Program** enables eligible nursing home residents to safely return to the community and a more self-sufficient lifestyle through a rental subsidy provided by the department. Once the necessary community support systems have been identified and put in place, transition coordinators make referrals to DSS for a Rental Assistance Program certificate. There have been 379 rental subsidies provided since the program began in 2011.

DSS has a memorandum of understanding with the Department of Mental Health and Addiction Services, the Office of Policy and Management, the Department of Economic and Community Development, the Department of Children and Families and the Connecticut Housing Finance Authority in support of the **Supportive Housing Pilots/Next Steps Initiative**. This is designed to create service-supported, affordable housing opportunities for homeless families, homeless youth aging out of the child welfare system and people affected by mental illness or chemical dependency who are facing homelessness. The department has devoted state Rental Assistance Program rental subsidies as part of this initiative.

**Energy and Food Assistance, Community Programs**

The **Connecticut Energy Assistance Program** (CEAP) is administered by DSS 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 SFY 2012, DSS and its service partners assisted 100,416 CEAP/CHAP-eligible households, distributing \$71.8 million in federally funded energy assistance through CEAP and Contingency Heating Assistance Program.

- CEAP is available to households with incomes up to 150% of the federal poverty guidelines. Households with even higher incomes, up to 200% of the federal poverty guidelines, are eligible for CEAP if they include a person who is at least 60 years of age or a person with disabilities. Efforts are made to accommodate homebound applicants.
- CEAP-eligible households with incomes up to 150% of the federal poverty guidelines, whose heat is included in their rent, and who pay more than 30% of their gross income toward their rent, are eligible for renter benefits.
- CEAP includes liquid assets eligibility requirements.

The **Contingency Heating Assistance Program** is also administered by DSS and coordinated by the regional Community Action Agencies.

- CHAP is available to households who are ineligible for CEAP assistance, but whose incomes are less than 60% of the state median income guidelines.
- CHAP benefits are not available to households whose heat is included in their rent.
- CHAP includes liquid assets eligibility requirements.

For additional information regarding CEAP and CHAP, households can refer to: [www.ct.gov/staywarm](http://www.ct.gov/staywarm) or dial 2-1-1.

DSS also administered federal funds for a **Weatherization Assistance** program, providing energy-efficient measures to approximately 250 households with incomes up to 60% of the federal poverty level. Further information: 1-800-842-1132 and online at <http://www.ct.gov/dss/weatherize>.

The department provides federal funding to agencies that assist in the **resettlement of refugees**, including Catholic Charities, Episcopal Social Services, International Institute of Connecticut, and Jewish Federation Association of Connecticut. Besides funding for employment assistance to refugees, DSS directly assists refugees through cash, medical and Supplemental Nutrition Assistance Program assistance.

Through the **Neighborhood Facilities Program**, DSS provides grants for planning, site preparation, construction, renovation, and acquisition of facilities for child care centers, senior centers, multi-purpose centers, domestic violence programs, emergency shelters and shelters for the homeless, food distribution facilities, and accommodations for people with HIV and AIDS.

The **Emergency Food Assistance Program** distributes available food from the U.S. Department of Agriculture to soup kitchens, food pantries, and shelters that serve people in need. The **Supplemental Nutrition Program** purchases high-protein foods for distribution to food pantries, soup kitchens, and shelters through a statewide network of 448 agencies. Approximately 562,261 pounds of food, with a value of \$604,422.00 were distributed through this 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 to find housing and access 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 2012, 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 which 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 towards self-sufficiency.

In SFY 2012, Connecticut Community Action served 423,772 individuals and 172,416 families in need. Vulnerable populations served included 148,611 children, 37,619 people with disabilities, 70,657 seniors and 54,497 people who lacked health insurance.

In addition to the \$8,160,904 of federal CSBG funds expended by the Department, the CAAs brought in and administered \$188,888,909 of other federal funds in direct services to fight poverty. These services include employment and training, financial literacy and income management, nutrition, housing and shelter, health care, education, child and family development, senior support, energy, and emergency assistance.

For every \$1 of CSBG, the Connecticut network also leveraged \$12.13 from state, local, and private sources, including the value of volunteer hours. Including all federal sources, the CT Community Action Network leveraged \$40.70 per \$1 of CSBG funds.

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

CAAs are responsive community partners with longstanding experience in mobilizing local resources to serve people in need. In the spring and summer of 2012, the CAA network played an important role in the state's coordinated effort to assist individuals and families losing their unemployment benefits as a result of Connecticut's declining unemployment rate. Nineteen Community action agency sites across the state hosted temporarily out-stationed DSS staff to improve access to safety net services, including food and medical assistance. CAA staff provided one-on-one application assistance and worked closely with DSS staff and office to ensure timely processing of benefits. In a period of eight weeks, the CAA sites successfully assisted nearly 60% of the total volume of applicants who applied for DSS benefits as part of the special program.

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 the 16 CSBG National Performance Indicators. Additionally, every three years, the CAAs undergo a self-assessment and peer review process administered by the Northeast Institute for Quality Community Action to ensure high standards in governance, planning, and management.

## **DSS REGIONAL OFFICES**

The Department's Regional Offices provide direct services to eligible clients in the areas of Supplemental Nutrition Assistance Program (formerly food stamps), Temporary Financial Assistance, State Supplement, Medical Assistance and State-Administered General Assistance. In addition, Regional Offices provide on-site Child Support Services, Social Work Services, as well as Fraud Investigations, and Resources Investigations (public assistance recovery) services.

### **Northern Region**

The DSS Northern Region is comprised of a regional office (Hartford) with three sub-offices (Manchester, New Britain, Willimantic), serving 59 cities and towns with a total of 127,172 unduplicated active 'assistance units' (technical term for households, whether a family or single individual), for a total of 229,777 active recipients. The Northern Region is the largest of the department's three regions, serving approximately 37% of the statewide active caseload.

**Regional Processing Unit** is a centralized unit in the Hartford office that handles all presumptive eligibility for HUSKY, as well as expedited eligibility for pregnant women; newborns; children who are transitioning from HUSKY B to HUSKY A; and HUSKY applications received directly in

the region. In this manner, the Northern Region can expedite service delivery for this critical medical eligibility piece and reduce gaps in client medical coverage.

**Outstationed Staff at Acute-Care and Long-Term Care Facilities** -- The Northern Region's collaboration with area hospitals expanded with the development of out-stationed eligibility workers in long-term care facilities and the expansion to community health care clinics. In this way, DSS is able to support health care coverage and services needed both in acute-care and long-term care settings, as well as in communities.

**Mobile Office Eligibility Services** -- The Northern Region continues to expand client access and services through the DSS Rx-Xpress Bus at regional events, such as the Veterans' Stand Down, SNAP/Food Stamp outreach, farmers' markets and other venues. Not only does this initiative offer enhanced service to connect clients with the agency, the mobile office has been extremely helpful in providing continuity in services during times when additional office space is needed.

**Hartford Community Court** -- The DSS Hartford office has a successful cooperative relationship at the Hartford Community Court with several community partners, including the City of Hartford, the Department of Mental Health and Addiction Services and the state Judicial Branch. The court attends to "quality of life" and misdemeanor crimes in Hartford, with defendants willing to enter a conditional plea of guilty to avoid or receive a shortened prison time by performing community service. The DSS representative facilitates the transition of detainees to the community by granting applications for DSS programs, responding to client inquiries, performing interim eligibility changes, and providing technical assistance to participating partner agencies regarding DSS programs and procedures.

**SNAP E-Faxing** -- All Northern Region offices collaborate with End Hunger CT! (EHC) and its partners to facilitate submission of Supplemental Nutrition Assistance Program applications, electronically, via 'E-Fax.' The collaboration and technology has proven effective and advantageous to SNAP applicants/recipients and the partners who take part in the initiative. Each month EHC submits applications electronically to a designated DSS contact person, who distributes for processing.

### **Service Delivery Enhancements:**

#### *Hartford Office*

**SNAP Team** -- From team of nine eligibility services staff, one worker is assigned on a rotating basis to screen mail-in applications and assign the applications to another member of the team. The screener also identifies potential expedited applications and these are immediately handed off to one worker assigned to process them. The third member on the rotation interviews and processes applications for 'walk-in' clients. In addition, staff specialize in SNAP Redetermination and Periodic Review Form processing and are responsible for all case updates within the assigned functional area.



**First Floor Reception** – The Hartford Office has four staff members permanently assigned to the First Floor Reception front desk to ensure the timely processing of work received in the office on a walk-in basis. A reception log is used to alert the worker of an appointment in the office, as well as capture traffic flow and timeliness of staff seeing client.

**Benefits Center** – Four staff are assigned on a rotation basis to operate the Benefit Center to address client questions concerning the status of allocation or redetermination or case updates.

*Manchester sub-office*

**Family SNAP/HUSKY --**

This unit focuses on the processing of HUSKY cases and SNAP cases. HUSKY cases are processed by designated workers. All HUSKY redeterminations are initiated by clerical staff and then processed by a designated worker. The SNAP applications and/or redeterminations go to a group of designated workers, who process either the SNAP application or redetermination.

**TFA Family --** Two workers are now assigned to screening activities for all applications to determine if they qualify for cash assistance and scheduling required appointments with a TFA worker. If there is no cash assistance eligibility but expedited SNAP eligibility, applications are processed and moved to the Family Intake Unit or Regional Processing Unit.

**Adult/Community Elderly --**

This unit carries out the full eligibility function associated with adult services. Every application is logged into a database and assigned to a worker. Staff members are not assigned a caseload and are responsible for all case updates and redeterminations within the assigned functional area. Special focus is on SNAP applications and redeterminations by dedicated workers.

**Long-Term Care** The Long-Term Care unit focuses on the application and case maintenance activities of clients served out of nursing homes in this service area.

**Enfield Outposting** – In an effort to expand client services to the Northern most portion of our service area, Enfield, we have collaborated with the Mary Lou Strom Community Health Center, and have out stationed a worker on a regular basis, in order to bring services into the community and reduce the number of times residents may have to drive a considerable distance to avail themselves of our services.

*New Britain sub-office*

**Client Benefit Center --** The office operates a fully-functioning, bilingual-capacity Benefit Center that features four dedicated staff who respond to client inquiries concerning application and redetermination status, updates or clarifications on requested information to be submitted, and deadlines for submission. Another 20 staff rotate through the Benefit Center during the workday and respond to nine voice mailboxes carefully scripted to explain and request information on the common client changes that impact SNAP (and related program) eligibility and/or benefit amount.

**Structured Processing** -- Eligibility units have been reconfigured to focus on SNAP program maintenance and support other core programs. Certain staff specialize in and concentrate on SNAP applications and redeterminations, with the goal of addressing the dramatic increase in program participation, reducing processing times, and reducing program errors. Other staff maintain emphasis on related programs to ensure timely benefit issuance and customer service.

**Express SNAP Grants** --

The office maintains a special focus on SNAP applications via eligibility staff who field client inquiries, and tag priority applications. Expedited SNAP applications are quickly referred to a SNAP-only unit (co-located in the office's reception area) who complete application interviews and ensure expedited processing

**Community Outreach**-- New Britain staff volunteer to work aboard the DSS Bus (a fully equipped and retro-fitted RV) in service to clients living in outlying areas. As a result of these outreach events, clients and staff have the opportunity to share important case information, document and update program data, and establish connections with community partners.

*Willimantic sub-office*

**Call Center - Adult Cases**

The Adult Unit implemented two teams with dedicated telephone lines, providing clients with greater efficiency by assigning cases to a customer service team rather than specific workers. The new format allows staff to be assigned where the need is greatest at any given time, such as telephone calls, redeterminations and interim changes.

**Structured Processing**

For each of the following areas -- TFA/Family Support, SNAP, SAGA Cash, State Supplement, HUSKY and Medicaid for Aged, Blind and Disabled/Low-Income Adults -- an assigned worker coordinates all new applications.

**Community Involvement, Collaborations and Initiatives**

The Northern Region participates in a wide range of community-based efforts to improve the coordination of services and develop prevention and early intervention services to address the needs of high-risk populations. In addition, the Region maintains an active Speaker's Bureau of trained volunteer staff who provide information and workshops on DSS programs to community-based agencies, consumer groups and statewide organizations. Following is a list of some of the committees and organizations which the Northern region participates in.

**Hartford Area Child Care Collaborative**, a project of the Hartford Foundation for Public Giving. The Northern Region participates on the steering committee, supporting the collaborative's work on such priorities as the education and credentialing of early childhood teachers, promotion of researched-based curriculum, building leadership and advocating for high quality child care at the local, state and national level. The collaborative also piloted the **Safe Families, Safe Homes**

training model for early childhood programs, addressing issues of domestic violence affecting young children.

**Hartford/West Hartford System of Care** an interagency/community group originally supported by the Department of Children and Families to address the needs of families with children with behavioral health needs. The DSS Northern region participates on both the steering committee and monthly membership meetings.

**Greater Hartford Children and Domestic Violence Collaborative**, addressing issues of domestic violence and the effect on children and families in the Greater Hartford and Manchester areas by bringing together domestic violence services, court officials, DCF, DSS, domestic violence consultants, city services, police, and local agencies to coordinate and improve services. It is facilitated by Interval House.

**Department of Public Health's Injury Community Planning Group**, multi-disciplinary interagency group charged with developing a comprehensive state injury prevention plan as part of a federal Centers for Disease Control five-year grant. The Northern Region also participates in the intentional injury workgroup, the community assessment workgroup and peer violence workgroup.

**Community Health Center of New Britain Advisory Board**, a leader in the development of electronic medical records, autism screening, dental services provided on-site in New Britain schools. The board developed a public benefit website at [Qualify4care.com](http://Qualify4care.com), where people can learn if they qualify for public health insurance.

**The Bristol Continuum of Care**, addressing issues of homelessness in Bristol and responsible for the design and oversight of the HUD grant for the homeless, including the St. Vincent DePaul shelter programs, supportive housing programs, and homeless outreach and services.

**Windham County Re-entry Council**, addressing issues affecting people who are returning to the community from prison. The council meets regularly to facilitate coordination of services.

**Generations Family Health Center**, with DSS meeting regularly with staff of the Willimantic-based provider to help coordinate services and share information on public benefits.

**Eastern Workforce Investment Board**, addressing employment issues, including transportation to work for Temporary Family Assistance clients for work, which is especially challenging in this area of the state.

### **Southern Region**

The Southern Region is comprised of a regional office (New Haven) and two sub-offices (Middletown and Norwich), serving 55 cities and towns across south central and southeastern Connecticut. The Southern Region serves approximately 30% of the agency's active caseload, which includes 117,312 unduplicated households and 202,516 active recipients.

**Regional Processing Unit** -- To improve eligibility processing, a centralized unit located in the Middletown office handles all presumptive eligibility for HUSKY, as well as expedited eligibility for pregnant women and Newborn Initiative cases for the entire Southern Region. This unit works closely with 22 'Medicaid Certified entities' (hospitals and health clinics) in the region to expedite over 200 applications a month.

**CT Works Partners** -- Southern Region staff from the TFA units meets quarterly with their CT Works partners to coordinate all employment service activities for 2,253 time-limited TFA clients, including referrals to orientations and sanctioning of noncompliant clients.

**Regional Client Fraud and Investigations Unit** -- Based in New Haven, this unit now completes investigations formerly handled by Resources Investigations staff. Separate training and focus support more comprehensive investigations.

**Outstationed Staff at Hospitals and Service Providers** -- A total of five New Haven regional office eligibility staff is out-stationed at the Hospital of St. Raphael, Yale New Haven Hospital, and the Cornell Scott Hill Health Center. Two Middletown regional office eligibility staff are outstationed at the Connecticut Valley Hospital.

Two DSS workers are out-stationed at New Opportunities, Inc. in Meriden one day a week. This benefits those who need and/or want to be seen by a DSS worker and may have transportation issues when traveling to Middletown.

#### **Income Verification Pilot**

An electronic data exchange Income Verification pilot was developed, with the assistance of the DSS Information Technology Services Division and the Housing Authority of New Haven's IT division. The New Haven Regional Office was the original pilot of a process that eliminated the need for faxing budget/income information to the New Haven Housing Authority. This process does away with client office visits and delays associated with over 1,000 New Haven clients who need to meet HUD income verification requirements. This pilot is now being offered to other housing authorities in an effort to eliminate an archaic income verification practice for all housing authorities and DSS.

**Mobile Office Eligibility Services** Regional office eligibility staff are deployed on an ongoing basis to all Southern Region city/town locations where the DSS Rx-Xpress Bus is stationed. Such efforts have increased availability and access of DSS programs to the general public.

#### **Community Partnerships during SFY 2012 included:**

##### *New Haven*

- Participate in advisory meetings for SNAP (formerly Food Stamp) and HUSKY outreach.
- Represent DSS on DCF Advisory Council, New Haven's Re-entry Roundtable, Greater New Haven Regional Alliance to End Homelessness, Job Corps Advisory Council, System of Care Collaboration and the Male Involvement Network.

- Participate in program planning/development —DCF's Differential Response System Regional Plan; New Haven Early Childhood Plan; Child First and Project Soar.
- Member of the New Haven Early Childhood Council and Early Head Start Policy Council.
- Through Help Me Grow Community Networking Breakfast meetings and Speakers' Bureau, provide programmatic information to other service providers and neighborhood groups.

#### *Norwich sub-office*

- Meet monthly with TVCCA's Care Team.
- Participate in the annual Homeless Connect Event, a collaborative event of all the region's social services agencies to reach out to the homeless population in the area.
- Staff a table at two events with the Department of Correction each year for inmates who are close to being released.

#### *Middletown/Meriden sub-office*

- Member of Middletown's School Readiness Council and Middletown's Children's Coalition.
- End Hunger Collaborative
- Member of Meriden Children First

### **Western Region**

The DSS Western Region is comprised of a regional office (Bridgeport) with four sub-offices (Danbury, Stamford, Waterbury and Torrington), serving 57 cities and towns in Litchfield and Fairfield County. The Western Region serves over 200,000 recipients, representing nearly one-third of the department's total clientele statewide.

**Regional Processing Unit**, a specialized regional unit in the Bridgeport office, handles all presumptive eligibility for HUSKY, expedited eligibility for pregnant women, interim changes for HUSKY, Newborn Initiative applications, and Charter Oak-to-Medicaid for Low-Income Adults cases for the Western Region. In addition, there are 62 qualified entities, direct providers of medical services in the community and DSS partners in the facilitation of access to medical benefits. This unit has 10 dedicated staff and screens over 1,000 applications per month.

**DSS Staff at Acute-Care and Federally Qualified Health Centers** -- The Western Region collaborates with 3 hospitals and 1 community health care clinic providing dedicated ,out-stationed eligibility workers in these facilities. This support provides dedicated staffing that provides improvement to eligibility processing..

**Mobile Office Eligibility Services** -- The Western Region continues to support client access and services by providing DSS eligibility staff with the DSS Rx-Xpress Bus at regional events, such as the Veterans' Stand Down, SNAP/Food Stamp outreach, Farmers' Markets, Job Fairs and other requested community events within the region. Not only does this initiative offer enhanced service to connect clients with the agency, the mobile office has been extremely helpful in providing continuity in services during times when additional office space is needed.

**SNAP E-Faxing** – The Western Region offices collaborate with End Hunger CT! (EHC) and its partners to facilitate submission of Supplemental Nutrition Assistance Program applications, electronically, via 'E-Fax.' The collaboration and technology has proven effective and advantageous to SNAP applicants/recipients and the partners who take part in the initiative. Each month EHC submits applications electronically to a designated DSS contact person, who distributes for processing.

**Early Childhood Councils** – Western region management staff are active participants in the multiple Early Childhood Councils established within the region's urban areas. This partnership develops strategies on priorities developing credentialed early childcare locations, early childhood teachers, promotion of researched-based curriculum, building leadership and advocating for high quality child care at the local, state and national level.

**CT Works Partners** - Western Region staff and management have nurtured and developed strong, working partnerships with the Regional Workforce Development Boards, the State's Department of Labor and the CT WORKS One Stop Centers. Staff meet regularly with their CT Works partners to coordinate all employment service activities for all time-limited TFA clients, including referrals to orientations and sanctioning of noncompliant clients.

**Service Delivery Enhancements and Modernization Initiatives in SFY 2012 included:**

- **Creation of Dedicated Eligibility Staff Units** for SNAP Application and Redetermination and Medical Redetermination processing to improve processing of increased numbers of SNAP program application and redeterminations and improve expedited SNAP applications, in addition to eliminating drop-off of Medicaid for customers due to untimely processing of medical redeterminations.
- **Creation of Automated Reception and Redetermination Log** to track and identify timeliness of staff seeing clients and receiving incoming paperwork.
- **Creation of an Interactive Voice Response (IVR) Phone Center Pilot in the Bridgeport and Waterbury office's** to improve response time and support to customer's making inquiries via telephone in preparation for the department's Modernization of Client Service Benefit Centers and ConneCT initiative.
- **Waterbury Call Center and Benefit Center** establishes all eligibility services workers into a virtual call center to prepare and determine lessons learned for Modernization of Client Service Delivery in preparation for the DSS Implementation of ConneCT anticipated at end of 2012. Eligibility staff work in Generalist teams to answer calls and process work.

- **Long-Term Care Workgroup** developed to identify standard practices in each office and identify system delays for payments to nursing homes and delays in application processing. This Western Region pilot has resulted in a statewide group meeting with nursing home association members to create statewide system improvements.
- **Newborn Initiative** –working with the Office of Skill Development, staff created statewide system used by 32 state hospitals to expedite enrollment of all uninsured newborns. Created computer-based tracking system and moved enrollment from 53-day average to three days.
- **Info Desk Pilot** –Triage style reception area service model that began in Bridgeport office and is now statewide customer service representative model used statewide.
- **Long-Term Care and HUSKY Community Forums** –community partners invited to regional offices to update on current medical benefit changes and improve relationships and timeliness of applications and payments.

## OTHER DIVISIONS WITHIN DSS

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

The legal division of OLCRAH acts as in-house counsel to the agency on a wide range of issues involving every aspect of the Department's work and also oversees the agency's regulation promulgation process.

Because the Department administers over 90 programs, each with its own guiding statutes and regulations, the need to provide day-to-day legal advice to staff is constant. OLCRAH attorneys are also consulted on a regular basis concerning the agency's responses to requests for documents under the Freedom of Information Act and pertaining to its contractual obligations.

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

OLCRAH attorneys act as hearing officers in fraud cases the Department brings against Medicaid providers. They also serve as impartial reviewers when providers seek a review of audit findings pursuant to section 17b-99 of the Connecticut General Statutes.

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

The HIPAA Privacy Officer and the Liaison to the Office of State Ethics (OSE) are also part of OLCRAH. The Privacy Officer handles clients' and their attorneys' requests for access to their records and obtains authorizations from clients as needed to allow for the disclosure of their protected health information. In conjunction with the Department's attorneys, the Privacy Officer assists with responding to subpoenas and also answers questions from the Department's staff. The Ethics Liaison serves as a point of contact for staff questions concerning the State Code of Ethics and for coordination of Ethics compliance as requested by OSE.

With regard to the agency's regulations, OLCRAH attorneys, in conjunction with the agency's policy experts, draft and promulgate regulations concerning all of the Department's programs. See information under the Significant Accomplishments/Highlights section of this report, page 12.

The legal work for the Department's Contracts Division is now being done by attorneys in OLCRAH. The staff attorney who had previously been in that division, along with one of the new attorneys, is providing legal advice and consultation to staff on all matters relating to the Department's contracts.

The Administrative Hearings division of OLCRAH schedules and holds administrative hearings, in accordance with the provisions of the Uniform Administrative Procedure Act, for those applicants for 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, Acquired /Traumatic Brain Injury); HUSKY B; the Charter Oak Health Plan; Connecticut Insurance Premium Assistance; Connecticut Pre-Existing Condition Insurance Plan; Supplemental Nutrition Assistance Program; Temporary Family Assistance; Assistance to the Aged, Blind, and Disabled; State Administered General Assistance; the Child Care Assistance (Care4Kids) program; 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; Rental Assistance Program; Qualified Medicare Beneficiaries; CT AIDS Drug Assistance Program; Department of Developmental Services Community-Based Services; Eviction Prevent and Emergency Housing; Security Deposit Program
- Pharmacy Lock-in appeals; appeals of nursing facility discharges, involuntary transfers and level of care hearings,
- Administrative Disqualifications for the following programs: TFA, SAGA and SNAP. (Follow this link for the Administrative Disqualification Hearings Homepage - <http://www.ct.gov/dss/cwp/view.asp?a=2349&q=304650> )
- Appeals of claimed overpayments and recoupment of benefits, including liens placed by the Department of Social Services; appeals of recoveries of assistance by the Department of Administrative Services through liens on accident awards and other claims.



- Child Support appeals by obligors concerning pertaining to administrative offset; state and federal income tax offset; consumer reporting; property liens; liens on lump sum benefits; withholding of financial, insurance and inheritance assets and of lottery winnings; misapplied payments and passport seizures.

The Administrative Hearings Unit serves approximately 462 appellants per week, a total of 22,220 per year. The unit receives and reviews appellants' hearing requests, schedules hearings, conducts hearings and renders hearing decisions.

Effective December 2011, the Administrative Hearings Unit switched from the "certified, return receipt requested" to the "signature confirmation" mailing method of sending out hearing decisions. This change was implemented as a state cost-savings plan. Currently, the "certified, return receipt requested" method costs \$5.75 per parcel, while the "signature confirmation" method costs \$3.74 per parcel. The Administrative Hearings Unit mails out on average 88 hearing decisions per month, resulting in a cost savings of \$176.88 per month, or about \$2,122 per year.

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

In addition, the Administrative Hearings Unit now sends the hearing notices as well as the hearing decisions to the Departmental regional offices and contractors via email PDF attachments instead of via the interdepartmental courier. This is a more efficient and timely process of notifying the staff of scheduled hearings and decision outcomes.

Follow this link for the Office of Legal Counsel, Regulations and Administrative Hearings homepage - [www.ct.gov/dss/cwp/view.asp?a=2349&q=304648](http://www.ct.gov/dss/cwp/view.asp?a=2349&q=304648)

### **Office of Public Affairs**

The **Office of Public Affairs** provides public information, legislative, news media, information/referral, and client services in support of the department's mission and statutory mandates. The office works closely with DSS divisions and regional offices, serving as direct contact point for media, legislators, applicants and clients, and the general public.

Staff assist applicants and clients who call or email for information, referral and assistance with food, medical, housing, subsistence, and related needs. The office researches and helps resolve client service issues, including referrals from the Governor's Office and members of the General Assembly.

Support functions include: advising on and coordinating legislative proposals; providing advocacy and representation at the General Assembly; serving as press secretary, departmental spokesperson and media contact point; preparing public information materials and news releases in support of agency services and initiatives; coordinating public relations with community organizations, grantees and individual clients and complainants; serving as Freedom of Information Act contact point and response coordination; conducting website development, maintenance and content

management; program management of \$3.8 million contract with United Way of Connecticut/2-1-1/HUSKY Infoline.

The office also provides verification of client information for state Office of Victim Services; verification of Temporary Assistance to Needy Families client information for other states for purposes of federal time-limit tracking; and client verification with Office of Policy and Management and municipalities for Renters' Tax Relief Program for elderly and individuals with disabilities; and Verification of Medicaid eligibility and resolution of medical services for clients in liaison with legal entity representing Connecticut hospitals.

The Office of Public Affairs is on call for Governor's emergency response communications team, in conjunction with the Department of Emergency Services and Public Protection; and participates in agency's continuity of operations plan (including 'web EOC,' a state emergency operations communications site).

In May 2012, the DSS Rx-Xpress, which serves as a mobile public assistance center, joined the Office of Public Affairs. The DSS Rx-Express conducts outreach in rural, suburban and urban communities, where DSS regional staff provide eligibility screening for various public assistance programs, including Medicaid, Charter Oak Health Plan, HUSKY, SAGA, Medicare Savings and SNAP (Food Stamps.) During SFY 2012, DSS participated in 94 events and provided information and eligibility screening to 1,820 people through this mobile service option.

During SFY 2012, the office continued communications support to departmental program initiatives, while assisting applicants, clients and members of the general public by phone, email and outside referrals. The 'client information tracking system,' created in conjunction with Regional Offices and the Division of Information Technology Services, continued to facilitate communication and problem resolution on behalf of clients; improve efficiency when clients contact multiple offices; and provide a central clearinghouse of information about client inquiries, complaints and service resolutions. Over 11,000 client inquiries were routed through the client information tracking system, 4,375 of were handled directly by Public Affairs staff for investigation/resolution during SFY 2012.

### **Office of Planning, Performance and Accountability**

In SFY 2012, the Department began to realign strategic planning resources including the transition of direct client service and grant programs to areas of the agency with related program goals, and a rebuilding of expertise in planning and data analysis to support the agency transformation currently underway.

The Office of Planning, Performance and Accountability works with the Commissioner's Office and agency leadership to help formulate and articulate approaches to meeting the long-term goals of the Department. The Office's responsibilities include:

- **Strategic Planning** – Provide and manage an inclusive planning process that assists leadership in clear thinking about the Department's long-term vision and strategy. The

Office will develop the Strategic Plan and will also assist with plan enactment and implementation monitoring.

- **Performance Analysis & Management** – Coordinate development of the Department’s performance analysis & management framework and tools. The goal of this project is that Department-wide, managers will have the tools to use data to make operational adjustments that improve service delivery and performance.
- **Special Projects** – Develop and oversee implementation of action plans designed to address unique, time limited circumstances; conduct research and analysis on emerging issues as requested and prepare reports with recommendations for leadership; and provide assistance to projects throughout the agency that require planning tools or perspective, as resources allow.

To contact the Office of Planning, Performance and Accountability, write or email:

Connecticut Department of Social Services  
Office of Strategic Planning  
25 Sigourney Street, 12th Floor  
Hartford, CT 06106

Email general inquiries to: [DSS-DL-STRAPLAN@ct.gov](mailto:DSS-DL-STRAPLAN@ct.gov)

### **Quality Assurance**

The Office of Quality Assurance is responsible for ensuring the fiscal and programmatic integrity of all programs administered by the Department of Social Services. In addition, QA is responsible for ensuring the integrity of all administrative functions of the Department. The office has four separate divisions, each with unique program integrity functions: Audit, Fraud & Recoveries, Quality Control, and Special Investigations. During SFY 2012, QA identified over \$389 million in overpayments, third-party recoveries, and cost avoidance.

The **Audit Division** is responsible for the federally mandated audits of medical and health care providers that are paid through the various medical assistance programs administered by the department. The Audit Division’s Grants & Contracts Unit is responsible for reviewing federal and state single audit reports. The unit is additionally responsible for reviewing financial reporting of activity for various DSS grants and contracts with non-profit agencies and municipalities. The Audit Division’s Internal Audit Unit performs audits of the department’s operations, involving review of administrative and programmatic functions and the electronic data processing systems used in their support.

The **Fraud & Recoveries Division** ensures that the department is the payor of last resort for the cost of a client’s care by detecting, verifying, and utilizing third-party resources; establishing monetary recoveries realized from liens, mortgages, and property sales; identifying and deterring recipient fraud; and establishing recoveries for miscellaneous overpayments. The division’s

Central Processing Unit is responsible for the day-to-day operations of the Electronic Benefits Transfer (EBT) program. The EBT program distributes Supplemental Nutrition Assistance Program and cash assistance benefits to qualifying agency clients.

The Fraud & Recoveries Division's Client Fraud Unit includes investigation staff located at both Central and Regional Office locations. This unit performs investigations through the use of its pre-eligibility Fraud Early Detection Program and other fraud investigation measures. The Real Property Unit recovers monies owed to the department through liens and mortgages on real estate. The Third-Party Liability Unit is responsible for identifying and recovering the cost of health care from third parties, including insurance companies and Medicare, when responsible for payment of the health care services.

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

The **Special Investigations Unit** is charged with the responsibility of coordinating and conducting activities to prevent, detect, and investigate fraud, waste, abuse, and overpayments in the programs administered by the department. The unit uses data analysis of payments to identify aberrant billing activity and pursues collection of such overpayments. In addition, specialized investigations are performed on suspect providers to determine if a fraud referral is appropriate. Fraud referrals are pursuant to a memorandum of understanding with the following agencies: 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. Once referred, each entity independently determines if a criminal or civil investigation is appropriate. The Special Investigations Unit is also responsible for the review and approval of all provider enrollment applications.

### **Affirmative Action**

The Department of Social Services is strongly committed to the concepts, principles, and goals of affirmative action and equal employment opportunity. These 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 30, 2012, was approved and granted continued annual filing status by the Connecticut Commission on Human Right and Opportunities. DSS administers its programs, services, and contracts in a fair and impartial manner.

During SFY 2012, 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 November 30, 2011, affirmative action reporting period, 44.3% of DSS employees were minorities, 68.7% were women, and .83% was self-identified as having a disability. During the

plan year, the department hired 78 new employees: 43 (42.9%) were minorities and 48 (61.5%) were women.

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

### **Division of Finance and Administration**

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

**The Budget Group** is responsible for budgeting in excess of \$5 billion in state and general funds through approximately 50 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 been involved in providing fiscal analyses on several major department initiatives. These include implementation of the new medical administrative services organization and accompanying service structure, additional investments in Money Follows the Person and other major program initiatives.

**The Federal Reporting and Accounting Services Group** includes the Federal Reporting, General Accounting and Accounts Payable functions. The Federal Reporting unit is responsible for the financial reporting of federal grants and for the department's public assistance cost allocation plan. The General Accounting unit coordinates the fund postings to the state accounting system, in addition to the maintenance of the Chart of Accounts and the Random Moment Sample System, which supports the cost allocation process. The Accounts Payable unit is responsible for all vendor payments issued through the state accounting system.

During SFY 2012, this group allocated over \$394 million in Department administrative costs for the purpose of accessing federal reimbursement, reported on over 74 federal grants and processed approximately 10,000 CORE-CT payment vouchers.

**The Fund Management and Reporting (FMR) Group** is responsible for revenue reporting which includes the calculation and filing of the federal award requests and claiming for Connecticut's Medicaid, Children's Health Insurance and Money Follows the Person programs. In SFY 2012, funding from revenue generating programs resulted in approximately over \$3.46 billion in federal revenue for the state. FMR is also responsible for cash management for all federal accounts. The Cash Management area oversees the drawdown and reconciliation of 200+ grants

contained on five different federal draw systems. In SFY 2012, this area drew down over \$3.97 billion for the state.

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

The Accounts Receivable unit, responsible for a significant level of receivables related to the Medicaid program, as well as those of other agency programs, is located within this service center. During the past fiscal year, the department successfully collected over \$310 million in receivables.

The Convalescent Accounting unit, also under FMR, successfully assisted in Medicaid payment starts for reimbursement of care provided in skilled nursing facilities.

**The Actuarial Research and Analytical Support Unit** supports the department by providing an in-house analytical capability. This unit is responsible for developing estimates for complex medical program changes, and providing the analytical support for state Medicaid waivers and state Medicaid plan amendments. The unit also is available to provide actuarial and analytical support to other program areas within the department as needed. This unit works with staff from program areas to research and analyze issues, recommending changes to policy and procedures, as warranted.

### **Contract Administration**

**The Division of Contract Administration** is comprised of four separate functional units: Contracts; Facilities Management and Support Services; Procurement and Purchasing. Collectively, the division is charged with the oversight and administration of all contract, procurement and purchasing functions for the department, including the development and approval of purchase orders to process contract payments and payments for the purchase of commodities and services for the Department. In addition, the Facilities Management Unit is responsible for the management of building facilities and intra-agency operations.

**Contract Administration** staff provide direction and support in all administrative contract activities for the purchase of training, technical assistance and other services. The staff work with DSS program divisions to contract for the delivery of client services through the development and execution of 'purchase of service' contracts with non-profit, community-based human service agencies and other governmental agencies. In addition, contract staff work with other department staff to arrange for the delivery of services to the department through development and execution of 'personal services agreements.' Unit staff also work with sister state agencies to develop Memoranda of Agreement and Understanding to ensure that the transfer of funding between agencies is properly expended and monitored and that the needs of both DSS and the sister agencies are met in terms of their inter-dependence on one another.

Contract Administration staff ensure 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. Annually, staff process over 1,000 contracts and amendments with over 350 contractors.

Staff members work directly with OPM and the Attorney General's Office to assist in the development and dissemination of policies and procedures for the development and execution of Purchase of Services contracts for the provision of direct-client services and Personal Services Agreements for the purchase of services for the Department. They also implement and participate in the training of department staff on new or revised contractual requirements or processes and ensure that state contract compliance rules for all contract and procurement activities conducted by the department are followed in the areas of contract development, processing and administration.

In addition to the development of contracts to support the programs within the Bureau of Assistance Programs and the Bureau of Aging, Community and Social Work Services, the Contract Administration staff, primarily through its director and the staff attorney dedicated to the unit, work closely with Medical Care Administration staff and the Division of Financial Management and Analysis to maintain current contracts and to implement new initiatives through contracts and memoranda of understanding. The recent paradigm shift toward value-based purchasing, through the implementation of Affordable Care Act provisions to ensure the purchase of quality medical services, is helping DSS better negotiate and monitor its medical care administration contracts.

**Contract Procurement** staff are responsible for managing the department's procurement process for purchase of service and personal services agreement contracts, and for ensuring that every procurement is conducted in full compliance with applicable laws, rules and regulations. The unit is responsible for ensuring a fair, open and competitive selection process and to select the best candidate(s), based on ability and cost, to negotiate a contract with the department. Contract Procurement staff maintain the legal procurement file and, once the procurement activity is complete, work with contract administration and program staff on the development and implementation of the resulting contract(s).

Purchasing Staff are responsible for the purchase, receipt and delivery of all commodities, supplies, and services for the department. Staff ensure that purchases are conducted in accordance with state guidelines and state statutes that may include the solicitation and review of multiple bids. Staff serve as liaison and facilitator of purchases from contract awards that originate with the Departments of Administrative Services and/or Information Technology. Purchasing Staff also initiate the payment process following the receipt of the purchased items through the initiation and the development of the purchase orders used to process the payments.

Purchasing staff are the primary contact for all vendors of services and supplies; and is the agency's surplus coordinator. They also participate in facilitation of asset management through the identification of equipment purchased to be entered in the state's CORE-CT asset management

system; the review of new office equipment; and the review and continuation of lease and maintenance agreements for all office equipment throughout the agency.

The supervisor of the Purchasing Staff is the designated coordinator for the agency credit card (P-Card) used by department staff specifically authorized for certain purchase transactions, including but not limited to charges associated with travel needs. Travel arrangements are handled by the travel coordinator and are charged to the P-card. This includes booking airline, train or bus reservations and making hotel or motel reservations. The travel coordinator also handles employee reimbursements including mileage, meals, registrations, licenses, etc.

Purchasing staff also arrange for vehicle rental for Central Office staff through DAS Fleet Services and Enterprise Rental Car.

The **Payment Processing and Fiscal Support Services Staff** initiate and amend purchase orders in the CORE-CT system to facilitate payments to a contracted vendor for services provided on behalf of or for the department. In addition, this staff is responsible for the development and submission of the department's annual Small Business & Minority goals and the ongoing quarterly reporting on efforts to comply with the goals, as approved by the Department of Administrative Services.

The **Facilities Management and Support Services Staff** provide support services to all DSS offices, including the 12 Regional Office locations, Central Office, and several Bureau of Rehabilitation Services locations throughout the state, including Disability Determination Services. Support services address building and maintenance matters, including security, health, safety and environmental issues, emergency requirements and compliance with all federal, state and local building code regulations. Facilities Management coordinates the development of the statewide facilities plan to maintain and secure office space and manages the state's process to request and obtain leased space necessary for department operations. Facilities Management is the department's primary liaison with the state's leasing group, now functionally part of the Department of Administrative Services, and manages the DSS fleet of 82 vehicles.

### **Information Technology Services**

The Information Technology Services Division encompasses several sections, including Technical Services, Support Services, the Data Warehouse, and the Document Center/Mailroom. These sections have provided extensive technical support to both the program and administrative areas of the agency.

The **Technical Services Section** is responsible for the technical computer systems changes, maintenance and administration. This includes Operations (batch and on-line processing), Help Desk Support and Communications, LAN/WAN Administration, Microsystems, Applications Development (including programming and systems analysis) and Data Base Administration units.

### **Operations, Helpdesk, LAN/WAN and Communications Support Units**

With a staff of 21 in the Operations, Helpdesk area and supporting the LAN/WAN areas, overall support is provided in the following areas:



Operations:

- Computer operations / maintenance
- PC/Mainframe networking
- Batch schedules / processing
- Library functions
- Data transmission / receipt
- Data control functions
- Report distribution
- Disaster recovery
- Equipment installation
- Field Relocation
- Telephone Support (including cell and BlackBerry devices)

LAN Support:

- LAN/WAN Technical support
- Active Directory Administration
- Citrix Terminal Servers and Applications
- Email Administration
- Data Backup / recovery
- Virus protection / Operating System Patch Management
- Capacity Planning and Performance
- Security
- Internet Access
- Technical Standards
- New product evaluation

Coordination of effort among the staff of these two areas is critical and is essential to the successful maintenance of the mainframe and LAN/WAN environments. The functioning of the data center is a 24 hour a day and six day a week process with two staff assigned to each of the second and third shifts, primarily for the processing of both the production and test Eligibility Management System cycles along with generation of daily notices, checks, and the communicating of various data files to the appropriate entities via file transfer protocol or various other types of media.

Supporting over 3,000 PCs and 50+ servers utilizing the DSS infrastructure, the staff maintains all the hardware and is responsible for troubleshooting and problem resolution in an effort to support

agency staff in performing their daily activities and ability to provide the necessary services to the customers.

The **PC Microsystems - Applications Unit** provides a variety of computer-based system and application support services to support the operation of the department's program and support divisions. The unit develops/documents software for office automation applications, evaluates new hardware/software to improve program effectiveness, procurement of hardware and software systems, and manages/maintains data management systems.

In addition to providing client/server application support and development services to the department, the unit is also responsible for designing, maintaining and determining the technical path of internet and intranet-based web sites associated with the department. The unit provides a structured approach for maintaining content on these sites as well as following state design guidelines, accessibility mandates and interoperability practices.

The unit maintains eleven primary agency websites and two intranet sites. Maintenance of these sites includes content management, change management and design modifications. New web sites are added at a rate of approximately two per year.

The **Application Development and Data Base Administration Unit** provides the core IT support for the agency, including application requirements, analysis, development, implementation and maintenance to the mainframe environment. The main application this unit provides the application support for is the Eligibility Management System. This mainframe system provides fully integrated data processing support for the determination of client eligibility, benefit calculation and issuance, financial accounting, and management reporting. EMS supports many of the agency's major programs such as Temporary Family Assistance, Medical Assistance (HUSKY and Medicaid), Supplemental Nutrition Assistance Program, State Supplement to the Aged, Blind, and Disabled, the State Administered General Assistance, and the Refugee Cash and Medical assistance programs.

The **Support Services Section** provides support to the Technical Services Section, as well as supplying other services to the department, the legislature, other state agencies, and the general public. Within ITS Support Services are the EMS User Support Group and the Systems Planning Unit.

**EMS User Support Group** - the 'Help Desk' for EMS users -- responds to questions ranging from password resets to system functionality problems.

**CT Child Support Enforcement System (CCSES) User Support Group** - provides testing of changes to the CCSES computer systems and tests new computer software from a user's perspective before the changes are moved into the production region of the system. The group also handles project management of CCSES systems changes, and provides 'help desk' service.

The **Systems Planning Unit** is responsible for providing overall ITS project management, EMS project management, EMS business and systems functional requirements definition and various other planning activities for EMS, CCSES, and PC projects.

The **Data Warehouse Administration Unit** manages a system that provides users access to Connecticut Medical Assistance Program data for the creation of ad hoc queries and reports, as well as for producing regularly scheduled reports. The data warehouse system operates the Management and Administrative Reporting and Surveillance and Utilization Review subsystems for the Medicaid Management Information System. It also has fraud/abuse and overpayment functionality. It serves as a decision support system for program and financial analysis and the ability to respond to information requests.

The **Document Center/Mailroom/Archiving Services Unit** provides departmental printing and mail insertion services, including more than 4.4 million notices to clients per year. The automated inserting equipment can process 2,000-4,000 items per hour and can affix the proper discounted postage rate in one process. By presorting the mail, the department saves approximately \$30,000 a month on postage.

The Archiving Services Unit provides the department with support relative to document storage. The unit handles all archiving services including, retrieval, re-file, and the ordering of supplies.

### **Office of Organizational & Skill Development**    *"Building Skills, Developing Success"*

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

Core services include - training and staff development, organizational development, media, web-based training, systems and graphic support in programs, computer systems, leadership and professional development. The Office of Organizational & Skill Development supports organizational development initiatives such as the John S. Martinez Fatherhood Initiative, Traumatic Brain Injury, Modernization of Client Service Delivery and others.

The mission of the Office of Organizational & Skill Development is the provision of timely, relevant and effective organizational and staff development activities to: enhance knowledge, skills and abilities of the staff to ensure Department of Social Services customers receive effective services; ensure a culturally responsive delivery of services that recognizes and affirms diversity; improve job performance through the institution of measures of accountability to inspire public confidence; provide employees with opportunities to develop their potential within the context of the organization and overall career development; facilitate compliance with DSS policies; institute systemic interventions that support organizational operations in the area of communication, project management, access, and service.

The Office of Organizational & Skill Development is deployed in four service areas – Programs; Leadership and Professional Development; Administrative; and the MultiSystems Service Areas.

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

OSD is established through a collaborative agreement with the University of Connecticut School of Social Work and DSS. This unique agreement provides for federal reimbursement to the state General Fund.

*Improvements/Achievements for SFY 2012*

- LEAN design of business processes in the Supplemental Nutrition Assistance Program.
- Recipient of the Carol Rosenwald “Spirit of Advocacy” Award.
- Organizational Change Management agent for the ConneCT project.
- Production of Voices Speak Out Against Retaliation training video in collaboration with the Long-Term Care Ombudsman.
- Over 150 new eligibility staff trained in eligibility programs.

**Human Resources Division**

The Human Resources Division is responsible for providing technical guidance and support to the employees of the central and regional offices. Staff are involved in addressing issues which impact human resource management for the agency as a whole, through coordination of policy issues, involvement in labor relations activity and, in general, with the objective of ensuring that the quality of human resource service throughout the department remains consistent.

Functions of the Human Resource Division include: providing general personnel services to all staff; coordination and administration of information related to personnel data collection; decentralized examination and the development and dissemination of agency policies and procedures; participation in labor relations activities with respect to contract administration and negotiation, staff training and the grievance process; administration of medical and other benefits; and implementation of health and safety programs, including employee wellness education and workers’ compensation.