

Department of Social Services Annual Report State Fiscal Year 2015



Dannel P. Malloy
Governor

Roderick L. Bremby
Commissioner



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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

State Fiscal Year 2015

(July 2014-June 2015)

RODERICK L. BREMBY, Commissioner

Kathleen M. Brennan, Deputy Commissioner, Administration

Janel Simpson, Deputy Commissioner, Programs

Established - 1993

Statutory authority - Title 17b

Central office – 55 Farmington Avenue, Hartford, CT 06105

Number of employees – 1,887

Operating expenses - \$266,006,600

Program expenses - \$2,804,110,315

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

MISSION

Guided by shared belief in human potential, we aim to increase the security and well-being of Connecticut individuals, families, and communities.

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; (please note these programs moved to the legislatively-created Department on Aging under Public Act 13-125 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; 1.) 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, older adults, 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, energy assistance, independent living, social work and protective services, child support, 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.

PUBLIC CONTACT POINTS (ONLINE AND PHONE)

- DSS general: www.ct.gov/dss
- DSS ConneCT (online benefit accounts, service eligibility pre-screening, applying for services): www.connect.ct.gov; application guidance also at www.ct.gov/dss/apply
- Child Support Services: www.ct.gov/dss/childsupport
- Connecticut Child Support Payment Resource Center: www.ctchildsupport.com
- HUSKY Health Program (Medicaid/Children's Health Insurance Program): www.huskyhealth.com; to apply online: www.accesshealthct.com or www.connect.ct.gov
- CT Medical Assistance Program (for health care providers): www.ctdssmap.com
- My Place CT (long-term services and supports): www.myplacect.org
- Winter heating assistance: www.ct.gov/staywarm
- John S. Martinez Fatherhood Initiative of Connecticut: www.ct.gov/fatherhood
- Supplemental Nutrition Assistance Program (formerly food stamps): www.ct.gov/snap
- Medicaid for Employees with Disabilities: www.ct.gov/med
- Reporting suspected client or provider fraud or abuse: www.ct.gov/dss/reportingfraud
- Special information for service partners: www.ct.gov/dss/partners
- Connecticut Health Information Technology: www.ct.gov/cthealthit

Toll-free information:

- DSS Client Information Line & Benefits Center: 1-855-6-CONNECT
- 2-1-1 Infoline: 24/7, toll-free information and referral, crisis intervention services: call 2-1-1. Operated by United Way of Connecticut with DSS funding
- General DSS information and referral: 1-800-842-1508
- TTY for persons with hearing impairment: 1-800-842-4524
- Child Support:
 - Child Support Payment Disbursement Unit : 1-888-233-7223
 - Connecticut Child Support Call Center: 1-800-228-KIDS (1-800-228-5437)

- Connecticut AIDS Drug Assistance Program (CADAP): 1-800-233-2503
- Connecticut Home Care Program for Elders: 1-800-445-5394
- Reporting suspected fraud/abuse; and benefit recovery (including lien matters): 1-800-842-2155
- John S. Martinez Fatherhood Initiative of Connecticut: 1-866-6-CTDADS (1-866-628-3237)
- Winter heating/Weatherization assistance: 2-1-1 or 1-800-842-1132
- HUSKY Health/Medicaid/Children’s Health Insurance Program information and referral, applications: 1-877-CT-HUSKY (1-877-284-8759). Contact information for current member support with major categories of HUSKY Health coverage:

Type of coverage:	Contact:	Telephone Number:	Website:
Medical Coverage (Community Health Network of CT)	HUSKY Health Member Services	1-800-859-9889	www.huskyhealthct.org
Behavioral Health Coverage (ValueOptions)	Connecticut Behavioral Health Partnership	1-877-552-8247	www.ctbhp.com/
Dental coverage (BeneCare)	Connecticut Dental Health Partnership	866-420-2924 855CTDENTAL (855-283-3682)	www.ctdhp.com
Non-Emergency Medical Transportation	LogistiCare	1-888-248-9895 Reservations: 1-866-684-0409	www.logisticare.com/members-riders.php
Pharmacy coverage	DSS Division of Health Services Pharmacy Unit	Member services: 1-866-409-8430	www.ctdssmap.com

DSS CENTRAL ADMINISTRATION

55 Farmington Avenue, Hartford, CT 06105

Roderick L. Bremby, Commissioner

Kathleen M. Brennan, Deputy Commissioner/Administration

Janel Simpson, Deputy Commissioner/Programs

Department Chief of Staff and Directors:

Chief of Staff and Affirmative Action Director: Astread Ferron-Poole; Communications

Director: David Dearborn; Human Resources Director: Diane Benedetto; Legal Counsel,

Regulations, Administrative Hearings Director: Brenda Parrella; Eligibility Policy and Economic

Security Director: Marc Shok; Health Services Director: Kate McEvoy; Reimbursement and

Certificate-of-Need Director: Christopher LaVigne; Medical Director: Robert Zavoski, M.D.;

Health Services Integrated Care Director: William Halsey; Home and Community-Based

Services Director: Kathy Bruni; Child Support Enforcement Interim Director: John Dillon; Fiscal

Services Director: Michael Gilbert; Supplemental Nutrition Assistance Program Division

Director: Ronald Roberts; Information Technology Services Director: Louis Polzella; Quality

Assurance Director: John McCormick; Field Operations Director: Marva Perrin; Field Operations

Deputy Director: Cathy Robinson-Patton; Field Operations Tactical Director: Melissa Garvin;

Community Services Office Director: Carlene Taylor; Social Work Services Director: Dorian

Long; Organizational and Skill Development Director: Darleen Klase.

News media/public information:

- David Dearborn, 860-424-5024
Email: david.dearborn@ct.gov

DSS SERVICE CENTER (FIELD OFFICE) INFORMATION

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

Most Service Centers also have Processing Centers, where staff work with a statewide electronic document management system to transmit, store and process client documents.

Please note: local phone numbers have been replaced by the statewide DSS ConneCT Client Information Line & Benefits Center number: 1-855-6-CONNECT (1-855-626-6632); TTD/TTY 1-800-842-4524 for persons with speech or hearing difficulties.

- **Hartford**—3580 Main Street, Hartford 06120; Musa Mohamud, Elizabeth Thomas, Social Services Operations Managers.
- **Manchester**—699 East Middle Turnpike, Middletown 06040; John Hesterberg, Social Services Operations Manager.
- **New Britain**—30 Christian Lane, New Britain 06051; Phil Ober, Peter Bucknall, Social Services Operations Manager.
- **Willimantic**—676 Main Street, Willimantic 06226; Tonya Beckford, Social Services Operations Manager.
- **New Haven**—50 Humphrey Street, New Haven 06513; Lisa Wells, Brian Sexton Social Services Operations Managers.
- **Middletown**—117 Main Street Extension Middletown, 06457, Tyler Nardine, Social Services Operations Manager.
- **Norwich**—401 West Thames Street Norwich, 06360; Cheryl Parsons, Social Services Operations Manager.
- **Bridgeport**—925 Housatonic Avenue, Bridgeport 06604; Fred Presnick, Poonam Sharma, Social Services Operations Managers.
- **Danbury**—342 Main Street, Danbury 06810; Carolsue Shannon, Social Services Operations Manager.
- **Stamford**—1642 Bedford Street Stamford, 06905; Rachel Anderson, Social Services Operations Manager.
- **Waterbury**—249 Thomaston Avenue Waterbury, 06702; Karen Main, Judy Williams, Social Services Operations Manager.
- **Torrington**—62 Commercial Boulevard Torrington, 06790; Annette Lombardi, Social Services Operations Manager.

The Department of Social Services' customer service modernization initiative--called 'ConneCT'--provides applicants, clients and the general public with multiple access points to the federal and state programs administer by the agency. DSS customers now have more options and can reach the department online, on the phone, or in person (www.ct.gov/dss/connect).

DSS clients can dial one toll-free number 1-855-6-CONNECT (1-855-626-6632), or TTD/TTY 1-800-842-4524 (for persons with speech or hearing difficulties), from anywhere in Connecticut to reach information or services. This phone access is called the **Client Information Line and Benefits Center**. Callers can self-serve through an IVR (interactive voice-response) system, 24/7, or reach a Benefits Center eligibility worker directly, if they prefer, during business hours. Benefits Centers staff are located in the **Bridgeport, Waterbury** and **New Britain** field offices.

Benefits Center Eligibility Services Workers are available by phone Monday through Friday, 7:30 a.m. to 4:00 p.m.

Each DSS field office is also available for in-person service assistance through the **Service Centers**. Service Centers provide direct assistance to eligible clients in the areas of Supplemental Nutrition Assistance Program, Temporary Financial Assistance, State Supplement, Medical Assistance and State-Administered General Assistance. In addition, field offices also provide on-site Child Support Services, Social Work Services, as well as Quality Assurance services. Offices are open Monday through Friday between 8:00 a.m. and 4:30 p.m.

SIGNIFICANT ACCOMPLISHMENTS/HIGHLIGHTS OF SFY 2015

Overview

The Department of Social Services continued to deliver vital public benefits to more than 1 in 4 Connecticut residents in fiscal 2015. **As the fiscal year closed in June, DSS was serving a total of 1,020,070 individuals across all programs.** Agency field staff served the public directly at 12 offices and telephone Benefits Centers, while central office staff administered specialized services and supported field operations across the full range of direct and funded programs.

Among other initiatives, the department continued its **‘ConneCT’ service modernization** initiative across the state; worked with Access Health CT, Connecticut’s health insurance exchange/marketplace, to **successfully implement the national Affordable Care Act**, under the leadership of Governor Dannel P. Malloy and Lieutenant Governor Nancy Wyman; continued to build on a variety of service and purchasing **advances in one of the nation’s leading Medicaid programs**; and achieved significant **performance benchmarks in the Supplemental Nutrition Assistance Program.**

Governor Malloy announced the expansion of an innovative pilot program launched by DSS and partner agencies to **serve military veterans and their families** (<http://portal.ct.gov/Gov-Malloy-State-to-Expand-Employment-and-Social-Services-to-Veterans-and-their-Families/>), while Lieutenant Governor Wyman joined Commissioner Roderick Bremby and community leaders to announce additional state support for the pioneering **New Haven Mental Health Outreach for Mothers (MOMS) Partnership** (www.ct.gov/dss/cwp/view.asp?a=4125&q=557788).

The Governor also announced the next stage of funding for nursing home ‘rebalancing’ grants, part of a monumental initiative to **promote individual choice in long-term services and supports** throughout Connecticut.

Health-related initiatives included development of a universal assessment for all individuals seeking services under a Medicaid waiver; capacity building for Medicaid providers, bolstered by continuation through state funding of the enhanced reimbursement rates to primary care

providers; investments to enable providers to implement electronic health records; and **a range of Medicaid care delivery transformation initiatives** that includes development of health homes for individuals with serious and persistent mental health conditions, as well as a shared savings initiative with Federally Qualified Health Centers and advanced networks under the State Innovation Model test grant.

Advances in the Supplemental Nutrition Assistance Program (SNAP)

The department continued to achieve gains in quality of service provision to over 405,000 Connecticut residents enrolled in SNAP. **The agency posted over-96% timeliness rate for SNAP application processing** in the last six-month period evaluated by the federal government, which runs from October 2014 through March 2015. Internal data show that excellent rate being maintained. SNAP payment accuracy rates are also greatly improved, with the latest federal rankings show **Connecticut 7th in the nation (and 1st in most-improved) for payment accuracy in active cases.**

- *Further detail:* In March 2015, DSS was recognized by the U.S. Department of Agriculture Food and Nutrition Service (FNS) for maintaining an outstanding SNAP application processing timeliness rate of 96%. To achieve this benchmark, DSS put forward significant efforts to improve and uphold SNAP application processing within the federal standard of promptness requirements of 7 or 30 days, depending on need category. The department has also experienced dramatic improvements in its SNAP payment, case and procedural error rates throughout Federal Fiscal Year 2015. In January, February and March, 0% SNAP payment error rate was accomplished.

In other SNAP-related highlights:

- DSS has worked to improve the health of low-income, older adults by providing nutritious USDA food packages to those eligible. With the help of community partners, the DSS SNAP Division kicked off the new ***Commodity Supplemental Food Program (CSFP)*** in May 2015, generating a total of 40 distribution sites in 18 towns around the state. These distribution sites deliver healthy food packages monthly to 1,068 elder residents.
- Staff of the DSS SNAP Division were recognized by FNS administrator Audrey Rowe (also a former DSS Commissioner), for exemplary work in implementing the ***Summer Electronic Benefits Transfer for Children (SEBTC) demonstration*** in Connecticut. In collaboration with the Benefit Issuances unit in Fiscal Services at DSS, the Department of Education and End Hunger Connecticut!, the SEBTC pilot program was successful in decreasing food insecurity among Connecticut's children during the summer.
- In September 2014, Connecticut was awarded a \$75,000 grant to help improve the Employment & Training projects throughout the state. In announcing the award, USDA Undersecretary Kevin Concannon explained, "Some of these projects will focus on

improving access to SNAP E&T programs, which help people get back into the workforce...” The Department plans to use the funding to complete a needs assessment and that will target specific employment-related activities for eligible SNAP participants.

Advances in Medicaid/HUSKY Health application processing

The department also recorded significant gains in Medicaid application processing, especially in the area of Long-Term Services and Supports. This area showed a sustained timely processing rate of 90+ percent throughout SFY 2015. Applications for HUSKY C (Medicaid for the aged/blind/disabled) were being processed at rates in excess of 90%, a marked improvement from the same period a year ago. Applicants for HUSKY A (children/parents/relative caregivers/pregnant women) and HUSKY D (low-income adults without dependent children) continue to receive real-time application determinations when applying through the DSS-Access Health CT shared eligibility system, meaning that the great majority of applicants have no wait time for eligibility determinations. In short, with Medicaid/HUSKY enrollment topping 747,000 at the end of SFY 2015, more applicants/enrollees are being served more quickly than at any other time in the agency’s history.

Supporting Military Members/Veterans and Their Families in Accessing Community Services

DSS, in partnership with the state Department of Labor, the City of Waterbury, and two community organizations – New Opportunities, Northwest Workforce Development Board – pooled resources and provided streamlined services to veterans living in Waterbury. Opportunities were offered to support access to employment and training services and food, cash and/or medical assistance. The effort in a six-month period connected more than 1,200 veterans. As Governor Malloy announced in November 2014, the pilot project was so successful that a similar effort has begun in Bridgeport to determine if the collaboration of agencies involved can be replicated and sustained in other Connecticut communities.

ConneCT – Modernizing DSS Service Delivery

Online:

- Current DSS clients can visit www.connect.ct.gov to set up online accounts (called ‘MyAccount’) and get benefit information without visiting or calling their local DSS office. **Nearly 130,000 MyAccounts were opened by clients by the end of SFY 2015.**
- Clients and the general public can visit www.connect.ct.gov to apply online for services. **Nearly 80,000 applications were received online by the end of SFY 2015.**

- Clients and the general public can also visit www.connect.ct.gov to check on food, cash and medical service eligibility through a handy pre-screening tool (called ‘Am I Eligible?’). **Over 116,000 pre-screenings were completed by the end of SFY 2015.**
- The ConneCT online portal is also available on the main DSS webpage at www.ct.gov/dss.

By Phone:

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

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

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

- The new automated ‘interactive voice response’ telephone system helps DSS clients get the information they need without waiting to speak to an eligibility worker. Clients also have the option of speaking to a worker, during business hours. **Over 177,000 IVR accounts were opened by DSS clients by the end of SFY 2015, and Benefits Center staff had personally serviced nearly 944,000 calls (since the Benefits Centers were launched in July 2013).**

In Person:

- DSS services are available at 12 field offices. For list, please visit www.ct.gov/dss and click on Field Offices.

Implementing the Affordable Care Act

Connecticut’s nation-leading implementation of the Affordable Care Act (ACA) continued in SFY 2015, with the Department of Social Services partnering with Access Health CT in a shared/integrated eligibility system encompassing HUSKY Health (Medicaid/Children’s Health Insurance Program) and private qualified health plans offered through the exchange. The ACA represents major eligibility change for the majority of Medicaid, with beneficiaries transitioning from traditional eligibility criteria to the so-called Modified Adjusted Gross Income (MAGI) criteria. Most significant for public access is expanded income-eligibility standards in Medicaid for low-income adults without dependent children (from approximately 56% to 138% of the federal poverty guideline).

Online applications are processed in real time, at www.accesshealthct.com, allowing people to apply for most areas of Medicaid, CHIP or private health insurance and have their eligibility determined immediately through the integrated eligibility process. **As SFY 2015 ended, total Medicaid enrollment was 747,735, including 191,556 in the Medicaid expansion for low-income adults without dependent children.**

DSS and its Division of Health Services are also implementing advances through the ACA that: 1) enable implementation of new Medicaid-funded preventive benefits, including coverage for smoking cessation and family planning; 2) authorize extension of the federal Money Follows the Person initiative, which enables residents of nursing facilities to transition to independent living in the community; 3) bring to Connecticut an additional \$77 million in support of long-term services and supports; and 4) provide funding and direction for various care delivery reforms, including health homes and a shared savings initiative under the State Innovation Model test grant. Please see the ‘Federal Revenue Maximization’ section on page 11 for more information.

Bringing Together Health Information Technology in Connecticut

Fostering partnerships and planning to establish a comprehensive health information technology system in Connecticut is the goal of Public Act 14-217, which designates the Department of Social Services as coordinating agency. Commissioner Bremby’s October 2014 letter to stakeholders about the planning process and accomplishments to date in integrated eligibility, enterprise master patient index, provider directory, electronic health records, direct secure messaging and other essential areas is part of collection of informative materials at www.ct.gov/cthealthit.

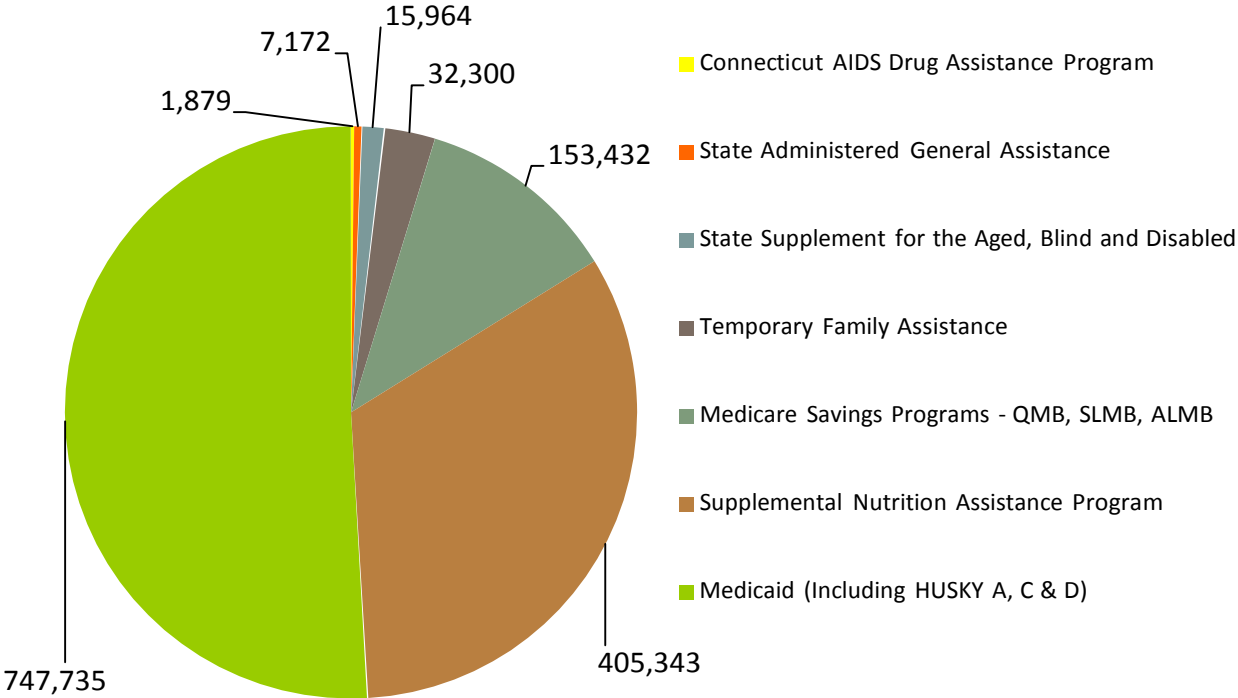
Serving Connecticut Residents: A Sampling of Critical DSS Programs

Key DSS programs showed total enrollment of 1,020,070 individual recipients at the end of SFY 2015 (unduplicated client count from the June 2015 DSS enrollment report; a client is counted once, even if enrolled in multiple programs). The chart on the following page lists DSS client participation across selected programs, including 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; and Supplemental Nutrition Assistance Program (SNAP, also known as food stamps).

Individual program numbers included:

- 405,343 residents in 228,412 households receiving federally-funded SNAP benefits.
- 747,735 individuals receiving benefits through the Medicaid program (including HUSKY A for children, parents, relative caregivers and pregnant women; HUSKY C for elders and persons with disabilities; and HUSKY D for low-income adults without dependent children).
- 32,300 individuals in 14,867 households served by the Temporary Family Assistance program.

Number of Individual Recipients by Program



June 2015

Health Service Delivery and Purchasing Initiatives

Federal Revenue Maximization

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

- enabled many new people to access coverage under expansion of Medicaid eligibility – participation in HUSKY D, our Medicaid expansion group, increased from **99,103** individuals in December 2013 to **191,556** individuals in June 2015.

- *Research shows that coverage gives people more financial security from the catastrophic costs of a serious health condition, tends to improve mental health, and enables earlier diagnosis of conditions such as diabetes.*
- permitted Connecticut Medicaid to cover new services that are of great benefit to Medicaid beneficiaries – just one example is coverage of tobacco cessation services (counseling, treatment and medications)
 - *This is a well targeted service because many sources estimate that far more Medicaid beneficiaries smoke than is typical of the general population.*
- provided new family planning services for eligible individuals
 - *Family planning services support women and men good reproductive health, and help reduce unintended pregnancies, which in turn promotes better long-term health, completion of education and improved outcomes of subsequent pregnancies.*
- expanded the highly successful Money Follows the Person program, which supports individuals in transitioning from nursing facilities to living in the community
 - *MFP has supported over 3,000 individuals with disabilities and older adults in moving from nursing facilities to their setting of choice.*
- provided \$77 million in resources under the State Balancing Incentive Program that will help support Medicaid beneficiaries in accessing home and community-based long-term services and supports
 - *These new resources will help to address the historical imbalance of LTSS resources as between nursing facilities and home and community-based services.*
- enabled the DMHAS-led behavioral health, health home effort
 - *Health homes will enable local mental health authorities and their affiliates to integrate behavioral health, primary care and community-based supports for people with Serious and Persistent Mental Illness.*
- funded rate increases that have increased participation of primary care practitioners in Medicaid from 1,622 on January 1, 2012, to 3,589 on January 1, 2015.
 - *Access to primary care is a key aspect of Medicaid reform and an essential means of reducing use of the emergency department as well as effective management of chronic conditions.*

Administrative Services Organization Initiatives

In contrast to almost all other states, Connecticut no longer utilizes managed care arrangements, under which companies receive capitated payments for serving beneficiaries. Instead, Connecticut Medicaid is structured as a self-insured, managed fee-for-service model, through which the program contracts with four statewide Administrative Services Organizations (ASOs), respectively, for medical, behavioral, and dental health and for non-emergency medical transportation (NEMT) services. A percentage of each ASO's administrative payments is withheld by the Department pending completion of each fiscal year. To earn back these withholds, each ASO must demonstrate that it has achieved identified benchmarks on health outcomes, healthcare quality, and both member and provider satisfaction outcomes. An important feature of the ASO arrangement is that three of the ASOs provide Intensive Care Management (ICM), an intervention developed specifically to meet the diverse needs of our most socially and medically vulnerable members.

❖ *Data Analytics and Intensive Care Management*

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

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

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

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

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

❖ *Interventions through department's behavioral health ASO, Value Options*

Under the direction of the three state agencies that manage the Connecticut Behavioral Health Partnership (the Departments of Social Services, Mental Health and Addiction Services, and Children and Families), Value Options used claims and other data to identify the five Connecticut hospitals that were associated with the greatest number of Medicaid high utilizers. Value Options then designed and implemented a multi-pronged approach to reduce the inappropriate use of the emergency department (ED) for individuals with behavioral health conditions. This approach includes 1) assigning ICM care managers to individuals who have visited the ED, with a primary or secondary behavioral health diagnosis, seven or more times in the six months prior to participation in ICM; 2) assigning peer specialists to members who could benefit from that support; and 3) dedicating a Regional Network Manager to help facilitate all-provider meetings to address the clinical and social support needs of the involved individuals. These provider meetings are multi-disciplinary and include, but are not limited to representatives from housing organizations, substance abuse and mental health providers, shelters, Federally Qualified Health Centers, and staff from the respective EDs.

❖ *Results of Medicaid ICM interventions*

ICM interventions have: 1) **reduced** emergency department (ED) usage for members engaged in the CHNCT ICM program by 22.72% and **inpatient admissions by 43.87%**; 2) reduced readmission rate by 28.08% for those members who received Intensive Discharge Care Management (IDCM) services.

Based on the strength of its ICM strategies, and extensive data capability, the Connecticut Medicaid program was in SFY 2015 selected to participate in a year-long “policy academy” convened by the National Governor’s Association, in support of further enhancing supports for high-need, high-cost beneficiaries (also known as ‘super utilizers’).

❖ *Benefits of ASO structure*

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

Key Accomplishments Across Health Services

❖ *Access to Care*

- Increased the number of Primary Care Providers (PCPs) enrolled in Medicaid by 7.49% and specialists by 19.34%
- Recruited and enrolled 22 new practices into DSS’ Person-Centered Medical Home (PCMH) program

❖ *Utilization Management and Cost-Effectiveness*

- Overall admissions per 1,000 member months (MM) decreased by 13.2%
- Utilization per 1,000 MM for emergent medical visits decreased by 5.4%
- Utilization per 1,000 MM for non-emergent medical visits decreased by 2.7%
- Utilization per 1,000 MM for all other hospital outpatient services decreased by 5.3%

❖ *Care Coordination, Outcomes and Quality*

- Reduced the Emergency Department visit rate by:
 - 4.70% for HUSKY A and B

- 2.16% for HUSKY C
 - 23.51% for HUSKY D
- Increased the rate for Controlling High Blood Pressure by:
 - 15.16% for HUSKY A and B
 - 16.81% for HUSKY C
 - 26.39% for HUSKY D
- Increased the rate of Spirometry Testing in the Assessment and Diagnosis of COPD by:
 - 12.58% for HUSKY A and B
 - 43.59% for HUSKY C
 - 57.82% for HUSKY D

❖ *Child and Adolescent Well Care Outcomes for HUSKY A and B*

- Increased the Well Child Visit rate in the third, fourth, fifth and sixth year of life by 3.70%
- Increased the Adolescent Well Care Visit rate by 11.60%
- Increased the Lead Screening rate by 3.95%
- Increased the Immunization Rates by:
 - 11.82% for DTaP/DT
 - 5.71% for Hepatitis A
 - 11.59% for Hepatitis B
 - 6.93% for HiB
 - 7.35% for IPV
 - 3.25% for MMR
 - 11.90% for Pneumococcus
 - 29.43% for Rotavirus
 - 16.49% for HPV for females
- Increased the Immunizations for Adolescents rate by:
 - 6.87% for Meningococcus
 - 7.92% for Tdap/Td

❖ *Maternity Outcomes*

- Increased the Timeliness of Prenatal Care Visit rate by 6.66% for HUSKY A and B
- Increased the Frequency of Prenatal Care Visit rate by 26.85% for HUSKY A and B
- Increased the Postpartum Care Visit rate by 17.00% for HUSKY A and B

❖ *Diabetes Outcomes*

- Increased the HbA1c testing rate by:
 - 5.27% for HUSKY A and B

- 6.96% for HUSKY C
 - 11.32% for HUSKY D
- Increased the number of members with a HbA1c result <7 by:
 - 7.22% for HUSKY A and B
 - 22.85% for HUSKY D
- Increased the number of members with a HbA1c result <8 by:
 - 11.46% for HUSKY A and B
 - 45.63% for HUSKY C
 - 32.21% for HUSKY D
- Reduced the number of members with a HbA1c in poor control by:
 - 12.94% for HUSKY A and B
 - 23.43% for HUSKY C
 - 21.28% for HUSKY D
- Increased the number of members with LDL testing by:
 - 7.72% for HUSKY A and B
- Increased the number of members with a LDL result <100 by:
 - 22.92% for HUSKY A and B
 - 4.63% for HUSKY C
- Increased the rate of retinal eye exams by:
 - 12.35% for HUSKY A and B
 - 17.50% for HUSKY C
 - 4.30% for HUSKY D
- Increased the rate of controlling high blood pressure for diabetic members (<140/90 mm Hg) by:
 - 59.32% for HUSKY A and B
 - 33.88% for HUSKY C
 - 47.71% for HUSKY D

❖ *Program Satisfaction*

- Achieved a 97.2% overall favorable rating by members surveyed for satisfaction with the ICM program
- Among those providers that worked with the ICM department, 94.6% were satisfied with the ICM program when surveyed through the Provider Satisfaction survey
- Achieved a 97.03% overall favorable rating by members surveyed for satisfaction after completion of a call with the CHNCT Call Center

- Outcomes for individuals served by the BeneCare (dental) Intensive Care Management program include the following:
 - maintenance of use of the Emergency Department for dental care at a rate of less than 5%; and
 - an increase in utilization of preventative dental services by children served by HUSKY A and B from 36% in 2008 to 54% in 2014.

❖ *Person-Centered Medical Home Program Satisfaction*

- Achieved an overall member satisfaction rating of 91.1% among adults and 96.1% on behalf of children
- Immediate access to care increased to 92.5% of the time, when requested by adults, and 96.7% of the time, when requested on behalf of children.
- Among a number of measures of courtesy and respect shown to HUSKY members, communication before and during care, PCMH providers were rated overwhelmingly positively by HUSKY members.

❖ *National Recognition of Connecticut Medicaid*

- Connecticut was cited by the federal Medicaid and CHIP Access Commission (MACPAC), a non-partisan, federal agency charged with providing policy and data analysis to the Congress on Medicaid and CHIP, and for making recommendations to the Congress and the Secretary of the U.S. Department of Health and Human Services. MACPAC selected Connecticut Medicaid as one of six states in which it conducted site visits over the fall of 2014 to examine different value-based care delivery and payment reforms in Medicaid. Connecticut was chosen because of its unique, self-insured Administrative Services Organization model.
- Connecticut Medicaid was selected by the Kaiser Foundation and the National Association of Medicaid Directors to join three other programs (from Arkansas, South Carolina, and Delaware) for the annual release of the Kaiser Foundation 50-state Medicaid budget survey.

Access to Primary, Preventative Medical Care

❖ *Person-Centered Medical Homes (PCMH)*

The department implemented its PCMH initiative on January 1, 2012, and further developed it over SFY 2015. The premise of a PCMH is that it enables primary care practitioners to bring a holistic, person-centered approach to supporting the needs of patients, while reducing barriers to access (e.g., limited office hours) that have inhibited people from effectively using such care.

Through this effort, the department is investing significant resources to help primary care practices obtain PCMH recognition from the National Committee for Quality Assurance. Practices on the “glide path” toward recognition receive

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

As of June, 2015, a total of 97 practices were participating (reflecting 351 sites and 1,381 providers). These practices were supporting 276,149 Medicaid beneficiaries.

❖ *Electronic Health Records (EHR)*

Another important aspect of enhancing the capacity of primary care is financial support for adoption of EHR. EHR support more person-centered care and reduce duplication of effort across providers. DSS is collaborating with UConn Health Center to administer a Medicaid EHR Incentive Program and to improve outreach and education to providers.

❖ *Rewards to Quit*

This tobacco cessation initiative is being funded by a five-year federal grant of up to \$10 million to study the impact of incentives on quitting smoking. Through the program, providers (local mental health authorities, federally-qualified health centers and primary care practices) will offer counseling and training sessions, peer coaching and other smoking-cessation techniques. Participating beneficiaries in the intervention arm of the study will receive financial incentives for achieving various milestones toward quitting. Results of the study will be published upon completion of the program in the fall of 2016.

❖ *Health Equity Work*

DSS and CHNCT are currently examining access barriers related to gender, race and ethnicity faced by Medicaid beneficiaries. This project is focused on identifying disparities and equipping primary care practices with a toolkit outlining strategies to reduce these barriers. DSS is also continuing to partner with the federal Office of Minority Health on various efforts to improve the health of racial and ethnic populations through the development of policy and programming designed to eliminate disparities.

New Medicaid Services

Over SFY 2015, the Department implemented several important new or expanded services:

- Under the Governor's leadership, the department implemented Medicaid State Plan **coverage of services for children with autism spectrum disorders**, effective January 1, 2015 - this ambitious project fulfills new direction received from the Centers for Medicare and Medicaid Services in summer 2014.
- The department connected children and their families to **100 new service slots in the Katie Beckett Waiver**, a gubernatorial initiative to provide Medicaid coverage to additional children and young adults up to age 22 with physical disabilities, with the goal of helping families keep youngsters at home or in the community.
- The department added **coverage of gender reassignment surgery and related services** for the treatment of gender dysphoria to the Medicaid program, reflecting alignment with Medicare's decision to cover such services.
- The department also added **coverage of certain over-the-counter, non-prescription medications**, as part of an effort to ensure that members had coverage of all medically necessary medications while helping to control costs.

Medicaid Integration Initiatives

Many Medicaid beneficiaries, especially those who are dually eligible for Medicare, have complex health profiles. A high incidence of beneficiaries have co-morbid physical and behavioral health conditions, and need support in developing goal-oriented, person-centered plans of care that are realistic and incorporate chronic disease self-management strategies. A siloed approach to care for a recipient's medical and behavioral health needs is unlikely to effectively care for either set of needs. For example, a client with depression and a chronic illness such as diabetes is unlikely to be able to manage either diabetes or depression without effectively addressing both conditions. Further, many such individuals also require long-term services and supports. All of these facets must effectively be coordinated in order to achieve improved outcomes.

❖ *Demonstration to Integrate Care for Medicare-Medicaid Enrollees*

The federal Centers for Medicare and Medicaid Services (CMS) Demonstration to Integrate Care for Medicare-Care Enrollees has enabled the Department, with a broad range of stakeholders, to engage around the needs of older adults and people with disabilities who need long-term services and supports (LTSS) as well as other medical, behavioral health and dental services. The Department's original conception with this initiative was to compare and contrast two distinct models of coordination; the first, focused upon tailoring the Intensive Care Management (ICM) service provided by the Medicaid medical Administrative Services Organization to meet the complex needs of these "dually eligible" beneficiaries; and the second, enabling local, multi-disciplinary networks of providers to provide care coordination within the communities in which beneficiaries reside. Over the course of the year, the department continued to actively negotiate with CMS to enter into a memorandum of understanding in support of the demonstration, but in light of state budget resource constraints, is now focused exclusively on implementing the ASO-based ICM model.

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

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

As conceptualized, this model is anticipated to make per-member/per-month payments to mental health authorities that will permit them to incorporate Advanced Practice Registered Nurses within their existing models of behavioral health support. Health homes are anticipated to be launched in early fall 2015.

❖ *Medicaid Quality Improvement and Shared Savings Program (MQISSP)*

In late spring 2015, DSS launched a planning process to develop a new, upside-only shared savings initiative entitled the Medicaid Quality Improvement and Shared Savings Program (MQISSP). The department's goal with MQISSP, which is a component of the State Innovation Model (SIM) Model Test Grant initiative, is to improve health and satisfaction outcomes for Medicaid beneficiaries currently being served by Federally Qualified Health Centers (FQHCs) and 'advanced networks' (e.g., Accountable Care Organizations, ACOs), which will be competitively selected by the department via a request for proposals. Both FQHCs and certain ACOs are currently providing a significant amount of primary care to Medicaid beneficiaries.

MQISSP represents an opportunity for Connecticut Medicaid to build on, but not supplant, its existing and successful Person-Centered Medical Home initiative, through which over one-third of beneficiaries are being served. While PCMH will remain the foundation of care delivery transformation, MQISSP will build on PCMH by incorporating new requirements related to integration of primary care and behavioral health care, as well as linkages to the types of community supports that can assist beneficiaries in utilizing their Medicaid benefits. Typical barriers that inhibit the use of Medicaid benefits include housing instability, food insecurity, lack of personal safety, limited office hours at medical practices, chronic conditions, and lack of literacy. Enabling connections to organizations that can support beneficiaries in resolving these access barriers will further the Department's interests in preventative health. Further, partnering with providers on this will begin to re-shape the paradigm for care coordination in a direction that will support population health goals for individuals who face the challenges of substance abuse and behavioral health, limited educational attainment, poverty, homelessness, and exposure to neighborhood violence. MQISSP is anticipated to be launched in July 2016.

❖ *Maternal and Child Oral Health*

Connecticut was in 2013 one of only four states awarded a Health Resources Services Administration Grant for Perinatal & Infant Oral Health Quality Improvement (PIOHQP), focused on oral health improvement and community integration strategies. The long-term goal of the grant is to achieve sustainable improvement in the oral health care status of the 'Maternal Child Health' (MCH) population. Documentation of successful outcomes and lessons learned will be applied to the development of a national strategic framework for the purpose of replicating effective and efficient approaches to serving the oral health care needs of this targeted MCH population.

The PIOHQP pilot expanded an existing intensive community outreach program to include oral health over 2014, and the initiative continued during SFY 2015. Early stage work on this four-year grant has yielded promising results for connecting mothers into early oral health care, providing infant oral health instruction and ensuring that families have dental homes. The program is being evaluated through review of education and referral processes, as well as use of outcome indicators. The pilot will be expanded to 15 targeted communities across the state. Connecticut's project was highlighted during the national Association of Maternal and Child Health Programs' 2015 Conference.

‘Rebalancing’ of Long-Term Services and Supports

Consumers overwhelmingly wish to have meaningful choice in how they receive needed long-term services and supports. Connecticut’s Medicaid spending remains weighted towards institutional settings, but re-balancing is shifting this. In 2014, 61% of long-term care clients received care in the community, but only 29% of spending supported home and community-based care. Further, only 7% of the Medicaid population receives long-term services and supports but 37% (\$1.934 billion) of the SFY 2014 Medicaid expenditures (\$6.1 billion) were made on the behalf of these beneficiaries.

❖ Strategic Plan to Rebalance Long-Term Services and Supports

In January 2013, the Governor, the Office of Policy and Management and the Commissioner of the Department of Social Services released an updated copy of the State’s Strategic Plan to Rebalance Long-Term Services and Supports (LTSS). This plan details diverse elements of a broad agenda that is designed to support older adults, people with disabilities and caregivers in choice of their preferred means, mode and place in which to receive long-term services and supports. Key aspects of the plan include 1) continued support for Money Follows the Person; 2) State Balancing Incentive Payments Program activities; 3) nursing home diversification; and 4) launch of a new web-based hub called ‘My Place CT’ (www.myplacect.org). The strategic plan identifies ‘hot spots’ for development of services, including medical services, since it projects demand attributed to the aging population at a town level. For more information, please visit www.ct.gov/dss/rebal.

❖ Money Follows the Person

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

Over SFY 2015, the Money Follows the Person program supported 704 individuals in transitioning from nursing facilities to the community. Of these, 706 received enhanced match; 332 of these were elders, 280 had physical

disabilities, 33 had mental health disabilities and 61 had intellectual disabilities. Since implementation in December 2008, there have been over 3,000 transitions, of which 2,773 received enhanced federal financial participation. Out of this total, 1,309 were elders, 1,081 had physical disabilities, 239 had mental health disabilities and 144 had an intellectual disability. MFP has enabled a broad array of individuals to live independently and to receive needed supports including accessible housing and home and community-based services. For more information, please visit www.ct.gov/dss/moneyfollowstheperson.

❖ *State Balancing Incentive Payments Program*

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

- A pre-screen and a common comprehensive assessment for all persons entering the long-term services and supports system, regardless of entry point. It is anticipated that medical offices, various state agencies administering waivers, and the ASOs will all utilize the same tool so that the people served by the state's systems won't be continually asked the same question unless there is a status change. The anticipated result is a more efficient system where information is shared and unnecessary duplication is eliminated. Significant progress was made in SFY 2015 in operationalizing the new assessment. All involved agencies have agreed to use a common assessment, and it is currently being piloted.
- A conflict-free case management across the system.
- A 'no-wrong door' system for access in long-term services and supports. Phase one of the state's 'no wrong door' was launched in 2013. The web-based platform was branded My Place CT and aims to coordinate seamlessly with both ConneCT and the health insurance exchange over the next two years. The Department submitted an Advance Planning Document to the Centers for Medicare and Medicaid Services that outlines the funding and information technology architecture required to support the coordination effort. Additional information about www.MyPlaceCT.org is detailed below.
- New long-term services and supports aimed at:
 - addressing gaps that prevent people from moving to or remaining in the community;
 - streamlining the existing delivery system; and
 - building sufficient supply of services to address the projected demand.

❖ *My Place CT*

The rebalancing plan emphasizes the need to enable consumers, caregivers and providers to access timely and accurate information with which to make decisions, means of connecting with services (both health-related and social services), and a clearinghouse through which formal and informal caregivers can find opportunities to provide assistance. In support of this, the department launched www.myplacect.org in late June 2013. Initially, the site focused on workforce development - helping people who are entering or re-entering the workforce to understand what types of caregiving jobs are available, to list positions and to provide contacts.

During SFY 2015, My Place CT continued to evolve in partnership with 2-1-1 Infoline. To realize the My Place CT vision of kiosks at various community entry points, the Department formed partnerships with medical offices, libraries, pharmacies, etc. providing access to people at community locations that they already visit frequently. My Place CT will be supported by community access points where people will not only have access to web-based pre-screens and information but also one to one assistance. Planning also continued through SFY 2015 to develop the web-based system that will support electronic referrals to both formal long-term services and supports, and to local community services and supports. It is anticipated that this support will be especially helpful to hospital discharge planners and others seeking streamlined, automated coordination assistance.

❖ *Community First Choice*

Launched in July 2015, this new option, made possible by the Affordable Care Act, will enable Medicaid beneficiaries who require nursing facility or other institutional level of care to self-direct community-based services under individual budgets, with the support of a fiscal intermediary. Services include (as applicable) support for costs of transitioning from institutions to the community as well as services that increase independence or substitute for human assistance (personal care assistants, support and planning coach, nurse coach, home delivered meals, environmental accessibility modifications, Personal Emergency Response System, and assistive technology).

❖ *Nursing Home Diversification*

Another important feature of rebalancing is use of a request for proposals process and an associated \$40 million in grant and bond funds through SFY 2017 to seek proposals from nursing facilities interested in diversifying their scope to include

home-and-community-based services. Undergirding this effort is town-level projections of need for long-term service and supports, associated workforce and a requirement that applicant nursing facilities work collaboratively with the town in which they are located to tailor services to local need. During SFY 2015, the department awarded funds to four additional nursing homes seeking to diversify their business models. The department is planning to release another RFP in late calendar 2015, with available funding in the amount of \$25 million.

❖ *Medicaid Waiver services*

Connecticut is continuing to expand the scope of its Medicaid ‘waiver’ coverage. Waivers enable states to be excused from certain federal Medicaid rules and to cover home and community-based long-term services and supports using Medicaid funds. Existing waivers enable services to older adults, individuals with physical disabilities, individuals with behavioral health conditions, children with complex medical profiles, individuals with intellectual disabilities, children with autism spectrum disorder and individuals with acquired brain injury. Recent activity has included expansion of the array of waivers that is available to people with intellectual disabilities, as well as creation of a small waiver to support children who are aging out of the Birth to Three program. The department has also launched a Home and Community-Based Services (HCBS) Unit within the Division of Health Services to oversee all 11 Medicaid waivers and to administer the Hartford-based eligibility unit that processes all applications for waiver services. This has increased timeliness and efficiency in processing these applications. In January 2015, day-to-day operation of the Personal Care Assistance waiver was transferred to the HCBS Unit, and there are plans to transfer day-to-day operation of the Acquired Brain Injury waivers to that unit. For more information, please visit www.ct.gov/dss/hcbs.

❖ *Preadmission Screening*

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

Escalation Unit at Central Office – Customer Service Enhancement

Launched as a pilot initiative by Commissioner Bremby in 2014, the Escalation Unit became fully operational in SFY 2015. Staff address client specific inquiries received at DSS central administration, many of which originate with client advocates, service delivery partners and executive and legislative branches of government. The Escalation Unit staff are also directly available to the **Office of the Healthcare Advocate**, the **Department on Aging**, **Area Agencies on Aging/Choices** and **Community Health Network of Connecticut**, in bringing about resolution to the noted client inquiries and concerns.

In SFY 2015, staff addressed and resolved on average 1,877 inquiries each month, inclusive of urgent requests for medical care access and to food security, which account for approximately 9% of the total inquiries. The unit also supports field office and other central office units in fielding and addressing customer service cases. Highly experienced in eligibility services, unit members also track and monitor all inquiries received by unit staff. The Escalation Unit is part of the Division of Eligibility Services and Economic Security.

Pre-Release Entitlement Unit – Helping to Address Recidivism

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

The project was expanded in SFY 2014 to include a collaborative initiative with the Connecticut Judicial Branch's Court Support Services Division in order to expedite determination of eligibility for persons sentenced to a term of probation. The initiative also encompasses populations making the transition from psychiatric institutions to nursing homes. In SFY 2015 staff began piloting the suspension of Medicaid benefits for certain eligible clients who were active on Medicaid when held in custody by the Department of Correction. If successful, this initiative will serve to further enhance the likelihood that eligible program participants experience fewer barriers to medical care upon release from jails and prisons.

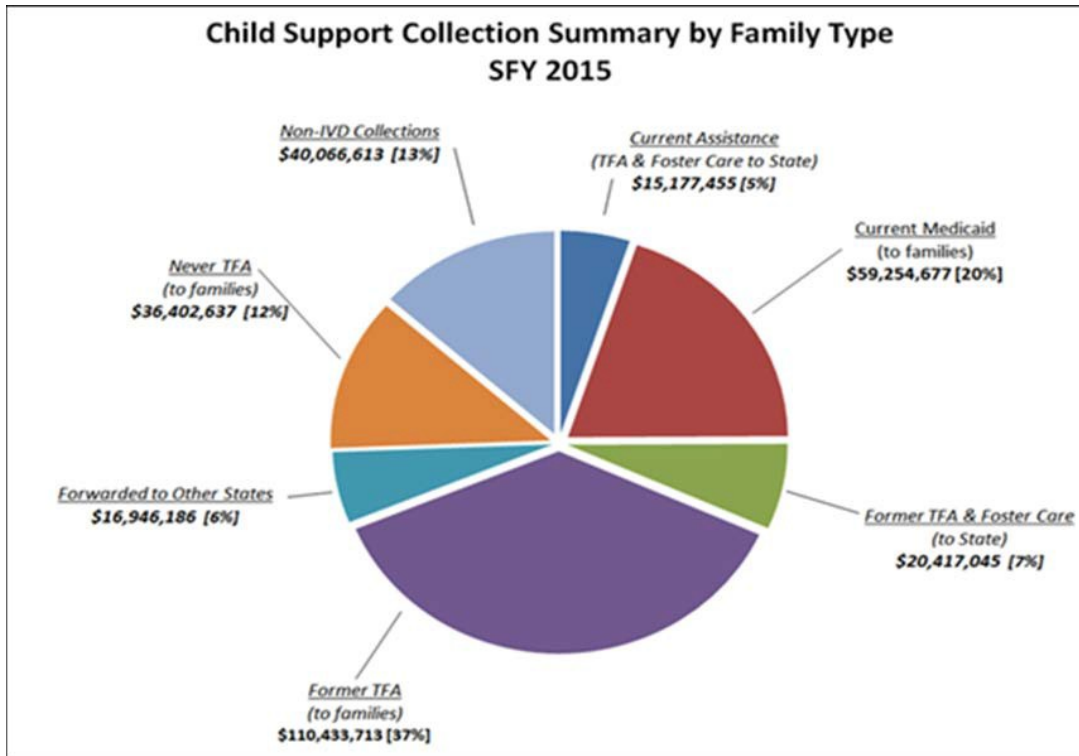
The Pre-Release Entitlement Unit is part of the Division of Eligibility Services and Economic Security.

Child Support Services – For Children and Taxpayers

Connecticut’s child support enforcement program collected nearly \$298.7 million in court-ordered child support during SFY 2015. The program sent \$206.1 million in parental support to children whose families are not receiving state cash assistance benefits. Another \$16.9 million went to children living out of state.

At the same time, state taxpayers benefited from approximately \$15.2 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 \$20.4 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 federal fiscal year 2014 (9/30/14), the child support caseload was 195,366. More than nine and one half percent (9.53%) of these cases are current assistance (active cash assistance – support assigned to the state); 49.22% are former assistance (payments to the family); and 41.25% are so-called ‘never assistance’ cases (payments to the family). Some 81% of the caseload has a court order for support and/or health care coverage in place.



Child Support Federal Performance Standard: Self-Assessment Review

Connecticut has met or exceeded the federal 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%.

Administrative Enforcement

The DSS Bureau of Child Support Enforcement oversees a number of administrative (non-judicial) enforcement remedies that have historically reinforced overall program collections. Remedies include: IRS and state tax offset; real estate liens; personal property liens (civil suits, workers comp, inheritance, and insurance settlements); reporting delinquent obligors to consumer reporting agencies; bankruptcy collections; seizure of bank account assets and lottery winnings, and passport denial. During SFY 2015, two Bureau units collected \$36 million in child support for families and the State of Connecticut. A recent memorandum of understanding with the Office of the State Treasurer was implemented to enforce the statutory authority for claims against unclaimed property pursued by delinquent child support obligors. In SFY 2015 (the first full fiscal year of operation), BCSE collected \$102,809.08 in unclaimed property claims pursued by delinquent child support obligors with the Office of the State Treasurer.

MAJOR PROGRAM AND SERVICE AREAS

Medical and Health Care Services

The Division of Health Services and Field Operations staff statewide help eligible children, youth, adults, and elders access needed health coverage through Medicaid, Children's Health Insurance Program, and other programs. Connecticut's HUSKY Health Plan combines services under Medicaid and the State Children's Health Insurance Program for children, teenagers, pregnant women, parents/caregivers, individuals who are aged, blind or disabled, and low income adults.

Supporting the delivery of medical coverage services to DSS clients are the Division of Eligibility Policy and Economic Security; the Division of Social Work Services; and Office of Public Affairs. DSS works with Access Health CT, Connecticut's health insurance exchange/marketplace, to provide health coverage, pursuant to the Affordable Care Act.

HUSKY Health (www.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, parents and pregnant women), HUSKY B (Children's Health Insurance Program), HUSKY C (aged, blind and disabled), and HUSKY D (low-income adults without dependent children).



At the end of SFY 2015, 747,735 individuals were receiving 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 (Medicaid), depending on family income. A total of 651,576 individuals were receiving medical coverage through HUSKY A at the end of SFY 2015.

Uninsured children under age 19 in higher-income households may be eligible for HUSKY B (non-Medicaid Children's Health Insurance Program). Depending on specific income level, family cost-sharing applies. A total of 15,057 children were participating in the program at the end of SFY 2015.

HUSKY C

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

Monthly Amount:

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

Institutionalized Individuals

Single Person \$2,199

Asset limits are as follows:

Single person - \$1,600

Married couple - \$2,400

The HUSKY C program continued to serve 93,868 low-income elders and adults with disabilities, including about 16,702 residents in nursing homes at the end of the end of SFY 2015.

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 Affordable Care Act. The HUSKY D program serves low-income adults aged 19 through 64 who do not qualify for Medicare, are not pregnant, and do not have dependent children. Effective January 1, 2014, under the Affordable Health Care Act, income eligibility limits for this program expanded to 138% of the federal poverty level. A total of 191,556 Connecticut residents were being served under HUSKY D at the end of SFY 2015.

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

Monthly Amount:

Single Person	\$ 1,342.74
Married Couple	\$ 1,809.18

For more information please visit www.huskyhealth.com.

Medicare Savings Programs

A change in state law made it possible to make changes in the Medicare Savings Programs (MSP), 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 \$2,393.58 for a single person and \$3,225.06 for a couple to qualify for one of the Medicare Savings Programs. Once enrolled, consumers qualify for federal Low-Income Subsidy prescription drug benefits for their Medicare Part D. The department pays for Medicare Part B premiums (\$96.40-\$104.90 per

month), covered by the state. In SFY 2015, the department served 153,432 individuals through the Qualified Medicare Beneficiary program, including assistance through the Specified Low-Income Medicare Beneficiary and Additional Low-Income Medicare Beneficiary programs. For further information please go to www.ct.gov/dss/medicaresavingsprograms.

The Connecticut AIDS Drug Assistance Program (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, an applicant must be a Connecticut resident, 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 were approximately 1,879 individuals enrolled in the program at the end of SFY 2015. For further information, please visit www.ct.gov/dss/cadap.

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

Approximately 5,100 individuals with disabilities in Connecticut's workforce receive Medicaid coverage through this program. Enrollees may have income up to \$75,000 per year. Some participants are charged a premium (10% of their income in excess of 200 percent of the federal poverty level). Liquid assets may not exceed \$10,000 for a single person or \$15,000 for a couple.



The Connecticut Home Care Program for Elders (CHCPE; www.ct.gov/dss, 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 16,000 older adults statewide. Available services include adult day health, homemaker, companion, chore, home delivered meals, emergency response systems, care management, home health, assisted living, personal care assistant, assistive technology, mental health counseling and minor home modification services. The individual must meet the income and asset limits to be eligible for the program.

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

receiving services under the state funded portion of the program are required to pay a copay for the services they receive.

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

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

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

Katie Beckett Waiver serves children and young adults up to the age 22 who have physical disabilities. The waiver provides nursing care management services to children and their families and supports their efforts to keep the child in the family home with community-based services and supports. The waiver had served up to 203 youngsters but as of July 1, 2014, 100 new slots were added to the program as a result of budget action by Governor Malloy and the General Assembly. Over SFY 2015, the Department supported applicants in accessing all of these new slots.

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

ConnTRANS (Connecticut Organ Transplant Fund; www.ct.gov/dss, search term 'ConnTRANS'): ConnTRANS is a non-entitlement program supported by donations from taxpayers who earmark a part of their state tax refund, assisting donors, pre and post-transplant patients when their expenses are not covered by another source. Applications and questions may be directed to the Eligibility Policy and Program Support Division by contacting 860-424-5250.

Medical Coverage for Children at DCF (www.ct.gov/dss, search term 'Family Services'): provides medical benefits for children cared for by the Department of Children and Families (DCF). During SFY 2015, HUSKY A coverage was provided to approximately 7,665 children in DCF foster care and 4,761 children in subsidized adoption care. An additional 773 youths transitioning from DCF care on their 18th birthday were granted coverage until the age of 21. Due to the implementation of the Affordable Health Care Act, youth transitioning from DCF care on their 18th birthday can now receive coverage medical coverage until the age of 26.

Department of Social Services currently maintains approximately 442 medical cases in this category. Medical benefits were also granted for children in subsidized guardianship.

The Connecticut Breast and Cervical Cancer Early Detection Program is a comprehensive screening program available throughout Connecticut for medically underserved women. The primary objective of the program is to significantly increase the number of women who receive breast and cervical cancer screening, diagnostic and treatment referral services. Medical coverage is also available for eligible adults. All services are offered free of charge through the Connecticut Department of Public Health's contracted health care providers located statewide. Department of Social Services currently maintains 484 cases for this coverage group in Medicaid. For more information please visit www.ct.gov/dss/bcc.

Tuberculosis Medicaid Coverage: Provides Medicaid coverage for patients who are not otherwise eligible while they are being evaluated or treated for TB disease and infection including medication. The department currently maintains 109 cases for this coverage group.

Family Planning Services (www.huskyhealth.com or 1-877-CT-HUSKY): Provides Medicaid coverage for family planning and related services for individuals of childbearing age who are not otherwise eligible for full Medicaid coverage. The department currently maintains 925 cases for this coverage group.

Services for Families and Children

Temporary Family Assistance

The department operates **Jobs First**, Connecticut's welfare reform program, providing Temporary Family Assistance 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. During SFY 2015, the department's TFA average monthly caseload was 14,475 households. As the fiscal year ended, the program was serving 32,300 individuals in 14,867 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 873 families in SFY 2015.

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 2,641 families in SFY 2015.

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 476 families in SFY 2015.

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.

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps, provides monthly benefits to help eligible families and individuals afford food purchases. Benefits are provided electronically, enabling clients to use a debit-type swipe card at food markets for federally approved purchases. The general income limit is 185% of the federal poverty level.



The Supplemental Nutrition Assistance Program has meant the difference between food security and hunger for eligible families in Connecticut. At the end of SFY 2015, 405,343 Connecticut residents in 228,412 households were receiving SNAP benefits. The SNAP Division, created by Commissioner Roderick Bremby in 2012, continues to provide policy support to the 12 field DSS offices while developing and implementing practices that support the program. Each office has an assigned Public Assistance Consultant to help the regions administer this federally funded program. The Division includes a Local Quality Control Review Unit and administrative support staff.

While the agency continued to restructure and implement new business process engineering processes, the formation of the SNAP Division has helped yield positive results in terms of customer service, program access, program participation, and program visibility. It has also successfully secured federal approval for several waivers and state options critical to the

successful implementation of a redesigned business process. Future expansion efforts include developing the SNAP Employment and Training network of program opportunities by further partnering with state community colleges and community-based organizations.

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

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 outside of marriage, and integration of the principles of the Fatherhood Initiative.

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

While core functions remain a major focus for the 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.

Electronic Income Withholdings (e-IWO)

Income Withholding Orders (IWOs) are transmitted electronically to employers who participate in the federal e-IWO program. Employers who have the capability and have agreed to participate in this program receive IWO information via electronic transmission rather than receiving an income withholding order (JD-FM-1) form via first class mail. Employers then process the child support order information directly into their automated payroll systems.

The federal Office of Child Support Enforcement (OCSE) has worked with state IV-D agencies and employers to automate the income withholding process. The result was the e-IWO program. Via e-IWO, state IV-D programs transmit, and employers receive, income withholding orders electronically. In addition, an electronic acknowledgement process enables employers to notify states, tribes or territories about the status of an existing income withholding order.

The e-IWO program increases processing efficiency to improve the timeliness of families receiving payments. OCSE has enlisted over 8,400 employers nationwide (almost 2,900 of which are active in CCSES). Connecticut is one of 35 states participating in the e-IWO program. If employers are interested in participating in the e-IWO program, information is available at the Connecticut State Disbursement Unit (SDU) website at: www.ctchildsupport.com.

The Connecticut/Rhode Island SDU Partnership Agreement Update

In August 2010, Connecticut, Rhode Island, and Systems and Methods, Inc. (SMI) initiated a joint venture with child support payment processing. Connecticut's State Disbursement Unit contractor, SMI, provides similar payment processing services to the state of Rhode Island through an amendment of Connecticut's existing contract with SMI at the Connecticut facility. 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.

After the fourth year of this unique partnership agreement, both states continue to realize a cost savings through the sharing of expenses for office rent, management staff, equipment and maintenance. Connecticut saves approximately \$133,143 annually and will continue to realize this savings throughout the term of the SDU contract. With state budget deficits, the partnering of states is proving to be mutually beneficial for child support agencies to provide high quality service while realizing substantial savings.

John S. Martinez Fatherhood Initiative of Connecticut



The Department serves as lead agency for the *John S. Martinez Fatherhood Initiative of Connecticut*, currently in its 16th year of operation. It is a broad-based, multi-agency, statewide program focused on systems change and the provision of supportive services to improve fathers' ability to be fully and positively involved in the lives of their children. The Department collaborates with a wide range of external partners to assist communities in identifying and addressing the needs of fathers and families.

Partners in the Initiative include the Departments of Children & Families, Correction, Education, Labor, Mental Health & Addiction Services, and Public Health; Judicial Branch Support Enforcement Services and Court Support Services Divisions; CT Commission on Children; CT Coalition Against Domestic Violence; Legal Aid Services and numerous community-based

partners serving families (mothers, fathers, and children). Efforts are focused on four proven systems change strategies including capacity-building in existing programs, infusing father-friendly principles and practices into existing systems, media advocacy to promote responsible fatherhood and recommending social policy change to support father involvement and strengthen families.

During SFY 2015, the Department and its partners completed a statewide strategic plan to strengthen the Initiative's infrastructure and enhance its sustainability. More than 80 individuals representing over 50 state and local agencies, as well as fatherhood program participants, actively engaged in the development of the Plan. The Plan aims to strengthen the Initiative's infrastructure and enhance its sustainability, and outlines recommendations for short- and long-term strategies to address program, policy and system barriers to dads' engagement with their children, expand promising practices already being implemented, and establish new and strengthen existing partnerships at the state and local levels to support the result statements: "Connecticut children grow up in a stable environment, safe, healthy and ready to lead successful lives"; and, "All Connecticut fathers are engaged in the lives of their children." Also included in this Plan are the partners' recommendations for a Service Delivery System, including such areas as governance, sustainability, accountability/performance measures (for programs and common measures for the system), connecting with partner systems, capacity-building for father-serving programs, public awareness, the implementation of proposed strategies/data development agenda and a process for updating the RBA model and strategic plan regularly.

The 16th Annual New England Fathering Conference, entitled *Back to Basics: Love, Compassion, Connection*, was held in Newport, R.I., March 18-20, 2015. The event brought together 400 federal, state and local professionals, paraprofessionals and parents from the six New England states and beyond, to share information and gain knowledge about the significant role fathers play in raising healthy, happy children. The Department and seven of our sister agency partners in the *Initiative* from the Executive and Judicial branches contributed to the event through financial support which allowed the Planning Committee to offer more scholarships to fathers who attend from local programs in Connecticut and across New England, as well as cover conference costs. Agencies also supported through staff attendance, delivering workshops and participating as panelists for Connecticut's State Roundtable discussion and providing agency/program materials in the event's Resource Hall.

The Department funded six certified fatherhood programs during SFY 2015. The certified programs were targeted to serve a minimum statewide total of 510 fathers and offer a comprehensive set of services that support the positive involvement and interactions of fathers with their children, these services include but are not limited to: economic stability, intensive case management, parenting education, group based sessions, mediation and referrals to education, training and employment services. As of the reporting period ending June 30, 2015, the programs have served 710 fathers statewide. Funded programs are currently being operated by Madonna Place in Norwich, Career Resources, Inc. in Bridgeport, Families in Crisis, Inc. in Cheshire at the Manson Youth Correctional Facility, Family Strides, Inc. in Torrington, New Haven Family Alliance, Inc. in New Haven and New Opportunities, Inc. in Waterbury.

In order to support continued programming and enhance services to fathers across the state, the Department worked on a comprehensive application, including collaborative activities with several state and local partners and an impact evaluation component, for the federal *New Pathways for Fathers and Families* grant, which was submitted on July 7. Award announcement is anticipated for September.

For more information about the Fatherhood Initiative, please visit www.ct.gov/fatherhood.

Financial Assistance for Adults

State Administered General Assistance

Through the **State-Administered General Assistance (SAGA)** program, the department provides cash assistance to eligible individuals who are unable to work for medical or other prescribed reasons, or meet other non-medical criteria. Approximately 7,172 individuals were receiving SAGA cash assistance at the end of SFY 2015.

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

State Supplement Program

The **State Supplement Program** provides cash assistance to 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 2015, 15,964 individuals (4,854 aged, 79 blind, and 11,031 with other disability) were receiving State Supplement benefits. Further information: www.ct.gov/dss, search term 'state supplement.'

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

Social Work Services

Protective Services for the Elderly assists persons age 60 and older who have been identified as needing protection from abuse, neglect and/or exploitation. During SFY 2015, agency social workers provided services to 5,230 persons living in the community. The department also received 317 reports regarding residents of long-term care facilities.

The **Conservator of Person program**, for indigent individuals 60 and older who require life management oversight, helped 262 individuals; and the **Conservator of Estate Program** provided financial management services to 111 people in the same age group.

During the fiscal year, the **Community-Based/Essential Services Program** provided services designed to prevent institutionalization to 2,257 persons with disabilities.

Under the **Acquired Brain Injury I Medicaid Waiver program**, the department is approximately 350 individuals. Another 27 individuals are served through the **ABI II program**, and 22 additional individuals have been allocated a waiver service slot under available appropriations, pending the assessment process.

There were 2,039 persons who received help through the **Personal Care Assistance Program** (people with disabilities between age 18 and 64).

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

The **Family Support Grant Program** helped 15 families with children with developmental disabilities other than mental retardation in meeting extraordinary expenses of respite care, health care, special equipment, medical transportation and special clothing.

Family and Individual Social Work Services

Field and Central Office social work staff provided brief interventions for 537 families and individuals to include counseling, case management, advocacy, information and referral, housing and homelessness assistance and consultation, through Family and Individual Social Work Services.

The **Teenage Pregnancy Prevention Initiative**, designed to prevent first-time pregnancies in at-risk teenagers, targets the urban areas of Bridgeport, East Hartford, Hartford, Killingly, Meriden, New Britain, New Haven, New London, Norwich, Torrington, Waterbury, West Haven, and Willimantic. The programs served 830 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.

Domestic Violence Services provides shelter services, including support staff, emergency food, living expenses and social services for victims of household abuse. It is also intended to reduce the incidence of household abuse through preventive education programs. The department contracts with non-profit organizations to provide these services in their respective coverage areas. The program is supported with a combination of state and federal funding. There are 16 shelter sites and two host homes funded through a consolidated contract with the Connecticut Coalition Against Domestic Violence. In SFY 2015, 1,896 women, 9 men and 670 children were served by the DV Program. There are four **Transitional Living Program** sites funded through the consolidated contract with the Connecticut Coalition Against Domestic Violence. In SFY 2015, 1,799 children and 588 adults for a total of 2,387 individuals were served by the Transitional Living Program.

Energy and Food Assistance, Community Programs

The **Connecticut Energy Assistance Program (CEAP)** is administered by DSS through the Community Services Division 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 2015, DSS and its service partners assisted 99,088 eligible households, distributing \$79.8 million in federally funded energy assistance through CEAP and **Contingency Heating Assistance Program (CHAP)**.

- 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; and
- CEAP includes liquid assets eligibility requirements.
- 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; and
- CHAP includes liquid assets eligibility requirements.

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

Refugee Resettlement Services

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.

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.

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 (TEFAP) helps supplement the diets of low-income needy persons, including elderly people, by providing them with emergency food and nutrition assistance. TEFAP products are received by Connecticut's two food banks; CT Food Bank and Foodshare and are distributed to food pantries, soup kitchens and emergency shelters.

Connecticut Nutrition Assistance Plan (CTNAP) is a federally and state funded nutrition program that began in the 1980s to purchase high protein foods (meats, poultry, tuna, peanut

butter) for food pantries and soup kitchens. Administrative costs are borne by the state's food banks; CT Food Bank and Foodshare. CT Food Bank secures bids for shelf stable products that are in high demand and purchases the food which is then distributed to Foodshare and food pantries, soup kitchens and emergency shelters.

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

During SFY 2015, 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 toward self-sufficiency.

In SFY 2015, CAAs served 350,488 individuals in 139,613 families in need. Vulnerable populations served included 120,705 children, 85,408 people with disabilities, 70,379 seniors and 40,374 people who lacked health insurance.

In addition to the \$6,918,587 of federal CSBG funds expended by the department, the CAAs brought in and administered \$229,808,609 of other sources (federal, state, local and private) funds in direct services to fight poverty. These services include employment and training, financial literacy and income management, nutrition, housing and shelter, health care, education, child and family development, senior support, energy, and emergency assistance.

For every \$1 of CSBG, the Connecticut network also leveraged \$12.17 from state, local, and private sources, including the value of volunteer hours. Including all federal sources, the CT Community Action Network leveraged \$35.67 per \$1 of CSBG funds.

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

The CAAs annually employ a Results-Based Accountability framework called Results-Oriented Management and Accountability, or ROMA, to measure customer, agency and community outcomes based on 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.

ADDITIONAL SERVICES/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 oversees the agency's regulation promulgation process.

Because the department administers myriad 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 have served as impartial reviewers when providers seek a review of audit findings pursuant to section 17b-99 of the Connecticut General Statutes. Based on changes to section 17b-99 effective July 1, 2015, those reviews will be supplanted by contested case hearings, over which attorneys shall preside as hearing officers.

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 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.

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; 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; and the Connecticut Energy Assistance Program; Medical services under Husky A, C and D; Individual and Family Grant for FEMA (Federal Emergency Management Agency) following a disaster in the state; Qualified Medicare Beneficiaries; CT AIDS Drug Assistance Program; Department of Developmental Services Community-Based Services; Eviction Prevent and Emergency Housing; and the Security Deposit Program. Hearing officers also conduct hearings on Access Health CT programs: Advance Payment Tax Credit, Cost Sharing Reduction, Medicaid and the Children's Health Insurance Program.
- Pharmacy Lock-in appeals; nursing facility discharges and involuntary transfers appeals; Medicaid Long Term Care level of care denials.
- Administrative Disqualifications for the following programs: TFA, SAGA, and SNAP. (Follow this link for the Administrative Disqualification Hearings Homepage - 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 534 appellants per week, a total of 27,759 per year. For SFY 2015, the unit scheduled 25,220 hearings and rendered 1,447 hearing decisions. The unit receives and reviews appellants' hearing requests, schedules hearings, conducts hearings and renders hearing decisions.

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

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

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.

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; 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.

The Office of Public Affairs coordinates the DSS Mobile Office, a computer-equipped bus which conducts outreach in rural, suburban and urban communities. With the bus, DSS field staff and Central Office provide eligibility screening for various public assistance programs, including Medicaid, HUSKY, SAGA, Medicare Savings and SNAP (Food Stamps). During SFY 2015, DSS Mobile Office provided outreach services including information and eligibility screening

for SNAP, Medicare Savings Programs, CHOICES, Medicare Part D and HUSKY to approximately 1,150 consumers at 66 events.

During SFY 2015, 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 issue tracking system,' created in conjunction with Field Operations 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.

Office of Planning, Performance and Accountability

The Department has continued its rebuilding of strategic planning and analytics resources by creating a 'Business Intelligence Competency Center' that will be devoted to better identify, compile, analyze, and report on information about the impact of DSS's services and about client and community outcomes. The BICC mission is: To support agency efforts to improve customer health and well-being by building data and analytics systems and expertise across DSS. This will be affected through a contract with the University of Connecticut Health Center and via building capacity within DSS staff.

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.

Strategic Planning

OPPA provides and manages an inclusive planning process that assists leadership in clear thinking about the department's long-term vision and strategy. The office continues to assist all divisions in developing their supportive strategic framework aligning with the mission, vision, values and goals.

DSS Mission

Guided by shared belief in human potential, we aim to increase the security and well-being of Connecticut individuals, families, and communities.

DSS Vision

To become a world-class service organization.

DSS Goals

- Health: Support optimal physical, oral, and behavioral health and well-being.
- Economic Security: Reduce barriers to employment and strengthen financial stability and self-sufficiency.
- Learning Preparedness: Improve readiness and ability to learn and thrive.

- Generative Impact: Utilize holistic, evidence-based, and culturally appropriate services as a platform for improving quality of life.
- Public Trust: Transform the way DSS does business.

Performance Analysis & Management

Work as a team with other units and divisions to 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:
Connecticut Department of Social Services Office of Strategic Planning
55 Farmington Avenue
Hartford, CT

Please email general inquiries to: DSS-DL-STRAPLAN@ct.gov

Quality Assurance

The Office of Quality Assurance (QA) is responsible for ensuring the fiscal and programmatic integrity of programs administered by the Department of Social Services. In addition, QA is responsible for ensuring the integrity of administrative functions of the Department. QA has five separate divisions, each with unique program integrity functions: Audit, Investigations and Recoveries, Special Investigations, Quality Control and Third Party Liability. During SFY 2015, QA identified over \$596 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. The Audit Division reviews medical provider activities; audits claims; identifies overpayments; and educates providers on program integrity issues. In addition, support and assistance is provided to the Special Investigations Unit in the ongoing effort to combat fraud and abuse. 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 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. Finally, the Audit Division's Medicaid Recovery Unit uses data analytics to identify aberrant billing activity and pursues collection of such overpayments.

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

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

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

The **Investigations and Recoveries Division** is comprised of two units; the **Client Investigations Unit** and the **Resources and Recoveries Unit**. Both units have investigation staff located at both central and field office locations. The Client Investigations Unit investigates alleged client fraud in various programs administered by the Department. This unit performs investigations via pre-eligibility, post-eligibility and other fraud investigation measures that include, but are not limited to, data integrity matches with other state and federal agencies. This unit also oversees the toll-free Fraud Hotline (1-800-842-2155) that is available to the public to report situations where it's perceived that a public assistance recipient, a provider, or a medical provider may be defrauding the state. The Resources and Recoveries Unit is charged with ensuring that the Department is the payer of last resort for the cost of a client's care by detecting, verifying, and utilizing third-party resources; establishing monetary recoveries realized from liens, mortgages, and property sales; and establishing recoveries for miscellaneous overpayments.

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

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.

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 1, 2015, 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 2015, 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 October 31, 2014, affirmative action reporting period, 49.6% of DSS employees were minorities, 70.7% were women, and 0.3% was self-identified as having a disability. During the plan year, the department hired 201 new employees: 108 (53.7%) were minorities and 152 (75.6%) 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 Financial Services

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

The Budget Group was responsible for budgeting in excess of \$3.1 billion in state general funds in SFY 2015 through 34 distinct budgeted accounts. Ongoing functions of this group include developing estimates of agency spending, producing or reviewing detailed spending plans, monitoring against these plans and estimates, facilitating the development of agency budget options and providing updates on the status of the budget process for the agency. In addition to operational expenses, the Budget Group develops forecasts and expenditure reports for the many complex medical and cash assistance services DSS provides to eligible state residents.

During the past fiscal year, this group has reviewed and approved spending plans that allocate available funding to several hundred contracts; monitored, reviewed and estimated approximately \$3.1 billion in state General Fund expenses (over \$6 billion including federal reimbursement); provided metrics for all key program areas including Medicaid, assistance programs, and operational accounts; and reviewed and approved all of the agency's position requests for funding availability and coding accuracy. The division continues to be involved in providing fiscal analyses on major department initiatives that were implemented or proposed during the year.

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

Finally, this group is responsible for the development and submission of the department's annual Small Business & Minority goals reporting and the ongoing quarterly reporting on efforts to comply with the goals, as approved by the Department of Administrative Services.

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

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

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

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

The Cost Allocation function provides a mechanism to allocate the administrative costs to benefiting programs and grants administered by the department, in accordance with the Office of Management and Budget (OMB) Circular A-87. The group is also responsible for the Random Moment Sample System, which supports the cost allocation process for field operations expenses.

During SFY 2015, this group allocated close to \$500 million in department administrative costs for the purpose of accessing federal reimbursement, compiled 91 federal reports for \$134 million

in direct federal grants and \$714 million in SNAP benefits, and processed over 8,300 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 2015, funding from revenue generating programs resulted in over \$4 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 180+ grants contained on two different federal draw systems. In SFY 2015, this area accessed over \$4.9 billion in federal funding 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 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 two fiscal years, the department successfully reduced accounts receivable balances greater than one year old by close to \$3 million.

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

[Contract Administration and Procurement](#)

The Division of Contract Administration and Procurement is comprised of two separate functional units: 1) Contract Administration and 2) Procurement; The division is charged with the oversight and administration of all contracts and procurement functions for the department.

Contract Administration staff provide direction and support in all administrative contract activities for the purchase of services, 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 339 contracts and amendments with over 209 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 Integrated Services Division, the Contract Administration staff, primarily through its manager and the grants and contract specialist staff dedicated to the unit, work closely with Division of Health Services 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).

Facilities Operations and Support Services

This office provides support services to DSS offices, including Central Office and 12 field office locations throughout the state. Staff monitor and address building related maintenance and office operations matters, including security needs, health and safety, environmental issues, emergency requirements and ensuring landlord compliance with all federal, state and local building code regulations. Facilities Operations and Support Services coordinates the development of the statewide facilities plan to maintain and secure office space, tracks equipment inventory, processes surplus items for reuse, arranges for recycling of IT equipment, and maintains a fleet of 95 state vehicles. Facilities Operations is the department's primary liaison with the

Department of Administrative Services Bureau of Properties and Facilities Management for requesting, obtaining and maintaining leased office space necessary for department operations. The unit supports DSS staff by providing the work tools and secure environment necessary to ensure uninterrupted services to our clients.

Information Technology Services

The Information Technology Services Division is comprised of several separate and distinct sections, that is, Technical Services, Support Services, the Data Warehouse, and the Document Center/Mailroom. These sections provide extensive technical, business, and operational 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

The staff in the Operations, Helpdesk, and the LAN/WAN areas, provide overall support 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; and
- Telephone Support (including iPhone 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; and
- 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. In addition, staff is primarily responsible 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 one to 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, that is, the Eligibility Management System (EMS). 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/ConneCT User Support Group, CCSES User Support Group and the Systems Planning Unit.

EMS/ConneCT User Support Group - the 'Help Desk' for EMS/ConneCT users - responds to questions ranging from password resets to system functionality issues to the user acceptance testing of new enhancements to the systems.

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, ConneCT, CCSES, and PC projects.

The **Data Warehouse Administration Unit** manages the Department's data warehouse 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 and Mailroom Unit** provides departmental printing and mail insertion services, including more than 10 million notices to clients per year. The automated inserting equipment can process 6,000-8,000 items per hour and can affix the proper discounted postage rate in one process. By presorting the mail, the department saves approximately \$30,000 per month on postage.

[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, change management, 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, LEAN, and the integrated eligibility system.

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; and institute systemic interventions that support organizational operations in the area of communication, project management, access, and service.

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, overviews of how to help customers access ConneCT 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 2015

Training Development & Delivery

Programmatic - Eligibility CORE (over 100 new staff); Child Support CORE; Long Term Services and Supports; Case and Procedural Error Rates in SNAP; Expedited SNAP Processing; Non-Citizens; Child Support Arrearage Guidelines; Access Health CT Renewals; Social Work CORE; Balancing Incentives Program; Person Centered Planning; Ethical Decision-Making; and EMS Inquiry.

Professional Leadership Development - Project Management; Positively Stressed; Survey Development; Orientation; Manager's Boot camp; LEAN; Balanced Scorecard; Got Stress Health and Wellness; Business writing and Grammar Skills; Conflict Resolution; Cultural Competency; Defining Need and the Role of DSS; Customer Service Representatives; Ace the Interview; Orientation; Handling the Challenging Phone Call; ImpaCT Roadshows; Pre-Supervisory Series; and the Supervisory Series.

Media Production and Support

Video and graphic development Supplemental Nutrition Assistance Program (SNAP) Summer Meals; Electronic Signage for client information in DSS offices; CADAP publications; Mobile office design; SNAP E&T video; & Energy Assistance publications.

Web Based Training development – SAVE; ADA

Organizational Development & Support

Fatherhood Initiative; LEAN projects; Supplemental Nutrition Assistance Program (SNAP) Employment and Training grant development; the new Integrated Eligibility System (ImpaCT); LTSS reorganization; and Eligibility Policy Realignment.

Human Resources Division

The Human Resources Division is responsible for providing technical guidance and support to all Department of Social Service employees. 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 payroll, medical and other benefits; implementation of health and safety programs, including employee wellness education and workers' compensation.

The Human Resources Division administered approximately 8,390 personnel transactions during the fiscal year ended June 30, 2015, including hires, promotions, demotions, reassignments, transfers, retirements, discharges, resignations, leaves and general data changes.