

Department of Social Services Annual Report State Fiscal Year 2016



Dannel P. Malloy
Governor

Roderick L. Bremby
Commissioner



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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

State Fiscal Year 2016

(July 2015-June 2016)

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 – 1,680

Operating Expenses - \$288,975,169

Program Expenses - \$2,784,027,635

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.

VISION

- To become a world-class service organization.

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.

STATUTORY RESPONSIBILITY

The Department of Social Services is designated as the state agency for the administration of 1) the Connecticut Energy Assistance Program, pursuant to the Low Income Home Energy Assistance Act of 1981; 2) the Refugee Assistance Program, pursuant to the Refugee Act of 1980; 3) the Legalization Impact Assistance Grant Program, pursuant to the Immigration Reform and Control Act of 1986; 4) the Temporary Assistance for Needy Families program, pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5) the Medicaid program, pursuant to Title XIX of the Social Security Act; 6) the Supplemental Nutrition Assistance Program (Food Stamp), pursuant to the Food Stamp Act of 1977; 7) the State Supplement to the Supplemental Security Income Program, pursuant to the Social Security Act; 9) the state Child Support Enforcement Plan, pursuant to Title IV-D of the Social Security Act; 10) the state Social Services Plan for the implementation of the Social Services and Community Services Block Grants, pursuant to the Social Security Act; 11) the state plan for the Title XXI State Children's Health Insurance Program; and 12) 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, renewing benefits, reporting changes): www.connect.ct.gov; application guidance also at www.ct.gov/dss/apply
- Child Support Services: www.ct.gov/dss/childsupport
- Connecticut Child Support Payment Resource Center: www.ctchildsupport.com
- HUSKY Health Program (Medicaid/Children's Health Insurance Program): www.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

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 (recorded information): 1-800-842-1508
- TTY for persons with hearing impairment: 1-800-842-4524
- Child Support:
 - Child Support Payment Disbursement Unit : 1-888-233-7223
 - Connecticut Child Support Call Center: 1-800-228-KIDS (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 (Beacon)	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; Counselor and Government Relations Director: Alvin R. Wilson, Jr.; Eligibility Policy and Economic Security Director & Supplemental Nutrition Assistance Program 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; Health Services Community Options Director: Kathy Bruni; Child Support Services Director: John Dillon; Fiscal Services Director: Michael Gilbert; Information Technology Services Director: Vance Dean; 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 contact:

- 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.

- **Greater Hartford**—20 Meadow Road, Windsor 06095; Musa Mohamud and Judy Williams, Services Operations Managers.
- **Manchester**—699 East Middle Turnpike, Middletown 06040; Elizabeth Thomas, Social Services Operations Manager.
- **New Britain**—30 Christian Lane, New Britain 06051; Phil Ober, 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 and Brian Sexton, Social Services Operations Managers.
- **Middletown**— 2081 South Main Street, 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 and 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 and Peter Bucknall, Social Services Operations Managers.
- **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 2016

Overview

The Department of Social Services continued to deliver vital public benefits to more than 1 in 4 Connecticut residents in fiscal 2016. **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 and planning for implementation of the new **‘ImpaCT’** advanced eligibility management system; worked with Access Health CT, Connecticut’s health insurance exchange/marketplace, to **continue implementation of 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 additional **performance benchmarks in the Supplemental Nutrition Assistance Program** (becoming one of the top SNAP programs in the nation).

Advances in the Supplemental Nutrition Assistance Program (SNAP)

DSS continued to improve its quality of service to over 397,000 Connecticut residents enrolled in SNAP as SFY 2016 ended. **The department posted a 100% timeliness rate for SNAP application processing** in the last six-month period evaluated by the federal government, October 2015 through March 2016. The department’s 2.86% payment error rate is far better than the national average and continues a trend of significant improvement since 2013. Case and Procedural

Error Rates (CAPER) have also improved significantly. Over the past year the department improved its CAPER rate from 12.21% to 10.20%. As SFY 2016 closed, Connecticut ranked 9th in the nation and top in the northeast region. Meanwhile, over \$693 million in federal revenue came into Connecticut's food economy last fiscal year. This equates to about \$125 million over 2010, representing a huge impact on hunger/poverty and help to the local economy.

The 2010 Agriculture Appropriation Act provided authority and funding for the U.S. Department of Agriculture to demonstrate and rigorously evaluate methods of reducing or preventing food insecurity and hunger among children in the summer months. In response, the Summer Electronic Benefits Transfer for Children (SEBTC) demonstration was developed to test a household-based method of delivering nutrition assistance to low-income children during summer months. The Summer Food Service Program and the Seamless Summer option provide meals for thousands of low-income children in Connecticut annually. The SEBTC demonstration program allows chosen school districts to provide selected households an additional resource to combat hunger in the communities where they live. SFY 2016 was the Department of Social Services' fifth year in administering the Summer Electronic Benefits for Children, in collaboration with the Department of Education and End Hunger CT!.

Advances in Medicaid/HUSKY Health application processing

The department has continued with significant improvements in Medicaid application processing. Long-Term Services and Supports has maintained an overall timely processing rate of more than 90% in SFY 2016. Applications for HUSKY C (Medicaid for the aged/blind/disabled) continue to be processed at rates in excess of 90%, cementing improvements made in the previous year. Additionally, applicants for HUSKY A (children/parents/relative caregivers/pregnant women) and HUSKY D (low-income adults without dependent children) continue to receive real-time application determinations when applying through the DSS-Access Health CT shared eligibility system. Medicaid/HUSKY enrollment reached 756,551 at the end of SFY 2016.

Temporary Assistance for Needy Families (TANF) Academy

DSS was selected as one of seven sites across the country to participate in the National TANF Academy for Family and Systems Support. The Department's TANF, Child Support and Fatherhood units partnered with the Department of Labor, Office of Early Childhood, Commission on Children, Judicial Branch's Office of Support Enforcement Services and the United Way of Connecticut. Technical assistance was provided by national consultants, Connecticut is now beginning a two-generational pilot targeted to non-custodial parents and their children.

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.

- Clients and the general public can visit www.connect.ct.gov to apply online for services, renew benefits and report changes.
- Clients and the general public can also visit www.connect.ct.gov to check on food, cash and medical service eligibility through a handy pre-screening tool (called ‘Am I Eligible?’).
- The 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 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.

In Person:

- DSS services are available at 12 field offices. For a list, please visit www.ct.gov/dss/fieldoffices.

Implementing the Affordable Care Act

Connecticut’s nation-leading implementation of the Affordable Care Act (ACA) continued in SFY 2016, 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 2016 ended, total Medicaid enrollment was 756,551, including 201,025 in the Medicaid expansion for low-income adults without dependent children (HUSKY D).**

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

- 1) enable implementation of new Medicaid-funded preventive benefits, including coverage for smoking cessation and family planning;
- 2) 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;
- 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 14 for more information.

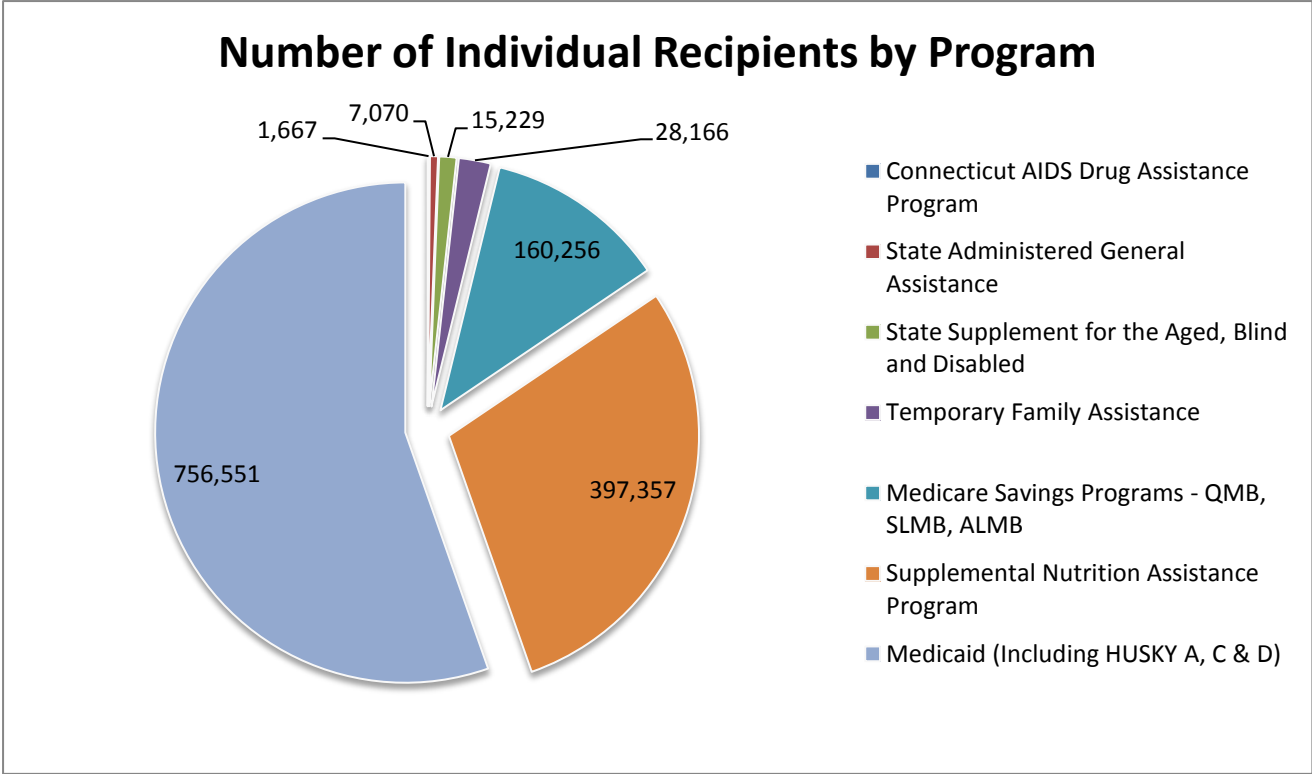
The State of Connecticut has also continued to invest in and to promote ACA-related care delivery and payment reforms in HUSKY Health, including state support for increased rates of reimbursement for primary care providers, practice transformation under the nationally recognized Person-Centered Medical Home initiative, Intensive Care Management (ICM) under an Administrative Services Organization structure, integration of behavioral health and medical services under a health home model, and hospital payment modernization.

Serving Connecticut Residents: A Sampling of Critical DSS Programs

DSS programs showed total enrollment of more than 1 million individual recipients at the end of SFY 2016 (unduplicated client count; a person 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:

- 397,357 residents in 226,095 households receiving federally-funded SNAP benefits.
- 756,551 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).
- 28,166 individuals in 13,029 households served by the Temporary Family Assistance program.



June 2016

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 **201,025** individuals in June 2016.
 - *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 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 3,368 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 are enabling local mental health authorities and their affiliates to integrate behavioral health, primary care and community-based supports for people with Serious and Persistent Mental Illness.*
- funded rate increases, which have been continued on a somewhat more limited basis by the State, that have increased participation of primary care practitioners in Medicaid.
- *Access to primary care is a key aspect of Medicaid reform and an essential means of reducing use of the emergency department, as well as effective management of chronic conditions.*

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 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.

Over SFY 2016, medical ICM interventions have: 1) **reduced emergency department (ED) usage for members engaged in the CHNCT ICM program by 22.28% and inpatient admissions by 39.08%**; 2) **reduced readmission rate by 27.18%** for those members who received Intensive Discharge Care Management (IDCM) services.

❖ *Interventions through department's behavioral health ASO*

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), Beacon Health used claims and other data to identify the five Connecticut hospitals that were associated with the greatest number of Medicaid high utilizers. Beacon Health then designed and implemented a multi-pronged approach to reduce the inappropriate use of the emergency department 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.

❖ *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*

Medical Providers

Primary care providers: 3,454

Specialists: 13,379

Network growth over calendar year 2015: 7.22%

- Recruited and enrolled 17 new practices into DSS’ Person-Centered Medical Home (PCMH) program
- Increased Children and Adolescents’ Access to Primary Care Practitioners by 1.19%

Behavioral Health Providers

Behavioral Health Providers: 4,537

Network Growth over calendar year 2015: 15.94%

Dental Providers

Primary care providers: 1,787

Specialists: 415

Network growth over calendar year 2015: 10.0%

Pharmacies

Pharmacies: 698

❖ *Utilization Management and Cost-Effectiveness*

- Overall admissions per 1,000 member months (MM) decreased by 5.4%
- Utilization per 1,000 MM for emergent medical visits decreased by 4.3%
- Utilization per 1,000 MM for non-emergent medical visits decreased by 2.7%
- Utilization per 100,000MM due to Heart Failure Rate decreased by 7.42%
- Decreased the Heart Failure Admission rate per 100,000 MM (ages 18-64) by 7.42%
- Cost-avoidance of non-program compliant dental services decreased by 9.32%

❖ *Care Coordination, Outcomes and Quality*

- *Reduced the Emergency Department visit rate by:*
 - 5.80% for HUSKY A and B
 - 3.10% for HUSKY C
 - 8.57% for HUSKY D
- *Increased the rate for Breast Cancer Screening by:*
 - 1.12% for HUSKY A and B
 - 0.62% for HUSKY C
 - 3.35% for HUSKY D
- *Increased the Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis by:*
 - 3.15% for HUSKY A and B
 - 12.68% for HUSKY C
 - 7.72% for HUSKY D

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

- Increased the Well Child Visits in the First 15 Months of Life for 6+ visits by 5.17%
- Increased the Adolescent Well Care Visit rate by 2.42%
- Increased the Lead Screening rate by 5.06%
- Increased the Childhood Immunization Status Rates by:
 - 0.52% for IPV
 - 3.92% for Influenza
 - 6.45% for Hepatitis B vaccine
 - 2.19% for Rotavirus vaccine

- 13.01% for Combination #10; which represents the receipt of DTap, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and Influenza vaccines
- Increased the Immunizations for Adolescents rate by:
 - 1.52% for Meningococcal vaccine
 - 2.27% for Tdap/Td

Diabetes Outcomes

- Increased the HbA1c testing rate by:
 - 2.24% for HUSKY A and B
 - 1.80% for HUSKY C
- Increased the number of members with a HbA1c result <7 by:
 - 19.02% for HUSKY A and B
 - 2.28% for HUSKY D
- Increased the number of members with a HbA1c result <8 by:
 - 17.50% for HUSKY A and B
- Reduced the number of members with a HbA1c in poor control by:
 - 7.04% for HUSKY A and B
- Increased the rate of retinal eye exams by:
 - 1.82% for HUSKY D
- Increased the rate of controlling high blood pressure for diabetic members (<140/90mm Hg) by:
 - 2.17% for HUSKY D

Admissions for Diabetes Complications

- Admissions for Diabetes Short-term Complications rate per 100,000 MM decreased by 5.22% for members 18 and older
- Admissions for Diabetes Long-term Complications rate per 100,00MM decreased by 20.74% for members 18 and older

Asthma Control Outcomes

- Decreased asthma inpatient admissions per 1,000 MM by 23.71%
- Decreased asthma in younger adults admission rate (ages 18 to 39) per 100,000 MM by 17.36%
- Decreased asthma emergency department visits (ages 2 to 20) by 12.91%
- Decrease COPD or asthma in older adults admission rate (ages 18 and older) per 100,000 MM by 14.56%

❖ Medical ICM Program Satisfaction

- Achieved a 94.9% overall favorable rating by members surveyed for satisfaction with the ICM program
- Achieved a 96.64% overall favorable rating by members surveyed for satisfaction after completion of a call with the CHNCT Member Engagement Services call center
- Achieved an 88.74% overall favorable rating by providers surveyed for satisfaction with various aspects of the HUSKY Health program

- Among those providers that worked with the ICM department, 89.6% were satisfied with the ICM program when surveyed through the Provider Satisfaction survey

❖ ***Person-Centered Medical Home (PCMH) Program Satisfaction***

- Achieved an overall member satisfaction rating of 92.8% among adults and 98.6% on behalf of children
- Among a number of measures of courtesy and respect shown to HUSKY Health members and communication before and during care, PCMH providers were rated overwhelmingly positively by HUSKY Health members

❖ **National Recognition of Connecticut Medicaid**

- **Connecticut Dental Health Partnership**

The Connecticut Medicaid Dental Health Partnership, under the direction of Dr. Donna Balaski, and dental health ASO BeneCare, was lauded in an American Dental Association report on the state of oral health in the United States.

When it comes to oral health in the U.S., it's easy to focus on the work that still needs to be done. However, a new ADA Health Policy Institute report in December 2015 detailed a promising trend for oral health, even amid the sometimes dreary statistics. The report specifically points to Connecticut, Maryland, and Texas, which all implemented comprehensive oral health reforms that included provider and Medicaid enrollee outreach, increasing provider reimbursement, and streamlining administrative procedures. As a result, all three states were able to drastically improve their oral health without significantly increasing the number of providers.

- **Money Follows the Person**

An article on our Money Follows the Person, entitled, "Connecticut's 'Money Follows The Person' Yields Positive Results For Transitioning People Out Of Institutions" and authored by Julie Robison, Martha Porter, Noreen Shugrue, Alison Kleppinger and Dawn Lambert (of DSS), was featured in the October 2015 edition of *Health Affairs*. To our knowledge, this is the first ever time in which a state MFP program has been featured in a peer-reviewed journal.

Here is the abstract for the article:

A centerpiece of federal and state efforts to rebalance long-term services and supports to enhance consumer choice and contain costs, the federal Money Follows the Person Rebalancing Demonstration helps qualified individuals living in institutions make the transition to life in the community. The Connecticut Money Follows the Person program

is an unusually rich source of data, with information on the 2,262 people who transitioned to the community under that state's program during 2008–14. Responses to participant surveys completed before and six, twelve, and twenty-four months after transition indicate that, for the majority of respondents who remained in the community, quality of life and life satisfaction improved significantly after transition, and they stayed high. About half of the participants visited hospitals or emergency departments after transition; however, only 14 percent had returned to an institution one year after transition. Predictors of reinstitutionalization included some not previously observed: mental health disability, difficulties with family members before transition, and not exercising choice and control in daily life. These and other findings suggest multiple ways in which policy makers can target efforts to strengthen transition programs that can meaningfully improve people's lives while containing costs.

And here is the conclusion:

The results of this study show that Connecticut's Money Follows the Person program has largely succeeded in addressing concerns raised by policy makers, advocates, families, and residents of institutions about safety, quality of life, and life satisfaction following a transition to the community . . . National and state policy makers can gain insights from these findings to identify areas to target that could prevent the use of acute care services and reinstitutionalization after transition, as well as to ensure high quality of life and global life satisfaction for older adults and people with disabilities living in the community.

- **Reduction of hospital uncompensated care**

An article from *Health Affairs* highlights this effect, analyzing data from Connecticut's early expansion. Here is the abstract of the article, with key messages highlighted.

*As states continue to debate whether or not to expand Medicaid under the Affordable Care Act (ACA), a key consideration is the impact of expansion on the financial position of hospitals, including their burden of uncompensated care. Conclusive evidence from coverage expansions that occurred in 2014 is several years away. In the meantime, we analyzed the experience of hospitals in Connecticut, which expanded Medicaid coverage to a large number of childless adults in April 2010 under the ACA. Using hospital-level panel data from Medicare cost reports, we performed difference-in-differences analyses to compare the change in Medicaid volume and uncompensated care in the period 2007–13 in Connecticut to changes in other Northeastern states. We found that early Medicaid expansion in Connecticut was associated with an increase in Medicaid discharges of 7–9 percentage points, relative to a baseline rate of 11 percent, and an increase of 7–8 percentage points in Medicaid revenue as a share of total revenue, relative to a baseline share of 10 percent. Also, in contrast to the national and regional trends of increasing uncompensated care during this period, hospitals in Connecticut experienced no increase in uncompensated care. **We conclude that uncompensated care in Connecticut was roughly one-third lower than what it would have been without early Medicaid expansion. The results suggest that ACA Medicaid expansions could reduce hospitals' uncompensated care burden.***

- **Unique, managed fee-for-service model**

A March 2016 *Wall Street Journal* article by health and science reporter Melinda Beck added national perspective to Connecticut's progress in Medicaid reform. The HUSKY Health program has improved health outcomes and care experience for members, increased the number of participating providers, reduced administrative costs, streamlined access, and reduced per-member/per-month cost -- all after moving away from for-profit managed care insurers and using Intensive Care Management and Person-Centered Medical Homes, among other reform strategies.

Further, the Center for Health Law and Policy Innovation of Harvard Law School issued a brief that features our Connecticut Medicaid ASO model alongside the Minnesota and Oregon Medicaid models. The white paper looks at Connecticut, Minnesota and Oregon as "states that have recently adopted innovative systems that either replace or refine prior [managed care organization] models of care." Our Connecticut results compared very favorably to those nationally recognized models.

- **Recognition for support for justice-involved individuals**

A Kaiser issue brief released in June 2016 featured Connecticut as one of three states leading efforts to facilitate Medicaid eligibility for corrections-involved individuals:

<http://files.kff.org/attachment/Issue-Brief-Connecting-the-Justice-Involved-Population-to-Medicaid-Coverage-and-Care>

- **Selection for participation in CMS Innovation Accelerator Program on Medicaid-Housing Partnerships**

Connecticut was selected through a highly competitive process as one of eight states to participate in the CMS Innovation Accelerator Program on Medicaid-Housing Partnerships (IAP). The IAP is an intensive, six-month technical assistance opportunity designed to help states support individuals served by Medicaid in 1) accessing and retaining stable housing; and 2) meaningfully engaging with providers they choose to achieve their health goals. The application was a collaborative effort among partner organizations including the Departments of Social Services, Housing, Mental Health & Addiction Services, Developmental Services, and the Office of Policy and Management, the Connecticut Housing Finance Authority, the Partnership for Strong Communities and the Corporation for Supportive Housing.

The IAP seeks:

- 1) To help states align policies and funding between state Medicaid, disability services and housing agencies to maximize affordable and supportive housing opportunities.

- 2) To ensure that people experiencing chronic homelessness, people identified as high utilizers of health care services, and/or individuals with disabling conditions who are exiting institutional settings have access to a robust service package linked to housing to improve access to health care and outcomes and reduce costs.
- 3) To help states take advantage of opportunities in Medicaid to cover and finance services in supportive housing while maximizing the use of other resources to pay for non-Medicaid supports.

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 2016. 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, 2016, a total of 109 practices were participating (reflecting 382 sites and 1,385 providers). These practices were supporting 314,564 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*

Rewards To Quit is a five-year grant (September 2011 through September 2016) awarded by the Centers for Medicaid and Medicare Services (CMS) to the Department of Social Services for up to \$10 million as directed by Section 4108 of the Affordable Care Act, Medicaid Incentives for the Prevention of Chronic Disease (MIPCD), to test approaches to and study the impact of incentives on the utilization of smoking cessation services and on quitting smoking by adult smokers covered by Medicaid and specifically those with severe and persistent mental illness (SPMI). The program provided incentives for both trying to quit, that is using cessation services, and for not smoking as measured by a tobacco-free CO test.

The program served a total of 4,052 adult smokers on Medicaid. Of those 1,825 were male, 2,227 were female (of which 40 were pregnant). Of the total enrolled, 1,579 participants had a severe and persistent mental illness. There were 5,764 individual and 5,640 group counseling visits conducted, 1,316 nicotine replacement therapies (NRT) given, 11,367 CO tests administered of which 6,295 were negative.

Of the Medicaid providers that participated in the program, 23 were federally qualified health centers (FQHCs), 13 were private local mental authorities, 8 were state-operated local mental health authorities, 11 were person-centered medical homes (primary care) and 4 were hospital outpatient clinics.

The grant is in the final evaluation phase being conducted by the Yale School of Public Health. The following are key points learned from the study:

1. People enrolled in a smoking cessation program are **44%** more likely to report not smoking (self-reported at 3 months into the program) when given incentives. This represents 23.5% who reported not smoking, who were given an incentive vs. 16.3% whom were not given an incentive.
2. People enrolled in a smoking cessation program for 3 months use **3.5 times** more smoking cessation services when given incentives vs those who were not given incentives.
3. There is no statistical significance difference in the effect of incentives on smoking outcomes when comparing people that have a serious and persistent mental illness to those who don't.

❖ *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.

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.

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

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

This model is making per-member/per-month payments to mental health authorities that permit them to incorporate Advanced Practice Registered Nurses within their existing models of behavioral health support. Health homes were launched in Fall, 2015.

❖ *PCMH+*

In late spring 2015, DSS launched a planning process to develop a new, upside-only shared savings initiative, initially entitled the Medicaid Quality Improvement and Shared Savings Program (MQISSP), but now known as PCMH+. The department's goal with PCMH+, which is a component of the State Innovation Model (SIM) Model Test Grant initiative, is to continue 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, integrated practices), which are being 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.

PCMH+ represents an opportunity for Connecticut Medicaid to build on, but not supplant, its existing and successful Person-Centered Medical Home initiative, and Intensive Care Management initiatives. As of June, 2016, 109 practices (affiliated with 382 sites and 1,385 providers) were participating, serving 314,564 beneficiaries (over 40% of Medicaid members). Connecticut's Medicaid PCMH model is a strong premise from which to start in that PCMH practices have demonstrated year over year improvement on a range of quality measures (e.g. adolescent well care, ambulatory ED visits, asthma ED visits, LDL screening, readmissions, well child visits) and also have received high scores on such elements as overall member satisfaction, access to care, and courtesy and respect. Connecticut Medicaid's Intensive Care Management initiative has also demonstrated exciting initial results.

While PCMH will remain the foundation of care delivery transformation, PCMH+ will build on current efforts 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. PMCH+ is anticipated to be launched in January 2017.

❖ *Maternal and Child Oral Health*

In 2013 Connecticut was chosen as one of only four states awarded a Health Resources Services Administration Grant for Perinatal & Infant Oral Health Quality Improvement (PIOHQI), 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.

Now in its third grant year, the PIOHQI pilot expanded an existing intensive community outreach program to include oral health for perinatal women and infants. The initiative has expanded in its three years and the beginning of its fourth grant year to cover fourteen areas of the state that have 80% of the HUSKY Health births in Connecticut.

Under the grant there has been significant progress in the use of the Access to Baby Care (ABC) program that encourages pediatric Primary Care Physicians (PCP's) to perform oral assessments and apply fluoride varnish to the teeth of patients aged three and under when indicated. Fluoride varnish applications by pediatric PCP's increased 202% from 2013 to 2015 and the number of providers applying fluoride varnish grew by 69% in the same period.

Early evaluative review showed that perinatal dental utilization increased from 28% in 2005 before CTDHP began to almost 50% in 2010 using a similar but less focused approach. Dental utilization for children under the age of three in HUSKY Health has also increased significantly. It is anticipated that perinatal and infant utilization rates through 2013 and possibly 2014 will be available by the end of the grant in September 2017.

‘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 2016, the Money Follows the Person program supported 804 individuals in transitioning from nursing facilities to the community. Of these, 772 received enhanced match; 345 of these were elders, 342 had physical disabilities, 41 had mental health disabilities and 44 had intellectual disabilities. Since implementation in December 2008, there have been over 3,800 transitions, of which 3,545 received enhanced federal financial participation. Out of this total, 1,655 were elders, 1,423 had physical disabilities, 279 had mental health disabilities and 188 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.

To realize the My Place CT vision of in-person help at various community entry points, the Department initiated the Care Through Community Partner network of trusted places where consumers could access online resources and receive help finding information and referral. The Department has issued an RFQ to provide mini grants to towns and organizations that will provide a higher level of navigation to their residents. Recruitment of senior centers, libraries, providers and others into the network continues. This network will also include outreach and grass-roots communication at places where consumers already go, like pharmacies, hairdressers and doctors' offices. Planning also continued through SFY2016 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.

As SFY 2016 began, the Department started developing the second workforce development campaign and developed messaging and concepts to reach out to potential professionals, leading them to a new mini-website. DSS also partnered with the CT Department of Labor to make the new DOL CTHires website the hub for both jobseekers and those looking for help.

Additional information about www.MyPlaceCT.org is detailed below.

❖ *My Place CT*

The rebalancing plan emphasizes the need to enable consumers, caregivers and providers to access timely and accurate information with which to make decisions, means of connecting with services (both health-related and social services), and a clearinghouse through which formal and informal caregivers can find opportunities to provide assistance. In support of this, the department launched www.mylplacect.org in late June 2013. The site focused on two key areas: 1) workforce development - helping people who are entering or re-entering the workforce to understand what types of caregiving jobs are available, to list positions and to provide contacts. 2) Consumer education – helping older adults, people with disabilities and their caregivers plan and manage in-home care and support. Two statewide outreach campaigns started creating awareness of the need for in-home support professionals and educated consumers about the resources available on MyPlaceCT.org.

During SFY 2016, My Place CT continued to evolve in partnership with 2-1-1 Infoline and added an online chat feature on the website. Website enhancements also included the addition of a link to the new state pre-screen tool that lets consumers answer some assessment questions and receive information on services and supports they may qualify for. This also helps them start the application process.

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❖ *Community First Choice*

Launched in July 2015, CFC is an entitlement made possible by the Affordable Care Act. The program enables Medicaid beneficiaries who require nursing facility or other institutional level of care to self-direct home- and community-based services under individual budgets, with the support of a fiscal intermediary. Services include (as applicable) personal care attendants to assist with hands on care, cueing and/or supervision. Additional supports and services include, home delivered meals, support and planning coach, health coaches, emergency backup systems, assistive technology, environmental accessibility modifications and costs associated with transitioning from institutions.

❖ *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, total of eleven proposals awarded since SFY 2014, seeking to diversify their business models. Of the eleven awarded, six moved forward to funding of the proposals.

Two of the six nursing facilities were awarded nine month planning grants that have been completed and resulted in sustainable community based diversified business plans. The department may release another RFP in late calendar 2016, with available funding in the amount of \$25 million.

❖ *Medicaid Waiver services*

Connecticut is continuing to streamline and improve access to its Medicaid ‘waiver’ coverage. Waivers enable states to be excused from certain federal Medicaid rules and to cover home and community-based long-term services and supports using Medicaid funds. Existing waivers enable services to older adults, individuals with physical disabilities, individuals with behavioral health conditions, children with complex medical profiles, individuals with intellectual disabilities, children with autism spectrum disorder and individuals with acquired brain injury. The centralized waiver eligibility hub established in SFY 2015 continued to improve support for consumers and timeliness in approving waiver applications. Further, over the course of Spring, 2015, administration of the ABI waivers was transferred from the DSS Social Work Unit to the Division of Health Services Home and Community-Based Services Unit, which already oversees the elder, Personal Care Assistant, and Katie Beckett waivers. For more information, please visit www.ct.gov/dss/hcbs.

❖ *Pre-admission Screening*

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

Escalation Unit at Central Office -- Customer Service Enhancement

Launched as a pilot initiative by Commissioner Roderick Bremby in 2014, the Escalation Unit continued customer trouble-shooting and issue resolution operations over SFY 2016. 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.

Cases included urgent requests for medical care access and food assistance. 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 includes a collaborative initiative with the Connecticut Judicial Branch's Court Support Services Division to expedite determination of eligibility for persons sentenced to a term of probation. The initiative also encompasses populations making the transition from psychiatric institutions to nursing homes. Staff also have facilitated the suspension of Medicaid benefits for certain eligible clients who were active on Medicaid when held in custody by the Department of Correction to help program participants experience fewer barriers to medical care upon release from custody.

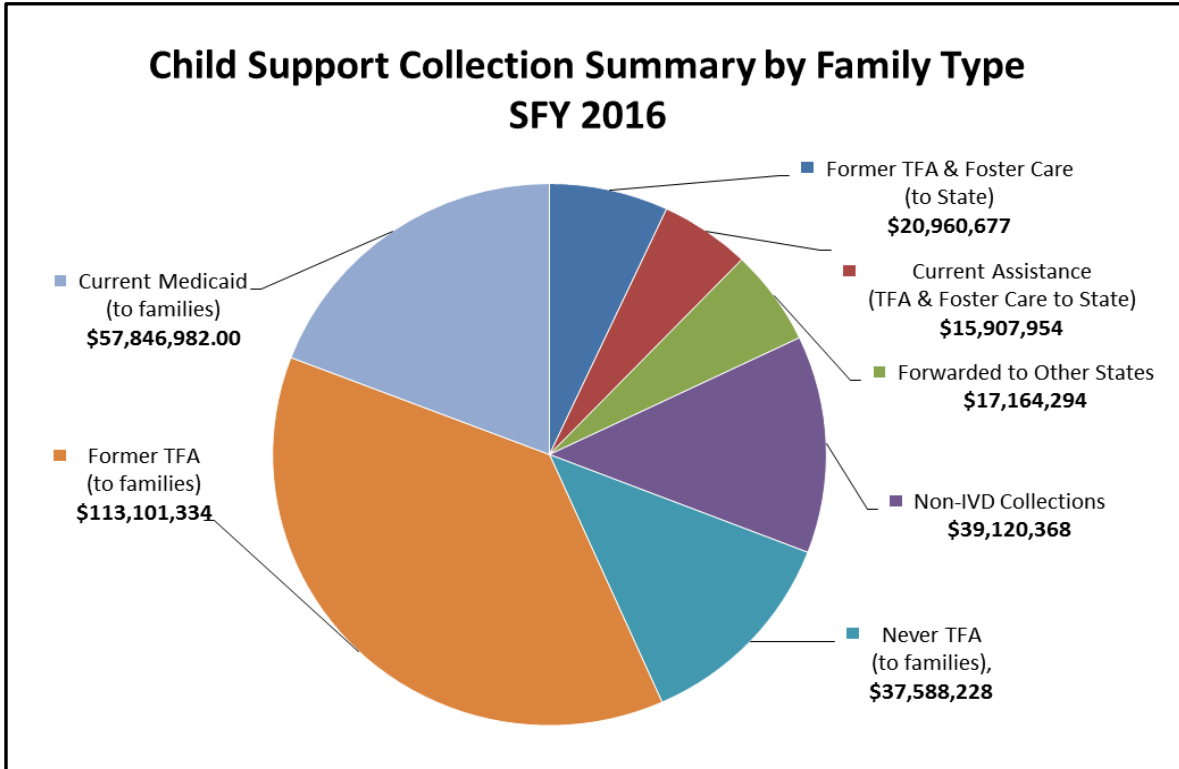
The Pre-Release Entitlement Unit is part of the Division of Eligibility Services and Economic Security.

Child Support Services – For Children and Taxpayers

Connecticut's child support enforcement program collected nearly \$301.7 million in court-ordered child support during SFY 2016. The program sent \$208.5 million in support to children whose families are not receiving state cash assistance benefits. Another \$17.2 million went to children living out of state.

At the same time, state taxpayers benefited from approximately \$15.9 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 \$20.9 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 2015 (9/30/15), the child support caseload was 181,210. More than nine and one half percent (9.03%) of these cases are current assistance (active cash assistance – support assigned to the state); 55.23% are former assistance (payments to the family); and 35.74% are never assistance cases (payments to the family). Some 87% 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 Office of Child Support Services oversees a number of administrative (non-judicial) enforcement remedies that have historically reinforced overall program collections. Remedies include: IRS and state tax offset; real estate liens; personal property liens (civil suits, workers comp, inheritance, and insurance settlements); collection of unclaimed property held by the Office of the State Treasurer; reporting delinquent obligors to consumer reporting agencies; bankruptcy collections; seizure of bank account assets and lottery winnings, and passport denial. During SFY 2016, the Bureau units collected nearly \$33.5 million in child support for families and the State of Connecticut.

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 2016, 772,411 individuals were receiving coverage under the HUSKY Health programs.

HUSKY A and HUSKY B

Connecticut children and their parents or a relative caregiver; and pregnant women may be eligible for HUSKY A (Medicaid), depending on family income. A total of 462,333 individuals were receiving medical coverage through HUSKY A at the end of SFY 2016.

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 15,860 children were participating in the program at the end of SFY 2016.

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 93,193 low-income elders and adults with disabilities, including about 16,441 residents in nursing homes at the end of the end of SFY 2016.

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 201,025 Connecticut residents were being served under HUSKY D at the end of SFY 2016.

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

Monthly Amount:

Single Person	\$ 1,366.20
Married Couple	\$ 1,842.30

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 \$2,435.40 for a single person and \$3,284.10 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-\$121.80) per

month), covered by the state. In SFY 2016, the department served 160,256 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 1,667 individuals enrolled in the program at the end of SFY 2016. 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/chcpe) is a comprehensive home care program designed to enable older persons at risk of institutionalization to receive the support services they need to remain living at their home.

The CHCPE provides a wide range of home health and non-medical services to persons age 65 and older who are institutionalized or at risk of institutionalization. The program serves approximately 16,500 older adults statewide. Available services include adult day health, homemaker, companion, chore, home delivered meals, emergency response systems, care management, home health, assisted living, personal care assistant, assistive technology, mental health counseling, chronic disease self-management programs, recovery assistant, bill payer, care transitions and minor home modification services. The individual must meet the income and asset limits to be eligible for the program.

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

claim the federal match on the participants' home and community based services. Persons receiving services under the state funded portion of the program are required to pay a copay for the services they receive.

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

Prospective clients are referred by community home-health agencies, hospitals and nursing facilities. Interested people can call the program directly at 1-800-445-5394. During SFY 2014, the unit added a web-based application and individuals can access the application at www.ascendami.com/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. Currently the waiver has 300 children enrolled. 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 2016, HUSKY A coverage was provided to approximately 8,000 children in DCF foster care and 6,452 children in subsidized adoption care. An additional 713 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 670 medical cases in this category. Medical benefits were also granted for 2,188 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 470 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 96 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 412 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 2016, the department's TFA average monthly caseload was 14,109 households. As the fiscal year ended, the program was serving 28,166 individuals in 13,029 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 887 families in SFY 2016.

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 2,768 families in SFY 2016.

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 448 families in SFY 2016.

The department helped to support transportation services to TFA and low-income working individuals. The department transferred funds to the CT Department of Transportation (CTDOT), which funded a variety of transportation initiatives that assisted numerous individuals in overcoming their transportation barrier to employment and/or training related activities. The CTDOT also leveraged the DSS funds with funding through the 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.



Effective January 1, 2016, Able-Bodied Adults Without Dependents (ABAWDs) from age 18 up to and including 49 years old must meet special work requirements to be eligible to receive SNAP benefits for more than three months during a 36-month period, unless the individual is exempt from the time limit or the individual is meeting the ABAWD work requirement. Further information: www.ct.gov/snap/abawd.

The Supplemental Nutrition Assistance Program has helped bridge the difference between food security and hunger for eligible families and individuals in Connecticut. In SFY 2016, the average number of Connecticut residents receiving SNAP benefits each month was 405,813. The average number of participating households was 229,634. The SNAP Unit provides policy support to the 12 DSS field offices, while developing and implementing practices that support the program. Each office has an assigned Public Assistance Consultant to help field staff administer this federally-funded program. The SNAP Unit, part of the Division of Eligibility Policy and Economic Security, includes a Local Quality Control Review Unit and administrative support staff.

DSS remains committed to expanding and improving the SNAP Employment and Training program through partnerships with the community college system and community based organizations. In 2016, DSS added four SNAP employment and training providers.

Housatonic Community College, Three Rivers Community College, Connecticut Center for Arts and Technology, and Community Culinary School of Northwestern Connecticut will provide vocational training opportunities in Bridgeport, Norwich, New Milford and New Haven.

As noted earlier in this report, DSS **posted a 100% timeliness rate for SNAP application processing** in the last six-month period evaluated by the federal government, October 2015 through March 2016. The department's 2.86% payment error rate is far better than the national average and continues a trend of significant improvement since 2013. Case and Procedural Error Rates (CAPER) have also improved significantly. Over the past year the department improved its CAPER rate from 12.21% to 10.20%. As SFY 2016 closed, Connecticut ranked 9th in the nation and top in the northeast region. Meanwhile, over \$693 million in federal revenue came into Connecticut's food economy last fiscal year. This equates to about \$125 million over 2010, representing a huge impact on hunger/poverty and help to the local economy.

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 Office of Child Support Services 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 Connecticut Department of Public Health, Connecticut birthing hospitals, and community-based agencies with DSS-certified fatherhood programs; employer reporting via the Connecticut Department of Labor of all newly-hired employees; the Arrears Adjustment Program, which works with DSS-certified fatherhood programs; and the Partners Executive Council, which includes representatives from all child support cooperating agencies (Attorney General, Judicial) and works to improve the child support program.

While core functions remain a major focus for the Office of Child Support Services, as the lead Title IV-D agency, a number of initiatives are in place to improve the quality of customer service, program performance, and service delivery. The Office continued participation in longstanding collaborative efforts such as Access and Visitation, providing supervised visitation

and other parental counseling services to never-married couples; and the Voluntary Paternity Establishment Program, providing services in 26 area hospitals and nine community-based Fatherhood Initiative program sites.

DSS Child Support Program Name Change

Public Act 16-13 “An Act Renaming the Bureau of Child Support Enforcement to the Office of Child Support Services” was signed into law on May 6, 2016, by Governor Malloy.

While there is no federal or state requirement that mandated this name change, it became clear that the mission of the lead Connecticut IV-D Agency located within the Department of Social Services had evolved significantly over the years. The focus on “Enforcement” in the IV-D Agency name did not adequately describe the service mix that the Agency provides to the public, and internal and external partners, both state and federal. In fact, while the Agency administers a highly successful administrative enforcement program, employing many advanced techniques to collect tens of millions of dollars annually on behalf of Connecticut’s children, court-based enforcement is the primary responsibility of the agency’s cooperative partner, Support Enforcement Services of the Judicial Branch.

In addition, the Office of Child Support Enforcement, the agency’s federal oversight agency within the Administration for Children and Families, has emphasized in recent years that children and families benefit from expanding the vision of the child support program to include fathers and noncustodial parents in general. Encouraging fathers to be more involved in their children’s lives, and helping them overcome obstacles to supporting their children reduces the likelihood that they will build up child support debt, while improving the likelihood that they will pay child support.

Electronic Income Withholding

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

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 9,900 employers nationwide (3,480 of which are active in the Connecticut Child Support Enforcement System - CCSSES). Connecticut is one of 49 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 State Disbursement Unit (SDU) Partnership Agreement

In August 2010, the Connecticut and Rhode Island child support programs began a joint venture to provide child support payment processing services to the State of Rhode Island at the Connecticut SDU facility. Through an amendment of Connecticut's existing payment processing contract with Systems and Methods, Inc. (SMI), Rhode Island child support customers have received the same efficient and cost-effective child support payment processing services that Connecticut has come to expect, while saving money for both states.

After six years of this unique partnership, both states continue to realize a cost savings through the sharing of expenses for office rent, management staff, equipment and maintenance. Connecticut saves approximately \$133,143 annually and will continue to realize this savings throughout the term of the SDU contract. With state budget deficits, the partnering of states is proving to be mutually beneficial for 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 17th 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; Office of Early Childhood, 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.

In SFY 2016, DSS participated in the TANF Systems to Family Stability National Policy Academy in Washington, DC as Connecticut was one of seven states selected to participate in this Office of Family Assistance (OFA) initiative. The goal of the Academy is to develop and implement TANF program improvements over an 18-month period. The Academy will support state and local TANF programs to improve employment outcomes and strengthen service delivery. The Academy is a response to demonstrated interest of states and counties to redesign and re-energize TANF programs to ensure that families receive needed services and supports for successful transition to employment and economic stability. DSS' approach will look to implement a multi-generational plan to better meet the school and workforce needs of low-income parents and children concurrently. This has the strong potential to help parents improve their economic outlook and children thrive with a more streamlined and cohesive continuum of

support services for school and workforce success. OFA has assigned CT two subject matter experts referred to as “coaches” for this project to provide guidance, consultation and motivation throughout the process. We are developing a pilot in Waterbury at New Opportunities, Inc., which is one of our eleven DSS certified fatherhood programs across the state. We will look to align our work with the (6) CT 2-gen legislation pilots around the state. DSS and its partners involved in this collaborative are Support Enforcement Services, Department of Labor, The United Way of CT, Office of Early Childhood, Commission on Children and other community based organizations.

The 17th Annual New England Fathering Conference entitled *Journey to Excellence: Strengthening a Father's Legacy*, was hosted by Connecticut and was held at the beautiful Mystic Marriott Hotel in Groton, CT., March 16-18, 2016. The event brought together more than 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 seven certified fatherhood programs during SFY 2016. The certified programs were targeted to serve a minimum statewide total of 560 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, 2016, the programs have served over 800 fathers statewide. Funded programs are currently being operated by Madonna Place in Norwich, Career Resources, Inc. in Bridgeport, GBAPP 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.

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 7,070 individuals were receiving SAGA cash assistance at the end of SFY 2016.

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 2016, 15,229 individuals (4,734 aged, 69 blind, and 10,426 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 2016, agency social workers provided services to 6,911 persons living in the community. The department also received 144 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 234 individuals; and the **Conservator of Estate Program** provided financial management services to 95 people in the same age group.

During the fiscal year, the **Community-Based/Essential Services Program** provided services designed to prevent institutionalization to 2,092 persons with disabilities.

Under the **Acquired Brain Injury I Medicaid Waiver program**, the department served approximately 476 individuals.

The **Family Support Grant Program** helped 12 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 472 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 820 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 Federal Fiscal Year 2015, 1,784 women, and 698 children were served by the Domestic Violence Shelter Program.

Office of Community Services Programs

The **Connecticut Energy Assistance Program (CEAP)** is administered by DSS through the Office of Community Services and coordinated by regional Community Action Agencies, in cooperation with municipal and other non-profit human service agencies. Families or individuals may obtain help with their winter heating bills, whether the primary heating source is a utility (natural gas or electricity) or a deliverable heating fuel (oil, kerosene, wood, and propane).

During 2016, DSS and its service partners assisted 90,661 eligible households, distributing \$81.4

million in federally funded energy assistance through CEAP.

- CEAP is available to households with incomes up to 60% of the state median income. Efforts are made to accommodate homebound applicants;
- CEAP-eligible households 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.

For additional information regarding CEAP, 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 eligible refugees through financial, 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 in finding housing and accessing medical treatment. Connecticut repatriates. 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.

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

During SFY 2016, 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 2016, CAAs served 357,585 individuals in 147,073 families in need. Vulnerable populations served included 122,433 children, 33,084 people with disabilities, 76,531 seniors and 33,854 people who lacked health insurance.

In addition to the \$7,578,397 of federal CSBG funds expended by the department, the CAAs brought in and administered \$213,053,240 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 \$10.05 from state, local, and private sources, including the value of volunteer hours. Including all federal sources, the CT Community Action Network leveraged \$30.41 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 and in cases contesting Department provider audits.

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

The 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.
- 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.

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.'

[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 2016,

QA identified over \$575 million in overpayments, third-party recoveries and cost avoidance.

The Audit Division

The Audit Division ensures compliance, efficiency, and accountability within federal and state programs administered by the Department by detecting and preventing mismanagement, waste and program abuse and ensuring that state and federal dollars are spent appropriately, responsibly, and in accordance with applicable laws and regulations. To achieve this objective, The Audit Division:

- Performs federally mandated audits of medical and health care providers that are paid through the various medical assistance programs administered by the Department;
- Reviews medical provider activities, audits claims, identifies overpayments, and educates providers on program integrity issues;
- Provides support and assistance to the Department Special Investigations Division in the ongoing effort to combat fraud and abuse;
- Performs audits of the Department's operations, involving review of administrative and programmatic functions and the electronic data processing systems used in their support;
- Coordinates the Department's responses to all outside audit organizations reviews performed on the Department, including but not limited to, the State Auditors of Public Accounts and federal audit organizations;
- Reviews federal and state single audit reports and performs audits of financial, administrative and programmatic functions of the Department's grantees;
- Performs data analytics to identify aberrant billing activity and pursues collection of such overpayments; and
- Substantiates whether complaints received from various sources are valid and determines the proper disposition of the complaint including conducting an audit or forwarding to the Department's Special Investigations Division.

Investigations and Recoveries Division

The Investigations and Recoveries Division is comprised of two units; the Client Investigations Unit and the Resources and Recoveries Unit. Both units have investigation staff located at both central and field office locations.

- **Client Investigations Unit** investigates alleged client fraud in various programs administered by the Department. This unit performs investigations via pre-eligibility, post-eligibility and other fraud investigation measures that include, but are not limited to, data integrity matches with other state and federal agencies. This unit also oversees the toll-free Fraud Hotline 1-800-842-2155 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.

- **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.

Special Investigations Division

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

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

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

Quality Control Division

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

Third Party Liability Division

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.

[Affirmative Action](#)

The Department of Social Services is strongly committed to the concepts, principles, and goals of affirmative action and equal employment opportunity. The objectives are commensurate with the state's policy of compliance with all federal and state constitutional provisions, laws, regulations,

guidelines, and executive orders that prohibit discrimination. The **Affirmative Action Plan** submitted on March 1, 2016, was approved and granted continued annual filing status by the Connecticut Commission on Human Rights and Opportunities. DSS administers its programs, services, and contracts in a fair and impartial manner.

During SFY 2016, 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, 2015, affirmative action reporting period, 49.6% of DSS employees were minorities, 70.7% were women, and 0.4% was self-identified as having a disability. During the plan year, the department hired 117 new employees: 55 (47%) were minorities and 85 (72.6%) were women.

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

[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 \$3.1 billion in state general funds in SFY 2016 through 32 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 \$6.7 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 Federal Reporting and Accounting Services Group includes the Federal Reporting, General Accounting and Accounts Payable, Purchasing 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.

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

During SFY 2016, 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 2016, funding from revenue generating programs resulted in over \$1 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 124 grants contained on two different federal draw systems. In SFY 2016, this area accessed over \$5.1 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 fiscal year, the department successfully reduced accounts receivable balances greater than one year old by over \$6 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 300 contracts with over 170 contractors and sister agencies.

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 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 is 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 unit provides support services to all DSS offices, including central administration and 12 field office locations throughout the state. Staff monitor and address building-related maintenance and operational matters, including security needs, health and safety, environmental issues and emergency requirements, while ensuring landlord compliance with all federal, state and local building code regulations.

Staff track equipment inventory, processes surplus items for reuse, arrange for recycling of IT equipment, and maintain a fleet of 95 state vehicles. Facilities Operations and Support Services is the department's primary liaison with the Department of Administrative Services for all DSS-leased and state-owned office space, totaling 380,000 square feet. Over the past two years, the unit has successfully moved three of the larger DSS offices -- Middletown, Greater Hartford and Central Office -- to new upgraded buildings, providing for a more efficient use of space and incorporating universal design standards for much-needed improvements.

In addition to daily operational task, unit staff establish and monitor the budget for the use of capital equipment funds, control equipment costs and implement Lean processes and ideas for improved operational results. Staff is on call 24 hours per day. Facilities Operations and Support staff strive daily to support their DSS colleagues by providing the tools and environment necessary to ensure uninterrupted service to our clients.

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, LEAN, and the new integrated eligibility system - ImpaCT.

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 2016

Training Development & Delivery

Programmatic - Eligibility CORE (80 sessions for new or transferred 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; ImpaCT Mock Live Processing 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; Mindfulness 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 & Energy Assistance publications.

Web Based Training development – ImpaCT Roadshows; Security; AHCT; Active Shooter

Organizational Development & Support

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

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.

Personnel transactions administered by the division included hires, promotions, demotions, reassignments, transfers, retirements, discharges, resignations, leaves and general data changes.