

Connecticut Department of Social Services

At a Glance

RODERICK L. BREMBY, Commissioner

Claudette J. Beaulieu, Deputy Commissioner, Programs

Raymond Singleton, Jr., Deputy Commissioner, Programs (appointed July 2013)

Kathleen M. Brennan, Deputy Commissioner, Administration

Established - 1993

Statutory authority - Title 17b

Central office - 25 Sigourney Street, Hartford, CT 06106

Number of employees – 1,747

Operating expenses - \$ 207,911,196

Program expenses - \$ 5,704,663,221

Organizational structure - Commissioner's Office, Regional Administration, Administrative Operations, Program Operations

MISSION

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

STATUTORY RESPONSIBILITY

The Department of Social Services is designated as the state agency for the administration of 1) the Child Care Development Block Grant, pursuant to the Child Care and Development Block Grant Act of 1990; 2) the Connecticut Energy Assistance Program, pursuant to the Low Income Home Energy Assistance Act of 1981; 3) programs for the elderly, pursuant to the Older Americans Act; (please note these programs moved to the legislatively-created Department on Aging under Public Act 13-125 4) the Refugee Assistance Program, pursuant to the Refugee Act of 1980; 5) the Legalization Impact Assistance Grant Program, pursuant to the Immigration Reform and Control Act of 1986; 6) the Temporary Assistance for Needy Families program, pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 7) the Medicaid program, pursuant to Title XIX of the Social Security Act; 8) the Supplemental Nutrition Assistance Program (Food Stamp), pursuant to the Food Stamp Act of 1977; 9) the State Supplement to the Supplemental Security Income Program, pursuant to the Social Security Act; 10) the state Child Support Enforcement Plan, pursuant to Title IV-D of the Social Security Act; 1.) the state Social Services Plan for the implementation of the Social

Services and Community Services Block Grants, pursuant to the Social Security Act; 12) the Section 8 existing certificate program and the housing voucher program, pursuant to the Housing Act of 1937; 13) the state plan for the Title XXI State Children's Health Insurance Program; and 14) State plan for the U.S. Department of Energy – Weatherization Assistance Program for Low-Income Persons – Title 10, Part 440, Direct Final Rule – Federal Register, June 22, 2006.

DEPARTMENT OVERVIEW

The Department of Social Services provides a wide range of services to children, families, elders, persons with disabilities, and other individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. Services include medical coverage, food and nutrition assistance, housing and energy assistance, independent living, social work and protective services, child support, 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

Websites and web pages:

- DSS general: www.ct.gov/dss
- DSS ConneCT (online benefit accounts and service eligibility pre-screening): www.connect.ct.gov
- Charter Oak Health Plan: www.charteroakhealthplan.com
- Child Care Services (including Care4Kids): www.ct.gov/dss, search on “Care4Kids”; also www.ctcare4kids.com
- Child Support Services: www.ct.gov/dss and follow the link for “Families with Children”
- Connecticut Child Support Payment Resource Center: www.ctchildsupport.com
- Connecticut Pharmaceutical Contract for the Elderly and the Disabled (ConnPACE): www.connpace.com
- HUSKY Health Program: www.huskyhealth.com
- Connecticut Behavioral Health Partnership: www.ctbhpc.com
- Connecticut Medical Assistance Program: 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

Toll-free information:

- DSS ConneCT Client Information Line & Benefits Center: 1-855-6-CONNECT

- General public information: 1-800-842-1508
- TDD/TTY for persons with hearing impairment: 1-800-842-4524
- Child care services: 2-1-1 or 1-800-811-6141
- Care4Kids child care subsidy program: 1-888-214-5437
- Charter Oak Health Plan: 1-877-77-CTOAK (1-877-772-8625)
- Child Support
 - 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
- Connecticut Pharmaceutical Contract to the Elderly and the Disabled (ConnPACE): 1-800-423-5026
- Connecticut Behavioral Health Partnership: 1-877-552-8247
- Connecticut Medical Assistance Program Client Assistance Center (Medicaid Fee-for-Service Program): 866-409-8430
- Connecticut Dental Health Partnership: 1-866-420-2924 or 1-855-CTDental (1-855-283-3682)
- Fraud and recoveries (including lien matters): 1-800-842-2155
- HUSKY Health Program:
 - information and referral, applications, accessing healthcare services for children, parents, relative caregivers and pregnant women: 1-877-CT-HUSKY (1-877-284-8759)
 - coverage and services: 1-800-859-9889
- 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
- 2-1-1 Infoline: dial 2-1-1. Available 24/7. Information and referral, crisis intervention services. Operated by United Way of Connecticut with DSS funding.

DSS CENTRAL ADMINISTRATION

25 Sigourney Street, Hartford, CT 06106-5033

Department Chief of Staff and Directors:

Chief of Staff and Affirmative Action Director: Astread Ferron-Poole; Communications Director: David Dearborn; Finance and Administration Director: Diane Benedetto; Legal Counsel, Regulations, Administrative Hearings Director: Brenda Parrella; Planning, Performance and Accountability Director: Alexis Fedorjaczenko; Health Services Interim Director: Kate McEvoy; Reimbursement and Rate-Setting Director: Christopher Lavigne; Medical Director: Robert Zavoski, M.D.; Integrated Services Director: Dakibu Muley; Child Support Enforcement Director: David Mulligan; Supplemental Nutrition Assistance Program Division Director: Ronald Roberts; Information Technology Services Director: Louis Polzella; Quality Assurance Director: John McCormick; Field Operations Director: Janel Simpson; Social Work Services Director: Dorian Long; Organizational and Skill Development Director: Darleen Klase

News media/public information/client information and referral:

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

Legislative/intergovernmental relations:

- Heather Rossi, 860-424-5646
Email: heather.rossi@ct.gov

DSS REGIONAL OFFICE INFORMATION

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

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

DSS Northern Region

Serving: Andover, Avon, Ashford, Berlin, Bloomfield, Bolton, Bristol, Brooklyn, Burlington, Canterbury, Canton, Chaplin, Columbia, Coventry, Eastford, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hampton, Hartford, Hebron, Killingly, Manchester, Mansfield, Marlborough, New Britain, Newington, Plainfield, Plainville, Plymouth, Pomfret, Putnam, Rocky Hill, Scotland, Simsbury, Somers, Southington, South

Windsor, Stafford, Sterling, Suffield, Thompson, Tolland, West Hartford, Union, Vernon, Wethersfield, Willington, Windham, Windsor, Windsor Locks and Woodstock.

- **Hartford**—3580 Main Street, Hartford 06120; Lisa Wells and Albert Williams, Social Services Operations Managers.
- **Manchester**—699 East Middle Turnpike, Middletown 06040; John Hesterberg, Social Services Operations Manager.
- **New Britain**—30 Christian Lane, New Britain 06051; George Chamberlin, Social Services Operations Manager.
- **Willimantic**—676 Main Street, Willimantic 06226; Cheryl Parsons, Social Services Operations Manager.

DSS Southern Region

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

- **New Haven**—50 Humphrey Street, New Haven 06513; Peter Bucknall, and Fred Presnick, Social Services Operations Managers.
- **Middletown**—117 Main Street Extension Middletown, 06457; Cathy Robinson-Patton, Social Services Operations Manager.
- **Norwich**—401 West Thames Street Norwich, 06360; Cheryl Parsons, Social Services Operations Manager.

DSS Western Region

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

- **Bridgeport**—925 Housatonic Avenue, Bridgeport 06604; Phil Ober and Poonam Sharma, Social Services Operations Managers.
- **Danbury**—342 Main Street, Danbury 06810; Alexis Kiss, Social Services Operations Manager.

- **Stamford**—1642 Bedford Street Stamford, 06905; Alexis Kiss, Social Services Operations Manager.
- **Waterbury**—249 Thomaston Avenue Waterbury, 06702; Marva Perrin and Judy Williams, Social Services Operations Manager.
- **Torrington**—62 Commercial Boulevard Torrington, 06790; 860-496-9600. Annette Lombardi, Social Services Operations Manager.

SIGNIFICANT ACCOMPLISHMENTS/HIGHLIGHTS OF SFY 2013

Overview

The Department of Social Services delivered vital public benefits to nearly 760,000 Connecticut residents on an ongoing basis across all programs during SFY 2013. As the need for medical coverage, food assistance and other human services remained acute, DSS field staff continued to process high levels of applications, annual redeterminations and case maintenance. Central office staff administered specialized services and supported field operations across the full range of direct and funded programs.

ConneCT – Modernizing DSS Service Delivery

To improve access for Connecticut residents, DSS is completing a major initiative to modernize and upgrade service delivery. **ConneCT** is transforming the way DSS does business by providing clients and staff additional option, processes and technology. Applicants and clients have real-time access to their case information through online (www.connect.ct.gov) and interactive voice-response (1-855-6-CONNECT) systems, including an online service eligibility pre-screening tool. Streamlined document management and modernized service centers are also key elements of the initiative.

The objectives of the ConneCT initiative are to:

- Improve client access;
- Achieve better quality outcomes;
- Enhance customer service;
- Reduce costs; and
- Provide a technological framework for the future.

Three technological components are in place:

- Online services – a service pre-screening tool, ‘MyAccount’ (customer benefit accounts);
- Telephony - statewide integrated voice-response system and Benefits Centers; and
- Document management and workflow - scanning all documents received and electronically directing to staff for processing.

DSS's New Business Model: The Centers

When fully operational, all eligibility work is getting processed in one of three types of centers:

- Service Centers - dedicated staff in 12 Service Centers providing face-to-face services with walk-in clients;
- Processing Centers - processors in the 12 centers processing work that comes in via the web and the mail via the workflow; and
- Benefits Centers – representatives in three Benefits Centers available to clients and processing eligibility work via the phone.

In addition, parallel groundwork was begun for the replacement of the agency's outdated eligibility management system, with the prospect for major federal funding under the Affordable Care Act.

Health Insurance Exchange (Access Health CT)

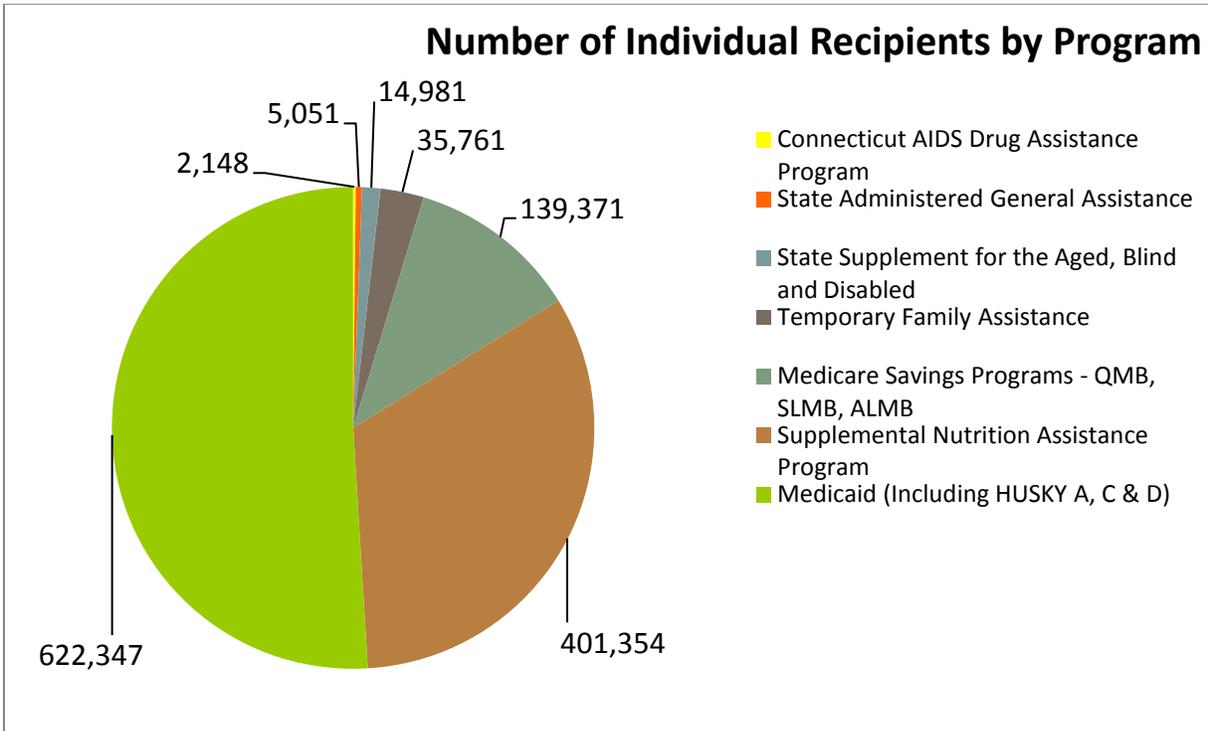
DSS is working in partnership with Access Health CT, the state's new health insurance exchange/marketplace, in developing systems, policies, and procedures to support the requirements in the federal Affordable Care Act (ACA). Included in the ACA is Modified Adjusted Gross Income (MAGI)-based Medicaid and Children's Health Insurance Program eligibility determination rules that can be executed in real time. This will allow people to apply for MAGI Medicaid or health insurance and have their eligibility determined right then. The planning and development were completed in SFY 2013, with implementation to occur in SFY 2014 (beginning October 1, 2013).

Serving Connecticut Residents: A Sampling of Critical DSS Programs

Key DSS programs showed total enrollment of roughly 759,000 individual recipients at the end of SFY 2013. To track this caseload level, DSS listed 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:

- 401,354 Connecticut residents receiving federally-funded SNAP benefits, up 12% from the end of SFY 2012.
- 622,347 residents receiving benefits through the Medicaid program (including HUSKY A, HUSKY C - formerly known as Medicaid for the Aged, Blind and Disabled and HUSKY D – formerly known as Medicaid for Low-Income Adults). This represents an approximate 9% increase over SFY 2012.
- In the Temporary Family Assistance program, 16,757 households were receiving benefits as SFY 2013 closed; this is a 8.4% decrease from SFY 2012.



Health Service Delivery and Purchasing Initiatives

Administrative Services Organization (ASO) Platform

Recognizing opportunities to achieve better health outcomes and streamline administrative costs, Connecticut has contracted with ASOs to manage its Medicaid behavioral health and dental services. On January 1, 2012, the department expanded this effort by transitioning Medicaid medical services from a managed care infrastructure that included three capitated health plans and a small Primary Care Case Management pilot to a medical ASO (contractor Community Health Network of Connecticut, or CHNCT). This extended state-of-the-art managed care services to the entire Medicaid/HUSKY Health and Children’s Health Insurance Program population. The medical and behavioral health ASOs (respectively, CHNCT and ValueOptions) provide a broad range of services, including member support, intensive care management, predictive modeling based on Medicaid data, statewide and provider-specific performance measurement and profiling, utilization management and member grievances and appeals.

CHNCT and ValueOptions coordinate in supporting the needs of individuals with co-occurring medical and behavioral health conditions through a behavioral health unit staffed by credentialed individuals that is co-located with the medical ASO.

The dental ASO (BeneCare) has been an instrumental partner to the department in providing a broad range of services, including member support, care coordination, dental care management, increasing provider participation, network management and improving access to care.

Effective in February 2013, the department transitioned its Medicaid Non-Emergency Transportation (NEMT) services to a single ASO (LogistiCare).

In support of its intensive care management activity, CHNCT has fully implemented a tailored, person-centered, goal-oriented care coordination tool that includes assessment of critical presenting needs (e.g., food and housing security) and culturally attuned conversation scripts, as well as chronic disease management scripts. Additionally, CHNCT now has in place geographically grouped teams of nurse care managers.

As noted above, an important feature of intensive care management is coordination with a co-located unit of ValueOptions (the behavioral health ASO). Care managers from CHNCT, DSS and ValueOptions meet twice weekly to review hospitalizations and planned admissions to identify the appropriate care manager to take responsibility for the member's care. In cases where neither the physical or behavioral diagnosis is primary, both the CHNCT and the ValueOptions care manager remain involved.

At any given time, approximately 500 members are receiving intensive case management because they are diagnosed with a 'serious and persistent mental illness,' in addition to a physical diagnosis.

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 2013. 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 .

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. Incentive

payments disbursed from September 2011 to January 2013 included \$18,642,346 to 929 eligible professionals and \$22,268,898 to 25 eligible hospitals. Eligible professionals include physicians, physician assistants, nurse practitioners, certified nurse-midwives, and dentists.

Rewards to Quit

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

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.

Integration of Medical and Behavioral Health Care

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.

Demonstration to Integrate Care for Medicare-Medicaid Enrollees

In SFY 2013, Connecticut submitted an application for implementation funding under the federal Demonstration to Integrate Care for Dually Eligible Individuals. This is a managed fee-for-service model. The proposal seeks to integrate Medicare and Medicaid long-term care, medical and behavioral services and supports, promote practice transformation, and create pathways for information sharing through key strategies including: 1) data integration and state of the art information technology and analytics; 2) Intensive Care Management (ICM) and care coordination in support of effective management of co-morbid chronic disease; 3) expanded access for Medicare and Medicaid Eligibles (MMEs) to Person-Centered Medical Home primary care; and 4) a payment structure that will align financial incentives (advance payments related to costs of care coordination and supplemental services, as well as performance payments) to promote value.

The MME initiative will create new, multi-disciplinary provider arrangements called “Health Neighborhoods,” through which providers will be linked within care coordination contracts and electronic means.

Health Homes for Individuals with Serious and Persistent Mental Illness

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

As conceptualized, this model is anticipated to make per-member/per-month payments to mental health authorities that will permit them to incorporate Advanced Practice Registered Nurses within their existing models of behavioral health support.

Behavioral Health Screening for Children

The department is modeling a proposal to providing an annual behavioral health screen for children ages one through 17 years, as part of an Early and Periodic Screening, Diagnosis & Treatment evaluation.

Rebalancing of Long-Term Services & 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 2011, 54% of long-term care clients received care in the community, but only 40% of spending supported home and community-based care. Further, only 7% of the Medicaid population receives long-term services and supports but 61% (\$2.863 billion) of the SFY 2012 Medicaid expenditures (\$4.714 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.

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 2013, the Money Follows the Person program supported 573 individuals in transitioning from nursing facilities to the community. Of these, 546 received enhanced match; 274 of these were elders, 206 had physical disabilities, 42 had mental health disabilities and 24 had intellectual disabilities. Since implementation in December of 2008, there have been 1,734 transitions, of which 1,576 received enhanced federal financial participation. Out of this total, 689 were elders, 641 had physical disabilities, 173 had mental health disabilities and 56 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.

State Balancing Incentive Payments Program: Further, MFP also 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. Key aspects of the award include:

- The 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.
- The development of conflict-free case management across the system.
- The development of a 'no-wrong door' system for access to long-term services and supports. Phase one of the state's 'no wrong door' launched on June 27, 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. Additional information about www.MyPlaceCT.org is detailed below.
- The development of new long-term services and supports aimed to:
 - address gaps that prevent people from moving to or remaining in the community;
 - streamline the existing delivery system; and
 - build sufficient supply of services to address the projected demand.

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 2015 to seek proposals from

nursing facilities that are 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.

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 the “My Place” web site (www.myplacect.org) in late June 2013. Initially, the site will start by focusing on workforce development - helping people who are entering or re-entering the workforce to understand what types of caregiving jobs are available, to list positions and to provide contacts.

At later stages it will grow and evolve, and will encompass a partnership with 2-1-1 Infoline. This effort will be promoted by an extensive campaign of billboards and radio ads. My Place CT envisions kiosks at various community entry points include medical offices, libraries, pharmacies, etc. providing access to people at community locations that they already visit frequently. My Place CT will be supported by community access points where people will not only have access to web-based pre-screens and information but also one to one assistance. In the final phase of My Place CT, the web-based system 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.

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 \$2,356.68 for a single person and \$3180.78 for a couple to qualify for one of the Medicare Savings Programs. Once enrolled, Medicare Part D co-pays actually went down to \$6.60 or less. Through Medicaid-funded MSP, the department pays for Medicare Part B premiums (\$96.40-\$104.90 per month), and some individuals who are eligible for the Qualified Medicare Beneficiary Program may even qualify to have their 20% co-insurance and Medicare deductibles covered by the state. Further information: www.ct.gov/medicaresavings.

Other Achievements of Note:

Improvements in Access to Dental Care

The federal Centers for Medicare and Medicaid Services recently recognized the Connecticut Medicaid program as the state with the greatest improvement in incidence of Medicaid-covered children receiving a preventive dental service. This incidence improved by 23% from 2007 to 2011, according to most recent figures available from the Centers for Medicaid Services. A

report in SFY 2013 by Connecticut Voices for Children confirmed that the number and percentage of children and parents who received dental services in 2011 increased for the third consecutive year since program reforms were implemented in 2008. The number of children under 3 who received preventive dental care was nearly three times higher than 2008; while the number and percent of children 3 to 19 with preventive care increased in HUSKY A and HUSKY B to 69% and 73%, respectively.

Pre-Release Entitlement Unit Addressing Recidivism

Located in Central Office, this is a successful collaborative between DSS, Department of Mental Health and Addiction Services, Department of Correction, University of Connecticut and various community partners. 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. They also provide technical assistance regarding departmental programs and procedures to participating agencies.

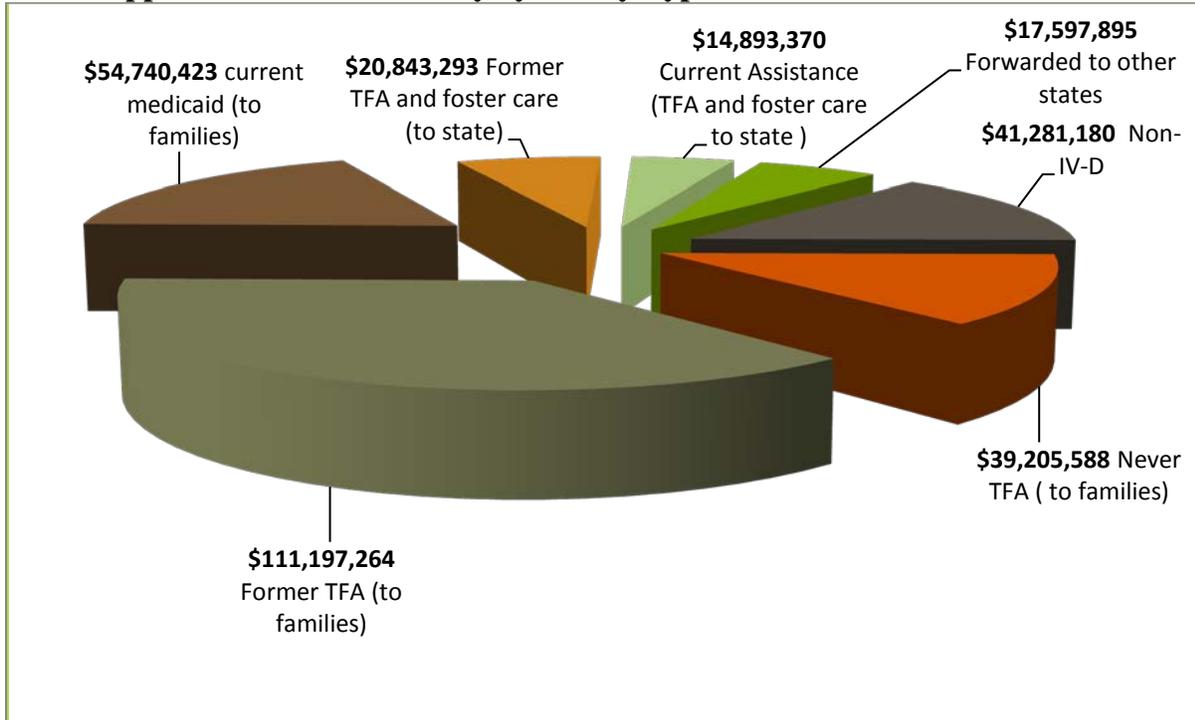
This program year the project was expanded to include a collaborative initiative with the Connecticut Judicial Branch's Court Support Services Division in order to expedite determination of eligibility for persons sentenced to a term of probation. The initiative also now also encompasses populations making the transition from psychiatric institutions to nursing homes. In the past year approximately 4,945 Connecticut residents participated in this initiative.

Child Support Enforcement Collections

Connecticut's **child support enforcement program** collected nearly \$300 million in court-ordered child support during SFY 2013. The program sent \$205 million in parental support to children whose families are not receiving state cash assistance benefits. Another \$17.6 million went to children living out of state.

At the same time, state taxpayers benefited from approximately \$14.9 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 \$20.8 million was collected on past-due amounts and kept by the state in lieu of current or past public assistance benefits.

Child Support Collection Summary by Family Type SFY 2013



At the end of SFY 2013, the child support caseload was 203,735. Nine percent of these cases are current assistance (active cash assistance – support assigned to the state); 51% are former assistance (payments to the family); and 39% are so-called ‘never assistance’ cases (payments to the family). Some 74% of the caseloads has a court order for support and/or health care coverage in place.

Child Support Federal Performance Standard – Self-Assessment Review & Data Reliability Audit

Connecticut has met or exceeded Federal Self-Assessment performance requirements for every review criterion during this year’s evaluation, demonstrating a combined compliance average of 93%, which is well above the federal benchmark of 75%. In addition, a more detailed study of child support caseload management required by the Federal Data Reliability Audit also exceeded federal requirements.

MAJOR PROGRAM AND SERVICE AREAS

Medical and Health Care Services

Health Services and Supports

The Division of Health Services and Regional Offices ensure that eligible children, youth, adults, and seniors are able to access needed medical and/or prescription medication coverage through Medicaid, the State Children’s Health Insurance Program, the Charter Oak Health Plan, ConnPACE and other health coverage programs. Connecticut’s HUSKY Health Plan combines

services under Medicaid and the State Children’s Health Insurance Program for children, teenagers, pregnant women, parents/caregivers, individuals who are aged, blind or disabled, and low income adults. Charter Oak offers coverage to uninsured adults of all incomes without restrictions on covering pre-existing conditions.

Supporting Regional Offices and the Division of Health Services in the delivery of medical services to DSS clients are the Division of Integrated Services; the Division of Social Work Services; and Office of Public Affairs.

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).

In SFY 2013, more than 600,000 individuals received coverage under the HUSKY Health programs.

HUSKY A & HUSKY B

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

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

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	\$ 623.48	\$ 516.23
Married Couple	\$ 793.65	\$ 686.40

Institutionalized Individuals

Single Person \$2,094

Asset limits are as follows:

Single person - \$1,600

Married couple - \$2,400

The HUSKY C program continued to serve approximately 96,450 low-income elders and adults with disabilities, including about 15,276 residents in long-term care facilities.

HUSKY D

With federal approval in SFY 2010, DSS transferred its State-Administered General Assistance medical coverage beneficiaries to the **Medicaid for Low-Income Adults** program (HUSKY D). Connecticut was the first state in the nation to receive federal approval to expand Medicaid under the Patient Protection and Affordable Care Act. During SFY 2013, this program continued to serve very low-income adults who do not qualify for Medicaid because they are under age 65, do not have a permanent qualifying disability, are not pregnant, or do not have a child under age 19. Over 92,000 Connecticut residents were being served under the Medicaid for Low-Income Adults program at the end of SFY 2013.

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

Monthly Amount:

	REGION A (Southwestern CT)	REGIONS B & C (Northern, Eastern & Western CT)
Single Person	\$ 632.28	\$ 517.32
Married Couple	\$ 853.38	\$ 698.22

For more information visit www.huskyhealth.com



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

Charter Oak offers a comprehensive benefits package that includes preventive care, primary care and specialist office visits, emergency room and inpatient hospital coverage, outpatient surgery, maternity, behavioral health, skilled nursing, durable medical equipment and prescriptions. As SFY 2013 ended, 4,486 previously uninsured Connecticut residents were enrolled in Charter Oak coverage. For a full list of benefits and their co-pays/deductibles, visit www.charteroakhealthplan.com.

In SFY 2013, Charter Oak offered a flat monthly premium of \$589 to new enrollees, regardless of income, and annual deductibles and co-insurance ranging from \$150 to \$900, depending on income.

Legislation passed in 2013, resulting in the sunset of Charter Oak, effective January 1, 2014, as new options under the Affordable Care Act begin.

The Connecticut Pre-existing Condition Insurance Plan offers a comprehensive health benefits package at limited out-of-pocket cost. Federal subsidies provided through the Affordable Care Act allow the department to offer this coverage for a monthly premium of \$381, regardless of age or income. In most of SFY 2013, the Connecticut Pre-Existing Condition Insurance Plan was open to Connecticut residents who have qualified, diagnosed medical conditions and who have been uninsured for at least six months.

The Pre-Existing Condition Insurance Plan is operated by the Health Reinsurance Association under contract with the Department of Social Services, administering state agency. Medical benefits are coordinated through the UnitedHealthcare provider network. As of the February, 2013, new enrollment into the Connecticut Pre-Existing Condition Insurance Plan was suspended, in accordance with federal guidelines related to the Affordable Care Act.

ConnPACE (Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled; www.connpace.com) is a program that helps individuals who are not eligible for Medicare and either 1) are age 65 or older; or 2) are age 18 and older and have disabilities afford the cost of most prescription medicines, as well as insulin and insulin syringes. Many individuals who historically qualified for ConnPACE now qualify for prescription drug assistance through the Medicare Savings Program.



ConnPACE

The Connecticut AIDS Drug Assistance Program (www.ct.gov/dss - DSS search term “cadap”) pays for drugs determined by the U.S. Food and Drug Administration to support individuals with AIDS/HIV. To be eligible for the program in Connecticut, an applicant must have a physician certification, must not be a recipient of Medicaid, and must have net countable income within 400% of the federal poverty level. In addition, the individual must apply for Medicaid within two weeks of approval for this program. CADAP coordinates benefits with Medicare Part D and other third party coverage. There are approximately 2,149 individuals enrolled in the program at the end of SFY 2013.

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

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

The Connecticut Home Care Program for Elders (CHCPE; www.ct.gov/dss, click on “Elders” under Programs and Services) is a comprehensive home care program designed to enable older persons at risk of institutionalization to receive the support services they need to remain living at their home.



The CHCPE provides a wide range of home health and non-medical services to persons age 65 and older who are institutionalized or at risk of institutionalization. The program serves approximately 15,000 frail elders statewide. Available services include adult day health, homemaker, companion, chore, home delivered meals, emergency response systems, care management, home health, assisted living, personal care assistant, assistive technology, mental health counseling and minor home modification services. The individual must meet the income and asset limits to be eligible for the program.

The program has a three-tiered structure through which individuals can receive home care services in amounts corresponding to their financial eligibility and functional dependence. Two categories within the program are funded primarily with state funds; the third category is funded under a Medicaid waiver. Persons receiving services under the state funded portion of the program are required to pay a copay for the services they receive. Pending federal approval, Medicaid coverage will be extended to a portion of the state funded program under a 1915(i) state plan amendment.

Prospective clients are referred by community home-health agencies, hospitals and nursing facilities. Interested people can call the program directly at 1-800-445-5394. Individuals who meet both the financial and functional criteria are referred for an independent, comprehensive assessment. This assessment determines the prospective client's needs and whether a plan of care can be developed which will safely and cost-effectively meet those needs in the community.

Medicare Savings Programs, such as such as the Qualified Medicare Beneficiary and Specified Low-Income Medicare Beneficiary programs, are available to help eligible residents pay the out-of-pocket costs of participating in Medicare. A change in state law made it possible to make changes to help many eligible Connecticut residents pay Medicare Part B premiums, deductibles and co-insurance, as well as qualify for federal Low-Income Subsidy prescription drug benefits. Specifically, the state raised the income-eligibility limits and eliminated the asset reporting requirement. Beneficiaries can now earn up to \$2,356.68 for a single person and \$3,180.78 for a couple to qualify for one of the Medicare Savings Programs: www.ct.gov/dss, search term "Medicare Savings Programs." In SFY 2013, the department served approximately 129,000 individuals through the Qualified Medicare Beneficiary program and another 10,371 individuals through the Specified Low-Income Medicare Beneficiary and Additional Low-Income Medicare Beneficiary programs.

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 Adult Services Division by contacting (860) 424-5250.

Medical Coverage for Children at DCF (www.ct.gov/dss, search term "Family Services"): The Division of Integrated Services provides medical benefits for children cared for by the Department of Children and Families (DCF).

During SFY 2012, HUSKY A coverage was provided to children in DCF foster care and children in subsidized adoption care. Additionally, youth transitioning from DCF care on their 18th birthday were granted medical coverage until the age of 21. Medical benefits were also granted for children in subsidized guardianship.

The Connecticut Breast and Cervical Cancer Early Detection Program (www.ct.gov/dph): 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. All services are offered free of charge through the Connecticut Department of Public Health's contracted health care providers located statewide.

Tuberculosis (TB) Medicaid Coverage www.ct.gov/dph: Provides Medicaid coverage for patients who are not otherwise eligible while they are being evaluated or treated for TB disease and infection including medication.

Services for Families and Children

The department operates **Jobs First**, Connecticut's welfare reform program, providing **Temporary Family Assistance** (TFA) to families in need of and eligible for cash assistance. Jobs First has been successful in helping thousands of parents move into the workforce and off welfare rolls. At the end of SFY 2013, the department's TFA caseload was just over 16,750 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 850 families in SFY 2013.

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 800 families in SFY 2013.

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 275 families in SFY 2013.

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

The Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program, 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. The general income limit is 185% of the federal poverty level.



The Supplemental Nutrition Assistance Program has expanded greatly since the most recent economic downturn. This vital program has meant the difference between food security and hunger for eligible families in Connecticut during SFY 2013. In April 2013 alone DSS received over 19,528 SNAP applications. At the end of SFY 2013, 401,354 Connecticut residents are receiving SNAP benefits in 221,622 households, a significant increase over previous years. While the agency continued to restructure and implement new business process engineering processes, the formation of this new Division has already yielded positive results in terms of payment accuracy, customer service, and program access.

The SNAP Division, created by Commissioner Roderick Bremby in 2012, continues to provide policy support to the 12 regional DSS offices. Each office now has an assigned Public Assistance Consultant to help the regions administer this federally funded program. The Division includes a Local Quality Control Review Unit, a contract representative and administrative support staff. Further information at www.ct.gov/snap.

Child Care Services

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

- **The Care 4 Kids program**, operated with the United Way of Connecticut, provided subsidies for the care of approximately 21,000 children. About 14,600 families received an average of \$591 in child care benefits each month. For more information on Care 4 Kids, visit www.ctcare4kids.com.

- Background Checks - criminal and civil: As required by law DSS continues to conduct state and national criminal history records checks for all unlicensed child care providers.
 - DSS continued collaborative activities with the Department of Children and Families and the Department of Emergency Services and Public Protection, with the goal of achieving the highest level of health and safety for children in the Care 4 Kids program.
 - In SFY 2013, DSS initiated a data matching process with the Department of Emergency Services and Public Safety, which imitates the already existing data match with DCF for neglect and abuse checks. This process greatly increases manpower utilization and program outcome efficiency in our criminal background checks operations.
 - During SFY 2013, the DSS Economic Security Unit conducted approximately 10,000 criminal background checks on child care provider applicants. These checks include both state police and FBI queries; some involving fingerprint checks as well. In addition, approximately 10,000 providers were subject to child abuse registry checks through DCF.
- The department's Child Care Unit and the **Fraud and Recoveries Unit** continued two fraud prevention and detection initiatives in SFY 2013. The Fraud Early Detection Program and the Active Case Assessment Program were developed to ensure that those parents and/or providers receiving benefits from the Care 4 Kids Program were truly entitled to those funds. The department continued efforts to reduce administrative errors, improper payments and detect, prevent and recover fraudulent overpayment claims through an array of administrative controls. Strategies included active monitoring of business functions processes, data integrity reporting and production and performance measurement. Staff training initiatives were held in collaboration with the Departments of Public Health, Public Safety, Children and Families, Education and Labor, Criminal Justice and the Office of the Attorney General.
- Nearly 2,700 children of school age participated monthly in the department's **Before - and After- School** program through seven contractors.
- The Training Program in Child Development helped nearly 150 caregivers receive training in the **Connecticut Charts-A-Course** curriculum. The statewide Accreditation Facilitation Project provided support and technical assistance to 300 sites. The Connecticut Charts-a-Course Scholarship Fund provided almost 2,000 individuals with financial assistance to support their attendance at training seminars for college credits.

2-1-1 Child Care, supported by department funds and United Way of Connecticut, received over 30,000 phone calls from parents seeking child care information and referrals to child care centers and homes in their area, and from child care providers interested in information and referral

services. They also have an interactive childcare search tool available online at search.211childcare.org.

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

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

Child Support Enforcement Services



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

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

The DSS Bureau of Child Support Enforcement is committed to assisting families in reaching independence through increased financial and medical support, establishment of paternity for children born out 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 Outreach program, which works with the Department of Public Health and hospitals; employer reporting via the Department of Labor of all newly-hired employees; the Arrears Adjustment Program, which works with the Fatherhood Initiative sites; and the Partners Executive Council, which includes representatives from all child support cooperating agencies (Attorney General, Judicial) and works to improve the child support program.

While core functions remain a major focus for the Bureau of Child Support Enforcement, as the lead Title IV-D agency, a number of initiatives are in place to improve the quality of customer service, program performance, and service delivery. The bureau continued participation in longstanding collaborative efforts such as Access and Visitation, providing supervised visitation and other parental counseling services to never-married couples; and the Voluntary Paternity Establishment Program, providing services in 28 area hospitals and nine community-based Fatherhood Initiative program sites.

Electronic Income Withholding

The child support program fully implemented electronic service of income withholding orders (e-IWO) and continued development of an agreement with the State Treasurer to intercept unclaimed property claims of IV-D child support obligors for payment of overdue support. These provisions were authorized in prior year legislation.

Connecticut /Rhode Island SDU Partnership Agreement

During SFY 2013, the Connecticut/Rhode Island Consortium continued to produce savings for our state.

The Connecticut and Rhode Island child support programs, and the Connecticut contractor responsible for processing child support payments (Systems and Methods, Inc. - SMI) initiated a joint venture for child support payment processing in 2010. Under the agreement, payment processing services are provided to Rhode Island by SMI at the Connecticut facility through an amendment of Connecticut's existing contract.

This partnership agreement allows Rhode Island clients to receive the same efficient and cost-effective child support payment processing services that Connecticut has come to expect, while saving money for both states.

Under the consortium agreement, both states save money through the sharing of expenses for office rent, management staff, equipment and maintenance. Connecticut saved approximately \$133,143 in SFY 2013 and will continue to achieve this annual savings throughout the term of the SDU contract.

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 thirteenth 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 & Addition Services, and Public Health; Judicial Branch Support Enforcement Services and Court Support Services Divisions; CT Commission on Children; CT Coalition Against Domestic Violence; Legal Aid Services and numerous community-based partners serving families (mothers, fathers, and children). Efforts are focused on four proven systems change strategies including capacity-building in existing programs, infusing father-friendly principles and practices into existing systems, media advocacy to promote responsible fatherhood and recommending social policy change to support father involvement and strengthen families.

Effective July 1, 2012, administration of the Initiative pursuant to CGS §17b-27a transitioned from the Office of Strategic Planning to the Bureau of Child Support Enforcement (BCSE). The goals of the transition were to identify additional staffing resources to support the work and begin the complete integration of the Initiative into the department's institutional structure. While the management of Initiative activities is the responsibility of BCSE, the incorporation of its principles and objectives will be woven throughout all levels and aspects of the department as a whole. This transition allowed the department to increase its organizational effectiveness and continued leadership of the Initiative moving forward.

Continued implementation plans include maintenance of existing functions and relationships, short and long term resource development and expansion of program principles within BCSE and other department divisions, child support cooperative agencies, fatherhood programs statewide, and current and potential partners at both the state and local levels.

During 2013 Fatherhood Advisory Council meetings there was a common theme voiced by members; a need to develop a strategic plan to sustain and strengthen the infrastructure of the Initiative moving forward. The plan will address critical needs such as sustainability, advocacy, policy/systems change and data development. The plan will provide methods to effectively measure progress towards, and success of, planned activities. To that end, the department was able to secure funding from the Department of Mental Health and Addiction Services to assist with this effort. The department is currently working the Charter Oak Group to begin the process of developing a strategic plan with a results-based accountability framework. Strategic planning events and meetings are scheduled to be rolled out beginning September 2013. For more information about the Initiative, visit www.ct.gov/fatherhood.

Connecticut Children's Trust Fund

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

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

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

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

In-Home Treatment for Maternal Depression

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

Home Visiting Program for New Fathers and Men

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

Preventing Shaken Baby Syndrome Within High-Risk Populations

The Children's Trust Fund initiated a randomized control group study to test the two shaken baby prevention models with the high-risk mothers participating in the Nurturing Families Network. The two-year study determined that one model, the *Period of Purple Crying*, was significantly more effective than the other. The Children's Trust Fund has trained all of the Nurturing Families Network home visitors in the more effective model. In addition, the Trust Fund staff trained the prison system re-entry counselors to provide the *Period of Purple Crying* shaken baby syndrome prevention program to men leaving prison.

Financial Assistance for Adults

Through the **State-Administered General Assistance (SAGA)** program, the department provides cash assistance to eligible individuals who are unable to work for medical or other prescribed reasons, and to families that do not meet the blood-relationship requirements of the Temporary Family Assistance program. Approximately 5,051 individuals were receiving SAGA cash assistance at the end of SFY 2013.

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

General application for SAGA services is made at local DSS offices. Further information: www.ct.gov/dss, search term "SAGA."

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 2013, 15,194 individuals (4,610 aged, 79 blind, and 10,505 with other disability) were receiving State Supplement benefits. Further information: www.ct.gov/dss, search term "state supplement."

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 2013, agency social workers provided services to 3,707 persons living in the community. The department also received 704 report forms regarding residents of long-term care facilities.

The **Conservator of Person program**, for indigent individuals 60-and-over who require life management oversight, helped 292 individuals; and the Conservator of Estate program provided financial management services to 111 people in the same age group.

The **federal Supplemental Security Income Program** serves people who are elderly, disabled, or blind. In Connecticut, the State Supplement Program augments the federal program. As the state fiscal year ended, the State Supplement Program was serving 15,194 persons (4,610 aged, 79 blind, and 10,505 with other disability).

During the fiscal year, the **Community Based/Essential Services Program** provided services designed to prevent institutionalization to 1,851 persons with disabilities. There were 2,047 persons who received help through the **Personal Care Assistance Program** (people with disabilities between age 18 and 64); and 903 individuals were provided assistance under the **Acquired Brain Injury Program**. Both programs operate under Medicaid waivers.

The **Family Support Grant Program** helped 19 families with children with developmental disabilities other than mental retardation in meeting extraordinary expenses of respite care,

health care, special equipment, medical transportation and special clothing.

Family and Individual Social Work Services

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

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

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

Domestic Violence Services provides shelter services, including support staff, emergency food and 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. There are two transitional living program contracts and 2 community service provider contract for cultural outreach and medical provider training. In SFY 2013, 2,262 were served by this program.

Housing Assistance

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

The **Transitional Living Program** served more than 2,248 individuals, and helped families and adults move from shelters into independent living. The **AIDS Residence Program** provided housing and support services to approximately 900 people. In addition, funding was provided to twelve **CT Beyond Shelter Programs** (CTBSP) for the purpose of providing coordinated services to landlords and households leaving homeless shelters or transitional living programs for independent housing.

During SFY 2013, DSS conducted a competitive procurement in collaboration with the Connecticut Coalition to End Homelessness to revamp CTBSP so that it was more responsive to the target population, as well as respond to CT's Opening Doors campaign, specifically the goal of "re-tooling the homeless crisis response system." The new program entitled **CT Rapid Rehousing Program (CT RRP)** launched on January 2013 is designed to assist homeless households (individuals and families) as they quickly move out of homelessness and into permanent housing through the provision of time-limited housing support and strategies with the ultimate goal of housing. CT RRP uses a combination of housing relocation and stabilization services combined with financial assistance, if necessary, to assist homeless households (individuals and families) to move as quickly as possible into permanent housing and achieve housing stability.

DSS also provides funding for the annual point in time count. During SFY 2013, the Point in Time data is as follows:

- 4,506 people were experiencing homelessness across Connecticut;
- 475 families in Connecticut were sleeping in emergency shelters, transitional housing, and on the streets;
- Between 2010 and 2013, the number of families utilizing Connecticut's emergency shelters has increased 16%;
- Almost half of the 863 unsheltered adults were experiencing chronic homelessness (43%);
- Connecticut's unsheltered population increased by one third between 2011 and 2013;
- Of the 340 total veterans counted, 22% were unsheltered;
- Well over one third (38%) of all homeless singles were experiencing chronic homelessness; and
- Almost one in five persons counted (18%) experienced domestic violence, with an increase of 14% in sheltered populations since 2012.

The **Security Deposit Assistance Program** provided help to more than 2,500 individuals and families in obtaining permanent housing. These services are provided through DSS Regional Offices.

Under the **Rental Assistance Program (RAP)**, DSS provided rental subsidies to 5,400 families and adults living in privately-owned rental housing and supportive housing projects.

Under the federal **Section 8 Housing Choice Voucher Program** and **Section 8 Moderate Rehabilitation Program**, DSS provided 6,500 rental vouchers so families and adults could afford and move into safe and sanitary housing.

The HUD-Veterans Affairs Supportive Housing program combines Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the U.S. Department of Veterans Affairs (VA). VA provides these services for participating veterans at VA medical centers and community-based outreach clinics. The department was awarded 125 of these special vouchers.

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

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

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

Energy and Food Assistance, Community Programs

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

During 2013 DSS and its service partners assisted 100,709 eligible households, distributing \$77.5 million in federally funded energy assistance through CEAP and Contingency Heating Assistance Program (CHAP).

- CEAP is available to households with incomes up to 150% of the federal poverty guidelines. Households with even higher incomes, up to 200% of the federal poverty

guidelines, are eligible for CEAP if they include a person who is at least 60 years of age or a person with disabilities. Efforts are made to accommodate homebound applicants;

- CEAP-eligible households with incomes up to 150% of the federal poverty guidelines, whose heat is included in their rent, and who pay more than 30% of their gross income toward their rent, are eligible for renter benefits; and
- CEAP includes liquid assets eligibility requirements.

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

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

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

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

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

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

The **Emergency Food Assistance Program** distributes available food from the U.S. Department of Agriculture to soup kitchens, food pantries, and shelters that serve people in need.

The **Supplemental Nutrition Program** purchases high-protein foods for distribution to food pantries, soup kitchens, and shelters through a statewide network of 448 agencies. Approximately 562,261 pounds of food with a value of \$604,422 were distributed through this program.

Repatriation Services are provided for U.S. citizens who are or were residents of Connecticut and who need emergency evacuation from another country for medical treatment, to escape from a dangerous or hostile environment, or are being deported from another country. DSS works with International Social Services, a subcontractor for the U.S. Department of State, to assist Connecticut repatriates to find housing and access medical treatment. DSS Social Workers provide transitional case management to repatriated citizens.

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

During SFY 2013, the department continued to administer the Community Services Block Grant (CSBG), which provides core funding and underlying support for the state's Community Action Agencies (CAAs) and the Connecticut Association for Community Action. The CAAs are designated anti-poverty agencies which collaborate across sectors, leveraging federal funds with state, local, and private resources to coordinate and deliver a broad range of programs and services for low-income families and individuals. The goal is to help the state's vulnerable population reduce and/or remove barriers and work towards self-sufficiency.

In SFY 2013, CAAs served 363,554 individuals in 146,377 families in need. Vulnerable populations served included 125,583 children, 84,646 people with disabilities, 63,793 seniors and 35,943 people who lacked health insurance.

In addition to the \$8,132,631 of federal CSBG funds expended by the department, the CAAs brought in and administered \$277,245,954 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 \$10.24 from state, local, and private sources, including the value of volunteer hours. Including all federal sources, the CT Community Action Network leveraged \$34.39 per \$1 of CSBG funds.

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

CAAs are responsive community partners with longstanding experience in mobilizing local resources to serve people in need. During SFY 2013, the department, along with the CAA network and 2-1-1 revisited the vision and mission for HSI as DSS readies itself for changes in the way that it does business. HSI is just as vital as it was at its inception.

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.

In April 2013, programmatic and oversight management of the CSBG/HSI program was transitioned to the Office of Community Services, Division of Integrated Services. This transition will assist the department with improvising its oversight and programmatic management of the programs.

DSS REGIONAL OFFICES

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

Northern Region

The DSS Northern Region is comprised of a regional office (Hartford) with three sub-offices (Manchester, New Britain, Willimantic), serving 59 cities and towns with a total of 148,155 unduplicated active 'assistance units' (technical term for households, whether a family or single individual), for a total of 148,174 active recipients in SFY 2013. The Northern Region is the largest of the department's three regions.

Southern Region

The Southern Region is comprised of a regional office (New Haven) and two sub-offices (Middletown and Norwich), serving 55 cities and towns across south central and southeastern Connecticut. The Southern Region served 131,899 unduplicated households and 218,520 active recipients in SFY 2013.

Western Region

The DSS Western Region is comprised of a regional office (Bridgeport) with four sub-offices (Danbury, Stamford, Waterbury and Torrington), serving 57 cities and towns in Litchfield and Fairfield County. The Western Region served 238,248 recipients in 140,843 households in SFY 2013.

OTHER DIVISIONS WITHIN DSS

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

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

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

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

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

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

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

With regard to the agency's regulations, OLCRAH attorneys, in conjunction with the agency's policy experts, draft and promulgate regulations concerning all of the department's programs.

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

The Administrative Hearings division of OLCRAH schedules and holds administrative hearings, in accordance with the provisions of the Uniform Administrative Procedure Act, for those applicants for and recipients of DSS programs who wish to contest actions taken by the department. Hearing officers hear and decide the following types of cases:

- Appeals when benefits are denied, discontinued or reduced in Medicaid programs (HUSKY A, C and D); Medicaid waiver programs (Personal Care Attendants, Connecticut Home Care Program for Elders, Money Follows the Person, Acquired /Traumatic Brain Injury); HUSKY B; the Charter Oak Health Plan; Connecticut Insurance Premium Assistance; Connecticut Pre-Existing Condition Insurance Plan; Supplemental Nutrition Assistance Program; Temporary Family Assistance; Assistance to the Aged, Blind, and Disabled; State Administered General Assistance; the Child Care Assistance (Care4Kids) program; and the Connecticut Energy Assistance Program; Medical services under Husky A, C and D; Individual and Family Grant for FEMA (Federal Emergency Management Agency) following a disaster in the state; Rental Assistance Program; Qualified Medicare Beneficiaries; CT AIDS Drug Assistance Program; Department of Developmental Services Community-Based Services; Eviction Prevent and Emergency Housing; and the Security Deposit Program.
- Pharmacy Lock-in appeals; appeals of nursing facility discharges, involuntary transfers and level of care hearings.
- Administrative Disqualifications for the following programs: TFA, SAGA and SNAP. (Follow this link for the Administrative Disqualification Hearings Homepage - <http://www.ct.gov/dss/cwp/view.asp?a=2349&q=304650>).
- Appeals of claimed overpayments and recoupment of benefits, including liens placed by the Department of Social Services; appeals of recoveries of assistance by the Department of Administrative Services through liens on accident awards and other claims.
- Child Support appeals by obligors concerning pertaining to administrative offset; state and federal income tax offset; consumer reporting; property liens; liens on lump sum benefits; withholding of financial, insurance and inheritance assets and of lottery winnings; misapplied payments and passport seizures.

The Administrative Hearings Unit serves approximately 470 appellants per week, a total of 22,560 per year. For SFY 2013 the unit scheduled 17,568 hearings and rendered 1,080 hearing decisions. The unit receives and reviews appellants' hearing requests, schedules hearings, conducts hearings and renders hearing decisions.

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

The Administrative Hearings Unit, with the assistance of the ITS division, has a new and improved Administrative Hearings and Appeals data base system which is utilized to schedule hearings resulting in improved work processes, work productivity as well as client services.

The Administrative Hearings Unit added one Hearings Supervisor, four Hearings Officers and two Processing Technicians during SFY 2013.

In response to ConneCT, we developed a new hearings work flow process to ensure that client's hearings are scheduled timely and accurately and that hearings decisions are rendered and acted upon in an efficient manner.

The Office of Legal Counsel, Regulations and Administrative Hearings has been working with Access Health CT (AHCT) on the coordination of the Affordable Care Act implementation in regards to the hearings process. This initiative will require the hiring and training of one Supervisor, five Hearing Officers and three Processing Technicians who will make up the AHCT-DSS Hearings Unit. The Hearing Officers will conduct hearings on Advance Payment Tax Credit (APTC), Cost Sharing Reduction(CSR), Medicaid and the Children's Health Insurance Program (CHIP).

Further Information on the Office of Legal Counsel, Regulations and Administrative Hearings visit www.ct.gov/dss, search term "OLCRAH."

Office of Public Affairs

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

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

Support functions include: advising on and coordinating legislative proposals; providing advocacy and representation at the General Assembly; serving as press secretary, departmental spokesperson and media contact point; preparing public information materials and news releases in support of agency services and initiatives; coordinating public relations with community organizations, grantees and individual clients and complainants; serving as Freedom of Information Act contact point and response coordination; conducting website development, maintenance and content management; and program management of \$3.8 million contract with United Way of Connecticut/2-1-1/HUSKY Infoline.

The office also provides verification of client information for state Office of Victim Services; verification of Temporary Assistance to Needy Families client information for other states for purposes of federal time-limit tracking; client verification with Office of Policy and Management

and municipalities for Renters' Tax Relief Program for elderly and individuals with disabilities; and Verification of Medicaid eligibility and resolution of medical services for clients in liaison with legal entity representing Connecticut hospitals.

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

The Office of Public Affairs coordinates the DSS Mobile Office, a computer-equipped bus which conducts outreach in rural, suburban and urban communities. With the bus, DSS regional staff provide eligibility screening for various public assistance programs, including Medicaid, HUSKY, SAGA, Medicare Savings and SNAP (Food Stamps). During SFY 2013, DSS participated in 53 events and provided information and eligibility screening to approximately 1,200 people through this mobile service option.

During SFY 2013, the office continued communications support to departmental program initiatives, while assisting applicants, clients and members of the general public by phone, email and outside referrals. The 'client issue tracking system,' created in conjunction with Regional Offices and the Division of Information Technology Services, continued to facilitate communication and problem resolution on behalf of clients; improve efficiency when clients contact multiple offices; and provide a central clearinghouse of information about client inquiries, complaints and service resolutions. Over 13,000 client inquiries were routed through the client issue tracking system, 4,869 of which were handled directly by Public Affairs staff for investigation/resolution during SFY 2013.

Office of Planning, Performance and Accountability

In SFY 2013, the department completed its realignment of strategic planning resources by transitioning direct client service and grant programs to areas of the agency with related programmatic goals, and a rebuilding of expertise in planning and data analysis to support the agency transformation currently underway.

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

- **Strategic Planning** – Provide and manage an inclusive planning process that assists leadership in clear thinking about the department's long-term vision and strategy. The office is developing a Strategic Framework and will also assist with plan enactment and implementation monitoring;
- **Performance Analysis & Management** – Work as a team with other units and divisions to coordinate development of the department's performance analysis & management framework and tools. The goal of this project is that department-wide, managers will

have the tools to use data to make operational adjustments that improve service delivery and performance; and

- **Special Projects** – Develop and oversee implementation of action plans designed to address unique, time limited circumstances; conduct research and analysis on emerging issues as requested and prepare reports with recommendations for leadership; and provide assistance to projects throughout the agency that require planning tools or perspective, as resources allow.

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

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

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

Quality Assurance

The Office of Quality Assurance (QA) is responsible for ensuring the fiscal and programmatic integrity of all programs administered by the Department of Social Services. In addition, QA is responsible for ensuring the integrity of all administrative functions of the department. The office has four separate divisions, each with unique program integrity functions: Audit, Fraud & Recoveries; Quality Control; and Special Investigations. During SFY 2013, QA identified over \$492 million in overpayments, third-party recoveries and cost avoidance.

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

The **Fraud & Recoveries Division** ensures that the department is the 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; identifying and deterring recipient fraud; and establishing recoveries for miscellaneous overpayments. The division's Central Processing Unit is responsible for the day-to-day operations of the Electronic Benefits Transfer (EBT) program. The EBT program distributes Supplemental Nutrition Assistance Program and cash assistance benefits to qualifying agency clients.

The Fraud & Recoveries Division's Client Fraud Unit includes investigation staff located at both Central and Regional Office locations. This unit performs investigations through the use of its pre-eligibility Fraud Early Detection Program and other fraud investigation measures. The Real

Property Unit recovers monies owed to the department through liens and mortgages on real estate. The Third-Party Liability Unit is responsible for identifying and recovering the cost of health care from third parties, including insurance companies and Medicare, when responsible for payment of the health care services.

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

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

Affirmative Action

The Department of Social Services is strongly committed to the concepts, principles, and goals of affirmative action and equal employment opportunity. These objectives are commensurate with the state's policy of compliance with all federal and state constitutional provisions, laws, regulations, guidelines, and executive orders that prohibit discrimination. The **Affirmative Action Plan**, submitted on April 12, 2013, was approved and granted continued annual filing status by the Connecticut Commission on Human Right and Opportunities. DSS administers its programs, services, and contracts in a fair and impartial manner.

During SFY 2013, the Department of Social Services continued to monitor and improve its practices in employment and contracting, giving special consideration to affirmative action goal attainment, diversity training for all employees, and contract compliance. At the close of the November 30, 2012, affirmative action reporting period, 47.3% of DSS employees were minorities, 69.8% were women, and 0.67% was self-identified as having a disability. During the plan year, the department hired 306 new employees: 179 (58.5%) were minorities and 229 (75%) were women.

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

Division of Financial Management & Analysis

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

The Budget Group was responsible for budgeting in excess of \$5.8 billion in state general funds in SFY 2013 through approximately 43 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 processed over 200 requests for review of funding availability representing over 300 contracts and contract amendments; monitored, reviewed and estimated approximately \$6 billion in state General Fund expenses or close to 30% of the state budget; developed metrics for all key program areas, including Medicaid and other health programs, assistance programs, and the Other Expenses account; and reviewed and approved over 278 positions for funding availability and coding accuracy in the last nine months of the year. The division continues to be involved in providing fiscal analyses on major department initiatives that were implemented or proposed during the year. This year's efforts included support for departmental restructurings and consolidations including the Department on Aging, the Department of Housing, and the Office of Early Childhood. Fiscal analyses this year included rate reforms, investments in infrastructure associated with ConneCT, support of Affordable Care Act (ACA) coverage changes and the health insurance exchange, utilization management and other efforts under our medical administrative services organization, and the department's continued commitment to shifting from institutional to home and community based services.

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

During SFY 2013, this group allocated over \$404.5 million in department administrative costs for the purpose of accessing federal reimbursement, compiled over 200 federal reports for \$515 million in direct federal grants and \$696 million in SNAP benefits (representing 65 federal grants) and processed approximately 8,500 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 2013, funding from revenue generating programs resulted in approximately over \$3.56 billion in federal revenue for the state. FMR is also responsible for cash management for all federal accounts. The Cash Management area oversees the drawdown and reconciliation of 200+ grants contained on five different federal draw systems. In SFY 2013, this area drew down over \$4.0 billion for the state.

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

The Accounts Receivable unit, responsible for a significant level of receivables related to the Medicaid program, as well as those of other agency programs, is located within this service center. During the past fiscal year, the department successfully reduced accounts receivable balances by close to \$6 million.

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

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

Contract Administration

The Division of Contract Administration is comprised of four separate functional units:

1) Contract Administration and Procurement; 2) Purchasing; 3) Payment and Processing; and 4) Facilities Management and Support. Collectively, the division is charged with the oversight and administration of all contract, procurement and purchasing functions for the department, including the development and approval of purchase orders to process contract payments and payments for the purchase of commodities and services for the department. In addition, the Facilities Management Unit is responsible for the management of building facilities and intra-agency operations.

Contract Administration staff provide direction and support in all administrative contract activities for the purchase of training, technical assistance and other services. The staff work with DSS program divisions to contract for the delivery of client services through the development and execution of 'purchase of service' contracts with non-profit, community-based human service agencies and other governmental agencies. In addition, contract staff work with other department staff to arrange for the delivery of services to the department through development and execution of 'personal services agreements.' Unit staff also work with sister

state agencies to develop Memoranda of Agreement and Understanding to ensure that the transfer of funding between agencies is properly expended and monitored and that the needs of both DSS and the sister agencies are met in terms of their inter-dependence on one another.

Contract Administration staff ensure that the department complies with policies and procedures pertaining to contracting promulgated by the Office of Policy and Management (OPM) and that all contracts contain the requisite contract provisions, as directed by the OPM and the Attorney General's Office. Annually, staff process over 1,000 contracts and amendments with over 350 contractors.

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

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

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

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

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

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

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

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

The **Facilities Management and Support Services Staff** provide support services to all DSS offices, including the 12 Regional Office locations, Central Office, and several Bureau of Rehabilitation Services locations throughout the state, including Disability Determination Services. Support services address building and maintenance matters, including security, health, safety and environmental issues, emergency requirements and compliance with all federal, state and local building code regulations. Facilities Management coordinates the development of the statewide facilities plan to maintain and secure office space and manages the state's process to request and obtain leased space necessary for department operations. Facilities Management is the department's primary liaison with the state's leasing group, now functionally part of the Department of Administrative Services, and manages the DSS fleet of 86 vehicles.

Information Technology Services

The Information Technology Services Division encompasses several sections, including Technical Services, Support Services, the Data Warehouse, and the Document Center/Mailroom.

These sections have provided extensive technical support to both the program and administrative areas of the agency.

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

Operations, Helpdesk, LAN/WAN and Communications Support Units

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

Operations:

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

LAN Support:

- LAN/WAN Technical support;
- Active Directory Administration;
- Citrix Terminal Servers and Applications;
- Email Administration;
- Data Backup / recovery;
- Virus protection / Operating System Patch Management;
- Capacity Planning and Performance;
- Security;
- Internet Access;
- Technical Standards; 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. The functioning of the data center is a 24-hour-a-day, six-day-a-week process with two staff assigned to each of the second and third shifts, primarily for the processing of both the production and test Eligibility Management System cycles along with generation of daily notices, checks, and the

communicating of various data files to the appropriate entities via file transfer protocol or various other types of media.

Supporting over 3,000 PCs and 50+ servers utilizing the DSS infrastructure, the staff maintains all the hardware and is responsible for troubleshooting and problem resolution in an effort to support agency staff in performing their daily activities and ability to provide the necessary services to the customers.

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

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

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

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

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

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

CT Child Support Enforcement System (CCSES) User Support Group - provides testing of changes to the CCSES computer systems and tests new computer software from a user's

perspective before the changes are moved into the production region of the system. The group also handles project management of CCSES systems changes, and provides 'help desk' service.

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

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

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

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

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

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

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

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

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

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

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

Improvements/Achievements for SFY 2013

- ConneCT Implementation – Planning; Facilitation of Joint Application Design sessions; Roadshows; Planning, testing, curriculum development, business process development and documentation, and training - My account – prescreening, IVR, Document management and workflow, Benefit Center, ConneCT clerical retreat, ConneCT supervisors’ retreat; Creation and production for the DSSNetwork - media framework.
- Agency Health Disparities Plan - design and administer survey for client assessment of agency performance.
- Grant writing and support – all grants awarded
 - Developed grant application for the Commission on Health Equity to pay for staff to attend intervention strategy training for African American Women.
 - Commission on Health Equity to fund technical assistance to collect information and report out on health disparities
 - SNAP grant for increase access in office reception among targeted populations
- Training –
 - CORE training Eligibility New hires - 170 new staff; Cross Training – 60 staff; Veterans CORE – experienced employees – 161 staff; Long Term Care – 60 staff
 - Leadership retreat for managers and supervisors of the Department of Rehabilitative Services & Division of Health Services
 - Conducting Ace the Interview and Practice Interview training and consultation for available for all staff seeking promotional opportunities
 - Organizational development for social work staff and supervisors
 - Orientation
 - Training on all mandatory courses required for all staff within the first 6 months of hire
 - Professional leadership training
 - Supervisory development training
 - Aspiring leaders
 - New role of supervisors in ConneCT

- Fatherhood Initiative - Supported administration with the transition of program from strategic planning to child support; presented at international conference –Association for maternal and Child Health Conference; and managed the employment pilot program with CT Judicial.
- Voluntary Paternity Establishment - Management of program and coordination with 28 birthing hospitals and 9 community-based sites.
- Presented at international conference –Association for Maternal and Child Health Conference.
- Media production and support - Provide media production for Medicare Fraud for Aging Services; video produced in English with captions in English and Spanish (selectable) used by the Area Agencies on Aging; 3 videos for ConneCT - How to Connect (working on Spanish version), Forgot ID and Forgot Password; Graphic design and production – ConneCT posters; DSS mobile office wrap; logos; and brochures.
- LEAN Project Leadership and Support – Returned Mail; Leadership Training; Bureau of Child Support and Enforcement - PRE-Obligation establishment process - from LOCATE(UI-LOCATE) to Service of Process for court, Court process, Referral Process, and CO Administrative process; Contracts; ITS; Social Work.

Human Resources Division

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

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