

Department of Social Services Annual Report State Fiscal Year 2014



Dannel P. Malloy
Governor

Roderick L. Bremby
Commissioner



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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

State Fiscal Year 2014

(July 2013-June 2014)

RODERICK L. BREMBY, Commissioner

Kathleen M. Brennan, Deputy Commissioner, Administration

Raymond Singleton, Jr., Deputy Commissioner, Programs

Established - 1993

Statutory authority - Title 17b

Central office – 55 Farmington Avenue, Hartford, CT 06105

Number of employees – 1,882

Operating expenses - \$239,843,584

Program expenses - \$2,998,668,785

Organizational structure - Commissioner's Office, Field Operations, Administrative Operations, Program Operations

MISSION

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

STATUTORY RESPONSIBILITY

The Department of Social Services is designated as the state agency for the administration of 1) the Child Care Development Block Grant, pursuant to the Child Care and Development Block Grant Act of 1990; 2) the Connecticut Energy Assistance Program, pursuant to the Low Income Home Energy Assistance Act of 1981; 3) programs for the elderly, pursuant to the Older Americans Act; (please note these programs moved to the legislatively-created Department on Aging under Public Act 13-125 4) the Refugee Assistance Program, pursuant to the Refugee Act of 1980; 5) the Legalization Impact Assistance Grant Program, pursuant to the Immigration Reform and Control Act of 1986; 6) the Temporary Assistance for Needy Families program, pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 7) the Medicaid program, pursuant to Title XIX of the Social Security Act; 8) the Supplemental Nutrition Assistance Program (Food Stamp), pursuant to the Food Stamp Act of 1977; 9) the State Supplement to the Supplemental Security Income Program, pursuant to the Social Security Act; 10) the state Child Support Enforcement Plan, pursuant to Title IV-D of the Social Security Act; 1.) the state Social Services Plan for the implementation of the Social Services and Community Services Block Grants, pursuant to the Social Security Act; 12) the Section 8 existing certificate program and the housing voucher program, pursuant to the Housing Act of 1937; 13) the state plan for the Title XXI State Children's Health Insurance Program; and 14) State plan for the U.S. Department of Energy – Weatherization Assistance Program for Low-Income Persons – Title 10, Part 440, Direct Final Rule – Federal Register, June 22, 2006.

DEPARTMENT OVERVIEW

The Department of Social Services provides a wide range of services to children, families, 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, applying for services): www.connect.ct.gov; application guidance also at www.ct.gov/dss/apply.
- Child Care Services (including Care4Kids): www.ct.gov/dss, search on “Care4Kids”; also www.ctcare4kids.com
- Child Support Services: www.ct.gov/dss/childsupport.
- Connecticut Child Support Payment Resource Center: www.ctchildsupport.com.
- HUSKY Health Program: www.huskyhealth.com; to apply online: www.accesshealthct.com or www.connect.ct.gov.
- Connecticut Behavioral Health Partnership: www.ctbhp.com.
- Connecticut Medical Assistance Program (for health care providers): www.ctdssmap.com.
- My Place CT (long-term services and supports): www.myplacect.org.
- Winter heating assistance: www.ct.gov/staywarm.
- John S. Martinez Fatherhood Initiative of Connecticut: www.ct.gov/fatherhood.
- Supplemental Nutrition Assistance Program (formerly food stamps): www.ct.gov/snap.

Toll-free information:

- DSS ConneCT Client Information Line & Benefits Center: 1-855-6-CONNECT
- 2-1-1 Infoline: 24/7, toll-free information and referral, crisis intervention services: call 2-1-1. Operated by United Way of Connecticut with DSS funding
- General DSS information and referral: 1-800-842-1508
- TTY for persons with hearing impairment: 1-800-842-4524
- Child care services: 2-1-1 or 1-800-811-6141
- Care4Kids child care subsidy program: 1-888-214-5437

- 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
- Fraud and recoveries (including lien matters): 1-800-842-2155
- HUSKY Health/Medicaid/Children’s Health Insurance Program information and referral, applications: 1-877-CT-HUSKY (1-877-284-8759)
 - Contact information for current member support with major categories of Husky Health coverage:

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

- 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

DSS CENTRAL ADMINISTRATION

55 Farmington Avenue, Hartford, CT 06105

Commissioner Roderick L. Bremby
 Deputy Commissioner/Administration Kathleen M. Brennan
 Deputy Commissioner/Programs Raymond Singleton, Jr.

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; Legislative Program Director: Heather Rossi; Legal Counsel, Regulations, Administrative Hearings Director: Brenda Parrella; Planning, Performance and Accountability Director: Alexis Fedorjaczenko; Health Services Director: Kate McEvoy; Reimbursement and Rate-Setting Director: Christopher Lavigne; Medical Director: Robert Zavoiski, M.D.; Child Support Enforcement Director: David Mulligan; Fiscal Services: Michael Gilbert; Supplemental Nutrition Assistance Program Division Director: Ronald Roberts; Information Technology Services Director: Louis Polzella; Quality Assurance Director: John McCormick; Field Operations Director: Janel Simpson; Field Operations Deputy Director: Marva Perrin; Field Operations Tactical Director: Melissa Garvin; Field Operations Benefits Center Director: George Chamberlin; Social Work Services Director: Dorian Long; Organizational and Skill Development Director: Darleen Klase.

News media/public information:

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

Legislative/intergovernmental relations:

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

DSS SERVICE CENTER (FIELD OFFICE) INFORMATION

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

Please note: local phone numbers have been replaced by 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.

- **Hartford**—3580 Main Street, Hartford 06120; Musa Mohamud, 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; Phil Ober, Tyler Nardine, Social Services Operations Manager.
- **Willimantic**—676 Main Street, Willimantic 06226; Tonya Beckford, Social Services Operations Manager.
- **New Haven**—50 Humphrey Street, New Haven 06513; Peter Bucknall, Lisa Wells, 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.
- **Bridgeport**—925 Housatonic Avenue, Bridgeport 06604; Fred Presnick, Poonam Sharma, Social Services Operations Managers.
- **Danbury**—342 Main Street, Danbury 06810; Carolsue Shannon, Social Services Operations Manager.
- **Stamford**—1642 Bedford Street Stamford, 06905; Alexis Kiss, Social Services Operations Manager.
- **Waterbury**—249 Thomaston Avenue Waterbury, 06702; Karen Main, 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 2014

Overview

The Department of Social Services continued to deliver vital public benefits to nearly 1 in 4 Connecticut residents in fiscal 2014. As the year closed in June, DSS was serving a total of nearly 895,000 individuals. Agency field staff served the public directly at 12 offices and telephone benefits centers, while central office staff administered specialized services and supported field operations across the full range of direct and funded programs.

Among many special activities over the year, perhaps three stand out as watershed enterprises – implementing the ‘**ConneCT**’ **service modernization** across the agency; joining with Access Health CT to bring **national health care reform** to Connecticut; and building on a variety of service and purchasing **advances in one of the nation’s leading Medicaid programs**. More about these initiatives in the pages ahead.

Governor Dannel P. Malloy announced several initiatives and successes involving DSS over the year, including a \$1.7 million federal **performance bonus for children’s health coverage enrollment**; \$9 million in **nursing home service diversification grants**, supporting Connecticut’s groundbreaking plan to expand long-term services and supports; swift action to **preserve food benefits** for 50,000 low-income families from Farm Bill cuts; a \$9.7 million federal grant to New Haven’s Clifford Beers Clinic to strengthen **service delivery to children and families with extensive behavioral and physical health care needs**; and expansion of the Katie Beckett Medicaid Waiver program to **serve 100 more medically fragile children**.

ConneCT – Modernizing DSS Service Delivery

The Department of Social Services’ customer service modernization initiative, called ConneCT, was implemented statewide as SFY 2014 opened. ConneCT provides applicants, clients and the general public with multiple access points to the federal and state programs administered by DSS.

DSS is now available online (www.connect.ct.gov), on the phone (1-855-6-CONNECT), and in person at 12 offices.

Online:

- Current DSS clients can visit www.connect.ct.gov to set up online accounts (called ‘MyAccount’) and get benefit information without visiting or calling their local DSS office.
- Clients and the general public can visit www.connect.ct.gov to apply online for services.
- Clients and the general public can also visit www.connect.ct.gov to check on food, cash and medical service eligibility through a handy pre-screening tool (called ‘Am I Eligible?’).
- The ConneCT online portal is also available on the main DSS webpage at www.ct.gov/dss.

By Phone:

DSS now has a single, statewide toll-free number for client access. To reach our Client Information Line & Benefits Center:

- Call 1-855-6-CONNECT (1-855-626-6632)
(TTD/TTY 1-800-842-4524 for persons with speech or hearing difficulties)
- Follow the prompts to get the information you need

The new automated ‘interactive voice response’ telephone system will help DSS clients get the information they need without waiting to speak to an eligibility worker. Clients will also have the option of speaking to a worker, during business hours.

In Person:

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

Implementing the Affordable Care Act

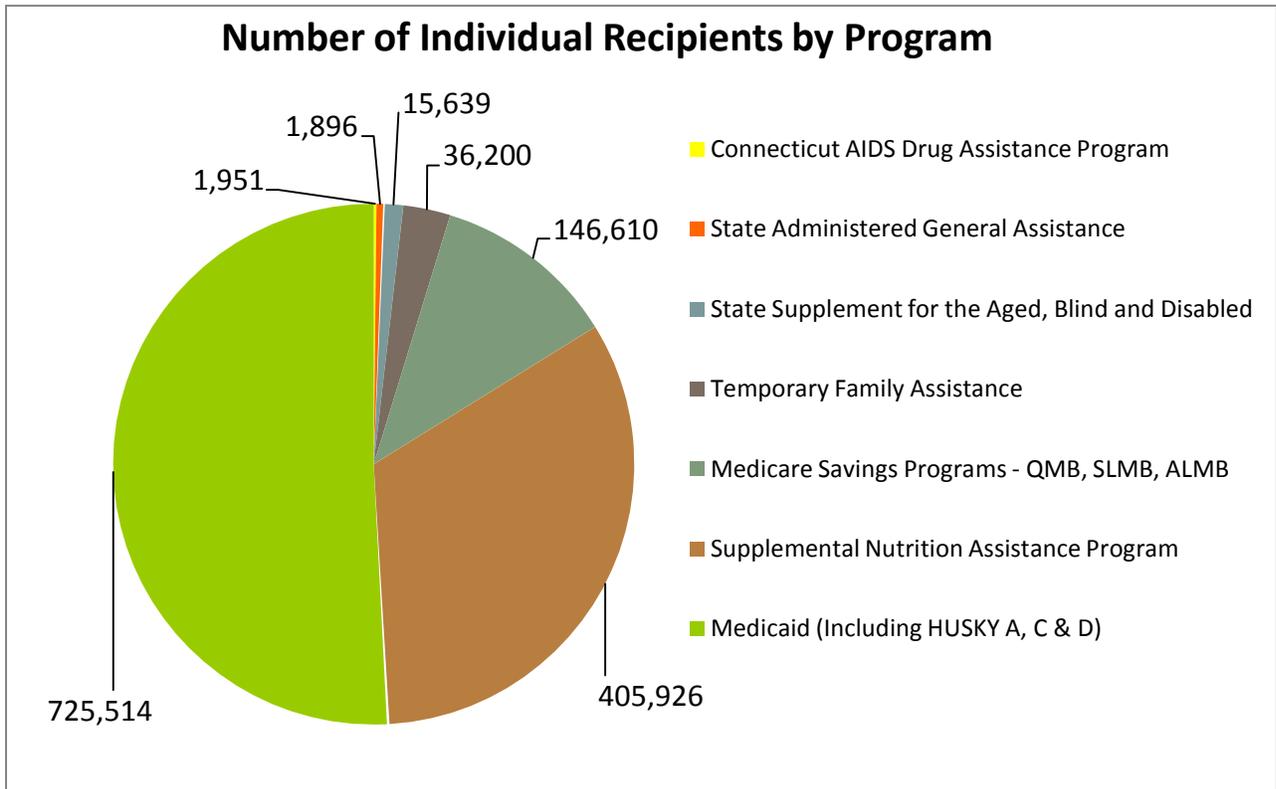
Working in partnership with Access Health CT, the state’s new health insurance exchange/marketplace, DSS supported the rollout of applications and coverage under the federal Affordable Care Act (ACA). The state implemented a shared/integrated eligibility system encompassing HUSKY Health (Medicaid/Children’s Health Insurance Program) and private qualified health plans offered through the exchange. Applications began October 1, 2013, with coverage taking effect January 1, 2014. The ACA represents a sea change for the majority of Medicaid, with beneficiaries transitioning from traditional eligibility criteria to the so-called Modified Adjusted Gross Income (MAGI) criteria. Most significant for public access is expanded income-eligibility standards in Medicaid for low-income adults without dependent children (from approximately 56% to 138% of the federal poverty guideline). Online applications are being processed in real time, at www.accesshealthct.com, allowing people to apply for most areas of Medicaid, CHIP or private health insurance and have their eligibility determined immediately through the integrated eligibility process. As SFY 2014 ended, total Medicaid enrollment was 725,514, including 155,958 in the Medicaid expansion for low-income adults without dependent children.

Serving Connecticut Residents: A Sampling of Critical DSS Programs

Key DSS programs showed total enrollment of nearly 895,000 individual recipients at the end of SFY 2014. The chart on the following page lists DSS client participation across selected programs, including Temporary Family Assistance; Medicaid (including HUSKY Part A and Medicaid for Low-Income Adults); state-funded medical assistance, including home care services; Connecticut AIDS Drug Assistance Program; State-Administered General Assistance (SAGA) cash assistance; Qualified Medicare Beneficiary Program; and Supplemental Nutrition Assistance Program (SNAP, also known as food stamps).

Individual program numbers included:

- 405,926 Connecticut residents receiving federally-funded SNAP benefits.
- 725,514 residents receiving benefits through the Medicaid program (including HUSKY A for children, parents, relative caregivers and pregnant women; HUSKY C for elders and persons with disabilities; and HUSKY D for low-income adults without dependent children).
- The Temporary Family Assistance program served 36,200 individuals.



June 2014

Health Service Delivery and Purchasing Initiatives

Administrative Services Organization Initiatives

By contrast to almost all other states, Connecticut Medicaid is no longer utilizing managed care arrangements, under which companies receive capitated payments for serving beneficiaries. Instead, Connecticut has adopted a self-insured, managed fee-for-service approach. In support of achieving better health and care experience outcomes for beneficiaries, and engagement with medical providers, the Department has entered into contracts with Administrative Services Organizations (ASOs) for each of the four major service types – medical (Community Health Network CT), behavioral health (ValueOptions), dental (BeneCare) and non-emergency medical transportation (LogistiCare). Under these contracts, the ASOs are responsible for more traditional services, including beneficiary and provider support, referrals to providers, utilization management (e.g., prior authorization of services for which that is a requirement), and grievances and appeals.

Reflecting a new emphasis on use of data to inform decision-making, and beneficiaries' need for individualized support, however, the medical, behavioral health and dental ASOs are also using a now integrated set of Medicaid claim data to identify those in greatest need of assistance through predictive modeling, and serving those individuals with a new program feature - Intensive Care Management (ICM). ICM enables attention to the entire range of a beneficiary's needs - from basic needs such as housing stability and food security, to complex medical profiles including chronic disease, behavioral health and oral health conditions. In support of its ICM 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), culturally attuned conversation scripts, as well as chronic disease management scripts. Additionally, three of the ASOs have now assigned staff statewide:

- CHNCT now has in place geographically grouped teams of nurse care managers.
- ValueOptions has deployed ICM staff to high-volume hospitals to meet the needs of those members who are admitted to the emergency department at a higher rate than their peers.
- BeneCare employs a team of dental health specialists who are placed in various communities and are responsible for promoting oral health, reducing barriers to obtaining care, and providing care management for beneficiaries who have complex dental/medical conditions.

Another important feature of ICM is coordination between CHNCT and a co-located unit of ValueOptions. Care managers from CHNCT, DSS and Value Options 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 ICM because they are diagnosed with a Serious and Persistent Mental Illness, in addition to a physical diagnosis.

A percentage of each ASO's administrative payments are withheld by the Department pending completion of each fiscal year. To earn back these withholds, each ASO must demonstrate that it has achieved identified benchmarks on health outcomes, healthcare quality, and both member and provider satisfaction outcomes. ASO arrangements have substantially improved beneficiary outcomes and experience through centralization and streamlining of the means of receiving support. ASO arrangements have also improved engagement with providers, who now have a single set of coverage guidelines for each service, and a uniform fee schedule from which to be paid. Providers can bill every two weeks, and 'clean claims' are paid completely and promptly through a single fiscal intermediary – Hewlett Packard Enterprises. This promotes participation and retention of providers, as well as enabling monitoring of the adequacy of the networks needed to support a growing population of beneficiaries.

Key Accomplishments

Access to Care

- Increased the number of Primary Care Providers (PCP) enrolled in Medicaid by 14.58% and increased the number of specialists enrolled in Medicaid by 11.39%.
- Recruited and enrolled 25 new practices into DSS's Person-Centered Medical Home (PCMH) program.
- Increased the number of participating dentists to over 1,900, a 12.7% increase over the previous year.
- Connecticut Medicaid beneficiaries have the best access to dentists of any program in the country - a geo-access analysis shows that 100% of beneficiaries have the choice of at least two dentists within a 20-mile radius of their home; 99.7% have 2 providers available within a 10-mile radius; and 97.7% have 1 dentist available within a 5-mile radius.

Utilization Management and Cost-Effectiveness

- Overall admissions per 1,000 decreased by 6.0%.
- Utilization per 1,000 for emergent medical visits decreased by 0.6%
- Utilization per 1,000 for non-emergent medical visits decreased by 14.0%.
- Utilization of dental restorative services has decreased by 2.5%.

Care Coordination, Outcomes and Quality

- Reduced Emergency Department usage for members engaged in the CHNCT Intensive Care Management program by 15.09% and inpatient admissions by 50.72% in 2014.
- Overall readmission rate within 30 days decreased by 2.9%.
- Reduced readmission rate by 44.40% for those members receiving CHNCT's intensive discharge planning.
- Increased Well Child Visits in the first 15 months of life (6 or More Visits) by nearly 11% and the Well Child Visits in the third, fourth, fifth and sixth year of life by over 5%.
- Increased Children's and Adolescents Access to Primary Care Practitioners (12-24 months) by 8%.
- Increased Immunization rate for Adolescents by nearly 6%.
- Increased Lead Screening in Children by nearly 6%.
- Increased Breast Cancer Screening by 4%.

- Increased the number and percent of children age 3 to 19 who received preventive care to 69% (HUSKY A) and 73% (HUSKY B).
- Outcomes for individuals served by the ValueOptions Intensive Care Management program included:
 - a 72.7% reduction in total days in a confined setting;
 - a 73.5% reduction in psych days;
 - a 69.2% reduction in inpatient detoxification days; and
 - a 10.5% increase in total days in the community
- Outcomes for individuals served by the BeneCare Intensive Care Management program include the following:
 - a reduction in use of the Emergency Department for dental care to less than 5%; and
 - an increase in utilization of preventative dental services by children served by HUSKY A and B from 36% in 2008 to 58% in 2014.

Program Satisfaction

- Achieved 100% overall favorable rating by PCMH practices surveyed for satisfaction with the supports provided by CHNCT’s Community Practice Transformation staff.
- Achieved favorable satisfaction ratings between 92-95% by members enrolled in the ICM program for six months.

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 2014. The premise of a PCMH is that it enables primary care practitioners to bring a holistic, person-centered approach to supporting the needs of patients, while reducing barriers to access (e.g., limited office hours) that have inhibited people from effectively using such care.

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

As of June 2014, a total of 84 practices were participating (reflecting 323 sites and 1,273 providers). These practices were supporting 254,388 Medicaid beneficiaries. Participation in the program is continuing to grow.

Electronic Health Records (EHR)

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

Rewards to Quit

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

Health Equity Work

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

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

Over spring 2014, the Department actively negotiated with the federal Centers for Medicare and Medicaid Services to enter into a Memorandum of Understanding in support of the Demonstration to Integrate Care for Medicare/Medicaid Enrollees.

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 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 implementing a program to provide an annual behavioral health screen for children ages one through 17 years, as part of an Early and Periodic Screening, Diagnosis & Treatment evaluation. The effective date was August 1, 2014.

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 2013, 58% of long-term care clients received care in the community, but only 43% of spending supported home and community-based care. Further, only 7% of the Medicaid population receives long-term services and supports but 51% (\$3.1 billion) of the SFY 2013 Medicaid expenditures (\$6.1 billion) were made on the behalf of these beneficiaries.

Strategic Plan to Rebalance Long-Term Services and Supports

In January 2013, the Governor, the Office of Policy and Management and the Commissioner of the Department of Social Services released an updated copy of the State’s Strategic Plan to Rebalance Long-Term Services and Supports (LTSS). This plan details diverse elements of a broad agenda that is designed to support older adults, people with disabilities and caregivers in choice of their preferred means, mode and place in which to receive long-term services and supports. Key aspects of the plan include 1) continued support for Money Follows the Person; 2) State Balancing Incentive Payments Program activities; 3) nursing home diversification; and 4)

launch of a new web-based hub called “My Place CT” (www.myplacect.org). The strategic plan identifies ‘hot spots’ for development of services, including medical services, since it projects demand attributed to the aging population at a town level.

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 2014, the Money Follows the Person program supported 552 individuals in transitioning from nursing facilities to the community. Of these, 512 received enhanced match; 284 of these were elders, 165 had physical disabilities, 36 had mental health disabilities and 27 had intellectual disabilities. Since implementation in December of 2008, there have been 2,131 transitions, of which 1,576 received enhanced federal financial participation. Out of this total, 1,002 were elders, 827 had physical disabilities, 210 had mental health disabilities and 92 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. Significant progress was made in SFY 2014 in developing the new assessment. All involved agencies have agreed to use a common assessment, and it will be piloted for implementation in SFY 2015.
- 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. During SFY 2014, the Department submitted an Advance Planning Document to the Centers for Medicare and Medicaid Services that outlines the funding and information technology architecture required to support the coordination effort. Additional information about www.MyPlaceCT.org is detailed below.

- 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 interested in diversifying their scope to include home-and-community-based services. Undergirding this effort is town-level projections of need for long-term service and supports, associated workforce and a requirement that applicant nursing facilities work collaboratively with the town in which they are located to tailor services to local need. During SFY 2014, the Department received proposals from 23 nursing homes seeking to diversify their business models. Of these, seven were selected, receiving total funding of \$9 million.

My Place CT

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

During SFY 2014, My Place CT evolved to encompass a partnership with 2-1-1 Infoline. This effort was promoted by an extensive campaign of billboards and radio ads. To realize the My Place CT vision of kiosks at various community entry points, the Department formed partnerships with medical offices, libraries, pharmacies, etc. providing access to people at community locations that they already visit frequently. My Place CT will be supported by community access points where people will not only have access to web-based pre-screens and information but also one to one assistance. Planning also began in SFY 2014 to develop the web-based system that will support electronic referrals to both formal long-term services and supports, and to local community services and supports. It is anticipated that this support will be especially helpful to hospital discharge planners and others seeking streamlined, automated coordination assistance.

Other Achievements of Note:

Creation of an Escalation Unit at Central Office

As a pilot launched in April 2014, the Escalation Unit helps resolve specific client service issues received at DSS central administration, including urgent requests for medical and food benefit maintenance. The unit also supports field office and other central office units in fielding and addressing customer service cases. Highly experienced in eligibility services, unit members also work with the agency's client information and tracking system in logging and resolving service requests.

Maternal and Child Oral Health

Connecticut was in 2014 one of three states to be awarded a Perinatal & Infant Oral Health Quality Improvement grant from the U.S. Department of Health and Human Services Health Resources and Services Administration. This will enable the Department to expand an existing, successful pilot statewide over a four-year period, and to provide intensive community outreach in fourteen communities. To do so, the Department will collaborate with the WIC program, primary care physicians, obstetricians and gynecologists, among others. Results will then be shared via Centers for Medicare and Medicaid Services-funded State-National Learning Network, through which Connecticut will have the opportunity to mentor other states.

Testing Experience and Functional Tools in Community-Based Long Term Services and Supports Award

In March 2014, the Centers for Medicare and Medicaid Services awarded planning grants to Connecticut and eight other states to test quality measurement tools and demonstrate e-health in Medicaid community-based long term services and supports (LTSS). The grant program, known as TEFT, is designed to field test an experience survey and a set of functional assessment items, demonstrate personal health records, and create a standard electronic LTSS record. State grantees will have an opportunity to extend the grant period to a total of four years. This is the first time CMS is promoting the use of health information technology in the community-based LTSS system. The TEFT grant program will provide national measures and valuable feedback on how health information technology can be implemented in this component of the Medicaid system. Connecticut has received a \$500,000 grant, and contingent upon successful completion of the planning phase, has requested an additional \$3,772,385. Through these funds, the Division of Health Services Money Follows the Person and Alternate Care Units will partner with the UConn Center on Aging and the UConn Health Center Biomedical Informatics.

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.

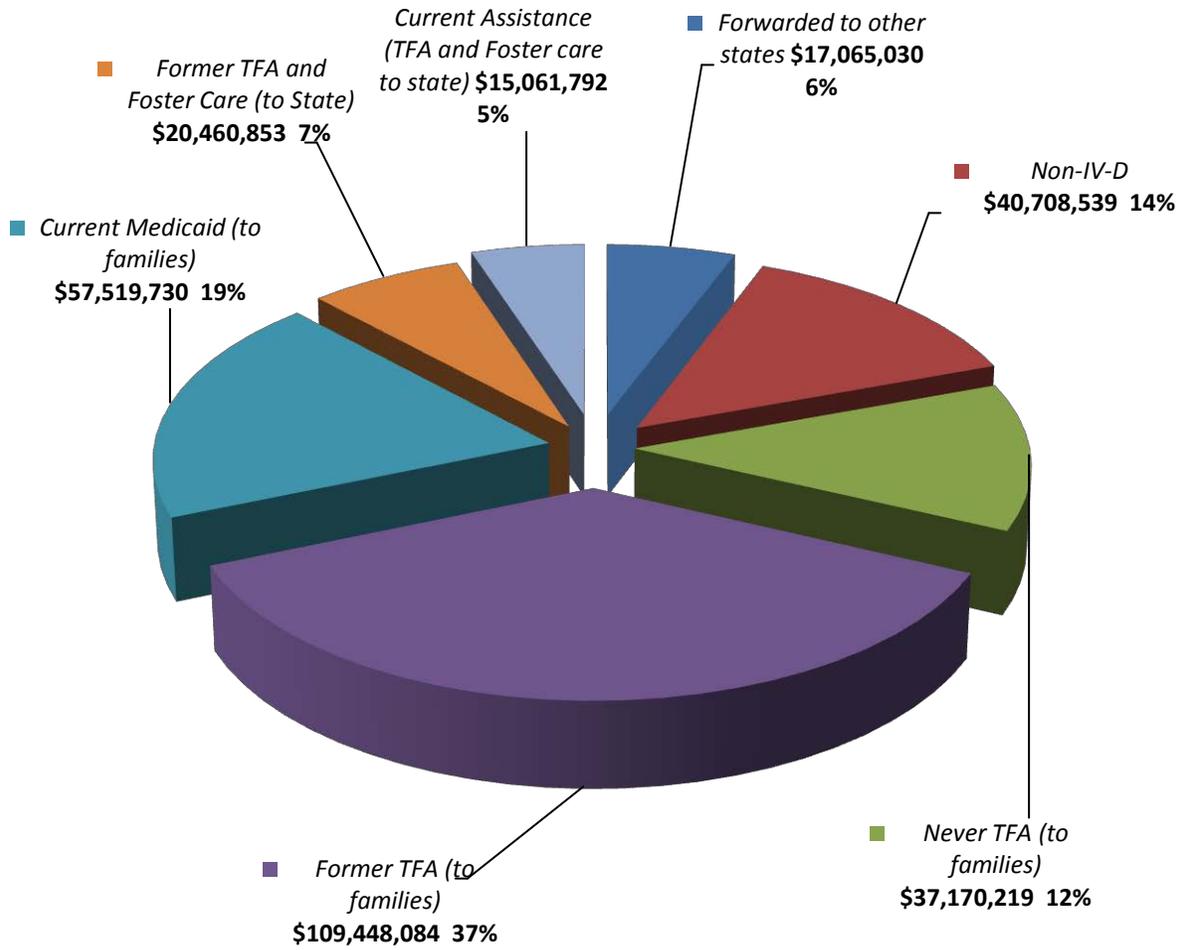
Child Support Enforcement

Connecticut's child support enforcement program collected nearly \$297.4 million in court-ordered child support during SFY 2014. The program sent \$204.1 million in parental support to children whose families are not receiving state cash assistance benefits. Another \$17.1 million went to children living out of state.

At the same time, state taxpayers benefited from approximately \$15.1 million in child support collected from parents of Connecticut children receiving Temporary Family Assistance. Most of this amount goes back to the state as reimbursement for public assistance benefits. Another \$20.5 million was collected on past-due amounts and kept by the state in lieu of current or past public assistance benefits.

At the end of federal fiscal year 2013 (9/30/13), the child support caseload was 205,298. 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 77% of the caseloads have a court order for support and/or health care coverage in place.

Child Support Collection Summary by Family Type SFY 2014



Child Support Federal Performance Standard: Self-Assessment Review

Connecticut has met or exceeded the federal performance requirements for every review criterion during this year's evaluation, demonstrating a combined compliance average of 92%, which is well above the federal benchmark of 75%.

Administrative Enforcement

DSS, Bureau of Child Support Enforcement oversees a number of administrative (non-judicial) enforcement remedies that have historically reinforced overall program collections. Remedies include: IRS and state tax offset; real estate liens; personal property liens (civil suits, workers comp, inheritance, and insurance settlements); reporting delinquent obligors to consumer reporting agencies; bankruptcy collections; seizure of bank account assets and lottery winnings, and passport denial. During Calendar Year 2013 (including the first half of SFY 2014; full fiscal year data not available), two Bureau units collected \$ 35.7million in child support for families and the State of Connecticut. A recent Memorandum of Understanding with the Office of the State Treasurer was implemented to enforce the statutory authority for claims against Unclaimed Property pursued by delinquent child support obligors. The end of SFY 2014, DSS has collected \$53,134 since the inception of this program.

MAJOR PROGRAM AND SERVICE AREAS

Medical and Health Care Services

The Division of Health Services and 12 Service Centers help eligible children, youth, adults, and seniors access needed health coverage through Medicaid, Children's Health Insurance Program, and other programs. Connecticut's HUSKY Health Plan combines services under Medicaid and the State Children's Health Insurance Program for children, teenagers, pregnant women, parents/caregivers, individuals who are aged, blind or disabled, and low income adults.

Supporting Service Centers 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. DSS works with Access Health CT, Connecticut's health insurance marketplace, to provide health coverage, pursuant to the Affordable Care Act.

HUSKY Health (www.huskyhealth.com or 1-877-CT-HUSKY) offers health coverage to



Connecticut children and families, individuals who are aged, blind or disabled, and low income adults. The program has four parts: HUSKY A (children, parents and pregnant women), HUSKY B (Children's Health Insurance Program), HUSKY C (aged, blind and disabled), and HUSKY D (low-income adults without dependent children).

At the end of SFY 2014, 736,540 individuals were receiving coverage under the HUSKY Health programs.

HUSKY A & HUSKY B

Connecticut children and their parents or a relative caregiver; and pregnant women may be eligible for HUSKY A (Medicaid), depending on family income. 471,241 individuals were receiving medical coverage through HUSKY A at the end of SFY 2014.

Uninsured children under age 19 in higher-income households may be eligible for HUSKY B (Children's Health Insurance Program). Depending on specific income level, family cost-sharing applies. 11,026 children were participating in the program at the end of SFY 2014.

HUSKY C

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

Monthly Amount:

	REGION A (Southwestern CT)	REGIONS B & C (Northern, Eastern & Western CT)
Single Person	\$ 633.49	\$ 623.48
Married Couple	\$ 805.09	\$ 793.65

Institutionalized Individuals

Single Person \$2,163

Asset limits are as follows:

Single person - \$1,600

Married couple - \$2,400

The HUSKY C program continued to serve 98,315 low-income elders and adults with disabilities, including about 17,274 residents in nursing homes at the end of the end of SFY 2014.

HUSKY D

With federal approval in SFY 2010, DSS transferred its State-Administered General Assistance medical coverage beneficiaries to the Medicaid for Low-Income Adults program (HUSKY D). Connecticut was the first state in the nation to receive federal approval to expand Medicaid Affordable Care Act. The HUSKY D program serves low-income adults aged 19 through 64 who do not qualify for Medicare, not pregnant, and do not have dependent children. Effective January 1, 2014, under the Affordable Health Care Act, income eligibility limits for this program expanded to 138% of the Federal Poverty Level. A total of 155,958 Connecticut residents were being served under Medicaid for the Lowest-Income Population program, as it is now officially called, at the end of SFY 2014.

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

Monthly Amount:

Single Person	\$ 1294.09
Married Couple	\$ 1743.36

For more information visit www.huskyhealth.com.

Medicare Savings Programs

A change in state law made it possible to make changes in the Medicare Savings Programs (MSP), which help many eligible Connecticut residents pay Medicare Part B premiums, deductibles and co-insurance. Specifically, the state raised the income-eligibility limits and eliminated the asset reporting requirement. Beneficiaries could earn up to \$2,393.58 for a single person and \$3,225.06 for a couple to qualify for one of the Medicare Savings Programs. Once

enrolled, 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), covered by the state. For further information please go to www.ct.gov/dss under “publications” for the Medicare Savings brochure.



Sunsetted halfway into SFY 2014, the **Charter Oak Health Plan** was a state-sponsored health coverage program designed for uninsured residents aged 19 through 64. Charter Oak, like HUSKY B, had no upper income limit for service eligibility. Significantly, it also preceded the federal Affordable Care Act in welcoming applicants regardless of whether they had pre-existing medical conditions.

Legislation passed in 2013 resulted in the phasing out of Charter Oak, effective January 1, 2014, as new options were made available Affordable Care Act began. Over its five and-a-half years, the program insured thousands of Connecticut residents' who could not otherwise access health insurance.

The Connecticut Pre-existing Condition Insurance Plan, its service complemented the Charter Oak Health Program, by offering additional choices to Connecticut residents, and was generated as a 'bridge' program with federation funding from 2010 through 2013. This benefit was suspended as of December 31, 2013, due to the Affordable Care Act's provision of health insurance regardless of pre-existing condition.

ConnPACE (Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled; www.connpace.com) was a program that begun in the 1980s, helped 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. The ConnPACE program ended because many individuals who historically qualified for ConnPACE now qualify for the Low Income Subsidy (LIS)/ "extra help" prescription benefit through Medicare Part D as a result of being on the Medicare Savings Program. Final phase-out occurred in SFY 2014 with the advent of the Affordable Care Act.



ConnPACE

The Connecticut AIDS Drug Assistance Program (CADAP) (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, an applicant must be a Connecticut resident, have a physician certification, must not be a recipient of Medicaid, and must have net countable income within 400% of the federal poverty level. In addition, the individual must apply for Medicaid within two weeks of approval for this program. CADAP coordinates benefits with Medicare Part D and other third party coverage. There were approximately 1,951 individuals enrolled in the program at the end of SFY 2014.

MED-Connect, or 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 15,300 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 multi-tiered structure through which individuals can receive home care services in amounts corresponding to their financial eligibility and functional dependence. Two categories within the program are funded primarily with state funds; the third category is funded under a Medicaid waiver. An additional category was added in February 2012 under the 1915(i) state plan home and community based services option. This option serves individuals who are categorically eligible for Medicaid, are less than nursing home level of care and whose services would otherwise have been one hundred percent state funded. Under this option, the state can claim the federal match on the participants' home and community based services. Persons receiving services under the state funded portion of the program are required to pay a copay for the services they receive.

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

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

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

Katie Beckett Waiver- the Alternate Care Unit administers the Katie Beckett Waiver Program that targets children up to age 22 who have physical disabilities. The waiver provides nursing care management services to children and their families and supports their efforts to keep the child in the family home with community-based services and supports. The waiver had served up to 203 youngsters but as of July 1, 2014, 100 new slots were added to the program as a result of budget action by Governor Malloy and the General Assembly.

Medicare Savings Programs, 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 \$2,393.58 for a single person and \$3,225.06 for a couple to qualify for one of the Medicare Savings Programs: www.ct.gov/dss, search term "Medicare Savings Programs." In SFY 2014, the department served 146,610 individuals through the Qualified Medicare Beneficiary program, including assistance 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 Eligibility Policy and Program Support Division by contacting (860) 424-5250.

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

During SFY 2014, HUSKY A coverage was provided to children in DCF foster care and children in subsidized adoption care. Additionally, due to the implementation of the Affordable Health Care Act, youth transitioning from DCF care on their 18th birthday are granted medical coverage until the age of 26. Medical benefits were also granted for children in subsidized guardianship.

The Connecticut Breast and Cervical Cancer Early Detection Program: A comprehensive screening program available throughout Connecticut for medically underserved women. The primary objective of the program is to significantly increase the number of women who receive breast and cervical cancer screening, diagnostic and treatment referral services. Medical coverage is also available for eligible adults. All services are offered free of charge through the Connecticut Department of Public Health's contracted health care providers located statewide.

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

Family Planning Services (www.huskyhealth.com or 1-877-CT-HUSKY): Provides Medicaid confidential coverage for family planning and related services for individuals of childbearing age who are not otherwise eligible for full Medicaid coverage.

Services for Families and Children

The Temporary Family Assistance Program (TFA)

The department operates **Jobs First**, Connecticut's welfare reform program, providing temporary family assistance to families in need of and eligible for cash assistance. **Jobs First** has been successful in helping thousands of parents move into the workforce and off welfare rolls. During SFY 2014, the department's TFA average monthly caseload was 16,596 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 852 families in SFY 2014.

The **Employment Success Program (ESP)** provides early intervention, in-depth assessment and intensive case management services to TFA recipients who are mandatory participants in Jobs First Employment Services. This program seeks to address client barriers that prevent successful participation in the TFA program. ESP served 2,280 families in SFY 2014.

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 444 families in SFY 2014.

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

Supplemental Nutrition Assistance Program

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



The Supplemental Nutrition Assistance Program has meant the difference between food security and hunger for eligible families in Connecticut during SFY 2014. In April 2014 alone DSS received over 18,039 SNAP applications. At the end of SFY 2014, 405,926 Connecticut residents are receiving SNAP benefits in 226,350 households. While the agency continued to restructure and implement new business process engineering processes, the formation of this Division has helped yield positive results in terms of customer service, program access, program participation, and program visibility. It has also successfully secured federal approval for several waivers and state options critical to the successful implementation of a redesigned business process.

The SNAP Division, created by Commissioner Roderick Bremby in 2012, continues to provide policy support to the 12 field 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

The newly created State Office of Early Childhood (OEC) has assumed the role of lead agency for child care services, transitioning the responsibility from DSS to OEC as of July 1, 2014.

During SFY 2014 DSS accomplished the following with regard to Child Care Services programs:

- **The Care 4 Kids program**, operated with the United Way of Connecticut, provided subsidies for the care of approximately 21,000 children. About 14,000 families received an average of \$578 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.
- The department's Child Care Unit and Quality Assurance Division ensure that parents and/or providers receiving benefits from the Care 4 Kids Program are truly entitled to those funds. Through front-end and historical case investigations, the Department continued efforts to reduce improper payments and detect, prevent and recover fraudulent overpayment claims. During SFY 2014, Investigations division staff's training initiatives were held in collaboration with the Department of Public Safety and the Connecticut State Police.
- Nearly 2,700 children of school age participated monthly in the departments **Before - and After- School** program through seven contractors.

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 Withholdings (e-IWO)

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

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

The e-IWO program increases processing efficiency to improve the timeliness of families receiving payments. OCSE has enlisted over 4,400 employers nationwide (over 2,300 of which are active in CCSES). Connecticut is the 28th state to participate in the e-IWO program. If employers are interested in participating in the e-IWO program, information will be made available for them on the SDU website, employer outreach section.

The Connecticut/Rhode Island SDU Partnership Agreement Update

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

effective child support payment processing services that Connecticut has come to expect, while saving money for both states.

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

John S. Martinez Fatherhood Initiative of Connecticut



The department serves as lead agency for the *John S. Martinez Fatherhood Initiative of Connecticut*, currently in its 15th 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.

During SFY 2014, the Department and its partners began the development of a statewide strategic plan to strengthen the Initiative's infrastructure and enhance its sustainability. The department secured a contract with Connecticut's resident Results-Based Accountability (RBA) experts, the Charter Oak Group to support the development of the plan. The Department assembled a strategic planning workgroup and various committees comprised of members of the Initiative's numerous partners, including state and local agencies serving fathers and families, advocates for women, men and children, and new partners such as the CT Data Collaborative and other research institutions to work in the six identified domains to identify gaps and/or critical missing partners, develop strategies and present recommendations to the Fatherhood Advisory Council's Executive Team. The first completed version of the plan is scheduled to be launched in October 2014.

The Department co-sponsored a "Dads Matter Too" 5K Road Race with the Department of Children and Families (DCF) and the City of Waterbury. The event focused on raising the awareness on the importance of fathers in the lives of their children and in our society. The event was held on Sunday, September 22, 2013 at Library Park in Waterbury. The department

and several community-based partners participated in the resource area, to provide information about available services in communities across the state.

The 15th Annual New England Fathering Conference, entitled “Rethinking Fatherhood: The 21st Century Dad” was held at the Newport (R.I.) Marriott Hotel March 12-14, 2014. The event brought together federal, state and local professionals, paraprofessionals and parents from the six New England states and beyond, to share information and gain knowledge about the significant role fathers play in raising healthy, happy children. The Department and eight of our sister agency partners in the John S. Martinez Fatherhood Initiative of Connecticut from the executive and Judicial branches contributed to the event through financial support which allowed the Planning Committee to offer more scholarships to fathers who attend from local programs in Connecticut and across New England, as well as cover conference costs. Agencies also supported through staff attendance and participating as panelists for Connecticut’s State Roundtable discussion and providing agency/program materials in the event’s Resource Hall.

The Department funded six certified fatherhood programs during SFY 2014. The certified programs were targeted to serve a minimum statewide total of 500 fathers and offer a comprehensive set of services that support the positive involvement and interactions of fathers with their children, these services include but are not limited to: economic stability, intensive case management, parenting education, group based sessions, mediation and referrals to education, training and employment services. As of the reporting period ending June 30, 2014, the programs have served 727 fathers statewide. Funded programs are currently being operated by Madonna Place in Norwich, Career Resources, Inc. in Bridgeport, Families in Crisis, Inc. in Cheshire at the Manson Youth Correctional Facility, Family Strides, Inc. in Torrington, New Haven Family Alliance, Inc. in New Haven and New Opportunities, Inc. in Waterbury.

For more information about the Fatherhood Initiative, please 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. In July of 2014 legislation transferred the Children’s Trust Fund to the State Office of Early Childhood. Efforts of the Trust Fund 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.

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.

For more information on the Children's Trust Fund please visit www.ct.gov/CTF.

Financial Assistance for Adults

State Administered General Assistance

Through the **State-Administered General Assistance (SAGA)** program, the department provides cash assistance to eligible individuals who are unable to work for medical or other prescribed reasons, or meet other non-medical criteria. Approximately 1,896 individuals were receiving SAGA cash assistance at the end of SFY 2014.

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

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

State Supplement Program

The **State Supplement Program** provides cash assistance to the elders, people with disabilities, and people who are blind to supplement their income and help maintain them at a standard of living established by the General Assembly. To receive benefits, individuals must have another source of income such as Social Security, Supplemental Security Income, or veteran's benefits.

To qualify as aged, an individual must be 65 years of age or older; to qualify as disabled, an individual must be between the ages of 18 and 65 and meet the disability criteria of the federal Social Security Disability Insurance program; and to qualify as blind, an individual must meet the criteria of the Social Security Disability program, or the state Board of Education and Services for the Blind. The program is funded entirely by state funds, but operates under both state and federal law and regulation. Incentives are available to encourage recipients to become as self-supporting as their ages or abilities will allow. State Supplement Program payments also promote a higher degree of self-sufficiency by enabling recipients to remain in non-institutional living arrangements.

People eligible for State Supplement are automatically eligible for Medicaid. At the end of SFY 2014, 15,639 individuals (4,753 aged, 80 blind, and 10,806 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 2014, agency social workers provided services to 4,104 persons living in the community. The department also received 356 report forms regarding residents of long-term care facilities.

The **Conservator of Person program**, for indigent individual's 60-and-over who require life management oversight, helped 267 individuals; and the Conservator of Estate program provided financial management services to 103 people in the same age group.

During the fiscal year, the **Community Based/Essential Services Program** provided services designed to prevent institutionalization to 1,952 persons with disabilities. There were 2,039 persons who received help through the **Personal Care Assistance Program** (people with disabilities between age 18 and 64); and 950 individuals were provided assistance under the **Acquired Brain Injury Program**. Both programs operate under Medicaid waivers.

The **Family Support Grant Program** helped 18 families with children with developmental disabilities other than mental retardation in meeting extraordinary expenses of respite care, health care, special equipment, medical transportation and special clothing.

Family and Individual Social Work Services

Field and Central Office social work staff provided brief interventions for 4,176 families and individuals to include counseling, case management, advocacy, information and referral, housing and homelessness assistance and consultation, through Family and Individual Social Work Services.

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

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

Domestic Violence Services provides shelter services, including support staff, emergency food 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. In SFY 2014, 849 families and 1,311 individuals were served by this program. There are four transitional living program sites funded through the consolidated contract with the Connecticut Coalition Against Domestic Violence. In SFY 2014, 96 families/individuals were served by the transitional living program. Finally, there is one cultural outreach program and for SFY 2014, 10 families and 13 individuals were served by the program.

DSS participates 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 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

Connecticut Energy Assistance Program

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 2014 DSS and its service partners assisted 102,681 eligible households, distributing \$83.8 million in federally funded energy assistance through CEAP and Contingency Heating Assistance Program (CHAP).

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

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.

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

Connecticut Nutrition Assistance Plan (CTNAP) (previously known as the State Supplemental Nutrition Assistance Program) Is a federally and state funded nutrition program that began in the 1980's to purchase high protein foods (meats, poultry, tuna, peanut butter) for food pantries and soup kitchens. Administrative costs are borne by the state's food banks; CT Food Bank and Foodshare. CT Food Bank secures bids for shelf stable products that are in high demand and purchases the food which is then distributed to Foodshare and food pantries, soup kitchens and emergency shelters.

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 2014, the department continued to administer the Community Services Block Grant (CSBG), which provides core funding and underlying support for the state's Community Action Agencies (CAAs) and the Connecticut Association for Community Action. The CAAs are designated anti-poverty agencies which collaborate across sectors, leveraging federal funds with state, local, and private resources to coordinate and deliver a broad range of programs and services for low-income families and individuals. The goal is to help the state's vulnerable population reduce and/or remove barriers and work toward self-sufficiency.

In SFY 2014, CAAs served 365,827 individuals in 166,435 families in need. Vulnerable populations served included 127,199 children, 90,621 people with disabilities, 69,194 seniors and 38,841 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 \$241,933,563 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 \$10.26 from state, local, and private sources, including the value of volunteer hours. Including all federal sources, the CT Community Action Network leveraged \$31.95 per \$1 of CSBG funds.

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

The CAAs annually employ a Results-Based Accountability framework called Results-Oriented Management and Accountability, or ROMA, to measure customer, agency and community outcomes based on the 16 CSBG National Performance Indicators. Additionally, every three years, the CAAs undergo a self-assessment and peer review process administered by the Northeast Institute for Quality Community Action to ensure high standards in governance, planning, and management.

DSS FIELD OFFICES (SERVICE CENTERS, PROCESSING CENTERS, BENEFITS CENTERS)

The Department of Social Services' customer service modernization initiative - called 'ConneCT' - provides applicants, clients and the general public with multiple access points to the federal and state programs we administer. As SFY 2014 drew to a close, this initiative was expanding throughout each of the department's 12 field offices. DSS customers now have more options and can reach the department online, on the phone or in person.

DSS clients are now able to call one toll-free number 1-855-6-CONNECT (TTD/TTY 1-800-842-4524 for persons with speech or hearing difficulties) from anywhere in Connecticut to reach the information or services they need. Callers can self-serve through an IVR (interactive voice-response) system or reach a Benefits Center eligibility worker directly if they prefer. Benefits Centers staff are located in the **Bridgeport, Waterbury and New Britain** field office locations.

DSS's other nine field offices, **Hartford, Manchester, Willimantic, New Haven, Middletown, Norwich, Danbury, Stamford and Torrington**, are now identified as **Processing Centers**. Each office works state-wide with our document management system, ConneCT, to transmit, store and efficiently process client documents.

Each of our 12 field offices are also available for in-person service assistance through our **Service Centers**. Each Service Center provides direct assistance to eligible clients in the areas of Supplemental Nutrition Assistance Program, Temporary Financial Assistance, State Supplement, Medical Assistance and State-Administered General Assistance. In addition, field offices also provide on-site Child Support Services, Social Work Services, as well as Quality Assurance services. Offices are open Monday through Friday between 8 a.m. and 4:30 p.m.

ADDITIONAL 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 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 588 appellants per week, a total of 28,243 per year. For SFY 2014, the unit scheduled 22,560 hearings and rendered 1,086 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 Office of Legal Counsel, Regulations and Administrative Hearings with Access Health CT, has expanded to establish a unit to conduct hearings on AHCT programs: Advance Payment Tax Credit, Cost Sharing Reduction, Medicaid and the Children's Health Insurance Program.

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 field offices, serving as direct contact point for media, legislators, applicants and clients, and the general public.

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

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

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

The Office of Public Affairs is on call for Governor’s emergency response communications team, in conjunction with the Department of Emergency Services and Public Protection, and participates in agency’s continuity of operations plan.

The Office of Public Affairs coordinates the DSS Mobile Office, a computer-equipped bus which conducts outreach in rural, suburban and urban communities. With the bus, DSS field staff and Central Office provide eligibility screening for various public assistance programs, including Medicaid, HUSKY, SAGA, Medicare Savings and SNAP (Food Stamps). During SFY 2014, DSS Mobile Office provided outreach services including information and eligibility screening for SNAP, Medicare Savings Programs, CHOICES, Medicare Part D and HUSKY to approximately 769 consumers at 37 separate events.

During SFY 2014, the office continued communications support to departmental program initiatives, while assisting applicants, clients and members of the general public by phone, email and outside referrals. The ‘client issue tracking system,’ created in conjunction with Field

Operations and the Division of Information Technology Services, continued to facilitate communication and problem resolution on behalf of clients; improve efficiency when clients contact multiple offices; and provide a central clearinghouse of information about client inquiries, complaints and service resolutions.

Office of Planning, Performance and Accountability

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

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

Strategic Planning

OPPA provides and manages an inclusive planning process that assists leadership in clear thinking about the department’s long-term vision and strategy. The office has rolled out a new strategic framework including mission, vision, values and goals.

DSS Mission

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

DSS Vision

To become a world-class service organization.

DSS Goals

- Health: Support optimal physical, oral, and behavioral health and well-being.
- Economic Security: Reduce barriers to employment and strengthen financial stability and self-sufficiency.
- Learning Preparedness: Improve readiness and ability to learn and thrive.
- Generative Impact: Utilize holistic, evidence-based, and culturally appropriate services as a platform for improving quality of life.
- Public Trust: Transform the way DSS does business.

Performance Analysis & Management

Work as a team with other units and divisions to coordinate development of the department’s performance analysis & management framework and tools. The goal of this project is that department-wide, managers will have the tools to use data to make operational adjustments that improve service delivery and performance.

Special Projects

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

To contact the Office of Planning, Performance and Accountability, write:
Connecticut Department of Social Services Office of Strategic Planning
55 Farmington Avenue
Hartford, CT

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

Quality Assurance

The Office of Quality Assurance (QA) is responsible for ensuring the fiscal and programmatic integrity of programs administered by the Department of Social Services. In addition, QA is responsible for ensuring the integrity of administrative functions of the department. The office has four separate divisions, each with unique program integrity functions: Audit, Investigations, Resources and Recoveries and Quality Control. During SFY 2014, QA identified over \$589 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 State of Connecticut. The Audit Division reviews medical provider activities; audits claims; identifies overpayments; and educates providers on program integrity issues. In addition, support and assistance is provided to the Investigations Division in the ongoing effort to combat fraud and abuse. The Audit Division's Grants & Contracts Unit is responsible for reviewing federal and state single audit reports. The unit is additionally responsible for reviewing financial reporting of activity for various 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 **Investigations Division** is comprised of two divisions, Provider Investigations and Client Investigations. The Provider Investigations Division, which also encompasses the Medicaid Recovery 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 Investigations Division is also responsible for the review and approval of all provider enrollment applications. The Client Investigations Division includes investigation staff located at both central and field office locations. The unit investigates alleged recipient fraud in various programs administered by the Department. This unit performs investigations via pre-eligibility, post-eligibility and other fraud investigation measures that include, but are not limited to, data integrity matches with other state and federal agencies. This unit also oversees the toll-free Fraud Hotline 1-800-842-2155 that is available to the public to report situations where it's perceived that a public assistance recipient, a provider, or a medical provider may be defrauding the state.

The **Resources & 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 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.

Affirmative Action

The Department of Social Services is strongly committed to the concepts, principles, and goals of affirmative action and equal employment opportunity. These objectives are commensurate with the state's policy of compliance with all federal and state constitutional provisions, laws, regulations, guidelines, and executive orders that prohibit discrimination. The **Affirmative Action Plan**, submitted on March 31, 2014, 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 2014, 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, 2013, affirmative action reporting period, 48.4% of DSS employees were minorities, 70.5% were women, and 0.5% was self-identified as having a disability. During the plan year, the department hired 149 new employees: 79 (53%) were minorities and 115 (77.2%) 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

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

The Budget and Purchasing Group was responsible for budgeting in excess of \$3.3 billion in state general funds in SFY 2014 through 38 distinct budgeted accounts. Ongoing functions of this group include developing estimates of agency spending, producing or reviewing detailed spending plans, monitoring against these plans and estimates, facilitating the development of agency budget options and providing updates on the status of the budget process for the agency. In addition to operational expenses, the Budget Group develops forecasts and expenditure reports for the many complex medical and cash assistance services DSS provides to eligible state residents.

During the past fiscal year, this group has reviewed and approved spending plans that allocate available funding to several hundred contracts; monitored, reviewed and estimated approximately \$3.3 billion in state General Fund expenses; provided metrics for all key program areas, including Medicaid and other health programs, assistance programs, and the Other Expenses account; and reviewed and approved all of the agency's position requests for funding availability and coding accuracy. The division continues to be involved in providing fiscal analyses on major department initiatives that were implemented or proposed during the year.

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

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

The Federal Reporting and Accounting Services Group includes the Federal Reporting, General Accounting and Accounts Payable 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 2014, this group allocated close to \$500 million in department administrative costs for the purpose of accessing federal reimbursement, compiled 87 federal reports for \$178 million in direct federal grants and \$702 million in SNAP benefits, and processed approximately 8,000 CORE-CT payment vouchers.

The Fund Management and Reporting 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 2014, funding from revenue generating programs resulted in approximately \$4 billion in federal revenue for the state. FMR is also responsible for cash management for all federal accounts. The Cash Management area oversees the drawdown and reconciliation of 200+ grants contained on four different federal draw systems. In SFY 2014, this area accessed over \$4.5 billion in federal funding for the state.

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

The **Accounts Receivable Unit**, responsible for a significant level of receivables related to the Medicaid program, as well as those of other agency programs, is located within this service center. During the past fiscal year, the department successfully reduced accounts receivable balances greater than one year old by close to \$3 million.

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

Contract Administration

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 field 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 93 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 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 (EMS). This mainframe system provides fully integrated data processing support for the determination of client eligibility, benefit calculation and issuance, financial accounting, and management reporting. EMS supports many of the agency's major programs such as Temporary Family Assistance, Medical Assistance (HUSKY and Medicaid), Supplemental Nutrition Assistance Program, State Supplement to the Aged, Blind, and Disabled, the State Administered General Assistance and the Refugee Cash and Medical assistance programs.

The **Support Services Section** provides support to the Technical Services Section, as well as supplying other services to the department, the legislature, other state agencies, and the general public. Within ITS Support Services are the EMS 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 9 million notices to clients per year. The automated inserting equipment can process 4,000-8,000 items per hour and can affix the proper discounted postage rate in one process. By presorting the mail, the department saves approximately \$30,000 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, Access Health CT, the new integrated eligibility system 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.

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

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

Improvements/Achievements for SFY 2014

Training Development & Delivery

Programmatic - Access Health CT (over 800) trained; Eligibility CORE training (over 130 new staff); Child Support CORE training; & Long Term Services and Supports training; Investigations Overview and Referral Training for Eligibility Staff.

Professional Leadership Development - Project Management; Positively Stressed; Survey Development.

Media Production and Support

Video and graphic development Supplemental Nutrition Assistance Program (SNAP); Care4Kids, & the Consumer Initiatives Committee of the Multicultural Health Partnership informing people with Limited English Proficiency of their rights

Organizational Development & Support

Fatherhood Initiative; LEAN projects; Supplemental Nutrition Assistance Program (SNAP) Employment and Training grant development and Health Initiatives including a customer feedback mechanism; ConneCT and the new Integrated Eligibility System (ImpaCT).

Human Resources Division

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

Functions of the Human Resource Division include: providing general personnel services to all staff; coordination and administration of information related to personnel data collection; decentralized examination and the development and dissemination of agency policies and procedures; participation in labor relations activities with respect to contract administration and

negotiation, staff training and the grievance process; administration of payroll, medical and other benefits; implementation of health and safety programs, including employee wellness education and workers' compensation.

The Human Resources Division administered approximately 4,500 personnel transactions during the fiscal year ended June 30, 2014, including hires, promotions, demotions, reassignments, transfers, retirements, discharges, resignations, leaves and general data changes.