



# DEPARTMENT OF SOCIAL SERVICES

## AGENCY PURPOSE

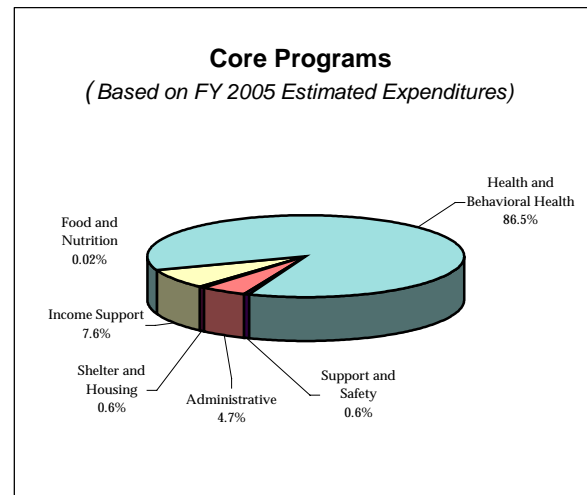
The Department of Social Services (DSS) serves families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living.

In support of this mission, the department provides a continuum of core programs and services to eligible residents of Connecticut.

DSS is responsible for administering a number of state and federal programs that provide health and behavioral health services, food and nutrition services, shelter and housing services, income support services, and support and safety services.

In cooperation with other state agencies, municipalities and community-based organizations, the department administers, coordinates, plans, delivers and funds more than ninety social service programs to support eligible children, youth, families, adults, elderly and people with disabilities.

Services are provided through the department's central office in Hartford and 12 offices located in three regions across the state. In addition, the Bureau of Rehabilitation Services operates 16 offices with its central office in Hartford.



## RECENT HIGHLIGHTS

- As of January 2005, over 16,260 ConnPACE enrollees were accessing the federal drug discount card subsidy, significantly reducing state costs.
- During FY 2004, HUSKY program enrollment increased by approximately 16,000 individuals. Currently, HUSKY provides health insurance coverage to over 215,600 children and 91,400 adult caregivers.
- During FY 2004, a monthly average of approximately 15,000 low income children participated in the child care assistance program, while contracts to state-supported child care centers and school age programs served another 8,000 children.
- While thousands of clients have become employed as a result of welfare reform, the paid caseload for the Temporary Family Assistance program was 24,370 as of November 2004.
- The department was one of the first in the nation to implement federal "Ticket to Work" provisions for a comprehensive medical plan for the working disabled. As of December 2004, 3,257 people have participated in the program.
- The department significantly increased support payments collected for children, to an estimated \$270.1 million for FY 2004, an increase of \$10.4 million over FY 2003.
- As of December 2004, the Connecticut Home Care Program provided a range of home health and community-based services to approximately 14,800 seniors, assisting them with the support and services needed to remain in their homes.
- In the past year, \$23 million in funds from the federal Older Americans Act provided a multitude of social services to an estimated 112,000 seniors across the state.
- The department's Elderly Services Division received \$463,830 in drug settlements as a result of a nationwide anti-trust settlement to develop programs which would serve individuals with Alzheimer's and their caregivers.
- The department prevented the issuance of approximately \$4.8 million in ineligible benefits through the Fraud Early Detection Program during FY 2004.
- During FY 2004, the department, in conjunction with Infoline 2-1-1 and the state's 12 Community Action Agencies (CAAs), began implementation of the Connecticut Human Services Infrastructure (HSI) initiative. This initiative seeks to streamline access to services within the CAAs and between CAAs, DSS and other human service partners by strengthening referral and coordination to best connect the public to available helping services throughout Connecticut.
- The department's Fatherhood Initiative has funded three research and demonstration pilot programs, co-funded fatherhood components in alternative incarceration centers and the development of a certification process for fatherhood programs.

## RECOMMENDED SIGNIFICANT CHANGES

<b>Reductions to Current Services</b>	<b>2005-2006</b>	<b>2006-2007</b>
• Remove Inflation	-1,313,902	-3,616,816
• Transfer Equipment to CEPF	-1,510,100	-1,156,600
• Use FY05 Funds for Non-ERIP Accruals	-200,000	-200,000
• Reduce Compensation Increases for Managers & Confidentials in FY07 <i>This proposal provides a 2% general wage increase and delays PARS by 6 months.</i>	0	-129,715
• Reduce Compensation Increases for Exempt, Appointed & Unclassified Employees <i>This proposal limits increases to 3% in FY 06 and 2% in FY 07.</i>	-16,956	-41,121
• Carryforward FY05 Funds	-3,427,660	0
• Use FY05 Funds for Medicare Part D Administrative Activities <i>Since it is anticipated that additional support dollars will be needed on a one-time basis as part of the implementation of Medicare Part D, \$500,000 was included in the department's FY 06 Current Services budget. These funds will pay for computer system changes and other implementation costs and will now be funded with FY 05 dollars.</i>	-500,000	0
• Reduce ConnPACE to Reflect Medicare Part D Wraparound <i>To reduce state costs and to take full advantage of the new federal Medicare prescription drug benefit, ConnPACE recipients will be required to enroll in Medicare Part D if eligible. Under this proposal, the state will ensure that no client pays more than under the current ConnPACE program. The state will cover all Part D premiums and deductibles, as well as any co-insurance requirements above the current ConnPACE co-pay of \$16.25.</i>	-35,930,700	-47,595,600
• Restrict Rate Adjustments for Managed Care Organizations <i>Historically, DSS negotiates with MCO's an annual rate adjustment subject to federal "upper payment limit" restrictions and guidelines. The federally allowed Medicaid rate adjustment is generally around 3%. While federal Medicaid rules prohibit states from exceeding upper payment limits, states are under no obligation to increase rates to these maximum levels. Under this proposal, the FY 06 rate increase included in Current Services will be reduced to 2% and the FY 07 rate increase will be eliminated.</i>	-6,360,000	-27,750,000
• Limit Transitional Medicaid to 12 Months <i>Currently, when a HUSKY family becomes ineligible due to earned income, they are provided with an automatic extension of Medicaid coverage for 24 months. This was part of DSS' original welfare reform program. The 24 month extension is composed of two twelve-month parts. The first twelve months is a mandatory extension, the second twelve months is an optional extension provided through a state plan. This proposal reduces the Transitional Medicaid period for families who become ineligible due to earnings from 24 months to 12 months, the minimum extension required by federal law.</i>	0	-13,400,000
• Defer Cost of Living Adjustments for Clients on Public Assistance <i>Effective July 1, 2005 and July 1, 2006, recipients of Temporary Family Assistance, State Administered General Assistance, and the Aid to the Aged, Blind and Disabled programs are scheduled to receive a state-funded cost of living adjustment based on the percentage increase in the Consumer Price Index - Urban (CPI-U). This proposal eliminates the standards increases for the biennium.</i>	-5,941,006	-10,984,548
• Reduce Disproportionate Share Payments <i>The current Disproportionate Share Hospital (DSH) program is intended to assist acute care hospitals that serve a significant number of Medicaid or low income persons. In accordance with federal guidelines, states can receive increased Medicaid payments for hospitals that serve the indigent. This proposal reduces DSH funding to hospitals by \$10 million in FY 07.</i>	0	-10,000,000
• Increase the Discount off the Average Wholesale Price Paid to Pharmacy Providers <i>This proposal reduces the reimbursement level to pharmacy providers from the average wholesale price (AWP) minus 12% to AWP minus 15%. Based on surveys in a number of states, the Office of Inspector General for the federal Department of Health and Human Services reported that pharmacies tend to purchase their brand name drugs for AWP minus 22%, with generics purchased at AWP minus 66%. (In Connecticut, generic drugs are already governed by a maximum allowable cost reimbursement schedule.)</i>	-11,390,000	-8,780,000
• Develop Special Review Procedures for Behavioral Health Services Rendered by Home Health Agencies <i>Under this proposal, DSS will develop special review procedures for behavioral health services rendered by home health agencies. By reviewing medical necessity and requiring meaningful treatment planning, the amount of unnecessary services will be reduced while improving independent functioning.</i>	-1,890,000	-8,540,000
• Institute Co-Pays under Medicaid Fee-for-Service Programs <i>In accordance with federal rules, states are allowed to impose nominal Medicaid co-pays but may not assess co-pays on emergency services, long-term care, family services or in-patient hospital stays. Under this proposal, DSS will require cost sharing by recipients for doctor, outpatient and pharmacy visits of no more than \$3.00 per visit.</i>	-7,800,000	-8,300,000
• Eliminate State Funded Medical Assistance for Non-Citizens <i>Under this proposal, DSS will eliminate medical assistance for non-citizens, beginning July 1, 2005. The current program is 100% state funded as non-citizens are not eligible for the federal Medicaid program.</i>	-6,500,000	-7,100,000
• Eliminate Grant to Connecticut Children's Medical Center <i>The Connecticut Children's Medical Center (CCMC) currently receives a grant subsidy from DSS to help compensate the hospital for the cost of providing health care to Medicaid clients. Under federal Medicaid rules, CCMC's costs are limited to certain caps based on Medicare cost principles, commonly referred to as "upper payment limits." Because CCMC is at the Medicare upper payment limit, a state grant has been provided as a supplement, at 100% state cost. This proposal eliminates the grant to CCMC in FY 07.</i>	0	-6,750,000
• Expand the Fraud Early Detection Program in TFA, Food Stamps, Medicaid and Child Care <i>The Fraud Early Detection Program (FRED) is currently restricted in statute to investigating fraud in TFA, Food Stamps and Medicaid. This proposal would expand the FRED program in these areas and add Child Care as an area in which the FRED program can operate.</i>	-2,178,840	-6,551,590

## Budget Summary

<ul style="list-style-type: none"> <li>• Reduce Disproportionate Share Payments to Certain Urban Hospitals</li> </ul>	0	-5,000,000
<p><i>The Urban DSH program is designed to assist hospitals located in distressed municipalities with a population in excess of 70,000. The following hospitals receive Urban DSH funding: Bridgeport, Hartford, New Britain, St. Francis, St. Mary's, St. Raphael, St. Vincent's, Stamford, Waterbury and Yale. This proposal reduces the funding by \$5 million in FY 07.</i></p>		
<ul style="list-style-type: none"> <li>• Implement a Premium Assistance Program for Clients Receiving HUSKY A Services</li> </ul>	528,300	-4,886,800
<p><i>Under this proposal, DSS will seek waiver authority to require HUSKY A clients to enroll in health plans offered by their employer when available. DSS will cover any additional costs such as premiums, deductibles, and co-pays and will provide any wraparound coverage needed to ensure their medical coverage is similar to the existing Medicaid benefit package.</i></p>		
<ul style="list-style-type: none"> <li>• Restructure HUSKY B Premium Payment Requirements</li> </ul>	-2,200,000	-4,800,000
<p><i>Currently, the HUSKY B program is divided into two income bands: the first band (185% to 235% of the federal poverty level (FPL)) pays no premiums, and the second band (236% to 300% FPL) pays a monthly premium of \$30 per child with a family maximum of \$50. This proposal applies the current premium for Band 2 to Band 1 and increases the current Band 2 premiums to \$50 for a child with a family maximum of \$75. Under federal rules, states may institute both premiums and co-pays, but the total cost cannot exceed 5% of the gross family income.</i></p>		
<ul style="list-style-type: none"> <li>• Change Prior Authorization Requirements for Skilled Nursing Visits and Home Health Aides</li> </ul>	-1,283,600	-2,629,600
<p><i>Currently, DSS policy allows home health agencies to provide 12 skilled nursing visits per month to a client without prior authorization. For home health aides, DSS policy allows home health agencies to provide 20 hours per week per client of home health aide services without requiring prior authorization and reviewing medical necessity of the services. Under this initiative, all skilled nursing visits will require prior authorization and the number of hours a home health agency can provide home health aide services without obtaining prior authorization will be reduced to 14 hours per week per client.</i></p>		
<ul style="list-style-type: none"> <li>• Eliminate Self-Declaration Provisions at Application and Redetermination</li> </ul>	-2,000,000	-2,000,000
<p><i>In FY 02, DSS implemented new verification procedures for the HUSKY A program that allow the department to accept a client's self-declaration of income. Under this policy, DSS does not verify the information provided unless the department believes such declaration to be inaccurate. This proposal eliminates the self-declaration provision.</i></p>		
<ul style="list-style-type: none"> <li>• Enhance In-House Research, Data Analysis and Revenue Maximization Capability</li> </ul>	-230,000	-1,700,000
<p><i>To reduce the dependence on outside consulting services, an in-house research and actuarial unit will be developed within the department. By focusing on data analysis and revenue maximization efforts, the department's ability to address current and future initiatives will be enhanced without the need to rely on outside consultants, thereby increasing the department's responsiveness and reducing overall expenditures.</i></p>		
<ul style="list-style-type: none"> <li>• Cap Administrative and General Costs of Private Providers</li> </ul>	0	-1,659,000
<p><i>This proposal caps administrative costs for grantees at 18% in FY 07. As a result, providers will be expected to manage administrative and indirect costs as efficiently and effectively as possible while at the same time maximizing funding for direct services.</i></p>		
<ul style="list-style-type: none"> <li>• Delay Hospital Rate Increases by Six Months</li> </ul>	-756,000	-1,645,000
<p><i>Recognizing that many of Connecticut's hospitals were in need of financial relief over the longer term, the FY 05 budget included hospital rate adjustments expected to be phased-in over a three-year period. Beginning on April 1, 2005, Medicaid rates will be revised to create a floor, with the cost per discharge increasing to no less than \$3,750. The second year, the cost per discharge was slated to increase to no less than \$4,000 beginning April 1, 2006. The third year, the cost per discharge was to increase to \$4,250 effective April 1, 2007. Under this proposal, hospital rate increases scheduled to increase April 1, 2006 will be delayed until October 1, 2006, and the April 1, 2007 increase will be delayed until October 1, 2007.</i></p>		
<ul style="list-style-type: none"> <li>• Expand the Number of Drugs Subject to MAC Pricing</li> </ul>	-1,930,000	-1,070,000
<p><i>For certain multi-source generic drugs, DSS reimburses pharmacy providers based on a maximum allowable cost (MAC) pricing schedule. Under this proposal, the MAC list will be expanded by reducing the required number of suppliers from three to two and by adding non-oral dosage forms, such as eye drops, inhalers and topical lotions.</i></p>		
<ul style="list-style-type: none"> <li>• Modify Pricing of Over-the-Counter Drugs, Diabetic Supplies and Certain Nutritional Supplements</li> </ul>	-1,670,000	-970,000
<p><i>Currently, over-the-counter products are reimbursed at the average wholesale price (AWP) plus 50%. Diabetic supplies and certain nutritional supplements, which are intended to supplement a patient's oral caloric intake when illness prevents them from eating sufficient food, are reimbursed at AWP plus 15%. Under this proposal, reimbursement for over-the-counter products, diabetic supplies and certain nutritional supplements will be set at the average wholesale price.</i></p>		
<ul style="list-style-type: none"> <li>• Reduce Funding for Certain Non-Entitlement Programs</li> </ul>	-837,674	-837,674
<p><i>Under this proposal, a variety of non-entitlement programs within the department will be reduced or eliminated. This will impact funding for certain programs in the following areas: Day Care Projects, Food Stamp Training Expenses, Human Resource Development-Hispanic Programs, Services to the Elderly, Services for Persons with Disabilities, Human Resource Development, Community Services and Family Grants.</i></p>		
<ul style="list-style-type: none"> <li>• Establish Admission and Length of Stay Criteria for Chronic Disease Hospitals</li> </ul>	-403,000	-806,000
<p><i>There are currently no criteria or prior authorization policies in place for admission to a chronic disease hospital (CDH). Many clients are transitioned from an acute care hospital or a skilled nursing facility to a CDH. Under this proposal, DSS will establish admission and continued stay criteria for medical services provided in chronic disease hospitals by contracting with a nationally recognized entity that will apply established medical criteria to CDH stays.</i></p>		
<ul style="list-style-type: none"> <li>• Eliminate State Funded Assistance in the Temporary Family Assistance Program</li> </ul>	-749,222	-749,222
<p><i>Under this proposal those individuals who are receiving state funded TFA benefits due to their "qualified alien" status will no longer be eligible beginning July 1, 2005.</i></p>		

<ul style="list-style-type: none"> <li>Reduce Dispensing Fees Paid to Pharmacy Providers <i>Under this proposal, the dispensing fee paid to pharmacy providers for each prescription filled under the department's pharmacy programs will be reduced from \$3.15 to \$3.00. Dispensing fees paid by commercial health insurers are often well below \$3.00.</i></li> </ul>	-660,000	-370,000	
<ul style="list-style-type: none"> <li>Require Prior Authorization for Residential Detox Admissions <i>Currently, the department does not require prior authorization for non-hospital inpatient detoxification. Prior authorization is a standard requirement for this service in the HUSKY and commercial arenas. Under this proposal, the department will prior authorize admissions to non-hospital inpatient detoxification facilities.</i></li> </ul>	-128,000	-256,000	
<ul style="list-style-type: none"> <li>Freeze State Food Stamp Supplement Benefits and Intake <i>The State Food Stamp Supplement program provides food stamps for non-citizens who are ineligible for federal food stamps. Benefits for the state-funded program currently mirror the benefits provided under the federal food stamp program. Under this proposal, benefits will no longer be linked to the federal levels and, instead, benefits will be frozen at FY 05 levels. In addition, intake to the state-funded program will be closed effective June 30, 2005.</i></li> </ul>	-19,200	-54,300	
<ul style="list-style-type: none"> <li>Maximize Pharmacy Rebates by Modifying Certain Billing Requirements <i>By changing the billing requirements for physicians administering injectable drugs in an office setting, this proposal will enable the department to capture rebates on all injectable drugs.</i></li> </ul>	-60,000	-70,000	
<ul style="list-style-type: none"> <li>Delay Payments to Managed Care Organizations by One Month <i>This proposal delays the June 2006 payment to managed care organizations (MCO's) on behalf of HUSKY A and HUSKY B clients by one month, resulting in 11 months of payments in FY 06. In FY 07, the MCO's will receive their regular 12 months of payments plus the delayed payment from FY 06.</i></li> </ul>	-54,800,000	54,800,000	
<b>Within Current Services</b>			
<ul style="list-style-type: none"> <li>Reduce Medicaid Funding to Reflect Medicare Part D <i>Under Medicare Part D, slated for implementation January 1, 2006, dual eligible individuals (Medicare and Medicaid) will receive prescription drug coverage under Medicare, resulting in significant savings. Offsetting these savings is the requirement that states reimburse the federal government to help finance the Medicare Part D program. This provision, known as the "clawback," is intended to capture the state's savings had the state continued coverage for Medicaid eligible individuals. Although savings are shown above, it should be noted that states are not entitled to federal financial participation on clawback payments, thus the net impact to Medicaid is a loss of \$7.3 million in FY 07.</i></li> </ul>	-29,900,000	-94,600,000	
<ul style="list-style-type: none"> <li>Restructure Behavioral Health Services through the KidCare Initiative <i>The budget reflects the impact of carving behavioral health services out from the HUSKY managed care organizations into a fee-for-service arrangement managed by an administrative services organization (ASO). This carve-out is expected to be fully operational by July 2005. The ASO will be under contract to review service necessity using state-approved criteria, while the state will set provider rates, contract with the provider network and pay providers for services rendered. The budget recognizes an increase in service utilization resulting from the shift from a managed care to a fee-for-service environment, as well as other costs associated with this initiative.</i></li> </ul>	9,800,000	12,500,000	
<b>Reallocations or Transfers</b>			
<ul style="list-style-type: none"> <li>Return IT Positions to Agencies <i>This initiative returns unionized IT personnel to their original agencies per the Governor's decision.</i></li> </ul>	2,530,457	2,530,785	
<ul style="list-style-type: none"> <li>Reallocate Shelter Related Funding from Judicial to DSS <i>This proposal transfers shelter-related expenses from the Judicial Department to the Department of Social Services. Included in this transfer is a General Fund pickup of a \$38,869 domestic violence initiative previously funded through the federal Grants to Encourage Arrest Program (GEAP), as well as \$83,357 of shelter-related costs included in Judicial's Current Services budget.</i></li> </ul>	122,046	122,046	
<b>New or Expanded Services</b>			
<ul style="list-style-type: none"> <li>Institute a Nursing Home Provider Tax and Enhance Medical Provider Rates <i>Under this initiative, nursing homes will be taxed 6% of their gross patient care revenues. In exchange, nursing homes will receive a significant Medicaid rate increase, financed through these tax revenues and increased federal Medicaid reimbursement. Nursing homes with rates below the median will receive larger increases than above-median homes, but all Medicaid rates will be increased. In addition to nursing homes, some of the new federal reimbursement will be used to support 4% rate increases for: residential care homes, home health services, home care waiver services, state-funded home care, intermediate care facilities for the mentally retarded, personal care attendants and assisted living services agencies. A 4% cost of living adjustment will also be supported for grant-funded private providers under the departments of Mental Health and Addiction Services, Mental Retardation, Children and Families, and Correction, as well as the Children's Trust Fund and Judicial. In total, the state is expected to spend approximately \$260 million for this effort.</i></li> </ul>	222,040,720	223,063,924	225,290,000
<ul style="list-style-type: none"> <li>Provide Additional Funding for Supportive Housing Initiatives <i>As part of the Governor's initiative to create 1,000 additional units of supportive housing, funding is provided for an additional 150 certificates under the Rental Assistance Program beginning in FY 06. An additional 50 certificates will be provided in FY 07, for a total of 200 certificates over the biennium. Funding for supportive services will also be provided for 25 families who are homeless or at risk of homelessness beginning in FY 07.</i></li> </ul>	688,500	1,579,250	4,020,000
<ul style="list-style-type: none"> <li>Provide Additional Funds for Alzheimer's Respite Care <i>Additional funds are provided in each year of the biennium to enhance state support of Alzheimer's respite care services.</i></li> </ul>	100,000	100,000	100,000

## AGENCY SUMMARY

<b>Personnel Summary</b>	2004-2005	2005-2006	2005-2006	2006-2007	2006-2007
	Total	Change From	Total	Change From	Total
	Authorized	2004-2005	Recommended	2005-2006	Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	1,692	61	1,753	0	1,753
Federal Contributions	285	0	285	0	285
Private Contributions	33	10	43	0	43
<b>Financial Summary</b>	2004-2005	2005-2006	2005-2006	2006-2007	2006-2007
	Estimated	Current	Total	Current	Total
		Services	Recommended	Services	Recommended
Personal Services	95,378,466	105,507,035	105,612,372	106,237,751	107,277,165
Other Expenses	87,304,859	86,577,194	83,175,711	88,426,383	85,450,430
<u>Capital Outlay</u>					
Equipment	1,000	1,511,100	1,000	1,157,600	1,000
<u>Other Current Expenses</u>					
Children's Health Council	25,000	25,325	25,000	25,882	24,310
HUSKY Outreach	684,000	692,892	684,000	708,136	665,240
Genetic Tests in Paternity Actions	184,514	192,264	184,514	201,492	184,514
State Food Stamp Supplement	186,705	202,148	182,948	237,287	182,987
Day Care Projects	676,264	685,055	459,705	700,127	446,965
Commission on Aging	111,422	117,442	117,234	123,965	123,401
HUSKY Program	25,774,261	28,900,000	24,550,000	32,200,000	29,550,000
HUSKY Plus	550,000	0	0	0	0
TOTAL - Other Current Expenses	28,192,166	30,815,126	26,203,401	34,196,889	31,177,417
<u>Pmts to Other than Local Govts</u>					
Vocational Rehabilitation	6,962,451	7,052,963	6,962,451	7,208,128	6,962,451
Medicaid	2,935,009,160	3,135,900,000	3,181,670,150	3,225,160,000	3,310,955,080
Lifestar Helicopter	1,308,625	1,325,637	1,308,625	1,354,801	1,308,625
Old Age Assistance	30,092,635	31,575,732	31,372,252	32,949,058	31,617,231
Aid to the Blind	614,256	671,259	661,155	689,637	671,846
Aid to the Disabled	54,426,855	55,831,064	54,873,086	57,085,473	54,454,789
Temporary Assistance to Families - TANF	130,463,199	136,840,366	131,532,388	141,538,326	131,068,895
Emergency Assistance	500	500	500	500	500
Food Stamp Training Expenses	122,397	123,988	32,397	126,716	32,397
Conn Pharmaceutical Assist to Elderly	66,047,677	87,373,278	49,492,578	106,962,790	57,847,190
Healthy Start	1,197,872	1,213,444	1,197,872	1,240,140	1,165,022
DMHAS – Disproportionate Share	105,935,000	105,935,000	105,935,000	105,935,000	105,935,000
Connecticut Home Care Program	37,900,000	42,500,000	44,200,000	47,580,000	49,280,000
Human Resource Dev-Hispanic Programs	387,629	392,668	337,629	401,307	328,329
Services to the Elderly	4,488,377	4,625,380	4,385,442	4,775,537	4,333,018
Safety Net Services	1,500,000	1,519,500	1,500,000	1,552,929	1,458,870
Transportation for Employment Independence	2,613,932	2,647,913	2,613,932	2,706,167	2,542,252
Transitional Rental Assistance	1,148,963	1,163,900	1,148,963	1,189,505	1,117,453
Refunds of Collections	187,150	189,583	187,150	193,754	187,150
Services for Persons with Disabilities	771,646	781,676	716,977	798,874	697,287
Child Care Services - TANF/CCDBG	59,359,538	71,582,033	70,579,793	73,507,445	71,502,965
Nutrition Assistance	326,951	331,201	326,951	338,488	326,951
Housing/Homeless Services	22,116,896	22,561,309	23,082,324	23,057,659	23,362,334
Employment Opportunities	1,192,235	1,207,734	1,192,235	1,234,304	1,159,545
Human Resource Development	112,250	113,709	49,282	116,211	47,892
Child Day Care	3,245,561	3,350,269	3,308,077	3,422,600	3,308,077
Independent Living Centers	583,604	591,191	583,604	604,197	567,604
AIDS Drug Assistance	606,678	1,776,352	1,776,352	6,036,352	6,036,352
Disproportionate Share-Med Emer Assist	63,725,000	63,725,000	63,725,000	63,725,000	53,725,000
DSH-Urban Hospitals/Distressed	31,550,000	31,550,000	31,550,000	31,550,000	26,550,000
State Administered General Assistance	129,466,278	143,359,533	143,088,645	152,744,396	152,096,519
School Readiness	3,198,048	3,239,623	3,198,048	3,310,895	3,110,348

Connecticut Children's Medical Center	6,750,000	6,837,750	6,750,000	6,988,181	0
Community Services	1,325,229	1,342,457	1,238,367	1,371,990	1,204,357
Alzheimer Respite Care	1,120,200	1,134,763	1,220,200	1,159,727	1,220,200
Family Grants	484,826	491,129	455,175	501,934	442,675
Human Svcs Infrastructure Community Action	2,641,956	2,676,301	2,641,956	2,735,180	2,569,506
Teen Pregnancy Prevention	1,364,281	1,382,017	1,364,281	1,412,421	1,326,871
TOTAL - Pmts to Other than Local Govts	3,710,347,855	3,974,916,222	3,976,258,837	4,113,265,622	4,110,520,581
<u>Pmts to Local Governments</u>					
Child Day Care	3,448,239	3,430,550	3,385,723	3,507,398	3,385,723
Human Resource Development	31,454	31,863	13,618	32,564	13,238
Human Resource Dev-Hispanic Programs	4,920	4,984	4,920	5,094	4,790
Teen Pregnancy Prevention	799,018	809,405	799,018	827,212	777,108
Services to the Elderly	46,774	47,382	46,774	48,425	45,494
Housing/Homeless Services	660,266	668,849	660,266	683,564	642,156
Community Services	119,195	120,745	82,801	123,401	80,511
TOTAL - Pmts to Local Governments	5,109,866	5,113,778	4,993,120	5,227,658	4,949,020
TOTAL - General Fund	3,926,334,212	4,204,440,455	4,196,244,441	4,348,511,903	4,339,375,613
<u>Additional Funds Available</u>					
Special Funds, Non-Appropriated	22,299,755	19,911,616	19,911,616	20,311,238	20,311,238
Bond Funds	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
Federal Contributions	281,988,304	280,849,983	280,849,983	287,532,847	288,732,847
Private Contributions	1,714,525	923,136	923,136	933,397	933,397
TOTAL - All Funds Net	4,234,336,796	4,508,125,190	4,499,929,176	4,659,289,385	4,651,353,095



# SOLDIERS', SAILORS' & MARINES' FUND

## AGENCY PURPOSE

- To provide temporary financial assistance to needy wartime veterans and their families.
- To provide counseling and guidance to veterans in helping to overcome the circumstances that create the need for assistance.
- To refer veterans to appropriate state, federal and local facilities and/or services in circumstances where long-term assistance is required.

## RECENT HIGHLIGHTS

- Expanded wartime eligibility by action of the Connecticut General Assembly during the 2004 session (Public Act 04-195) to include veterans of the Afghanistan and Iraq conflicts as well as members of the Connecticut National Guard mobilized for Homeland Security duties.

## RECOMMENDED SIGNIFICANT CHANGES

### Reductions to Current Services

	<u>2005-2006</u>	<u>2006-2007</u>
Remove Inflation	-1,286	-3,480
Reduce Compensation Increases for Exempt, Appointed & Unclassified Employees <i>Limit increases to 3% in FY06 and 2% in FY07.</i>	-4,755	-11,532
Reduce Compensation Increases for Managers & Confidentials in FY07 <i>Provide 2% general wage increase and delay PARS by 6 months.</i>	0	-616

## AGENCY SUMMARY

### Personnel Summary

#### Permanent Full-Time Positions

	2004-2005 Total Authorized	2005-2006 Change From 2004-2005	2005-2006 Total Recommended	2006-2007 Change From 2005-2006	2006-2007 Total Recommended
Soldiers', Sailors' and Marines' Fund	14	0	14	0	14

### Financial Summary

	2004-2005 Estimated	2005-2006 Current Services	2005-2006 Total Recommended	2006-2007 Current Services	2006-2007 Total Recommended
Personal Services	739,551	777,804	773,049	836,175	824,027
Other Expenses	200,383	99,431	98,145	101,625	98,145
<u>Capital Outlay</u>					
Equipment	4,125	8,500	8,500	6,500	6,500
<u>Other Current Expenses</u>					
Award Payments to Veterans	1,780,000	1,890,000	1,890,000	1,979,800	1,979,800
Fringe Benefits	343,999	490,725	490,725	521,111	521,111
TOTAL - Other Current Expenses	2,123,999	2,380,725	2,380,725	2,500,911	2,500,911
TOTAL - Soldiers, Sailors and Marines' Fund	3,068,058	3,266,460	3,260,419	3,445,211	3,429,583