Department of Social Services Annual Report

State Fiscal Year 2019

Ned Lamont
Governor

Deidre S. Gifford, MD, MPH
Commissioner

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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

State Fiscal Year 2019
(July 2018-June 2019)

Deidre S. Gifford, MD, MPH, ***Commissioner*** (effective June 21, 2019)
Roderick L. Bremby, ***Commissioner*** (through June 20, 2019)
Kathleen M. Brennan, ***Deputy Commissioner, Programs and Administration***
Janel Simpson, ***Deputy Commissioner, Operations, Enrollment and Eligibility***

Established **- 1993**
Statutory Authority **- Title 17b**
Central Office **– 55 Farmington Avenue, Hartford, CT 06105**
Number of Employees – **1,710**
Operating Expenses **- $254,191,665**
Program Expenses **- $4,031,144,013**
Structure **- Commissioner's Office, Field Operations, Administrative Operations, Program Operations**

VISION

- Guided by our shared belief in human potential, we envision a Connecticut where all have the opportunity to be healthy, secure and thriving.

MISSION

- We, along with our partners, provide person-centered programs and services to enhance the well-being of individuals, families and communities.

VALUES

- Communication – Open and constructive sharing of information at all levels.
- Respect – Treating all people with dignity and understanding.
- Service – Professional commitment to excellence.
- Accountability – Personal and team responsibility for results.
- Innovation – Creating and embracing new ideas to improve our work.

GOALS

- Drive decision-making, collaboration and service-coordination through enhanced use of data to improve services.
- Improve access to health and human services to enable our customers to gain independence, enhance health and achieve well-being.
- Instill public trust by continuously improving the way we administer programs, manage our resources and operate our infrastructure.

STATUTORY RESPONSIBILITY

The department's statutory authority is found in Title 17b of the Connecticut General Statutes (CGS). The Department of Social Services is designated as the state agency for the administration of 1) the Connecticut Energy Assistance Program, pursuant to the Low-Income Home Energy Assistance Act of 1981; 2) the Refugee Assistance Program, pursuant to the Refugee Act of 1980; 3) the Legalization Impact Assistance Grant Program, pursuant to the Immigration Reform and Control Act of 1986; 4) the Temporary Assistance for Needy Families program, pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5) the Medicaid program, pursuant to Title XIX of the Social Security Act; 6) the Supplemental Nutrition Assistance Program (SNAP), pursuant to the Food Stamp Act of 1977; 7) the State Supplement to the Supplemental Security Income Program, pursuant to the Social Security Act; 9) the state Child Support Enforcement Plan, pursuant to Title IV-D of the Social Security Act; 10) the state Social Services Plan for the implementation of the Social Services and Community Services Block Grants, pursuant to the Social Security Act; and 11) the state plan for the Title XXI State Children's Health Insurance Program.

DEPARTMENT OVERVIEW

The Department of Social Services delivers and funds a wide range of programs and services as Connecticut's multi-faceted health and human services agency. DSS serves about 1 million residents of all ages in all 169 cities and towns, supporting the basic needs of children, families and individuals, including older adults and persons with disabilities. With service partners, the agency provides health care coverage, food and nutrition assistance, financial assistance, child support services, energy aid, independent living services, social work services, protective services for the elderly, home-heating aid, and additional vital assistance. DSS has approximately 1,700 dedicated staff led by Commissioner Deidre S. Gifford, with services delivered through 12 field offices, central administration, and online and phone access options. DSS was established on July 1, 1993, through a merger of the Departments of Income Maintenance, Human Resources, and Aging.

PUBLIC CONTACT POINTS (ONLINE AND PHONE)

- DSS general: www.ct.gov/dss
- DSS ConneCT (online benefit accounts, service eligibility pre-screening, applying for services, renewing benefits, reporting changes): www.connect.ct.gov application guidance also at www.ct.gov/dss/apply
- Child Support Services: www.ct.gov/dss/childsupport
- Connecticut Child Support Payment Resource Center: www.ctchildsupport.com
- HUSKY Health Program (Medicaid/Children's Health Insurance Program): www.ct.gov/husky; to apply online: www.accesshealthct.com or www.connect.ct.gov

- CT Medical Assistance Program (for health care providers): www.ctdssmap.com
- My Place CT (long-term services and supports): www.myplacect.org
- Winter heating assistance: www.ct.gov/staywarm
- John S. Martinez Fatherhood Initiative of Connecticut: www.ct.gov/fatherhood
- Supplemental Nutrition Assistance Program (formerly food stamps): www.ct.gov/snap
- Medicaid for Employees with Disabilities: www.ct.gov/med
- Reporting suspected client or provider fraud or abuse: www.ct.gov/dss/reportingfraud
- Special information for service partners: www.ct.gov/dss/partners

Toll-free information:

- DSS Client Information Line & Benefits Center: 1-855-6-CONNECT
- 2-1-1 Infoline: 24/7, toll-free information and referral, crisis intervention services: call 2-1-1. Operated by United Way of Connecticut with DSS funding
- General DSS information and referral (recorded information): 1-800-842-1508
- TTY for persons with hearing impairment: 1-800-842-4524
- Child Support:
    - Child Support Payment Disbursement Unit : 1-888-233-7223
    - Connecticut Child Support Call Center: 1-800-228-KIDS (1-800-228-5437)
- Connecticut Home Care Program for Elders: 1-800-445-5394
- Reporting suspected fraud/abuse; and benefit recovery (including lien matters): 1-800-842-2155
- John S. Martinez Fatherhood Initiative of Connecticut: 1-866-CTDADS (1-866-628-3237)
- Winter heating/Weatherization assistance: 2-1-1 or 1-800-842-1132
- HUSKY Health/Medicaid/Children's Health Insurance Program information and referral, applications: 1-877-CT-HUSKY (1-877-284-8759). Contact information for current member support with major categories of HUSKY Health coverage:

Type of coverage:	Contact:	Telephone Number:	Website:
Medical Coverage (Community Health Network of CT)	HUSKY Health Member Services	1-800-859-9889	www.huskyhealthct.org
Behavioral Health Coverage (Beacon)	Connecticut Behavioral Health Partnership	1-877-552-8247	www.ctbhp.com
Dental coverage (BeneCare)	Connecticut Dental Health Partnership	1-866-420-2924 855CTDENTAL (855-283-3682)	www.ctdhp.com
Non-Emergency Medical Transportation	Veyo	1-855-478-7350	https://ct.ridewithveyo.com
Pharmacy coverage	DSS Division of Health Services	Member services: 1-866-409-8430	www.ctdssmap.com

DSS CENTRAL ADMINISTRATION

55 Farmington Avenue, Hartford, CT 06105

Deidre S. Gifford, MD, MPH, Commissioner (effective June 21, 2019)
Kathleen M. Brennan, Deputy Commissioner/ Programs and Administration
Janel Simpson, Deputy Commissioner/ Operations, Enrollment and Eligibility

Department Chief of Staff and Directors:
Chief of Staff and Affirmative Action Director: Astread Ferron-Poole; Communications Director: David Dearborn; Human Resources Director: Penny Davis; Legal Counsel, Regulations, Administrative Hearings Director: Sonia Worrell-Asare; Counselor and Government Relations Director: Alvin R. Wilson, Jr.; Integrated Services Director: Sharon Condel; Health Services Director: Kate McEvoy; Medical Director: Robert Zavoski, M.D.; Health Services Integrated Care Director: William Halsey; Health Services Community Options Director: Kathy Bruni; Child Support Services Director: John Dillon; Fiscal Services Director: Michael Gilbert; Chief Innovation Officer: Joe Stanford; Information Technology Services Director: Vance Dean; Quality Assurance Director: John McCormick; Field Operations Director: Marva Perrin; Field Operations Deputy Director: Elizabeth Thomas; Field Operations Tactical Planning Director: Melissa Garvin; Field Operations Benefits Centers Director: Phil Ober; Community Services Director: Carlene Taylor; Social Work Services Director: Dorian Long; Organizational and Skill Development Director: Darleen Klase; Facilities Operations Director: Dorothy Dilernia; Business Intelligence and Shared Analytics Director: Minakshi Tikoo, PhD; Enterprise Project Management Office Director: Shan Jeffreys; Medicaid Enterprise Technology System Project Director: Mark Heuschkel.

News media contact: David Dearborn, david.dearborn@ct.gov; 860-424-5024

DSS FIELD OFFICE INFORMATION

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

The Department of Social Services' customer service modernization initiatives provide applicants, clients and the general public with multiple access points to the federal and state programs administer by the agency. DSS customers now have more options and can reach the department online, on the phone, or in-person. For more information on these contact points: www.ct.gov/dss/connect.

Thanks to modernization efforts, DSS staff work with a statewide electronic document management system to transmit, store and process client documents. All 12 Field Offices have lobbies where clients may see eligibility services workers or drop off information, called Service Centers. Nine of the 12 Field Offices also have Processing Centers, where staff process work associated with cases from around the state. Three of the 12 Field Offices have eligibility services workers who staff the DSS statewide telephone Benefits Center.

Please note: Local phone numbers were replaced by the statewide DSS Client Information Line & Benefits Center number: 1-855-6-CONNECT (1-855-626-6632); TTD/TTY 1-800-842-4524 for persons with speech or hearing difficulties. Video Remote Interpreting (VRI) was added to the Service Centers located in the 12 Field Offices to assist clients who are deaf or hard of hearing.

Service Centers

Service Centers provide direct assistance to eligible clients in the areas of Supplemental Nutrition Assistance Program, Temporary Financial Assistance, State Supplement, Medical Assistance and State-Administered General Assistance. In addition, Field Offices also provide on-site Child Support Services, Social Work Services, as well as Quality Assurance services. Offices are open Monday through Friday between 8:00 a.m. and 4:30 p.m. For more information: www.ct.gov/dss/fieldoffices.

Benefits Center

DSS clients can dial one toll-free number --1-855-6-CONNECT (1-855-626-6632), or TTD/TTY 1-800-842-4524 (for persons with speech or hearing difficulties) -- from anywhere in Connecticut to reach information or services. This phone access is called the **Client Information Line and Benefits Center.** Callers can self-serve through an IVR (interactive voice-response) system, 24/7, or reach a Benefits Center eligibility services worker directly, if they prefer, during business hours. Benefits Center eligibility services workers are available by phone Monday through Friday, 7:30 a.m. to 4:00 p.m.

Field Office Locations

- **Greater Hartford**—20 Meadow Road, Windsor; Jessica Carroll, Musa Mohamud and Judy Williams, Social Services Operations Managers.
- **Manchester**—699 East Middle Turnpike; Tricia Morelli, Social Services Operations Manager.
- **New Britain**—30 Christian Lane; Patricia Ostroski, Social Services Operations Manager.
- **Willimantic**—1320 Main Street/Tyler Square; Tonya Beckford, Social Services Operations Manager.
- **New Haven**—50 Humphrey Street; Rachel Anderson, Cheryl Stuart and Lisa Wells,

Social Services Operations Managers.

- **Middletown**— 2081 South Main Street; Brian Sexton, Social Services Operations Manager.
- **Norwich**—401 West Thames Street; Cheryl Stuart, Social Services Operations Manager.
- **Bridgeport**—925 Housatonic Avenue; Yecenia Acosta, Tim Latifi and Fred Presnick, Social Services Operations Managers.
- **Danbury**—342 Main Street; CarolSue Shannon, Social Services Operations Manager.
- **Stamford**—1642 Bedford Street; Yecenia Acosta, Social Services Operations Manager.
- **Waterbury**—249 Thomaston Avenue; Jamel Hilliard and Peter Bucknall, Social Services Operations Managers.
- **Torrington**—62 Commercial Boulevard; Alejandro Arbelaez, Social Services Operations Manager.

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SIGNIFICANT ACCOMPLISHMENTS/HIGHLIGHTS OF SFY 2019

Overview

The Department of Social Services continued to deliver vital public benefits to more than 1 in 4 Connecticut residents in 2019. **As the fiscal year closed in June, DSS was serving approximately 1 million individuals across all programs**. Agency field staff served the public directly at 12 offices and the telephone Benefits Center, while central office staff administered specialized services and supported field operations across the full range of direct and funded programs.

Among other initiatives, the department continued its **'ConneCT' service modernization and online access** initiative and statewide implementation of the new **'ImpaCT'** advanced eligibility management system and integrated document management system; worked with Access Health CT, Connecticut's health insurance exchange/marketplace, to **continue implementation of the national Affordable Care Act**, continued to build on a variety of care delivery and value-based purchasing **advances in one of the nation's leading Medicaid programs;** and achieved **performance benchmarks in the Supplemental Nutrition Assistance Program**.

ImpaCT replaced the department's 1980s-era legacy eligibility management system with a modern system designed to upgrade and support eligibility determination and service delivery. Benefits to clients include easier-to-read and more helpful DSS notices and letters; optional email notifications; tools to support efficient, accurate and timely processing; integration with online applications, renewals and change reporting; and other advances from the new-generation eligibility system.

Advances in the Supplemental Nutrition Assistance Program (SNAP)

DSS continued to improve its quality of service to over 363,500 Connecticut residents enrolled in SNAP as SFY 2019 ended. **The department continues to excel in application processing timeliness, posting a timeliness rate of 97% for SNAP application processing** in SFY 2019. Based on actual case sampling, DSS is at the top of the Northeast Region and 3rd overall in the United States. In September 2018, CT was awarded over $2 million dollars in SNAP bonus funds for its excellence in application processing and program access. The U.S. Department of Agriculture cites that every $5 in new SNAP benefits generates as much as $9 of economic activity. In 2019, approximately $591.3 million in direct federal revenue came into Connecticut's food economy through SNAP, generating as much as $1.06 billion in economic activity, representing a huge impact on hunger/poverty and help to the local economy.

The 2010 Agriculture Appropriation Act provided authority and funding for the U.S. Department of Agriculture to demonstrate and rigorously evaluate methods of reducing or preventing food insecurity and hunger among children in the summer months. In response, the Summer Electronic Benefits Transfer for Children (SEBTC) demonstration was developed to test a household-based method of delivering nutrition assistance to low-income children during summer months. The Summer Food Service Program and the Seamless Summer option provide meals for thousands of low-income children in Connecticut annually. The SEBTC

demonstration program allows chosen school districts to provide selected households an additional resource to combat hunger in the communities where they live. SFY 2019 was the Department of Social Services' eighth year in administering the Summer Electronic Benefits for Children program, in collaboration with the Department of Education.

Advances in Medicaid/HUSKY Health Application Processing and Cost Control

The Department has sustained significant improvements in Medicaid application processing. Overall, Medicaid timeliness averaged in excess of 98% timely through April 2019, the most recent month for which reporting is available this fiscal year. Timeliness for processing the most complex long-term services and supports applications has risen from 95% at the beginning of the fiscal year to a peak of nearly 98% timely in April 2019. Additionally, applicants for HUSKY A (children/parents/relative caregivers/pregnant women) and HUSKY D (low-income adults without dependent children) continue to receive real-time application determinations when applying through the DSS-Access Health CT shared eligibility system.

A cross-state comparison of Medicaid, Medicare and private insurance spending, published by *Health Affairs* and based on federal data, showed that Connecticut's Medicaid program led the nation in controlling cost trends, when measured per enrollee during the 2010-14 reporting period. Connecticut was reported as having reduced its per-person spending by a greater percentage (5.7%) than any other state in the country. Overall, Medicaid tracked lower nationally than both private health insurance and Medicare in the cost trend comparisons. For more about Connecticut Medicaid's best-in-nation status for curbing the per-enrollee cost trend, please follow this link (DSS news release, July 14, 2017): https://portal.ct.gov/DSS/Press-Room/Press-Releases/2017/Connecticut-Medicaid-Best-in-Nation-For-Curbing-Per-Enrollee-Cost-Trend

ConneCT – Modernizing DSS Service Delivery

Online:

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

By Phone:

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

  Call 1-855-6-CONNECT (1-855-626-6632)
  TTD/TTY 1-800-842-4524 for persons with speech or hearing difficulties

- The automated 'interactive voice response' telephone system helps DSS clients get the information they need without waiting to speak to an eligibility worker. Recipients and applicants can establish a secure PIN to check on benefit details and the status of documents submitted. Clients also have the option of speaking to a worker, during business hours.

In Person:

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

Implementing the Affordable Care Act

Connecticut's effective implementation of the Affordable Care Act (ACA) continued in SFY 2019, with the Department of Social Services partnering with Access Health CT in a shared/integrated eligibility system encompassing HUSKY Health (Medicaid/Children's Health Insurance Program) and private qualified health plans offered through the exchange. The ACA represents major eligibility change for the majority of Medicaid members, with beneficiaries moving from traditional eligibility criteria to the so-called Modified Adjusted Gross Income (MAGI) criteria. Most significant for public access is expanded income-eligibility standards in Medicaid for low-income adults without dependent children (from approximately 56% to 138% of the federal poverty guideline).

Online applications are processed in real time, at www.accesshealthct.com, allowing people to apply for most areas of Medicaid, CHIP or private health insurance and have their eligibility determined immediately through the integrated eligibility process. **As of June 2019, total Medicaid enrollment was approximately 838,900, including approximately 268,000 in the Medicaid expansion for low-income adults without dependent children (HUSKY D).**

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

1) enable implementation of new Medicaid-funded preventive benefits, including coverage for smoking cessation and family planning;
2) extend the federal Money Follows the Person initiative, which enables residents of nursing facilities to transition to independent living in the community;
3) have brought millions of additional grant dollars to Connecticut for the purposes of enhancing community-based long-term services and supports;
4) provide funding and direction for various care delivery reforms, including health homes and a shared savings initiative (PCMH+) under the State Innovation Model test grant. Please see the 'Federal Revenue Maximization' section on next page for more information.

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

Serving Connecticut Residents: A Sampling of Critical DSS Programs

DSS programs showed total enrollment of more than 1 million individual beneficiaries.

Program numbers included:

- 363,512 residents in 212,300 households receiving federally funded SNAP benefits as of June 2019.
- Approximately 21,700 individuals in 10,200 households served by the Temporary Family Assistance program (average monthly caseload).
- approximately 838,900 individuals receiving benefits through the Medicaid program (including HUSKY A for children, parents, relative caregivers and pregnant women; HUSKY C for elders and persons with disabilities; and HUSKY D for low-income adults without dependent children).

Health Service Delivery and Purchasing Initiatives

Federal Revenue Maximization

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

- enabled many people to access coverage under expansion of Medicaid eligibility – participation in HUSKY D, our Medicaid expansion group, increased from **99,103** individuals in December 2013 to **approximately 268,000** individuals as of June 2019.
  - *Research shows that coverage gives people more financial security from the catastrophic costs of a serious health condition, tends to improve mental health, and enables earlier diagnosis of conditions such as diabetes.*
- permitted Connecticut Medicaid to cover new services that are of great benefit to Medicaid members – just one example is coverage of tobacco cessation services (counseling, treatment and medications)
  - *This is a well-targeted service because many sources estimate that far more Medicaid members smoke than is typical of the general population.*
- provided new family planning services for eligible individuals

- *Family planning services support good reproductive health, and help reduce unintended pregnancies, which in turn promotes better long-term health, completion of education and improved outcomes of subsequent pregnancies.*

- expanded the highly successful Money Follows the Person program, which supports individuals in transitioning from nursing facilities to living in the community
  - *MFP has supported over 5,600 individuals with disabilities and older adults in moving from nursing facilities to their setting of choice.*
- provided millions in additional federal grants that are enhancing home and community-based long-term services and supports for Medicaid members
  - *These new resources will help to address the historical imbalance of LTSS resources as between nursing facilities and home and community-based services.*
- enabled the DMHAS-led behavioral health, health home effort
  - *Health homes are enabling local mental health authorities and their affiliates to integrate behavioral health, primary care and community-based supports for people with Serious and Persistent Mental Illness.*
- supported launch of a major new shared savings initiative – PCMH+ - with Federally Qualified Health Centers and advanced networks that builds on primary care practice transformation efforts by incorporating enhanced care coordination and connections with community-based organizations
  - *Coordination of care and integration of behavioral health services has enabled the program to better support members and to improve their care experience, while reducing use of hospital emergency department and inpatient care.*
- funded rate increases, which have been continued on a somewhat more limited basis by the State, that have increased participation of primary care practitioners in Medicaid.
  - *Access to primary care is a key aspect of Medicaid reform and an essential means of reducing use of the emergency department, as well as effective management of chronic conditions.*

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Administrative Services Organization Initiatives

Connecticut Medicaid is structured as a self-insured, managed fee-for-service model, much like the model used by many employers (including the State of Connecticut) for their employees. This is in stark contrast to almost all other state Medicaid programs, almost all of which utilize managed care arrangements under which companies receive capitated payments for serving beneficiaries. Connecticut Medicaid contracts with three statewide Administrative Service Organizations (ASOs), respectively, for medical, behavioral and dental health services. Each ASO provides member and provider services, utilization review, quality

management and improvement services to the members of the Medicaid program. An important feature of the ASO arrangement is that they provide Intensive Care Management (ICM), an intervention developed specifically to meet the diverse needs of our most socially and medically vulnerable members.

To incentivize ASO performance, a percentage of each ASO's administrative payments are withheld by the Department pending completion of each fiscal year. Each ASO must demonstrate that it has achieved identified benchmarks items related to, but not limited to health outcomes, healthcare quality and both member and provider satisfaction outcomes in order to receive the incentive payments.

❖ *Data Analytics and Intensive Care Management*

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

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

- integrate behavioral health and medical interventions and supports through clinical staff of the medical and behavioral health ASOs co-case management;
- augment Connecticut Medicaid's Person-Centered Medical Home initiative, through which primary care practices receive financial and technical support towards practice transformation and continuous quality improvement;
- provide transitional care from hospital to home through real-time discharge notifications;
- sustain the reduction of emergency department usage, inpatient hospital admissions and readmission rates;
- reduce utilization in confined settings (psychiatric and inpatient detoxification days) among individuals with behavioral health conditions; and

- reduce use of the emergency department for dental care and significantly increase utilization of preventative dental services by children.

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

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

For calendar year 2018, CHNCT interventions for members engaged in care management programs have: 1) **reduced emergency department** (ED) usage for members engaged in the CHNCT ICM program **by 26.17% and inpatient admissions by 45.19%**; 2) reduced ED usage for members engaged in ICM with a Severe and Persistent Mental Illness (SPMI) by 25.48%; 3) increased PCP visits for ICM members by 19.48%; 4) reduced ED usage for members managed by CHNCT's ED Care Management (EDCM) program by 35.36%; and 5) reduced readmissions for those members who received Intensive Discharge Care Management (IDCM) services by 70.49%.

❖ *Interventions through Department's behavioral health ASO*

Important examples of recent interventions through the Department's behavioral health ASO, Beacon, include focus on individuals with Autism Spectrum Disorder (ASD), transition-age youth, and opioid misuse.

Under the direction of the three state agencies that manage the Connecticut Behavioral Health Partnership (the Departments of Social Services, Mental Health and Addiction Services, and Children and Families), Beacon Health Options reviews and authorizes Autism Spectrum Disorder services for Medicaid recipients since calendar year 2015.

Beacon was charged with developing a provider network and a system of care to support individuals and families diagnosed with ASD consistent with the 2014 CMS mandate that required states to cover behavioral health treatment services for Medicaid members enrolled under HUSKY A, C or D under the age of 21 and not to

overlap with Birth to Three services.

Services must be conducted by a licensed clinician, MD, APRN practicing within his or her scope of practice, a Board Certified Behavior Analyst (BCBA) and a behavior technician and or Board Certified Assistant Behavior Analyst (BCaBA) working under the direct observation and direction of either the licensed clinician or the BCBA.

The provider network began with six CMAP enrolled providers in the first quarter of 2015. As of July 31, 2019, the Autism Spectrum Disorder (ASD) Provider network consists of 109 unique practices and 311 individual providers, 302 of whom provide direct treatment services while the others more exclusively conduct Autism Diagnostic Evaluations. Beacon continues to identify and outreach to potential providers to further develop the network and facilitate referrals.

Member demographics from 5/1/2015 through 7/31/2019 are as follows:

- 3,698 unique youth obtained authorizations for ASD services, 1,974 of whom were between the ages of 0-6 at admission; 1,223 were youth between the ages of 7-12; and 654 were youth between the ages of 13-20 at admission.

As of July 31, 2019, 2,307 Medicaid members are connected to a provider and receiving services throughout the state and an additional 11 members are receiving group intervention services; 346 are in the process of a diagnostic evaluation to determine if they have a diagnosis of an Autism Spectrum disorder.

Beacon Health also conducted research and an in-depth analysis on transition-age youth to better understand their behavioral health needs and to gain a clearer and deeper understanding of this population. Research has found that emerging adults with behavioral health needs are at an increased risk for disengaging from the behavioral health system, but Connecticut-specific data has not been available. To address this, Beacon examined service utilization and diagnostic prevalence for both DCF and non-DCF involved youth, using a retrospective longitudinal sample. The analysis was intended to improve the understanding of the characteristics and service utilization patterns of emerging adults from their 17th and 18th year. The primary findings showed a statistically significant drop in the percentage of youth with behavioral diagnosis between their 17th and 18th year, as well as a steep drop in service utilization. Over 38% of the sample that had a behavioral health diagnosis at 17 had no behavioral health diagnosis at 18. There was an average decline of 44% across all of the behavioral health services analyzed between the youth's 17th and 18th year. These results provided compelling evidence that youth are disengaging from the service system and are potentially not getting the services and supports that they need as they turn 18. At the end of the calendar year 2017, Beacon also conducted a cross-sectional analysis that examined both DCF and non-DCF involved emerging adults on service utilization and diagnostic prevalence characteristics in comparison to the entire Medicaid population. Together, the longitudinal and cross-sectional analysis will inform the development of a predictive model during SFY 2019.

Finally, Beacon has launched a new opioid initiative entitled "Changing Pathways." Changing Pathways is a pilot under which Beacon is currently working with two inpatient detoxification providers to initiate Medication Assisted Treatment (MAT). This MAT approach involves starting Methadone, buprenorphine, or naltrexone while individuals are withdrawing from opioids in a safe, controlled environment, and then transferring those individuals to a community provider for ongoing MAT and substance use disorder treatment. This is a major shift in practice for treatment providers.

❖*Interventions through the Department's dental health ASO*

The Connecticut Dental Health Partnership (CTDHP) continuously evaluates the HUSKY Health dental network based upon a number of contractually defined metrics. These include anticipated enrollment, expected utilization of services, the number of practitioners required to furnish those contracted services and the number of dental practitioners who are not accepting new HUSKY Health members. These factors are further analyzed using the geographic location of dentists and members, taking into consideration members' travel distance and travel time.

The evaluation leads to the annual network development plan in which CTDHP analyzes the network by three measures and identifies areas for improvement: 1) Access: a member-dentist distance related measure; 2) Capacity: A member-dentist volume related measure; 3) Availability: A time based appointment scheduling measure.

The current contract has a minimum access standard of one primary care dentist (PCD) in 20 miles to each member. The standard is met by 100% of the HUSKY Health Members.

For calendar year 2018, CTDHP reported 2,471 providers of whom 637 are specialists. There was a 1.8% network growth over calendar year December 31, 2017 (2,451) to December 31, 2018 (2,471) providing services to our HUSKY Health members.

Working with the medical and behavioral health ASOs, the CTDHP continued to encourage pain control for minor dental procedures using NSAIDs or acetaminophen, reserving opioids for more extensive surgeries, but only for as long as absolutely necessary. From calendar year 2017 to 2018, there was a 27% decrease in the number of prescriptions written by dental providers for opioids dispensed to HUSKY Health members.

The CTDHP, with DSS and the medical and behavioral health ASOs, will continue to work with all providers to identify safer alternatives to address pain.

❖ *Benefits of ASO structure*

ASO arrangements continue to substantially improve beneficiary outcomes and experience through centralization and streamlining of the means of receiving support. The ASOs act as hubs for member support, location of providers, Intensive Care Management (ICM), grievances and appeals. ASO arrangements have also improved engagement with providers, who now have a single set of coverage guidelines for each service, and a uniform fee schedule from which to be paid. Providers can bill every two weeks, and 'clean claims' are paid completely and promptly through a single fiscal intermediary – DXC Technology. 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.

Additionally, the ASOs continue to collaborate on high risk individuals and cohorts of individuals. For example, the behavioral health and medical ASO regularly co-manage individuals that have complex behavioral health and medical conditions.

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Key Accomplishments Across Health Services

❖ *Access to Care*

Medical Providers

Primary care providers: 3,750
Specialists: 13,693
Network growth over calendar year 2018: 2.8%

Behavioral Health Providers

Behavioral Health Providers: 10,509
Network growth over calendar year 2018: 3.4%

Dental Providers

Primary care providers: 1,834
Specialists: 637
Network growth over calendar year 2018: 1.8%

Pharmacies

Pharmacies: 792
Network growth over calendar year 2018: 1.0%

The below compares medical data and information from calendar year 2017 and 2018. CHNCT, through its claims analytics, hospital discharge summary information, and patient and provider surveys is able to monitor the effectiveness and efficiency of our program. New initiatives and quality improvement projects continue to drive overall cost down while increasing access to appropriate care.

❖ *Utilization Management and Cost-Effectiveness*

- Overall admissions per 1,000 member months (MM) decreased by 3.1%
- Inpatient days per 1,000 MM decreased by 2.3%
- Utilization per 1,000 MM for emergent and non-emergent medical visits decreased by 2.8%

❖ *Care Coordination, Outcomes and Quality*

- Reduced the total hospital readmission rate by 1.40%
- Reduced the Emergency Department visit rate by:
  - 3.81% for HUSKY A and B
  - 8.42% for HUSKY C
  - 7.36% for HUSKY D
- Reduced total medical ED visits for frequent utilizers (10 or more visits in a year) by 4.31%
- Increased the rate for Chlamydia Screening in Women (Ages 21-24 Years) by 1.30% for HUSKY D
- Increased the rate for Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis by:
  - 7.46% for HUSKY A and B
  - 3.86% for HUSKY D
- Increased the rate of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) by:
  - 3.83% for HUSKY C
- Increased the rate for Pharmacotherapy Management of COPD Exacerbation-Bronchodilator by:
  - 3.80% for HUSKY A and B
- Increased the rate for Pharmacotherapy Management of COPD Exacerbation-Systemic Corticosteroid by:
  - 2.66% for HUSKY C
- Increased the rate for Controlling High Blood Pressure by:
  - 3.78% for HUSKY A and B
- Increased the Statin Therapy for Patients with Cardiovascular Disease rate by:
  - Received Statin Therapy-Total:
    - 1.48% for HUSKY C
- Increased the rate of Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia by:
  - 3.19% for HUSKY D
- Increased the rate for Postpartum Care by:
  - 2.73% for HUSKY A and B

❖ *Child and Adolescent Well Care Outcomes*

- Increased the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Screening Ratio by one percentage point

- Increased the rate of Developmental Screening in the First Three Years of Life by 11.62%
- Increased the rate of Behavioral Health Screening in Children Ages 1-18 by 30.70%
- Increased the rate for Well Child Visits in the First 15 Months of Life for 6+ Visits by 1.56% for HUSKY A and B
- Increased the rates for Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents in HUSKY A and B by:
  - 13.50% for BMI Percentile Total
  - 9.42% for Counseling for Nutrition Total
  - 13.18% for Counseling for Physical Activity Total
- Increased the rate for Appropriate Testing for Children with Pharyngitis by:
  - 1.47% for HUSKY A and B
- Increased the rate of Follow-Up Care for Children Prescribed ADHD Medication for HUSKY A and B by:
  - Initiation Phase – 3.69%
  - Continuation and Maintenance Phase- 3.03%
- Reduced the Non-Recommended Cervical Cancer Screening in Adolescent Females rate by:
  - 32.63% for HUSKY A and B
  - 100% for HUSKY C
  - 16.32% for HUSKY D
- Increased the total rate of Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics by 0.65% for HUSKY A and B
- Increased Psychiatric Medication Management within 30 Days of a New Behavioral Health Diagnosis and Prescription rate by 1.25%

❖ ***Diabetes Outcomes***

- Increased the HbA1c Testing Total rate by:
  - 2.37% for HUSKY A and B
  - 2.59% for HUSKY D
- Increased the HbA1c Control (<8) rate by:
  - 3.96% for HUSKY A and B
  - 3.20% for HUSKY D
- Reduced the HbA1c Poor Control (>9) rate by:
  - 4.58% for HUSKY A and B
  - 2.26% for HUSKY C
  - 7.31% for HUSKY D
- Increased the Medical Attention for Nephropathy rate by:
  - 2.12% for HUSKY D
- Increased the Statin Therapy for Patients with Diabetes rate by:
  - Received Statin Therapy- Total:
    - 2.51% for HUSKY A and B
    - 2.22% for HUSKY C
- Increased the Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications rate by:
  - 2.35% for HUSKY A and B

- Reduced the diabetes long-term complications admission rate per 100,000 MM by 3.09%

❖ *Asthma Outcomes*

- Reduced the asthma inpatient admissions rate per 1,000 members by 12.83%
- Reduced the asthma in younger adults admission rate (ages 18 to 39) per 100,000 MM by 9.92%
- Reduced the asthma emergency department visits rate (ages 2 to 20) by 2.94%
- Reduced the COPD or asthma in older adults admission rate (ages 40 and older) per 100,000 MM by 9.06%.

❖ *Addressing Substance Use*

- Reduced the rate for Use of Opioids at High Dosage by:
  - 15.53% for HUSKY A and B
  - 2.79% for HUSKY C
  - 16.78% for HUSKY D
- Reduced the rate for Use of Opioids from Multiple Prescribers (multiple prescribers) by:
  - 1.26% HUSKY A and B
  - 3.42% HUSKY D
- Reduced the rate for Use of Opioids from Multiple Prescribers (multiple pharmacies) by:
  - 63.26% HUSKY A and B
  - 50% HUSKY C
  - 56.64% HUSKY D
- Reduced the rate for Use of Opioids from Multiple Prescribers (multiple prescribers and multiple pharmacies) by:
  - 58.02% for HUSKY A and B
  - 47.95% for HUSKY C
  - 57.36% for HUSKY D
- Achieved a 45.45% reduction in the number of members with a Morphine Milligram Equivalent (MME) greater than or equal to 1,000
- Achieved a 19.66% reduction in the number of members with an MME between 200 and 999

❖ *Program Satisfaction*

- Achieved a 94.6% overall favorable rating by members surveyed for satisfaction with the ICM program
- Achieved a 96.9% overall favorable satisfaction rating among those providers who worked with the ICM department, as evidenced by the Provider Satisfaction Survey
- Achieved a 97.12% overall favorable rating by members surveyed for satisfaction after completion of a call with the CHNCT Member Engagement Services call center

- Achieved an 91.3% overall favorable rating by providers surveyed for satisfaction with various aspects of the HUSKY Health program
- Among those providers that worked with the ICM department, 96.9% were satisfied with the ICM program when surveyed through the Provider Satisfaction survey

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

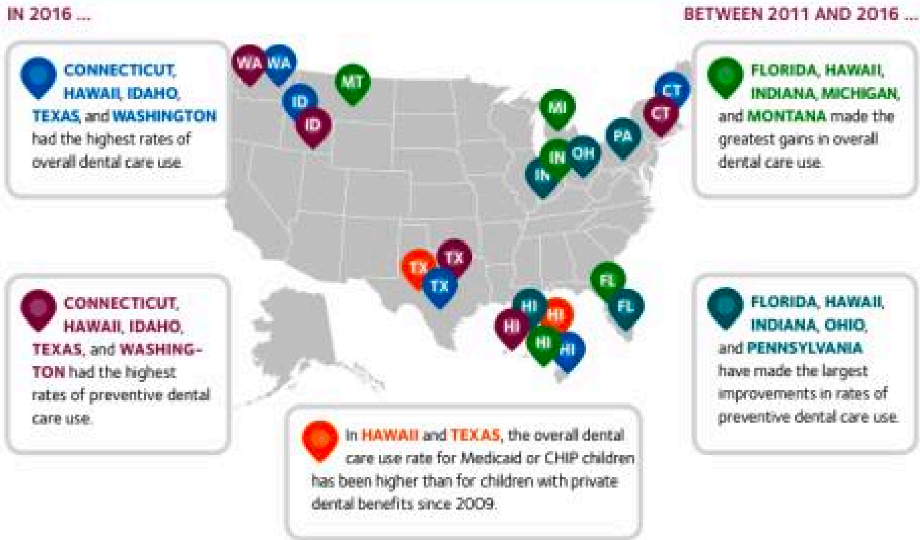
- Achieved an overall member satisfaction rating of 93.0% among adults surveyed

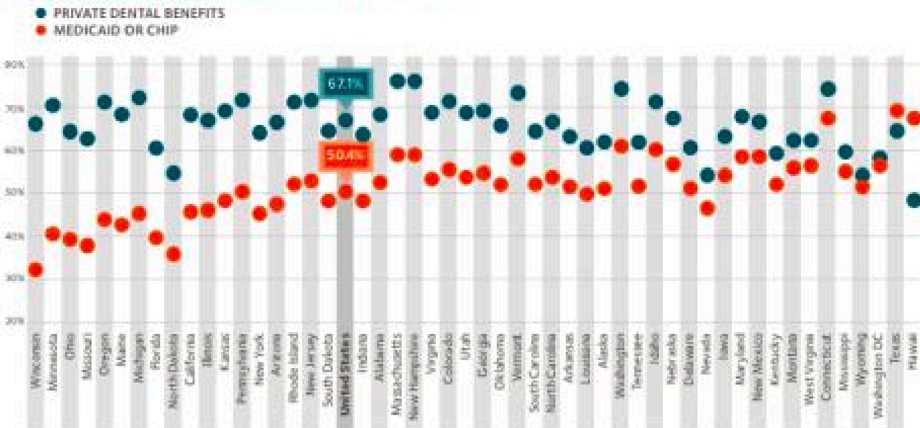
❖*National and State Recognition of Connecticut Medicaid*

An August 2018 news item highlighted that more and more children served by Medicaid across the country are receiving dental care:

> **Gap In Dental Care Use Between Publicly And Privately Insured Children Is Narrowing, HPI Report Finds.**
>
> The ADA News (7/25/2018, Manchir) reports that an ADA Health Policy Institute infographic released in July shows "a narrowing gap in dental care use between publicly and privately insured kids in the past decade." According to the infographic, the percentage of children on Medicaid or the Children's Health Insurance Program (CHIP) in 2006 that had a dental visit in the past year was 35.3 percent, and this percentage has grown each year through 2016 to reach 50.4 percent. In 2006, the percentage of privately insured children with a dental visit in the last year was 57.9 percent, which increased to 67.1 percent in 2016. While the numbers varied by state, Marko Vujicic, PhD, ADA's chief economist and HPI's vice president, "said the report demonstrates steady progress among Medicaid kids in one indicator of oral health."

Most impressive, however, was that Connecticut was recognized as one of the top performing states in the country in both overall dental care use and also use of preventive dental care:





In August 2018, the Connecticut Health Foundation in partnership with the Georgetown University Center for Children and Families, released an important new issue brief, described below:

NEW REPORT: Georgetown University Center for Children and Families finds Medicaid's impact goes beyond health care

HARTFORD, Conn. (August 21, 2018) – Medicaid is best known as a health insurance program that provides coverage to low-income Connecticut residents, but it also plays a key role in the state's economy, budget, and ability to weather economic challenges, according to a report released this week by the Connecticut Health Foundation.

The report, by the Georgetown University Center for Children and Families, finds that Medicaid is deeply woven into Connecticut's health care system and plays a major role in a sector of the economy that has been central to job growth in the state.

"It is important for policymakers to understand the full impact of Medicaid in the state, particularly as they face difficult budget decisions," said the report's author, Edwin Park, research professor at the Georgetown University Center for Children and Families. "Medicaid plays a key role in the state's economy and is linked to long-term positive outcomes for children like better health, obtaining a college degree, and higher earnings."

In Connecticut, Medicaid is known as HUSKY and covers approximately one in five state residents – close to 800,000 people.

"Connecticut invests significant resources in HUSKY and the findings of this report underscore the impact of this investment," said Patricia Baker, president and CEO of the Connecticut Health Foundation.

Among the report's other key findings:

- **HUSKY is a key contributor to Connecticut's overall economy**. Health care makes up nearly 15 percent of the state's gross domestic product and represents a significant source of job growth. Medicaid finances about 20 percent of health care expenditures in Connecticut.
- **HUSKY covers more than one third of Connecticut children,** nearly 47 percent of non-elderly adults with disabilities, 15 percent of seniors, and 70 percent of nursing home residents.
- **Research has linked Medicaid coverage of children and pregnant women to long-term health and economic benefits** when children reach adulthood: better health outcomes, greater educational attainment such as completing high school and obtaining a college degree, and higher employment and earnings.
- **Medicaid can help states cope with recessions and economic downturns** because it automatically increases federal funding in response to higher state costs, such as those resulting from enrollment increases as people lose their jobs and health insurance.
- **Medicaid contributes the majority of the federal funding** spent through Connecticut's state budget – 58 percent in the 2016 fiscal year. The federal government pays more than half of the state's Medicaid costs. For every $10 spent on Medicaid in Connecticut, approximately $5.92 comes from the federal government.

The full report is available here.

In September 2018, the Georgetown University Health Policy Institute released an informative new report on the impact of Medicaid expansion on small and rural towns across America. This helped to illustrate the impact of Medicaid expansion in Connecticut through HUSKY D, as evidenced by the key findings below:

- The uninsured rate for low-income adult citizens (below 138 percent FPL) has come down since 2008/09 in nearly all states, but small towns and rural areas of states that have expanded Medicaid have seen the sharpest declines. The uninsured rate for this population dropped sharply from 35 percent to 16 percent in rural areas and small towns of Medicaid expansion states compared to a decline from 38 percent to 32 percent in non-expansion states between 2008/09 and 2015/16.
- States that experienced the biggest drop in uninsured rates for low-income adults living in small towns and rural areas are Arkansas, Colorado, Connecticut, Hawaii, Kentucky, Michigan, Nevada, New Mexico, Oregon, and West Virginia.
- Non-expansion states with the highest rate of uninsured low-income adults in small towns and rural areas are South Dakota, Georgia, Oklahoma, Florida, Texas, Alabama, Missouri, and Mississippi. Two states that more recently made decisions to expand Medicaid—Alaska and Louisiana—are also among the states with the highest uninsured rates for low- income adults in non-metro areas.

- The non-expansion states with the biggest coverage disparities between rural areas and small towns and metro areas are Virginia (which recently decided to expand Medicaid), Utah (which will vote this fall on a Medicaid ballot initiative), Florida, and Missouri. The experience in expansion states demonstrates the great opportunity for these states to bring down the uninsured rate in small towns and rural areas and narrow the gap between metro and rural areas.

Figure 7: Decline in uninsured rate for low-income citizen adults in non-metro counties, by state and expansion status, 2008/09 to 2015/16 (percentage points)

Expansion State	2008/09	2015/16	Drop
Colorado	42%	13%	29
Nevada	42%	14%	28
Kentucky	40%	13%	27
Oregon	43%	17%	27
New Mexico	46%	21%	25
Arkansas	45%	22%	23
Connecticut	32%	9%	23
Hawaii	31%	9%	22
Michigan	38%	16%	22
West Virginia	35%	14%	21
Maryland	29%	10%	18
Washington	31%	13%	18

Non-Expansion State	2008/09	2015/16	Drop
Wyoming	47%	28%	19
Florida	53%	37%	16
Nebraska	39%	24%	15
Idaho	38%	28%	10
Oklahoma	47%	38%	9
Wisconsin	27%	18%	9
North Carolina	35%	29%	7
Kansas	30%	24%	6
Tennessee	35%	29%	6
South Carolina	38%	32%	5
Mississippi	39%	35%	5
Georgia	43%	38%	4

Here is an impressive example of a member who has benefitted directly from our expansion (excerpted from an article by the *Connecticut Mirror* that is available at this link: https://ctmirror.org/2018/09/28/ct-sees-sharp-decline-uninsured-low-income-adults-rural-areas/):

Sherman resident Linda Y. is one of the people who lives in a metro county and who benefited from Medicaid expansion in Connecticut. Sherman, a small, rural town, is in northern Fairfield County.

In December 2018, Medicaid and CHIP Payment and Access Commission (MACPAC) issued its annual "MACStats: Medicaid and CHIP Data Book", which includes a wealth of data points, information on trends, and detail that enables cross-state comparisons.

Pages 67-69 of the report showed Connecticut ranked number 22 in the country on Medicaid spending per enrollee. As of FY2017, Connecticut was less costly per person than all other New England states (New Hampshire, Maine, Massachusetts, Vermont, Rhode Island), and also New

York and New Jersey, among other states. Also, Connecticut's ranking is much improved from the past. See below for a link to the entire report:

https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf

When Linda's husband lost his job at a car dealership in 2006, they lost their health care coverage too. And although they bought private health insurance, the cost of premiums drained their savings and they had to stop paying for it. This was especially difficult because Linda is a cancer survivor and lives with lupus, an autoimmune disease.

"I was facing complete uncertainty about how I was going to care for myself going forward," she said, adding that she was forced to pay for her health care out-of-pocket, which meant rationing her medications at times and accepting free care when it was offered.

All that uncertainty changed when Linda became eligible for HUSKY D, the state's expanded Medicaid program. "That was the greatest relief in the world," said Linda now 58. "Just being able to have peace about my health care, my medications, and my preventive care, it made all the difference in the world."

You can read the full report here:
https://ccf.georgetown.edu/wp-content/uploads/2018/09/FINALHealthInsuranceCoverage_Rural_2018.pdf

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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 2018. 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 2019, a total of 119 practices were participating (reflecting 533 sites and 2,113 providers) in this program. These practices were supporting 417,819 HUSKY Health members.

❖ *Electronic Health Records (EHR)*

Another important aspect of enhancing the capacity of primary care is financial support for adoption of EHR technology. EHRs support more person-centered care and reduce duplication of effort across provider networks. EHRs assist health care professionals to better manage care for patients and provide the ability to securely share electronic information with the patient and other physicians. This can also improve interaction and communication between the patient and provider.

In program year 2018, $4,507,665 was paid out to 525 eligible professionals and one hospital. Eligible Professionals have three years left to attest and take advantage of the enhanced payments to increase EHR interoperability and improve patient access to health information.

❖ *Health Equity Work*

DSS, CHNCT, and Beacon are currently examining access barriers related to gender, race and ethnicity faced by Medicaid members. This project is focused on identifying disparities and equipping primary care practices and behavioral health providers with a toolkit outlining strategies to reduce these barriers. DSS is also continuing to partner with the federal Office of Minority Health.

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Medicaid Integration Initiatives

Many Medicaid members, especially those who are dually eligible for Medicare, have complex health profiles. A high incidence of members have co-morbid physical and behavioral health conditions, and need support in developing goal-oriented, person-centered plans of care that are

realistic and incorporate chronic disease self-management strategies.

A siloed approach to care for a recipient's medical **and** behavioral health needs is unlikely to effectively care for either set of needs. For example, a client with depression and a chronic illness such as diabetes is unlikely to be able to manage either diabetes or depression without effectively addressing both conditions. Further, many such individuals also require long-term services and supports. All of these facets must effectively be coordinated in order to achieve improved outcomes.

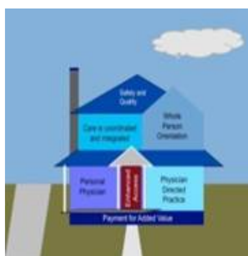
- ***Health Homes for Individuals with Serious and Persistent Mental Illness***

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

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

- ***Person-Centered Medical Homes***

Connecticut has implemented a primary-care initiative – PCMH+ - that includes enhanced features of care coordination, connections with community-based services, and an upside-only shared savings model.



Person-Centered Medical Homes

Community-based care coordination through expanded care team

"Upside-only" arrangements in which providers that meet health and satisfaction measures and produce savings share in a portion of those savings, but do not absorb losses

PCMH+ amplifies the important work of the Connecticut Medicaid PCMH initiative. PCMH practices have adopted practices and procedures designed to enable access to

care; developed limited, embedded care coordination capacity; become attuned to use of data to inform responses to their panel members; and also have become attentive to working within a quality framework. Further, they have demonstrated year over year improvement on a range of quality measures and have received high scores on such elements as overall member satisfaction, access to care, and courtesy and respect. Notwithstanding, there remain a number of areas in the quality results that illustrate ongoing opportunities for improvement. These have informed both the care coordination approach and quality measure framework for PCMH+.

PCMH+ has also enabled DSS to begin migration of its Administrative Services Organization-based ICM interventions to more locally based care coordination. While the ASO ICM continues to wrap around PCMH+ efforts in support of individuals with highly specialized needs (e.g. transplant, transgender supports), PCMH+ underscores DSS' commitment to provide practice coaching and funding supports to local entities that have the experience and trust basis to effectively serve their communities.

Finally, PCMH+ represents the first ever Connecticut Medicaid use of an "upside-only" shared savings approach. This has brought DSS along the curve of value-based payment approaches, which previously focused exclusively on Category 2C APM rewards for performance.

DSS selected seven Federally Qualified Health Centers (FQHCs) and two advanced networks via a Request for Proposals as the inaugural cohort of PCMH+ Participating Entities for Wave I. DSS then rolled participation of all of the Wave 1 Participating Entities (PEs) and selected an additional two FQHCs and four advanced networks through a procurement for PCMH+ Wave 2. Total member attribution for Wave 2 was 181,902 (132,155 individuals attributed to FQHCs and 49,747 individuals attributed to advanced networks).

Initial performance indicators for Wave 1 demonstrate that PCMH+ was implemented successfully, with many positive elements and also some challenges that are fairly typical of experiences in other new care coordination initiatives.

Key indicators include:

- a low member opt-out rate (the overwhelming majority of which occurred concurrent with the release of the initial member letter)
- low rate of member complaints
- successful PE implementation of care coordination activities and establishment of community partnerships.

Further, we are excited about Participating Entities' (PEs'):

- use of the data that is being provided to them via the CHN portal;
- hiring of community health workers;
- various, locally informed applications of behavioral health integration;

- great collaboration among PEs via an ongoing provider collaborative, related to clinical practice; and
- members' positive reports of experience.

Some quality measures improved, but others did not show substantial change. This is consistent with experiences in other care coordination programs.

PCMH+ Wave 1 resulted in aggregate Minimum Savings Rate-adjusted savings of $2,375,366, with two entities earning savings in the Individual Saving Pool, and all entities earning a Challenge Pool Award.

❖ *Quality Assurance and Improvement*

Quality improvement is an essential part of healthcare delivery. The unique structure of Connecticut's HUSKY Health Program (self-insured ASO model) continues to both allow for and demand systematic and continuous actions that lead to measurable improvement in the health status of our members and in the health care services they receive. Quality improvement seeks to improve health services for individuals and populations thereby increasing the likelihood of improved health outcomes.

Beginning in 2019, the federal Centers for Medicare and Medicaid Services (CMS) formally launched a dashboard that highlighted its efforts to improve the care and outcomes of Medicaid members across the nation. The first part of the dashboard highlighted several measures of quality of care drawn from two larger "core" data sets measuring care for adults and for children as voluntarily reported by the 56 state and territorial Medicaid programs. The "core" measures are drawn from a larger group of standardized measures, including Health Effectiveness Data and Information Set (HEDIS) and Children's Healthcare Quality Measures (CHIPRA), reported for many years by both Medicaid and most commercial payers.

HUSKY Health historically collects complete sets of both HEDIS and CHIPRA measures, as well as several 'homegrown' measures developed specifically for the HUSKY Program. Further, HUSKY Health reports these measures for the program overall, as well as by different practice types and settings, comparing each to established national Medicaid averages.

The good news is that Connecticut reports greater than the median number of measures for both children and adults. The bad news is that, as Connecticut seeks to reach 100% reporting of both adult and child "core" measures, we do not receive the necessary data from claims remains the single greatest challenge to full compliance.

As HUSKY Health embraces the concept of value-based care, a key outcome will be to measure value by seeking and receiving the data necessary to measure care, and most important, to measure member's individual health outcomes. Requiring more timely and more descriptive data will be a major step towards full compliance with CMS reporting, which becomes mandatory in 5 years.

Quality Improvement remains critically important to our state health reform initiatives, as HUSKY Health is uniquely positioned to serve as a model for other states who may want to move towards using Administrative Services Organizations to achieve these goals while experiencing an overall reduction in the per member per month cost over time.

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‘Rebalancing’ of Long-Term Services and Supports (LTSS)

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 SFY 2018, 64% of Medicaid members who required LTSS received services in the community. This equates to a monthly average of 29,585 Medicaid members served in the community while the balance of 36% –a monthly average of 16,685 – received care in an institution. This percentage has increased significantly over time. Since SFY 2003, the percentage of Medicaid clients receiving care in the community has increased by 39% -- from 46% in SFY 2003 to 64% in SFY 2018.

In SFY 2018, 64% of Medicaid members who required LTSS received services in the community. This equates to a monthly average of 29,585 Medicaid members served in the community while the balance of 36% –a monthly average of 16,685 – received care in an institution. This percentage has increased significantly over time. Since SFY 2003, the percentage of Medicaid clients receiving care in the community has increased by 39% -- from 46% in SFY 2003 to 64% in SFY 2018.

In SFY 2018, 53% of the total $3,259,286,335 LTSS Medicaid expenditures were spent in the community while 47% was spent in institutions.

❖ *Strategic Plan to Rebalance Long-Term Services and Supports*

In January 2019, the Governor, the Office of Policy and Management and the Department of Social Services Commissioner 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 the choice of their preferred means, mode and place in which to receive long-term services and supports. The 2019 plan revises strategies and objectives with the aim of increasing the pace of rebalancing. Key aspects of the plan include 1) continued support for Money Follows the Person; 2) Development and implementation of a predictive methodology to identify people in institutions at risk of long-term stay; 3) continued development and implementation of Community First Choice; 4) nursing home diversification; 5) statewide implementation of the new standardized assessment and budget allocation process; and 6) a set of new objectives regarding workforce, housing and employment. 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 2019, the Money Follows the Person program supported 536 individuals in transitioning from nursing facilities to the community. Of these, 496 received enhanced match; 215 of these were elders, 177 had physical disabilities, 77 had mental health disabilities and 27 had intellectual disabilities. Since implementation in December 2008, there have been over 5,650 transitions, of which 5,298 received enhanced federal financial participation. Out of this total, 2,396 were elders, 1,950 had physical disabilities, 660 had mental health disabilities and 292 had an intellectual disability. MFP has enabled a broad array of individuals to live independently and to receive needed supports including accessible housing and home and community-based services. For more information, please visit www.ct.gov/dss/moneyfollowstheperson.

❖ *Universal Assessment*

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

- A pre-screen and a common comprehensive assessment for all persons entering the long-term services and supports system, regardless of entry point. It is anticipated that medical offices, various state agencies administering waivers, and the ASOs will all utilize the same tool so that the people served by the state's systems won't be continually asked the same question unless there is a status change. The anticipated result is a more efficient system where information is shared and unnecessary duplication is eliminated. During SFY 17, the assessment was improved to refine levels of need and efficiency of the tool. All involved agencies have agreed to use a common assessment, and it is currently being piloted. During SFY 19, the assessment was implemented in all DSS LTSS programs.
- A conflict-free case management across the system.
- A 'no-wrong door' system for access in long-term services and supports.

Phase one of the state's 'no wrong door' was launched in 2013. The web-based platform was branded My Place CT and aims to coordinate seamlessly with both ConneCT and the

health insurance exchange over the next two years. The Department submitted an Advance Planning Document to the Centers for Medicare and Medicaid Services that outlines the funding and information technology architecture required to support the coordination effort.

To realize the My Place CT vision of in-person help at various community entry points, the Department initiated the Care Through Community Partner network of trusted places where consumers could access online resources and receive in-person assistance with information and referral. During 2017 the Department awarded mini-grants to towns and organizations to provide a higher level of navigation to their residents. Recruitment of senior centers, libraries, providers and others into the network continues. This network includes outreach and grass-roots communication at places where consumers already go, like pharmacies, hairdressers and doctors' offices.

In SFY 2017, phase one of the web-based system that supports electronic referrals to both formal long-term services and supports, and to local community services and supports was implemented. Town level asset maps were created as well as common indexing to facilitate electronic search functions. Work was coordinated with the United Way 2-1-1 which supports a 24 hour chat function. It is anticipated that this support will be especially helpful to hospital discharge planners and others seeking streamlined, automated coordination assistance. During SFY 2019, revisions to the process were made to ensure ongoing coordination with other IT projects within DSS.

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

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

❖ *My Place CT*

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

During SFY 2019, My Place CT continued to evolve in partnership with 2-1-1 Infoline and to improve the overall effectiveness of the site. After launching the first phase of the enhanced MyPlaceCT website in 2017, DSS engaged in a comprehensive review and testing of all content and messaging. Content revisions were continually updated throughout the year. In February 2019, DSS relaunched the web site with pod casts, blogs and improved streamlined access to information and services.

❖ *Community First Choice (CFC)*

Launched in July 2015, CFC is an entitlement made possible by the Affordable Care Act. The program enables Medicaid beneficiaries who require nursing facility or other institutional level of care to self-direct home- and community-based services under individual budgets, with the support of a fiscal intermediary. Services include (as applicable) personal care attendants to assist with hands on care, cueing and/or supervision. Additional supports and services include, home delivered meals, support and planning coach, health coaches, emergency backup systems, assistive technology, environmental accessibility modifications and costs associated with transitioning from institutions. During SFY 2019, approximately 3,100 Medicaid members accessed services through this new self-directed model.

❖ *Nursing Home Diversification*

Another important feature of rebalancing is the use of a request for proposals process and an associated $40 million in grant and bond funds 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 services and supports, associated workforce and a requirement that applicant nursing facilities work collaboratively with the town in which they are located to tailor services to local need. During SFY 2015, the department awarded funds to four additional nursing homes, a total of eleven proposals have been awarded since SFY 2014, seeking to diversify their business models. Of the eleven awarded, six moved forward to funding of the proposals. Two of the six nursing facilities were awarded nine month planning grants that have been completed and resulted in sustainable community based diversified business plans. During SFY 2019, DSS continued to work with grantees to advance new concepts associated with embedding the delivery of long-term supports and services into community locations, such as soup kitchens.

❖ *Medicaid Waiver services*

Connecticut is continuing to streamline and improve access to its Medicaid 'waiver' coverage. Waivers enable states to be excused from certain federal Medicaid rules and to cover home and community-based long-term services and supports using Medicaid funds. Existing waivers enable services to older adults, individuals with physical disabilities, individuals with behavioral health conditions, children with complex medical profiles, individuals with intellectual disabilities, children with autism spectrum disorder and individuals with acquired brain injury. The Department administers 11 Medicaid waiver programs, three of which are operated by the Department of Developmental Services and

one of which is operated by the Department of Mental Health and Addiction Services. The centralized waiver eligibility hub established in SFY 2015 continued to improve support for consumers and timeliness in approving waiver applications. In July 2016, the Department assumed responsibility for the direct operation of the Early Childhood and Lifespan Autism Waivers. The Early Childhood waiver was phased out as the services under the waiver are now available under the Medicaid state plan. For more information, please visit https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Long-Term-Care/overview_of_connecticut_medicaid_waiver_programs_2_6_15.pdf?la=en

- ***Pre-admission Screening***

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

- ***Electronic Visit Verification***

Beginning January 1, 2017, the Department implemented Electronic Visit Verification (EVV) home services provided to waiver participants. EVV furthers the interests of persons receiving care at home, the caregivers and the administration, legislature and taxpaying public by documenting that the services for which DSS receives claims were actually provided.

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Pre-Release Entitlement Unit – Helping to Address Recidivism

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

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

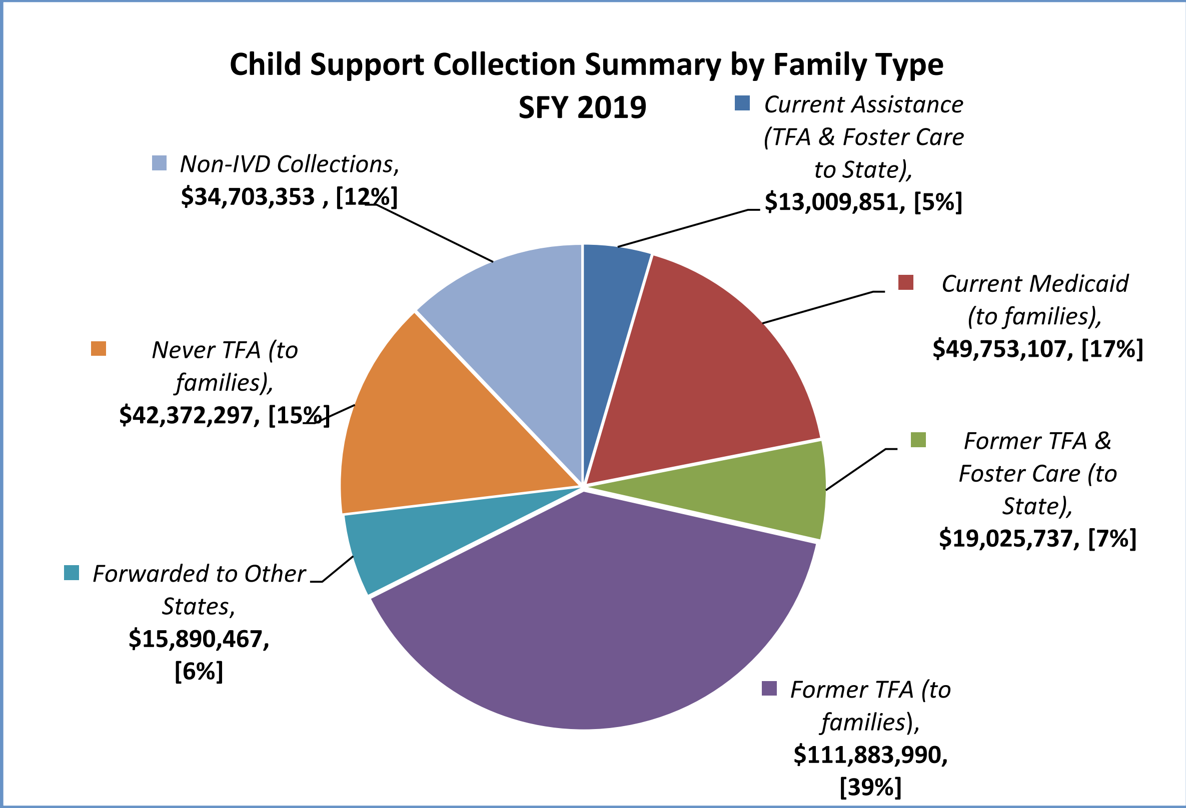
The Pre-Release Entitlement Unit is part of the Division of Field Operations.

Child Support Services – For Children and Taxpayers

The Office of Child Support Services collected nearly $286.6 million in court-ordered child support during SFY 2019. The program sent $204 million in parental support to children whose families are not receiving state cash assistance benefits. Another $15.9 million went to children living out of state.

At the same time, state taxpayers benefited from approximately $13 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 $19 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 2018 (9/30/18), the child support caseload was 151,957. Approximately eight percent (8%) of these cases are current assistance (active cash assistance – support assigned to the state); 60% are former assistance (payments to the family); and 32% are never assistance cases (payments to the family). Some 94% of the caseload has a court order for support and/or health care coverage in place.



Child Support Federal Performance Standard: Self-Assessment Review

Connecticut has exceeded the federal performance requirements for every review criterion during this year's evaluation, demonstrating a combined compliance average of 96%, which is well above the federal benchmark of 75%.

Administrative Enforcement

The DSS Office of Child Support Services oversees a number of administrative (non-judicial) enforcement remedies that have historically reinforced overall program collections. Remedies include: IRS and state tax offset; real estate liens; personal property liens (civil suits, workers comp, inheritance, and insurance settlements); collection of unclaimed property held by the Office of the State Treasurer; reporting delinquent obligors to consumer reporting agencies; bankruptcy collections; seizure of bank account assets and lottery winnings, and passport denial. During SFY 2019, the Office of Child Support Services Administrative Unit collected over $35 million in child support for families and the State of Connecticut.

Health Information Technology

Business Intelligence and Shared Analytics

The DSS Business Intelligence and Shared Analytics group continues to build and index databases that integrate statewide Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, and other critical DSS data sets that are foundational to business intelligence, analytics, financial management, and client-care functions. In addition, real-time clinical messaging came online in 2018 as planned. The intentions are to improve care and support people, reduce or control costs, and improve quality through big data analytics and visualizations that support improved care coordination and delivery, and can be utilized by people and providers equally.

Health Information Technology Initiatives (portal.ct.gov/DSS/ITS/DSS-HealthIT/Business-Intelligence-and-DSS-HealthIT)

Medicaid Electronic Health Records Incentive Program now called Promoting Interoperability Program

DSS launched the Medicaid Electronic Health Records (EHR) Incentive Program in July 2011, and the first incentive payments to eligible providers were issued that September. As of October 2018, 2,740 eligible professionals and 30 eligible hospitals have participated. This incentive program also supports the collection of electronic clinical quality measures and the infrastructure for Direct Secure Messaging (DSM).

Health Information Service Provider and Direct Secure Messaging

In April 2014, DSS established a Health Information Service Provider (HISP) to provision direct mailboxes for eligible providers participating in the Medicaid EHR Incentive Program. DSS is promoting the use of the DSM protocol to send messages between providers and/or systems to enhance care coordination for an array of program services (e.g., long-term post-acute care

provider network, durable medical equipment) by ensuring secure exchange of documents (e.g., discharge summary, assessments, orders and continuity of care documents). DSM is a simple, secure, scalable, and a standards-based way for participants to send authenticated, encrypted health information directly to known, trusted recipients over the internet. DSM is HIPAA-compliant, and does not require the use of an EHR.

Electronic Clinical Quality Measures

This was the first year that 50% of the healthcare providers submitted data on clinical quality measures using defined standards, such as Quality Reporting Document Architecture (QRDA) Category I and III, to submit electronic clinical quality measures using Zato Health Interoperability Platform.

Health IT Assets

Enterprise Master Patient Index and **Provider Registry**

DSS implemented the Enterprise Master Patient Index (EMPI) in March 2016 and the Provider Registry in September 2017. Both of these assets were previously procured by HITE-CT and are available as a shared service for enterprise use by state and non-state agencies at a cost assessed based on the fair-share principle. There are approximately 3.4 million people in the EMPI and 770,611 unique providers represented in the provider registry. DSS has enhanced these two services by creating a relationship between the people and the providers in a relationship registry, which will support the alert notification engine and will be used to generate and maintain attribution of people to providers for services and care coordination.

Health IT Assets and Initiatives

- Standards-based Provider Registry
- Enterprise Master Patient Index
- Health Information Service Provider for Direct Messaging
- Integrated Eligibility System
- BI Tools including Indexing Capability
- Medicaid HIE Node/Personal Health Records

Alert Notification Engine

In 2017, the DSS executed an agreement with the Yale New Haven Health System to receive the admission, discharge, and transfer (ADT) feed from six participating hospitals. Hartford Healthcare joined this system in August 2018 with six additional hospitals providing the ADT data. These data are used to generate and share alerts/notifications with the practices and physicians that the Medicaid beneficiaries see in the outpatient setting to alert them to a change in a person's status. DSS intends to use Project Notify to reduce preventable emergency department readmissions and improve care coordination for better health outcomes for Connecticut's Medicaid beneficiaries. DSS implemented an automated real-time standard distribution and routing for ADT health alerts to Connecticut Medicaid providers and case managers, as well as to provide alert notifications to primary care physicians, specialists and other groups such as home health for Inpatient & ED Admit/Discharges in February 2018.

Personal Health Records (PHRs)

DSS received a five-year grant from the federal Centers for Medicare and Medicaid Services titled, Testing Experience and Functional Assessment Tools (TEFT). This initiative is comprised of four components, of which two are related to Health IT--testing the use of PHRs in the long-term services and supports (LTSS) community; and aiding the development and testing of the eLTSS content and transport standard. In 2018, the DSS implemented the PHR among people participating in the Money Follows the Person program and a web-based self-directed care plan process for people receiving services through the Community First Choice Program.

The first iteration of the PHR will provide consumers with access to their aggregated medical history. The goal is to combine clinical information, directly from providers, with claims data to form a single view of a person's healthcare journey. Subsequent versions will address many of the limitations of current PHR solutions:

- Ability to participate seamlessly in the context of the current and evolving Health IT landscape
- Be conversational by providing verbal questions and responses that help personalize the user experience
- Utilize advanced natural language processing to adapt the user experience to the context of the task being performed
- Provide a flexible security model that will allow users to easily configure ad-hoc sharing relationships that are secure, can be put in place for specific time periods, and engaged without advanced provisioning
- Allow DSS to develop a personalized content delivery channel that is based on consumer preferences and conditions

Medicaid Health Information Exchange Node

DSS Medicaid is leveraging the Intersystems Platform to connect all the Health IT assets to support interoperability and seamless flow and exchange of data. It connects providers, patients, and payers with comprehensive patient records and analytics that span the care continuum within the DSS network of care.

The following data sources are planned for:

- Claims
- ADT
- CCDs, CCDAs, QRDAs, and other structured data
- Assessments, care plans
- Labs
- Pharmacy
- Immunization Registry
- Sequoia Carequality
- eHealth Exchange

MAJOR PROGRAM AND SERVICE AREAS

Medical and Health Care Services

The Division of Health Services and Field Operations staff statewide helps eligible children, youth, adults, and elders access needed health coverage through Medicaid, Children's Health Insurance Program, and other programs. Connecticut's HUSKY Health Plan combines services under Medicaid and the Children's Health Insurance Program for children, teenagers, pregnant women, parents/caregivers, individuals who are aged, blind or with disability, and low-income adults without dependent children.

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

HUSKY Health (www.huskyhealth.com or 1-877-CT-HUSKY for information) 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/relative caregiver, and pregnant women), HUSKY B (Children's Health Insurance Program), HUSKY C (aged, blind or with disability), and HUSKY D (low-income adults under age 65 and without dependent children).

As of June 2019, approximately 838,900 individuals were receiving coverage in the HUSKY Health Medicaid areas (HUSKY A, C and D); and approximately 19,870 in the Children's Health Insurance Program (HUSKY B).

HUSKY A and HUSKY B

Connecticut children and their parents or a relative caregiver; and pregnant women may be eligible for HUSKY A (Medicaid), depending on family income. Approximately 481,000 individuals were receiving medical coverage through HUSKY A as of June 2019.

Uninsured children under age 19 in higher-income households may be eligible for HUSKY B (non-Medicaid Children's Health Insurance Program). Depending on specific income level, family cost-sharing applies. Approximately 19,870 children were participating in the program as of June 2019.

HUSKY C

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

Monthly Amount:

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

Institutionalized Individuals
Single Person $2,313

Asset limits are as follows:
Single person - $1,600
Married couple - $2,400

The HUSKY C program continued to serve approximately 98,700 low-income elders and adults with disabilities, including about 14,600 residents in nursing homes as of June 2019.

HUSKY D
With federal approval in 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 to the levels permitted by the Affordable Care Act. The HUSKY D program serves low-income adults aged 19 through 64 who do not qualify for Medicare, are not pregnant, and do not have dependent children. Effective January 1, 2014, under the Affordable Health Care Act, income eligibility limits for this program expanded to 138% of the federal poverty level. Approximately 268,000 Connecticut residents were being served under HUSKY D as of June 2019.

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

Monthly Amount:

Single Person	**$ 1,436.58**
Married Couple	**$ 1,945.90**

For more information please visit www.huskyhealth.com.

Medicare Savings Programs
The Medicare Savings Programs (MSP) help Medicare recipients pay their Medicare premiums and out-of-pocket costs. MSP beneficiaries can earn up to $2,560.86 per month for a single person and $3,466.14 per month for a couple to qualify for one of the Medicare Savings Programs. Beneficiaries of the Qualified Medicare Beneficiary program qualify for federal Low-Income Subsidy prescription drug benefits for their Medicare Part D. The department pays for Medicare Part B premiums ($135.50 per month). As of June 2019 the department served approximately 181,300 individuals through the three levels of Medicare Savings Programs. For further information please go to www.ct.gov/dss/medicaresavingsprograms

The Connecticut AIDS Drug Assistance Program (CADAP), which pays for drugs determined by the U.S. Food and Drug Administration (UFDA) to support individuals with AIDS/HIV, was transitioned to the Department of Public Health, effective October 1, 2018.

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

Approximately 4,100 individuals with disabilities in Connecticut's workforce receive Medicaid coverage through this program. Enrollees may have income up to $75,000 per year. Some participants are charged a premium (10% of their income in excess of 200 percent of the federal poverty level). Liquid assets may not exceed $10,000 for a single person or $15,000 for a couple.

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

The CHCPE provides a wide range of home health and non-medical services to persons age 65 and older who are institutionalized or at risk of institutionalization. The program serves approximately 16,000 older adults statewide. Available services include adult day health, homemaker, companion, chore, home delivered meals, emergency response systems, care management, home health, assisted living, personal care assistant, assistive technology, mental health counseling, chronic disease self-management programs, recovery assistant, bill payer, care transitions and minor home modification services. The individual must meet the income and asset limits to be eligible for the program.

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

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

Prospective clients are referred by community home-health agencies, hospitals and nursing facilities. Interested people can call the program directly at 1-800-445-5394. During SFY

2014, the unit added a web-based application and individuals can access the application at www.ascendami.com/cthomecareforelders/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. Current enrollment is 94 active participants.

The Katie Beckett Waiver serves children and young adults up to the age 22 who have physical disabilities. The waiver provides nursing care management services to children and their families and supports their efforts to keep the child in the family home with community-based services and supports. The waiver had served up to 203 individuals but as of July 1, 2014, 100 new slots were added to the program as a result of budget action. Effective July 1, 2019, the legislature increased the appropriation to allow an additional 28 participants to be served. Currently, the waiver has 319 enrollees.

Lifespan Autism Waiver serves persons who are at least 3 years of age with a diagnosis of Autism Spectrum Disorder who live in a family or caregiver's, or their own, home. Although these individuals do not have a diagnosis of intellectual disability, they have substantial functional limitations that negatively impact their ability to live independently. These individuals and their caregivers need flexible and necessary supports and services to live safe and productive lives. This waiver is currently capped at $60,000 annually to change to $50,000 annually with the upcoming waiver renewal.

Waiver services are provided face to face, in the participant's home or in other community settings. An individualized assessment, individual service plan development, and service delivery emphasize participant strengths and assets, utilization of natural supports and community integration. Current enrollment is 110 participants.

Acquired Brain Injury Waivers 1 and 2 provide a broad range of services to persons with acquired brain injuries. The waivers have a rehabilitative focus and are currently serving 579 persons. The waiver targets individuals who, without services, would require the services provided in a nursing home, a subacute facility, and Intermediate Care Facility for Individuals with Intellectual Disabilities or a chronic disease hospital. Care managers, utilizing a person centered approach, develop service plans and monitor effectiveness within the model of a care team.

Personal Care Assistant Waiver provides services to persons 18-64 with physical care needs who would otherwise need nursing facility care. Services offered include care management, independent support broker and adult family living. Waiver participants typically receive personal care assistant services through the Community First Choice State Plan option. A total of 1,056 persons are currently being served under this waiver.

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

ConnTRANS (Connecticut Organ Transplant Fund; www.ct.gov/dss, search term 'ConnTRANS'): ConnTRANS is a non-entitlement program supported by donations from

taxpayers who earmark a part of their state tax refund, assisting donors, pre- and post-transplant patients when their expenses are not covered by another source. Applications and questions may be directed to the Eligibility Policy and Program Support Division by contacting 860-424-5250.

Medical Coverage for Children at DCF (www.ct.gov/dss, search term 'Family Services'): provides medical benefits for children cared for by the Department of Children and Families (DCF). As of June 2019, HUSKY A coverage was provided to approximately 7,870 children in DCF foster care and 5,910 children in subsidized adoption care and subsidized guardianship. An additional 346 youths transitioning from DCF care were granted coverage.

The Connecticut Breast and Cervical Cancer Early Detection Program is a comprehensive screening program available throughout Connecticut for medically underserved women. The primary objective of the program is to significantly increase the number of women who receive breast and cervical cancer screening, diagnostic and treatment referral services. Medical coverage is also available for eligible adults. All services are offered free of charge through the Connecticut Department of Public Health's contracted health care providers located statewide. The Department of Social Services currently maintains 244 participants for this coverage group in Medicaid. For more information please visit www.ct.gov/dss/bcc.

Tuberculosis Medicaid Coverage: Provides Medicaid coverage for patients who are not otherwise eligible while they are being evaluated or treated for TB disease and infection including medication. The department currently maintains approximately 85 cases for this coverage group.

Family Planning Services: Provides Medicaid coverage for family planning and related services for individuals of childbearing age who are not otherwise eligible for full Medicaid coverage. The department currently maintains 656 participants for this coverage group.

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Services for Families and Children

Temporary Family Assistance

The department operates **Jobs First**, Connecticut's welfare reform program, providing Temporary Family Assistance to families in need of and eligible for cash assistance. As of June 2019, the department was providing TFA benefits to 21,700 individuals in 10,200 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. Adult recipients 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.

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 **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.

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.

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps, provides monthly benefits to help eligible families and individuals afford food purchases. A total of 363,512 residents in 212,300 households were receiving federally funded SNAP benefits as of June 2019. Benefits are provided electronically, enabling clients to use a debit-type swipe card at food markets for federally approved purchases. The general gross income limit is 185% of the federal poverty level.

Effective January 1, 2016, Able-Bodied Adults Without Dependents (ABAWDs) from age 18 up to and including 49 years old must meet special work requirements to be eligible to receive

SNAP benefits for more than three months during a 36-month period, unless the individual is exempt from the time limit or the individual is meeting the ABAWD work requirement. Further information: www.ct.gov/snap/abawd.

The Supplemental Nutrition Assistance Program has helped bridge the difference between food security and hunger for eligible families and individuals in Connecticut. As noted above, at the end of SFY 2019, 363,512 Connecticut residents were receiving SNAP benefits, with 212,300 total households participating in the program. The SNAP Unit provides policy support to the 12 DSS field offices, while developing and implementing practices that support the program and providing contract management to over 30 SNAP partners. Each office has an assigned Public Assistance Consultant to help field staff administer this federally funded program. The SNAP Unit, part of the Division of Eligibility Policy and Program Support, also includes a Local Quality Control Review Unit and administrative support staff.

DSS remains committed to expanding and improving the SNAP Employment and Training program through partnerships with the community college system and community based organizations. In 2019, DSS added an additional SNAP employment and training provider, New London Homeless Hospitality Center. This provider serves adults who are experiencing homelessness by providing employment related supports that are tightly integrated into an overall effort to help people secure housing. Over 60% of those they serve are over the age of 40 and many have limited formal education as well as a significant number of individuals who are anxious to work but have limited English proficiency. With this newest partner in place, and with our current partnerships with all 12 of our community colleges as well as a number of community based organizations, The SNAP Unit has increased the number of Employment and Training Providers in the state to nineteen with plans to add additional providers in FY 20. Our providers are geographically located throughout the state with each providing free skills-based training in the form of over 60 non-credit and credit short-term vocational training programs with some even offering associates' degree programs.

As noted earlier in this report, **DSS posted a timeliness rate of 97% for SNAP application processing in SFY 2019.** Based on actual case sampling, DSS sits at the top of the Northeast region and 3rd **overall in the United States**. The U.S. Department of Agriculture cites that every $5 in new SNAP benefits generates as much as $9 of economic activity. In 2019, approximately $591.3 million in direct federal revenue came into Connecticut's food economy through SNAP, generating as much as $1.06 billion in economic activity, representing a huge impact on hunger/poverty and help to the local economy.

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

Child Support 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.

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

The DSS Office of Child Support Services (OCSS) is committed to assisting families in reaching independence through increased financial and medical support, establishment of paternity for children born outside of marriage, and integration of the principles of the Fatherhood Initiative.

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

While core functions remain a major focus for the Office of Child Support Services, as the lead Title IV-D agency, a number of initiatives are in place to improve the quality of customer service, program performance, and service delivery. The Office continued participation in longstanding collaborative efforts such as the federal Access and Visitation grant, providing supervised visitation and other parental counseling services to never-married couples; and the Voluntary Paternity Establishment Program, providing services in 26 area hospitals and six community-based Fatherhood Initiative program sites.

Electronic Income Withholding

Income Withholding Orders (IWOs) are transmitted electronically to employers who participate in the federal e-IWO program. Employers who have the capability and have agreed to participate in this program receive IWO information via electronic transmission rather than receiving an income withholding order (JD-FM-1) form via first class mail. Employers then process the child support order information directly into their automated payroll systems. 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. The Federal Office of Child Support Enforcement (OCSE) has enlisted over 15,000 employers nationwide. If employers are interested in participating in the e-IWO program, information is available at the Connecticut State Disbursement Unit (SDU) website at: www.ctchildsupport.com .

The Connecticut Child Support Enforcement System (CCSES) Replacement Project

In continuous operation since 1987, the current CCSES has served children and families for over 30 years. The project to replace the current system is targeted for implementation in the fall of 2022.

Using the results of a detailed 14-month feasibility study, the DSS/OCSS captured the data required to drive decision-making, collaboration, and service coordination to justify the need to replace the legacy system and improve services. The chosen hybrid approach to system design and development seeks to leverage available enterprise technology in the Connecticut inventory, and select functionality from other state child support systems. The selected approach envisions a modular solution that is easy to use and maintain, while providing the opportunity for continuous improvement through the efficient application of state resources at a reasonable cost.

Final system implementation will deliver services through several interfaces that include the web, mobile platforms and Interactive Voice Response (IVR), allowing the Connecticut Child Support Program to continually improve the service offerings provided to the public and internal partners in state government.

The Connecticut/Rhode Island State Disbursement Unit (SDU) Partnership Agreement

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

After eight years of this unique partnership, both states continue to realize a cost savings through the sharing of expenses for office rent, management staff, equipment and maintenance. Connecticut saves approximately $133,143 annually and will continue to realize this savings throughout the term of the SDU contract. With state budget deficits, the partnering of states is proving to be mutually beneficial for both 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 *Connecticut Fatherhood Initiative,* currently in its 20th year of operation. The initiative 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; Connecticut Commission on Women, Children and Seniors, Office of Early Childhood, Connecticut 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 2019, Fatherhood programming was officially reinstated on July 1, 2018, as funding was restored. Program staff across the six sites (New Haven Family Alliance, New Haven; Madonna Place, Norwich; Family Strides, Torrington; Career Resources, Bridgeport; GBAPP, Bridgeport; and New Opportunities, Waterbury) provides curriculum based group sessions and intensive case management services for enrolled participants. DSS and its partners have continued with the implementation of the CT Fatherhood Initiative (CFI) Strategic Plan strategies and recommendations. The plan included participation from over 80 individuals, representing 52 agencies, which includes both state agency and community based organizations. The Plan makes recommendations for short- and long-term strategies to address program, policy and system barriers, expand promising practices already being implemented, and establish new and strengthen existing partnerships at the state and local levels. The Domains for which strategies are recommended include: DOMAIN 1: Fathers economically stable; DOMAIN 2: Fathers in healthy relationships; DOMAIN 3: Young people prepared to be responsible parents; DOMAIN 4: Men involved in the criminal justice system supported in being responsible fathers; DOMAIN 5: Policy/Public Awareness. Each of the 5 Domains have recruited staff and formed committees to begin to work on those recommendations approved by the CFI Council. Each domain committee meets regularly and reports out on its work at the CFI Council meetings that are held quarterly. DSS is the lead agency for CT's Fatherhood Initiative and is charged with convening the broad based CFI Council to assist with the planning and implementation of statewide activities to support the initiative. Membership includes more than fourteen state agency partners, community based fatherhood practitioners, experts in domestic violence, legal aid and many others.

DSS as lead agency for the CFI and nationally recognized for its father engagement work was invited and participated at The Father Factor: A Critical Link in Building Strong Families and Communities in Washington, DC on Thursday, November 29, 2018. The forum was co-hosted by the GOOD+ Foundation and Ascend at the Aspen Institute. The event highlighted that the important role of fathers in society has been increasingly documented in recent research and by experts working with families, but it has not gotten the attention it needs from a broader range of policymakers and practitioners. The day-long forum, sought to share research and ideas, highlight promising practice, and explore policy opportunities to increase the engagement of both fathers with their children and social service organizations with fathers; and raise awareness about the importance of fathers in helping children and families achieve their full potential.

The DSS Office of Child Support Services (OCSS), in collaboration with the Connecticut Fatherhood Initiative, launched its 3rd annual "Fill –A – Truck" Toy Campaign on October 15 through December 14, 2018. The campaign collected unwrapped toys, books, clothing and other gifts for families in need, to help brighten the holiday season for children. The campaign proved once again to be a colossal success as OCSS staff in ten offices statewide (Central Office, Bridgeport, Danbury, New Haven, Greater Hartford, Manchester, New Britain, Middletown, Waterbury and Norwich) collected a bounty of toys and other gifts. All toys collected were distributed to DSS Certified Fatherhood Programs across the state so that those fathers and/or mothers who are participating in programming were able to give their child(ren) a gift for the holiday season. Donations were also made to Interval House, a shelter serving victims of domestic violence, and My Sister's Place in Hartford, a shelter primarily serving women and children by providing housing, food, and other vital needs.

DSS partnered with DCF and Central Connecticut State University to sponsor the **4th Annual Dads Matter Too Conference,** on August 17, 2018, at Central Connecticut State University. This collaborative effort involved more than 250 professionals from state agencies, municipalities and community based organizations focused sharing best practices on the importance of the continual engagement of fathers and family; men in our systems and the significant roles they play in the lives of children.

DSS also partnered with DCF to participate at the 6th **Dads Matter Too 5K Road Race and Community Awareness Day** on September 15, 2018, at Library Park in Waterbury, where staff provided an information/resources table to provide handouts, brochures and/or answered questions about DSS services, Child Support Services and the Fatherhood Initiative.

The 20th Annual New England Fathering Conference, entitled ***"Fathers and Children Together: 2 Generations, 1 Future,"*** once again had a strong Connecticut presence as the annual event was held on March 13-15, 2019, at the Springfield Sheraton Hotel in Springfield, MA. The event brought together more than 375 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 event also featured three remarkable keynote speakers: Anne Mosle, Vice President at the Aspen Institute and leading advocate and voice in building pathways to opportunity for low-income families and women. Elaine Zimmerman, Regional Administrator for the Administration for Children and Families, representing Region 1 (six New England states).; and Richard Feistman, the National Director of Evaluation at Teach Plus, a non-profit that empowers teachers to lead improvements in policy and practice.

The Department and eight of its sister agency partners in the initiative from the Executive and Judicial Branches contributed to the event through financial support which allowed the Planning Committee to offer more scholarships to fathers who attend from local programs in Connecticut and across New England, as well as covering conference costs. Agencies also supported through work on the conference planning committee, staff attendance, delivering workshops and participating as panelists for Connecticut's State Roundtable discussion and providing agency/program materials in the event's resource hall.

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

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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 6,620 individuals were receiving SAGA cash assistance at the end of SFY 2019.

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 certain individuals over 65 and older, people with disabilities, and people who are blind, to supplement their income. 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.

At the end of SFY 2019, 13,541 individuals were receiving State Supplement benefits. Further information: www.ct.gov/dss, search term 'state supplement.'

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

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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 2019, agency social workers provided services to 7,965 persons living in the community. The department also investigated 99 reports regarding residents of long-term care facilities.

The **Conservator of Person program**, for indigent individuals 60 and older who require life management oversight, helped 153 individuals; and the **Conservator of Estate Program** provided financial management services to 59 people in the same age group.

During the fiscal year, the **Community-Based/Essential Services Program** provided services designed to prevent institutionalization to 1,265 persons with disabilities.

The **Family Support Grant Program** helped 3 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 1,211 families and individuals to include counseling, case management, advocacy, information and referral, housing and homelessness assistance and consultation, through Family and Individual Social Work Services.

The **Teenage Pregnancy Prevention Initiative**, designed to prevent first-time pregnancies in at- risk teenagers, targets the urban areas of Bridgeport, East Hartford, Hartford, Killingly, Meriden, New Britain, New Haven, New London, Norwich, Torrington, Waterbury, West Haven, and Willimantic. The programs served 820 individuals.

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

Domestic Violence Services provides shelter services, including support staff, emergency food, living expenses and social services for victims of household abuse. It is also intended to reduce the incidence of household abuse through preventive education programs. The department contracts with non-profit organizations to provide these services in their respective coverage areas. The program is supported with a combination of state and federal funding. There are 16 shelter sites and two host homes funded through a consolidated contract with the Connecticut Coalition Against Domestic Violence. In Federal Fiscal Year 2018, 2,055 individuals were served by the Domestic Violence Shelter Program.

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

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Office of Community Services

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

During 2019, DSS and its service partners assisted 81,456 eligible households, distributing $76.1 million in federally funded energy assistance through CEAP.

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

- CEAP-eligible households whose heat is included in their rent, and who pay more than 30% of their gross income toward their rent, are eligible for renter benefits; and

- CEAP offers Heating System Repair/Replacement including oil tanks and clean, tune, and test of systems; for households with incomes up to 60% of the state median income guidelines with homes that are single-family owner occupied;

- CEAP includes liquid assets eligibility requirements.

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

Refugee Resettlement Services
Refugees and Special Immigrant Visa (SIV) holders are approved for entry into the country by the U.S. State Department and Department of Homeland Security's U.S. Citizenship & Immigration Services. An SIV is a foreign national from Afghanistan or Iraq who provided faithful and valuable service to the U.S. government while in its employ overseas, and who have experienced or are experiencing an ongoing serious threat as a consequence of that employment. Refugees are placed by the State Department with local affiliates of nine national refugee agencies.

In addition to refugees and SIV holders, there are several other populations eligible for Refugee Assistance Program services funded through the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement (ORR). While refugees and SIV holders are vetted and approved overseas for placement in the United States, other populations eligible for Refugee Assistance have been granted their status in the United States. These include Asylees, Cuban/Haitian Entrants, and Victims of Human Trafficking.

In Connecticut, the Department of Social Services contracts with several non-profit agencies to provide case management and employment services that help assimilate these populations of newcomers. Monies for these 100% federally-funded services come from several federal grants from ORR.

Three resettlement agencies in Connecticut have a direct role in receiving, placing, and resettling refugees. The agencies are Integrated Refugee and Immigrant Services, Catholic Charities Migration & Refugee Services, and the Connecticut Institute for Refugees and Immigrants. Additionally, two agencies, the Connecticut Coalition of Mutual Assistance Associations and the Jewish Federation Association of Connecticut, provide supplemental employment/case management services and citizenship training to refugees. This process for refugee resettlement is consistent with that of other states.

The Department of Labor, through Jobs First Employment Services, assists with the provision of employment services to refugee and SIV households, particularly those approved for Temporary Family Assistance benefits. Single adults or couples without children who are not eligible for TFA can receive Refugee Cash Assistance benefits. Refugees and SIVs food assistance through the Supplemental Nutrition Assistance Program, and medical assistance (typically through Medicaid).

For the federal fiscal year that ended Sept 30, 2018, 272 refugees and SIVs were resettled in

Connecticut. Nations of origin of refugees settled in Connecticut included Afghanistan, Bhutan, Burma, Democratic Republic of the Congo, Eritrea, Ethiopia, Guatemala, Russia and Syria. So far this federal fiscal year, 250 refugees and SIVs have been placed in Connecticut between October 1, 2018, and August 26, 2019.

After entry, a refugee or SIV can request legal permanent resident status after one-year resident status in the U.S. and can apply for U.S. citizenship five years after date of arrival to the U.S.

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

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

During 2018, 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 that 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 2018, CAAs served 232,498 individuals in 105,024 families in need. Vulnerable populations served included 73,229 children, 70,175 seniors and 29,193 people who lacked health insurance.

In addition to the $7,625,518 of federal CSBG funds expended by the department, the CAAs brought in and administered $200,733,690 from 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 $27.36 from state, local, and private sources. Including all federal sources, the CT Community Action Network leveraged $27.36 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 CSBG National Performance Indicators. Additionally, every three years, the

CAAs undergo a triennial monitoring review. On an annual basis CAAs are required to complete the Center of Excellence Organizational Standards. CAAs are evaluated on 58 organizational standards.

ADDITIONAL SERVICES/DIVISIONS WITHIN DSS

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

The Office of Legal Counsel, Regulations and Administrative Hearings (OLCRAH) serves as in-house counsel for the agency, administers the formal regulations promulgation process and houses the administrative hearing function required under state and federal law.

The attorneys advise all areas of the Department on an ongoing basis in close collaboration with program staff, as well as providing legal advice whenever legal issues and problems arise. OLCRAH attorneys work on problems of statutory and regulatory interpretation and compliance; compliance with federal and state law; development of the Department's legislative proposals; questions about application of various state and federal laws, and provide consultation on a wide variety of topics. OLCRAH's legal staff leads the promulgation of agency regulations pursuant to the Uniform Administrative Procedures Act in coordination with program staff. OLCRAH's attorneys are also consulted on a regular basis concerning the agency's responses to requests for documents under the Freedom of Information Act and pertaining to its contractual obligations.

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

OLCRAH attorneys act as hearing officers in fraud cases the department brings against Medicaid providers and in cases contesting Department provider audits.

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

The Ethics Liaison is housed within OLCRAH and serves as a point of contact for staff questions concerning the State Code of Ethics and for coordination of ethics compliance as requested by the Office of State Ethics.

The Administrative Hearings Division of OLCRAH schedules and holds administrative hearings, in accordance with the provisions of the Uniform Administrative Procedures Act, for those applicants 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, Community First Choice, Acquired/Traumatic Brain Injury); HUSKY B (which is Connecticut's Children's Health Insurance Program, or CHIP); Supplemental Nutrition Assistance Program (SNAP); Temporary Family Assistance (TFA); Assistance to the Aged, Blind,

and Disabled; State Administered General Assistance; and the Connecticut Energy Assistance Program; Medical services under HUSKY A, C and D; Individual and Family Grant for FEMA (Federal Emergency Management Agency) following a disaster in the state; Qualified Medicare Beneficiaries; CT Drug Assistance Program (prior to its transfer to DPH); and the Department of Developmental Services Community-Based Services. Hearing officers also conduct hearings on Access Health CT programs: Advance Payment Tax Credit Cost Sharing Reduction, Medicaid and the Children's Health Insurance Program.

- Pharmacy Lock-in appeals; nursing facility discharge and involuntary transfer appeals; and Medicaid long-term care level of care denial appeals.

- Administrative Disqualifications for the following programs: TFA, SAGA, and SNAP.

- Appeals of claimed overpayments and recoupment of benefits, including liens placed by the Department of Social Services; appeals of recoveries of assistance by the Department of Administrative Services through liens on accident awards and other claims.

- Child Support appeals by obligors concerning an administrative offset; state and federal income tax offset; consumer reporting; property liens.

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 and home visit hearings, when appropriate.

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

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Escalation Unit

Launched as a pilot initiative in 2014, the Escalation Unit (EU) continued customer trouble-shooting and issue resolution operations over SFY 2019. The Escalation Unit is in the unique position of functioning as both a processing center and benefits center. As such, staff is able to address client-specific inquiries received at DSS central administration, many of which originate with client advocates, service delivery partners and executive and legislative branches of government. The Escalation Unit staff is also directly available to the Office of the Healthcare Advocate, the Department of Aging and Disability Services, Area Agencies on Aging/Choices, Community Health Network of Connecticut, Office of Policy Management and Office of Victim Services in bringing about resolution to the noted client inquiries and concerns.

For SFY 2019, cases included urgent requests for medical care access and food assistance. The unit also supports field office and other central office units in fielding and addressing customer service cases. Highly experienced in eligibility services, unit members also track and monitor all inquiries received by unit staff using a Client Information Tracking System

developed for the EU. Part of Field Operations, the Escalation Unit is highly invested in providing the residents of Connecticut the best experience possible in eligibility determination and issue resolution with respect to DSS services.

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Quality Assurance

The Office of Quality Assurance (QA) is responsible for ensuring the fiscal and programmatic integrity of programs administered by the Department of Social Services. In addition, QA is responsible for ensuring the integrity of administrative functions of the Department. QA has five separate divisions, each with unique program integrity functions: Audit, Investigations and Recoveries, Special Investigations, Quality Control & Claims Recovery and Third Party Liability. During SFY 2019, QA identified over $657 million in overpayments, third-party recoveries and cost avoidance.

The Audit Division

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

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

Investigations and Recoveries Division

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

- **Client Investigations Unit** investigates alleged client fraud in various programs administered by the Department. This unit performs investigations via pre-eligibility, post-eligibility and other fraud investigation measures that include, but are not limited to, data integrity matches with other state and federal agencies. This unit also oversees the toll-free Fraud Hotline, 1-800-842-2155, available to the public to report situations where one believes that a public assistance recipient or a provider (including medical providers) may be defrauding the state. Suspected fraud and abuse can also be reported through www.ct.gov/dss/reportingfraud.

- **Resources and Recoveries Unit** is charged with ensuring that the Department is the payer of last resort for the cost of a client's care by detecting, verifying, and utilizing third-party resources; establishing monetary recoveries realized from liens, mortgages, and property sales; and establishing recoveries for miscellaneous overpayments.

Special Investigations Division

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

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

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

Quality Control Division

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

The Claims Recovery Unit

The Claims Unit is charged with processing overpayments resulting from changes in a client's eligibility, as well as the collection of already established claims. The claims are specific to the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families program, and state administered cash programs.

Third Party Liability Division

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

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Affirmative Action

The Department of Social Services is strongly committed to the concepts, principles, and goals of affirmative action and equal employment opportunity. The objectives are commensurate with the state's policy of compliance with all federal and state constitutional provisions, laws, regulations, guidelines, and executive orders that prohibit discrimination. The **Affirmative Action Plan,** submitted on March 18, 2019, was approved and granted continued annual filing status by the Connecticut Commission on Human Rights and Opportunities. DSS administers its programs, services, and contracts in a fair and impartial manner.

During SFY 2019, 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 affirmative action reporting period on October 31, 2018, DSS had 1,660 employees: 479 (28.9%) were male and 1,181 (71.1%) were female. Of these numbers, 212 (44.3%) of the male employees were minorities and 633 (53.6%) of the female employees were minorities and (0.24%) were self-identified as having a disability. During the plan year, the department hired 153 new employees: 48 (31.4%) were male and 105 (68.6%) were female. Of these, numbers 24 (50%) of the male employees hired were minorities and 58 (55.2%) of the female employees hired were minorities.

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

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Division of Financial Services

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

The Budget and Revenue Group includes the Budget, Revenue, Benefiting Accounting, Accounts Receivable and Cash Management functions.

The Budget Unit was responsible for budgeting $4.3 billion in state general funds in SFY 2019 through 29 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 $4.3 billion in state General Fund expenses (close to $8.0 billion, including federal reimbursement); provided metrics for all key program areas including Medicaid, assistance programs, and operational accounts; and reviewed and approved all of the agency's position requests for funding availability and coding accuracy. The group continues to be involved in providing fiscal analyses on major department initiatives that were implemented or proposed during the year.

The Revenue Unit 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 2019, funding from revenue generating programs resulted in approximately $1.8 billion in federal revenue for the state General Fund. The unit is also responsible for cash management for all federal accounts. The Cash Management area oversees the drawdown and reconciliation of all federal grants and reimbursement streams received by the Department.

The Benefit Accounting Unit is responsible for the management of funds associated with approximately 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 programs, is located within this service center.

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

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

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

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

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

The Purchasing Unit is responsible for providing 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.

The Contract Administration Unit is charged with the oversight and administration of all contracts and procurement functions for the department and ensures 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.

During SFY 2019, this group allocated close to $559 million in department administrative costs for the purpose of accessing federal reimbursement, compiled 148 federal reports for $118 million in direct federal grants and $591 million in SNAP benefits, processed over 8,100 CORE-CT payment vouchers, and developed and executed over 296 contracts with over 171 contractors and sister agencies.

The Division also includes the Convalescent Accounting unit, which successfully assisted in Medicaid payment starts for reimbursement of care provided in skilled nursing facilities.

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Facilities Operations and Support Services

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

Staff track equipment inventory, process surplus items for reuse, arrange for recycling of IT equipment, and maintain a fleet of 95 state vehicles. Facilities Operations and Support Services is the department's primary liaison with the Department of Administrative Services for all DSS-leased and state-owned office space, totaling more than 300,000 square feet. The unit

recommends and negotiates leased office space reductions with the goal of providing yearly rental and utility savings while modernizing and providing for a more efficient use of space. The unit also focuses attention to incorporating universal design standards at each of DSS' office locations in need of these much-needed improvements. The unit continues to review space plans and recommend operational and energy upgrades for improved office facilities as well as short and long term savings.

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

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Information Technology Services

Over the past two and half years, DSS' ITS Division has undergone an organizational transformation to implement an improved structure to provide a better service delivery model to meet the business needs of the agency. Focus when it comes to projects is to have state staff lead, drive the work and fill key roles on projects. Successful execution of this would decrease DSS's reliance on vendors and allow us to do a better job of holding on to institutional knowledge at the end of initiatives.

During this time, incremental changes were made that provided ample time for staff to adjust. There was a big cultural shift with the new methods and processes on how projects got executed and delivered with more ownership and accountability.

The following changes within the division have been undertaken/accomplished to improve productivity and to provide better service/value to business.

- To increase collaboration, all team members have been co-located.
- To increase visibility into all work streams, 'Kanban' (visual) boards have been created.
- Daily "Stand-Ups/Scrum" meetings are held for individual work streams so that each team member understands the daily priority and to increase awareness among the team members who may be able to contribute/learn.
- Quarterly ITS Town Hall meetings are held to share what is going on in the division with staff and to allow staff a chance to get questions answered and raise concerns.

ITS is now structured as follows: Project Management Office (PMO), Support Services, Applications/Data, Quality Assurance, Compliance and the Document Center/Mailroom. These provide extensive technical, business, and operational support to both the program and administrative areas of the agency.

The **Project Management Office (PMO) Unit** was established to accelerate, manage and track the delivery of projects. This group is responsible for oversight of project delivery to include; discipline of planning, executing, monitoring, and closing out projects. Standards for

project execution are employed to standardize and introduce economies of repetition in the delivery of managed work. Within the PMO Unit, the Enterprise Architecture Office was created in 2018.

- **DSS Enterprise Architecture Office -** Designed to partner with business to align technology with the business strategies. Defining an Application and Technology Roadmap, along with establishing common Enterprise Architecture processes and documents supports development of business-aligned enterprise IT systems.

The **Support Unit** provides support to all levels of the business in the areas of applications, network, telecommunications and all hardware related issues. This group ensures continuity of services, as well as triages responses to issues to ensure that systems are performing as expected and all problems are addressed in a timely manner. All requests and issues are directed to a single point of contact helpdesk that can be accessed, through email, phone or in person. Issues and requests are escalated as needed to other areas of ITS. Beginning in late 2018, ITS began an effort to transition support of services that were previously managed by BEST to DSS ITS. This work has now been successfully transitioned to ITS. In addition to the existing Units, the following are the new groups formed under the Support Unit.

- **Software Quality Assurance**: This group provides Quality Assurance in terms of supporting User Acceptance Testing (UAT) across different applications/projects. Currently the team supports UAT for ImpaCT, Access Health Integration and Connect.
- **Application and Database Support -** This group supports application hosting and Databases for enterprise applications like Access Health CT (AHCT), ConneCT, Balancing Incentive Program (BIP) and ImpaCT. This unit was transitioned from BEST DAS to DSS ITS in 2019.
- **Software/Hardware Procurement and Tracking –** This group supports the Department’s software/hardware procurement needs and works closely with DAS to ensure that we leverage statewide contracts wherever applicable.
- **Network Administration –** This was transitioned from BEST to DAS in 2019 and this team supports the needs of AHCT and DSS applications.

The **Applications/Data Unit** designs, develops and supports implementation of business applications, based on business needs. This area also provides support for business intelligence, reporting, data warehouse and data standards. This now includes all ad hoc reporting from HHS Applications for meeting business needs. These reports were historically managed by vendor teams and during 2018/2019, this has been migrated to DSS ITS staff who have been onboarded to support all DSS reporting needs.

The **Compliance Unit** is responsible for all areas of security practices that include Federal Security requirement standards, vendor management, and inventory tracking. This includes remaining current with standard information security practices to ensure the integrity of DSS’ systems, as well as firewall, network security, internet filtering, anti-virus and anti-malware practices. Inventory, vendor management support is also provided. This Unit includes the Vendor Management Office and DSS Chief Information Security Officer (CISO). Within the

Compliance Unit, the Vendor Management Office was created in 2019.

- **Vendor Management Office** –Tasked with providing Business Technology procurement assistance to help control vendor costs, increase value, mitigate risks, and drive service excellence.

The **Document Center and Mailroom/Mainframe Support Unit** provides departmental printing/mailing services and also supports legacy mainframe applications (primarily Eligibility Management System).

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

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

OSD's core services include training and staff development, organizational development, change management, multimedia services, web-based training development, computer applications support, and leadership and professional development opportunities. OSD supports DSS's organizational development initiatives such as the John S. Martinez Fatherhood Initiative, LEAN, and CT Medicaid Enterprise Technology System (CTMETS).

Overall, OSD is committed to the philosophy that people are the organization. OSD provides customized services that drive achievement of knowledge and skills for professional performance, leadership development, change management, and organizational strength. We provide these services in the context of inclusionary practice, collaborative learning, and impactful strategies.

OSD also 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 ImpaCT system, and programmatic overviews.

OSD is established through a collaborative agreement between DSS and the University of Connecticut School of Social Work.

Improvements/Achievements for SFY 2019 include:

Training Development & Delivery--

Programmatic - Eligibility CORE for 130 new staff; Child Support CORE.

Professional Leadership Development--
Orientation; Project Management; Pre-Supervisory and Supervisory Series; Human Services Certificate Program.

Media Production and Support--
Video and graphic development for Supplemental Nutrition Assistance Program (SNAP) Summer Meals; Support for DSS at the statewide LEAN showcase; electronic signage for client

information in DSS offices (DSS Network); Public Service Announcements for the CT Association for Community Action (CAFCA).

Organizational Development & Support--
Fatherhood Initiative; LEAN projects; Organizational Change Management and Project Support for ImpaCT and CTMETS; External Partners Support; Job Aids and FAQs.

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Human Resources Division

The Human Resources Division is responsible for providing comprehensive workforce management for the department with a focus on optimizing the effectiveness of its workforce. The Division aims to attract, develop and retain talent to best align the workforce with the department's mission and serve as a strategic business partner.

Staff are involved in providing consultation and advisement on issues which impact human resource management for the agency as a whole, through development of policy, involvement in labor relations activity and administration of human resources programs with the objective of ensuring that fair, consistent and clear standards are applied by the department with respect to employment.

The Division provides the following services: recruitment and hiring; the development and dissemination of agency policies and procedures; workforce and organizational planning; labor relations management and the administration of payroll, medical, workers' compensation and Family and Medical Leave Act (FMLA) programs.

The Human Resources Division also manages transactions that span throughout the employment life cycle which includes hires, promotions, demotions, reassignments, transfers, retirements, discharges, resignations, leaves and general data changes.