

## CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

### State Fiscal Year 2010

(July 2009-June 2010)

**MICHAEL P. STARKOWSKI, Commissioner**

**Claudette J. Beaulieu, Deputy Commissioner, Programs**

**Established - 1993**

**Statutory Authority - Title 17b**

**Central Office - 25 Sigourney Street, Hartford, CT 06106**

**Number of Employees - 1,970**

**Operating Expenses - \$ 187,390,841**

**Program Expenses - \$ 4,824,942,567**

**Structure - Commissioner's Office, Regional Administration, Administrative Operations, Program Operations**

### MISSION

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

### STATUTORY RESPONSIBILITY

The Department of Social Services is designated as the state agency for the administration of 1.) the Child Care Development Block Grant, pursuant to the Child Care and Development Block Grant Act of 1990; 2.) the Connecticut Energy Assistance Program, pursuant to the Low Income Home Energy Assistance Act of 1981; 3.) programs for the elderly, pursuant to the Older Americans Act; 4.) the state plan for Vocational Rehabilitation Services; 5.) the Refugee Assistance Program, pursuant to the Refugee Act of 1980; 6.) the Legalization Impact Assistance Grant Program, pursuant to the Immigration Reform and Control Act of 1986; 7.) the Temporary Assistance for Needy Families program, pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 8.) the Medicaid program, pursuant to Title XIX of the Social Security Act; 9.) the Food Stamp program, pursuant to the Food Stamp Act of 1977; 10.) the State Supplement to the Supplemental Security Income Program, pursuant to the Social Security Act; 11.) the state Child Support Enforcement Plan, pursuant to Title IV-D of the Social Security Act; 12.) the state Social Services Plan for the implementation of the Social Services and Community Services Block Grants, pursuant to the Social Security Act; 13.) the Section 8 existing certificate program and the housing voucher program, pursuant to the Housing Act of 1937; 14.) the state plan for the Title XXI State Children's Health Insurance Program; 15.) Disability Determination Services and 16) State plan for the U.S. Department of Energy – Weatherization Assistance Program for Low-Income Persons – Title 10, Part 440, Direct Final Rule – Federal Register, June 22, 2006.

## DEPARTMENT OVERVIEW

The Department of Social Services provides a wide range of services to the elderly, persons with disabilities, families, and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. Services to families, children, elders, adults and persons with disabilities include medical coverage, food and nutrition assistance, housing and energy assistance, independent living, social work and protective services, vocational rehabilitation, and financial subsistence. The Department of Social Services was established on July 1, 1993, through a merger of the Departments of Income Maintenance, Human Resources, and Aging. The merger resulted from legislation based on recommendations by the Harper-Hull Commission report in 1992.

## PUBLIC CONTACT POINTS

### Websites and web pages:

- DSS general: [www.ct.gov/dss](http://www.ct.gov/dss)
- Aging Services: [www.ct.gov/agingservices](http://www.ct.gov/agingservices)
- Bureau of Rehabilitation Services: [www.ct.gov/brs](http://www.ct.gov/brs)
  - Connecticut Tech Act Project: [www.CTtechact.com](http://www.CTtechact.com)
  - Connecticut Tech Act AT Recycling Program: [www.getATstuff.com](http://www.getATstuff.com)
  - Connect-Ability: [www.Connect-Ability.com](http://www.Connect-Ability.com)
  - Connect-to-Work Center: [www.connecttoworkcenter.state.ct.us](http://www.connecttoworkcenter.state.ct.us)
- Charter Oak Health Plan: [www.charteroakhealthplan.com](http://www.charteroakhealthplan.com)
- Child Care Services (including Care4Kids): [www.ct.gov/dss](http://www.ct.gov/dss), search on “Care4Kids”; also [www.ctcare4kids.com](http://www.ctcare4kids.com)
- Child Support Enforcement: [www.ct.gov/dss](http://www.ct.gov/dss) and follow the link for “Families with Children”
- Connecticut Pharmaceutical Contract for the Elderly and the Disabled (ConnPACE): [www.connpace.com](http://www.connpace.com)
- HUSKY Plan: [www.huskyhealth.com](http://www.huskyhealth.com)
- Connecticut Behavioral Health Partnership: [www.ctbhp.com](http://www.ctbhp.com)
- Connecticut Medical Assistance Program: [www.ctdssmap.com](http://www.ctdssmap.com)
- Winter heating assistance: [www.ct.gov/staywarm](http://www.ct.gov/staywarm)
- John S. Martinez Fatherhood Initiative of Connecticut: [www.fatherhoodinitiative.state.ct.us](http://www.fatherhoodinitiative.state.ct.us)
- Long-Term Care Ombudsman: [www.ct.gov/lcop](http://www.ct.gov/lcop)
- Supplemental Nutrition Assistance Program (formerly food stamps): [www.ct.gov/snap](http://www.ct.gov/snap)

### Toll-free information:

- General public information: 1-800-842-1508
- TDD/TTY for persons with hearing impairment: 1-800-842-4524
- Aging services: 1-866-218-6631
- Bureau of Rehabilitation Services: 1-800-537-2549 (TTY: 860-424-4839)
  - Connect-Ability: 866-844-1903
  - Connect-to-Work Center: 1-800-773-4636 (TTY: 860-424-4839)

- Child care services: 2-1-1 or 1-800-811-6141
- Care4Kids child care subsidy program: 1-888-214-5437
- Charter Oak Health Plan: 1-877-77-CTOAK (1-877-772-8625)
- Child support enforcement: 1-888-233-7223
- CHOICES (Connecticut Health Insurance Assistance, Outreach, Information and Referral, Counseling and Eligibility Screening): 1-800-994-9422
- Connecticut Aids Drug Assistance Program (CADAP): 1-800-233-2503
- Connecticut Home Care Program for Elders: 1-800-445-5394
- Connecticut Pharmaceutical Contract to the Elderly and the Disabled (ConnPACE): 1-800-423-5026
- Connecticut Behavioral Health Partnership: 1-877-552-8247
- Connecticut Medical Assistance Program Client Assistance Center (Medicaid Fee-for-Service Program): 866-409-8430
- Connecticut Dental Health Partnership: 1-866-420-2924
- Fraud and recoveries (including lien matters): 1-800-842-2155
- HUSKY Plan (information and referral, applications, accessing healthcare services for children, parents, relative caregivers and pregnant women): 1-877-CT-HUSKY (1-877-284-8759)
- Long-Term Care Ombudsman: 1-866-388-1888
- Winter heating/Weatherization assistance: 2-1-1 or 1-800-842-1132
- 2-1-1 Infoline: dial 2-1-1. Available 24/7. Information and referral, crisis intervention services. Operated by United Way of Connecticut with DSS funding.

**DSS CENTRAL ADMINISTRATION**

25 Sigourney Street, Hartford, CT 06106-5033

**Department Chief of Staff and Directors:**

Chief of Staff: Walter J. Gaffney; Communications Director: David Dearborn; Affirmative Action Director: Astread Ferron-Poole; Human Resources Director: Jeanne Anderson; Legal Affairs, Regulations, Administrative Hearings Director: Brenda Parrella; Strategic Planning Manager: Anthony Judkins; Medical Care Administration Director: Mark Schaefer, Ph.D.; Certificate-of-Need and Rate-Setting Director: Gary Richter; Medical Administration Operations Director: Marcia Mains; Medical Director: Robert Zavoski, M.D.; Bureau of Aging (State Unit on Aging), Community and Social Work Services Director: Pamela Giannini; Child Support Director: David Mulligan; Bureau of Rehabilitation Services Director: Amy Porter, Ph.D.; Contracts Administration Director: Kathleen Brennan; Information Technology Services Director: Louis Polzella; Quality Assurance Director: John McCormick; Financial Management and Analysis Director: Lee Voghel; Long-Term Care Ombudsman: Nancy Shaffer; Organizational and Skill Development Director: Darleen Klase

**News media/public information/client information and referral:**

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

**Legislative/intergovernmental relations:**

- Carolyn Treiss, 860-424-5538  
Email: [carolyn.treiss@ct.gov](mailto:carolyn.treiss@ct.gov)
- Heather Severance, 860-424-5646  
Email: [heather.severance@ct.gov](mailto:heather.severance@ct.gov)

**Freedom of Information Act document request contact point:**

- Email to: [david.dearborn@ct.gov](mailto:david.dearborn@ct.gov)

## DSS REGIONAL OFFICE INFORMATION

**Services provided through DSS Regional Offices** include Temporary Family Assistance; Supplemental Nutrition Assistance; Medical Assistance (HUSKY Plan for children, eligible parents/caregivers, pregnant women; Medicaid for elders and adults with disabilities; Medicaid for Low-Income Adults; Medicare premium affordability assistance; State-Administered General Assistance; State Supplement Program; Social Work Services; Child Support Enforcement Services; Rehabilitation Services; Housing Assistance. For highlights of SFY 2010, please see page 38.

### *DSS Northern Region - Silvana M. Flattery, Regional Administrator*

**Serving:** Andover, Avon, Ashford, Berlin, Bloomfield, Bolton, Bristol, Brooklyn, Burlington, Canterbury, Canton, Chaplin, Columbia, Coventry, Eastford, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hampton, Hartford, Hebron, Killingly, Manchester, Mansfield, Marlborough, New Britain, Newington, Plainfield, Plainville, Plymouth, Pomfret, Putnam, Rocky Hill, Scotland, Simsbury, Somers, Southington, South Windsor, Stafford, Sterling, Suffield, Thompson, Tolland, West Hartford, Union, Vernon, Wethersfield, Willington, Windham, Windsor, Windsor Locks and Woodstock.

- **Hartford**—3580 Main Street 06120; 860-723-1000, or 1-800-566-2244. TDD/TYY: 860-566-7913. Silvana M. Flattery, Regional Administrator. Alejandro Arbelaez, John Hesterberg and Belinda May, Social Services Operations Managers.
- **Manchester**—699 East Middle Turnpike 06040; 860-647-1441, or 1-800-859-6646. TDD/TYY: 860-647-5821. Linda Roache, Social Services Operations Manager.
- **New Britain**—30 Christian Lane, New Britain 06051; 860-612-3400, or 1-866-723-2591. TDD/TYY: 860-827-7151. George Chamberlin, Social Services Operations Manager.
- **Willimantic**—676 Main Street 06226; 860-465-3500, or 1-866-327-7700. Albert Williams, Social Services Operations Manager.

### *DSS Western Region - Frances A. Freer, Regional Administrator*

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

- **Bridgeport**—925 Housatonic Avenue 06604; 203-551-2700, or 1-877-551-2700. TDD/TYY: 203-579-6821. Frances A. Freer, Regional Administrator. Phil Ober and Alexis Kiss, Social Services Operations Managers. Regional Processing Unit for HUSKY applications, Poonam Sharma, Manager.

- **Danbury**—342 Main Street 06810; 203-207-8900. TDD/TYY: 203-797-4032. Patrick Hearn, Social Services Operations Manager.
- **Stamford**—1642 Bedford Street 06905; 203-251-9300, or 1-866-663-9300. TDD/TYY: 203-251-9304. Evelyn Balamaci, Social Services Operations Manager.
- **Waterbury**—249 Thomaston Avenue 06702; 203-597-4000, or 1-866-454-1108. TDD/TYY: 203-597-4175. Marva Perrin, Social Services Operations Manager.
- **Torrington**—62 Commercial Boulevard 06790; 860-496-9600, or 1-800-742-6906. TDD/TYY: 860-482-5719. John Souchuns, Social Services Operations Manager.

***DSS Southern Region - Ronald Roberts, Regional Administrator***

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

- **New Haven**—194 Bassett Street 06511; 203-974-8000. TDD/TYY: 203-974-8394. Ronald Roberts, Regional Administrator. Cathy Patton and Frederic Presnick, Social Services Operations Managers.
- **Middletown**—117 Main Street Extension 06457; 860-704-3100. TDD/TYY: 860-704-3100. Peter Bucknall, Social Services Operations Manager.
- **Norwich**—401 West Thames Street 06360; 860-823-5000. TDD/TYY: 860-892-1429. Cheryl Parsons, Social Services Operations Manager.

**DSS BUREAU OF REHABILITATION SERVICES (BRS) OFFICE INFORMATION:**

**BRS** provides vocational rehabilitation services to assist Connecticut residents with significant disabilities to find and keep employment.

***Central administrative office - Amy Porter, Director***

25 Sigourney Street, 11<sup>th</sup> Floor, Hartford 06106; 860-424-4844 or 800-537-2549 (toll-free in Connecticut). TDD/TYY: 860-424-4839.

***BRS Northern Region – Lynn Frith, District Director***

- **Hartford**—3580 Main Street 06120; 860-723-1400 (TDD/TTY: 860-723-1430/860-723-1453)
- **Dayville/Killingly**—Bell Park Square, Suite 202, 559 Hartford Pike, 06241; 860-779-2204 (voice and TDD/TYY).

- **East Hartford**—CT Works, 1137 Main Street 06108; 860-289-2904 (voice and TDD/TYY).
- **Enfield**—Smyth's Corner, 77 Hazard Avenue 06082; 860-741-2852 (voice and TDD/TYY).
- **Manchester**—699 East Middle Turnpike 06040; 860-647-5960 (voice and TDD/TYY).
- **New Britain**—30 Christian Lane 06051; 860-612-3569 (voice and TDD/TYY).

***BRS Southern Region – Iris Mellow-Barnes, District Director***

- **New Haven**—Suite 301, 414 Chapel Street 06511; 203-974-3000 (TDD/TYY: 203-974-3013/203-974-3009).
- **Middletown**—117 Main Street Extension 06457; 860-704-3070 (voice and TDD/TYY).
- **New London**—Shaws Cove Six 06320; 860-439-7686 (voice and TDD/TYY).
- **Norwich**—c/o Future Works, Suite 200, North Building, 113 Salem Turnpike 06360; 860-859-5720 (voice and TDD/TYY).

***BRS Western Region – Kathleen Marchione, District Director***

- **Bridgeport**—1057 Broad Street 06604; 203-551-5550 (voice and TDD/TYY).
- **Danbury**—342 Main Street 06810; 203-207-8990 (voice and TDD/YTY).
- **Stamford**—1642 Bedford Street 06905; 203-251-9430 (voice and TDD/TYY).
- **Torrington**—62 Commercial Boulevard, Suite One 06790; 860-496-6990 (voice and TDD/TYY).
- **Waterbury**—249 Thomaston Avenue 06702; 203-578-4550 (voice and TDD/TYY).

## SIGNIFICANT ACCOMPLISHMENTS/HIGHLIGHTS OF SFY 2010

### Overview

Fiscal 2010 saw the Department of Social Services delivering critical assistance to an increasing number of Connecticut residents against a backdrop of severe economic and budgetary challenges. The demand for public entitlement programs like medical coverage and food stamps (now called Supplemental Nutrition Assistance Program) continued to grow, and DSS staff stepped up to tackle increasing workloads. The department's personnel resources shrank from a 2009 retirement incentive plan, further underscoring the achievement of extensive service delivery and planning of health care, quality-of-life and revenue-generating initiatives during SFY 2010.

As SFY 2010 closed, for example, DSS was spearheading the nation's first expansion of Medicaid under national health care reform, and ready to implement a second initiative to expand options for Connecticut residents. Governor M. Jodi Rell announced the Medicaid for Low-Income Adults program and the Connecticut Pre-Existing Condition Insurance Plan, putting Connecticut squarely on the map in helping residents with more extensive benefits and choices and capturing additional federal revenue. At the same time, DSS moved forward with the promising Money Follows the Person program to help nursing home residents return to community living, as well as initiatives like the Connecticut Dental Health Partnership and 'Connect-Ability' for employers and citizens with disabilities.

Serving over a half-million Connecticut residents and managing over \$4.8 billion in public expenditures, DSS continued to hold together much of the public safety net during the long recession, while helping position the state for revenue gains and service enhancements in the new decade.

### Healthcare Initiatives: Covering Our Uninsured

- Connecticut became the first state to capitalize on the federal Patient Protection and Affordable Care Act by expanding Medicaid coverage to a new segment of the single adult population. With federal approval, DSS transferred its State-Administered General Assistance medical coverage beneficiaries to the new **Medicaid for Low-Income Adults** program, retroactive to April 2010. The move provided more extensive health benefits package and first-time federal revenue for clients previously funded by solely by state expenditures. The program serves very low-income, single, childless adults who do not qualify for Medicaid because they are under age 65, do not have a permanent qualifying disability, are not pregnant, or do not have a child under age 19. Further information: [www.ct.gov/dss/cwp/view.asp?Q=461916&A=2345](http://www.ct.gov/dss/cwp/view.asp?Q=461916&A=2345).
- A second initiative to expand health care options was specifically designed for individuals with pre-existing conditions that prevented them from getting coverage in the past. The **Connecticut Pre-Existing Condition Insurance Plan** is utilizing federal funds to offer coverage regardless of income or age. As SFY 2010 closed, the new program joined the state-sponsored Charter Oak Health Plan -- opened in July 2008 and also covering people with pre-existing conditions -- to give Connecticut residents a wider



range of coverage and benefit level options. Further information:  
[www.ctpreexistingconditionplan.com](http://www.ctpreexistingconditionplan.com); [www.charteroakhealthplan.com](http://www.charteroakhealthplan.com).

- Meanwhile, the venerable **HUSKY Plan** (Healthcare for Uninsured Kids & Youth) provided extensive health coverage to nearly 400,000 children, teenagers, parents, relative caregivers and pregnant women. HUSKY A (Medicaid) serves children under 19, parents and relative caregivers in households earning up to 185% of the federal poverty level, while HUSKY B (Children's Health Insurance Program) offers coverage to children under 19 in households of any income above 185% of FPL. Further information: [www.huskyhealth.com](http://www.huskyhealth.com).
- A change in state law made it possible to make changes in the **Medicare Savings Programs**, which help many eligible Connecticut residents pay Medicare Part B premiums, deductibles and co-insurance. Specifically, the state raised the income-eligibility limits and eliminated the asset reporting requirement. Beneficiaries could earn up to \$2,091.67 for a single person and \$2,816.67 for a couple to qualify for one of the Medicare Savings Programs: [www.ct.gov/dss](http://www.ct.gov/dss), search term "Medicare Savings Programs."

#### **Serving More Connecticut Residents: Critical DSS Programs**

- Nine key DSS programs showed total enrollment of over 921,169\* at the end of SFY 2010, up 20% in just one year. To track caseload growth, DSS listed client participation across nine selected entitlement programs – Temporary Family Assistance; Medicaid (including HUSKY Part A); state-funded medical assistance, including home care services; Connecticut AIDS Drug Assistance Program; State-Administered General Assistance (SAGA) cash assistance; SAGA medical assistance; Qualified Medicare Beneficiary Program; Supplemental Nutrition Assistance Program (Food Stamps); and the Charter Oak Health Plan.

Individual program growth highlights included:

- 329,201 Connecticut residents receiving federally-funded SNAP/Food Stamp benefits, up 32% from the end of SFY 2009;
  - 484,067 individuals receiving Medicaid coverage, up over 7% from SFY 2009.
- *Note: enrollment numbers reflect a 'duplicate' count, meaning a person enrolled in more than one program may be counted twice.*

#### **Helping Elders and Adults with Disabilities Live at Home**

**Money Follows the Person** (MFP) is an innovative Medicaid rebalancing demonstration program, designed to enable residents come out of nursing home care and back into community living. Opened for applications in December 2008, MFP gained traction in SFY 2010 as part of the department's array of community living support programs, including the Connecticut Home Care Program for Elders, Personal Care Assistance Program and Acquired Brain Injury Waiver Program. With MFP, the state garners extra federal financial

participation on upfront state Medicaid expenditures -- 75% to 80%, instead of the usual 50% for the first year of non-institutional placement.

Connecticut is one of only four states to increase projected transitions of people from institutionalized care to the community, indicating that experience to date with the initiative is extremely encouraging. In the first year and a half, DSS and service partners transitioned 292 individuals who applied for MFP, including 244 qualifying for MFP demonstration services that, in turn, generate enhanced federal Medicaid revenue. Altogether, 1,081 applicants (including the 292 cited above) had been confirmed for Medicaid eligibility and qualified residence status for MFP eligibility (nursing facility, intermediate care facility and chronic disease hospitals). As these applicants are confirmed eligible, the planning process ensued at DSS field offices around the state for personal visit/assessment, transition planning and tentative discharge dates.

### **'Connect-Ability' and employment for citizens with disabilities**

The department and its Bureau of Rehabilitation Services continued an innovative campaign to reduce barriers to employment and career growth for job-seekers and employees with disabilities. Through a federal Medicaid infrastructure grant, **Connect-Ability**:

- Created three new television and radio spots, print ads and internet banner ads, based on the experiences of Connecticut residents. Twenty-five thousand unique visitors sought information from the newly-redesigned website: [www.connect-ability.com](http://www.connect-ability.com). Brochures and other materials were also created for job seekers and employers.
- Helped launch the national marketing campaign "**Think Beyond the Label**," aimed at changing attitudes about hiring people with disabilities, raising awareness of the need for diversity in the workplace, and countering stereotypes in a humorous manner.

### **Disability Determination Services**

The state's Disability Determination Services staff processed approximately 40,000 client applications for Social Security Disability Insurance and Supplemental Security Income during SFY 2010 – ranking as one of the top programs in the nation in productivity, effectiveness, and public service. Connecticut achieved the lowest cost-per-case rate in the nation.

### **Child Support**

Connecticut's **child support enforcement program** collected nearly \$310 million in court-ordered child support during SFY 2010. The program sent \$210.5 million in parental support to children whose families are not receiving state cash assistance benefits. Another \$18.1 million went to children living out of state.

At the same time, state taxpayers benefited from approximately \$17.7 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 \$40.6 million was collected on past-due amounts and kept by the state in lieu of current or past public assistance benefits.

Consumer information: 1-800-228-KIDS or on-line at [www.ct.gov/dss](http://www.ct.gov/dss) and click on Families with Children and Child Support Resource Center; or [www.jud.ct.gov/childsupport.com](http://www.jud.ct.gov/childsupport.com).

### *Aging Services*

**CHOICES** (Connecticut's program for **H**ealth insurance assistance, **O**utreach, **I**nformation and referral, **C**ounseling, and **E**ligibility Screening), was ranked 3<sup>rd</sup> out of 54 such programs nationally by the U.S. Centers for Medicare and Medicaid Services, the program's highest performance ranking to date. CHOICES continued to provide older adults and adults with disabilities with health insurance assistance, outreach, information and referral counseling, and eligibility screening. In SFY 2010, CHOICES assisted more than 73,900 people.

### *American Recovery and Reinvestment Act (ARRA)*

DSS played a central role in Connecticut's implementation of the American Recovery and Reinvestment Act, also known as the federal stimulus bill. The following outlines key activities in SFY 2010:

- **Weatherization:** ARRA Supplemental Funding for the Weatherization Assistance Program is designed to reduce energy costs for low-income families, particularly for the elderly, people with disabilities, and children, by improving the energy efficiency of their homes while ensuring their health and safety.
  - 2,575 units were weatherized in SFY 2010. This number includes 171 state-financed elderly housing units weatherized through the Department of Economic and Community Development pilot project in northwestern Connecticut during December 2009 through February 2010.
- **Homelessness Prevention and Rapid Rehousing:** The goal of the Homelessness Prevention and Rapid Rehousing Program is to provide financial assistance and services to prevent individuals and families from becoming homeless or to re-house/stabilize those who have already become homeless.
  - 4,256 clients have been served through the Homelessness Prevention and Rapid Rehousing Program; 3,273 of whom have been served through prevention and 983 served through rapid re-housing.
  - 2-1-1 Infoline made 3,618 referrals to other state programs.
- **Community Services Block Grant:** ARRA Supplemental Funding for the Community Services Block Grant Program allocates funds to a network of eligible entities to support employment-related services which create and sustain economic growth.
  - Among the funded projects are employment and minority small business development training, job skills training, foreclosure prevention, housing

services, financial literacy training, emergency services, youth services, strategic planning, case management, health outreach and education, transportation services, community gardening, poverty reduction project development, food pantry services, adult basic education and fatherhood services.

- **Emergency Food Assistance Program:** DSS contracts with Connecticut Food Bank, Inc., and Foodshare, Inc., to distribute Department of Agriculture commodities to eligible food banks, food pantries, shelters and soup kitchens that serve meals and provide household distribution. These commodities include items such as canned vegetables, fruits, meat, cereals, etc. ARRA funding is in place to pay for administrative costs associated with the distribution of food.
- **Child Care and Development Fund:** ARRA Supplemental Funding for the Child Care and Development Fund provides child care financial assistance to low-income working families and fund activities to improve the quality of child care. In addition, approval has been made to support one-time funding of programs in the child-care system.
  - The number of jobs retained by families that received child care vouchers paid for by ARRA Child Care and Development Fund funds equals 12,260 during the grant award period. In addition, the number of jobs retained by child care providers that received subsidies from ARRA funding is estimated to equal 4,715 jobs.
- **Vocational Rehabilitation Program:** ARRA funding assists in operating statewide comprehensive, coordinated, effective, efficient and accountable programs of vocational rehabilitation services, which are an integral part of a statewide workforce investment system; and designed to assess, plan, develop and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, so that such individuals may prepare and engage in gainful employment.
  - 144 DSS Bureau of Rehabilitation Services consumers have been reported to secure permanent jobs.
  - 136 BRS consumers have been placed in temporary jobs.
  - 72 BRS consumers have been placed in the on-the-job training programs; 50 have retained jobs as a result of these efforts through BRS.
- **Elderly Nutrition Services:** ARRA provided funding for Home-Delivered Nutrition Services. Established in 1978 under the Older Americans Act, the program provides meals to seniors who are homebound. Home-delivered meals help seniors to maintain their health and avoid hospitalization and nursing home placement.
  - 36,482 meals were served in SFY 2010.

- ARRA funds were used to provide additional shelf stable meals for participants during winter snow storms and provide support for additional volunteers during that time.
- **Congregate Meals:** ARRA provided funding for Congregate Nutrition Services. Established in 1972 under the Older Americans Act, the program provides meals to older Americans in congregate facilities such as senior centers, adult day centers, and faith-based settings. 37,185 congregate meals were served in SFY 2010.
- **Senior Community Service Employment Activities Program:** This additional ARRA funding provided the core services of the Senior Community Service Employment Program to 25 additional low-income seniors seeking job skills training and job development services to secure employment upon completion of the program. Job skills training, job development and supportive services provided to a total of 41 program participants.
- **Federal Medical Assistance:** Prior to ARRA, Connecticut received 50% reimbursement from the federal government for Medicaid expenditures. ARRA provided an increase to the federal match for the recovery period, up to 61.59%.
- **Connecticut Child Support Enforcement System (CCSES):** Connecticut received \$2,390,000 in ARRA funding for enhancements to the program's automated system to increase location of noncustodial parents, improve establishment and enforcement productivity, increase collections, increase federal incentive dollars, and reduce future programming costs. The programming simplifies case processing to help make workers more productive. It also increases the number of location sources through the mandatory Federal Case Registry to help the program locate and identify assets of child support obligors. The ARRA funding was made possible through a temporary federal law change which allowed Connecticut to claim a 66% federal match on incentive funds invested in the child support program. Incentives are received from the federal government based on five measures of program performance.

## MAJOR PROGRAM AND SERVICE AREAS

### Medical and Health Care Services

The Division of Medical Care Administration and Regional Offices ensure that eligible children, youth, adults, and seniors are able to access needed medical and/or prescription medication coverage through Medicaid, the State Children's Health Insurance Program, the Charter Oak Health Plan, ConnPACE, and other health coverage programs. Connecticut's HUSKY Plan (Healthcare for Uninsured Kids and Youth) combines services under Medicaid and the State Children's Health Insurance Program for children, teenagers, pregnant women, and parents/caregivers. Medicaid fee-for-service coverage is provided to eligible elders, adults with disabilities and other low-income adults, while Charter Oak offers coverage to uninsured adults of all incomes.

Supporting Regional Offices and the Division of Medical Care Assistance in the delivery of medical services to DSS clients are the Bureau of Assistance Programs; the Bureau of Aging, Community and Social Work Services; and Office of Communications/Public and Government Relations.

**HUSKY** (Healthcare for Uninsured Kids and Youth; [www.huskyhealth.com](http://www.huskyhealth.com) or 1-877-CT-HUSKY) offers health coverage to Connecticut children and families. The program has two parts, HUSKY A (Medicaid) and HUSKY B (Children's Health Insurance Program).



In SFY 2010, Connecticut continued to operate one of the largest Medicaid managed health care programs in the nation, proportionate to the population. Over 378,500 individuals were enrolled in HUSKY A, and over 15,475 in HUSKY B, as the fiscal year ended.

Children under 19 are eligible without regard to their family income level, since HUSKY B coverage includes an unsubsidized coverage option (same benefits but higher family cost-sharing). The HUSKY A income-eligibility ceiling of 185% of the federal poverty level applies for parents, relative caregivers and pregnant women.

HUSKY has a toll-free customer hotline (1-877-CT-HUSKY), apply-by-phone option, and informative website ([www.huskyhealth.com](http://www.huskyhealth.com)).

In SFY 2010, DSS continued successful 'carve-out' services from the general managed health care services in the HUSKY Plan, State-Administered General Assistance, and from the Medicaid fee-for-service environment. Mental health and substance abuse services are provided through the Connecticut Behavioral Health Partnership, an integrated system of behavioral health services jointly administered by the Departments of Social Services and Children and Families, since January 2006. DSS assumed management of pharmacy benefits in February 2008, with providers and HUSKY members now utilizing one, rather than multiple, preferred drug list. In the area of dental health services, the department procured an administrative services organization that took over management of dental benefits for the HUSKY A, HUSKY B, SAGA medical and traditional Medicaid populations in September 2008.

The department's primary care case management pilot program, named HUSKY Primary Care, offered HUSKY A-eligible families in certain areas an alternative enrollment choice to the traditional managed health care plan options. In SFY 2010, HUSKY Primary Care was available in the New Haven, Hartford, Waterbury and Windham areas. For more information, please visit [www.huskyhealth.com](http://www.huskyhealth.com) and click on 'Enrollment'; or [www.huskyhealth.com/hh/cwp/view.asp?a=3573&q=457384](http://www.huskyhealth.com/hh/cwp/view.asp?a=3573&q=457384).

### **The Charter Oak Health Plan**



Charter Oak is an affordable health coverage program designed for uninsured residents aged 19 through 64. Charter Oak, like HUSKY B, has no upper income limit.

As SFY 2010 ended, Charter Oak offered a flat premium of \$307 to new enrollees, regardless of income, and annual deductibles and co-insurance ranging from \$150 to \$900, depending on income.

Charter Oak offers a comprehensive benefits package that includes preventive care, primary care and specialist office visits, emergency room and inpatient hospital coverage, outpatient surgery, maternity, behavioral health, skilled nursing, durable medical equipment and prescriptions. As SFY 2010 ended, 14,266 previously uninsured Connecticut residents were enrolled in Charter Oak coverage. For a full list of benefits and their co-pays/deductibles, visit [www.charter oakhealthplan.com](http://www.charter oakhealthplan.com).

**ConnPACE** (Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled; [www.connpace.com](http://www.connpace.com)) helps eligible senior citizens and people with disabilities afford the cost of most prescription medicines. ConnPACE coordinates benefits with Medicare Part D and the department's Medicare Savings Programs.



**The Connecticut AIDS Drug Assistance Program** ([www.ct.gov/dss](http://www.ct.gov/dss) - DSS Search Term "cadap") pays for drugs determined by the U.S. Food and Drug Administration to support individuals with AIDS/HIV. To be eligible for the program in Connecticut, an applicant must have a physician certification, must not be a recipient of Medicaid, and must have net countable income within 400% of the federal poverty level. In addition, the individual must apply for Medicaid within two weeks of approval for this program.

**The Connecticut Insurance Assistance Program for AIDS Patients** ([www.ct.gov/dss](http://www.ct.gov/dss) - DSS Search Term "ciapap") helps persons diagnosed with HIV or AIDS to take advantage of a federal law that allows for an extension of employer-provided group health insurance to people who become unemployed. The maximum adjusted income limit for a single person is \$1,552 per month.

**Med-Connect, Medicaid for the Employed Disabled:** ([www.ct.gov/dss](http://www.ct.gov/dss) - DSS Search Term "Med-Connect") allows people with disabilities to become and stay employed without risking eligibility for medical coverage.

Approximately 5,000 residents with disabilities receive Medicaid coverage through this program. Individuals may have incomes 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.

With federal approval, DSS transferred its State-Administered General Assistance medical coverage beneficiaries to the new **Medicaid for Low-Income Adults** program, retroactive to April 2010. The move provided more extensive health benefits package and first-time federal revenue for clients previously funded by solely by state expenditures. The program serves very low-income, single, childless adults who do not qualify for Medicaid because they are under age



65, do not have a permanent qualifying disability, are not pregnant, or do not have a child under age 19. Further information: [www.ct.gov/dss/cwp/view.asp?Q=461916&A=2345](http://www.ct.gov/dss/cwp/view.asp?Q=461916&A=2345).

The **Medicaid for Aged/Blind/Disabled** program continued to serve approximately 60,875 low-income elders and adults with disabilities, including about 18,000 residents in long-term care facilities.

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



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

The program has a three-tiered structure through which individuals can receive home care services in amounts corresponding to their financial eligibility and functional dependence. Two categories within the program are funded primarily with state funds; the third category is funded under a Medicaid waiver.

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

**Medicare Savings Programs**, such as such as the Qualified Medicare Beneficiary and Specified Low-Income Medicare Beneficiary programs, are available to help eligible residents pay for Medicare coverage. A change in state law made it possible to make changes to help many eligible Connecticut residents pay Medicare Part B premiums, deductibles and co-insurance. Specifically, the state raised the income-eligibility limits and eliminated the asset reporting requirement. Beneficiaries can now earn up to \$2,091.67 for a single person and \$2,816.67 for a couple to qualify for one of the Medicare Savings Programs: [www.ct.gov/dss](http://www.ct.gov/dss), search term “Medicare Savings Programs.” Application is made at DSS regional offices.

**ConnTRANS** (Connecticut Organ Transplant Fund; [www.ct.gov/dss](http://www.ct.gov/dss), follow the link for Publications, and scroll down to the Brochures list), supported by donations from taxpayers who earmark a part of their state tax refund, helps those who need or have received an organ transplant when their expenses are not covered by another source.

**Medical Coverage for Children at DCF** ([www.ct.gov/dss](http://www.ct.gov/dss), Keyword “Family Services”) The Family Support Unit provides medical benefits for children cared for by the Department of



Children and Families (DCF). During SFY 2010, HUSKY A coverage was provided to 1,948 children in DCF foster care and 276 children in subsidized adoption care. An additional 548 youths, transitioning from DCF care on their 18<sup>th</sup> birthday, were granted medical coverage until the age of 21. Medical benefits were also granted for 283 children in subsidized guardianship.

The Bureau of Assistance Programs also helps provide Medicaid-funded services to Temporary Family Assistance recipients and eligible breast and cervical cancer patients.

### **Services for Families and Children**

The department operates **Jobs First**, Connecticut's welfare reform program, providing **Temporary Family Assistance** (TFA) to families in need of and eligible for cash assistance. Jobs First has been successful in helping thousands of parents move into the workforce and off welfare rolls. At the end of SFY 2010, the department's TFA caseload was 19,022 households.

Jobs First is a time-limited program that emphasizes early case-management intervention and participation in the labor market. Jobs First establishes a time limit of 21 months for families that contain an adult who is able to work. Extensions beyond 21 months may be available if the adult cannot find a job that makes the family financially independent. Able-bodied adults are referred to Jobs First Employment Services, administered by the Department of Labor and regional Workforce Investment Boards, for help in finding work. During the 21 months, and during extensions, recipients must cooperate with the Jobs First Employment Services program and make a good-faith effort to find a job and keep working. Among the beneficiaries of TFA are children who are living with their grandparents.

**Safety Net** services are provided to families who have exhausted their 21 months of benefits, have an eligible child in the home, have income below the TFA benefit level for their family size, and do not qualify for an extension due to the exhaustion of the time limits. Help with meeting basic needs is available, along with case management and service coordination. The Safety Net program served 806 families in SFY 2010.

The **Employment Success Program** (ESP) provides early intervention, in-depth assessment and intensive case management services to TFA recipients who are mandatory participants in Jobs First Employment Services. This program seeks to address client barriers that prevent successful participation in the TFA program. ESP served 780 families in SFY 2010.

The Individual Performance Contract Program (IPC) provides case management services to families who have been penalized for non-compliance with **Jobs First** Employment Services and are at risk of being ineligible for an extension of benefits. The IPC is an opportunity for the adults in the household to restore a good faith effort by removing barriers to employment in order to qualify for an extension of benefits. IPC served 249 families in SFY 2010.

The department funds **Transportation to Work (TTW)** programs for TFA and low-income working clients. The funding assists clients in overcoming their transportation barrier to employment. There are five DSS contractors administering the TTW program statewide. The

Department of Transportation is a partner and offers insight and complementary funding through its Jobs Access Reverse Commute program and the Federal Transportation Administration. The TTW program served 54,056 individuals in SFY 2010.

**Transitional Rental Assistance (T-RAP)** is available for some families if an adult member is employed at the time the family leaves the TFA and either (1) has income which exceeds the TFA payment standard; or (2) is employed for a minimum of 12 hours per week. There is an income limit of 50% of the state median income level. Rental assistance is available for up to 12 months. Approximately 150 families, on average, receive a housing subsidy. Due to limited funding, a lottery system is used to select eligible recipients.

**The Supplemental Nutrition Assistance Program** (or SNAP), formerly called Food Stamps, provides monthly benefits to help eligible families and individuals afford food purchases. Benefits are provided electronically, enabling clients to use a debit-type swipe card at food markets. Income and asset eligibility guidelines apply. The general income limit is 185% of the federal poverty level. Maximum monthly food benefit examples are \$200 for a single person and \$668 for a four-person household. As of July 1, 2010, 329,201 Connecticut residents were receiving SNAP benefits in 177,424 households, a significant increase over previous years.



The SNAP Nutrition Education Plan provides nutrition education intervention to SNAP recipients and applicants. For SFY 2010, the department received \$3,965,398 in federal matching funds to partner with the University of Connecticut and the Department of Public Health to provide these nutrition education activities

The department received \$1,029,353 in federal funds for SNAP Outreach for SFY 2010. To provide outreach services and activities for potential SNAP recipients, the department partnered with the Connecticut Association for Human Services, (End Hunger Connecticut! and the Hispanic Health Council. For more information on SNAP, visit [www.ct.gov/snap](http://www.ct.gov/snap).

### **Child Care Services**

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

- The Care 4 Kids program, operated with the United Way of Connecticut, provided subsidies for the care of 31,749 children. About 12,000 families received an average of \$613 in child care benefits each month. For more information on Care 4 Kids, visit [www.ctcare4kids.com](http://www.ctcare4kids.com).
- The department leveraged state and federal ARRA funds to provide Care 4 Kids child care providers with \$7 million in economic stimulus payments
- The state-supported Child Day Care contract program provides child care opportunities to help low-income families enter and maintain employment. The program served 4,590 children and teenagers.

- Nearly 2,700 children of school age participated monthly in the department's Before- and After- School program through seven contractors.
- Connecticut Charts-A-Course, the state's single early care and education professional development program, provided scholarships benefiting more than 1,860 early care and education caregivers.
- As of June 2010, there were 435 centers accredited by the National Association for the Education of Young Children, 23 National After School Association - accredited school-age programs and seven National Association for Family Child Care-accredited family day care homes in Connecticut.

The department's Child Care Unit and the Fraud and Recoveries Unit continued two **fraud prevention and detection initiatives** in SFY 2010. The Fraud Early Detection Program and the Active Case Assessment Program were developed to ensure that those parents and/or providers receiving benefits from the Care 4 Kids Program were truly entitled to those funds. The department continued efforts to reduce administrative errors, improper payments and detect, prevent and recover fraudulent overpayment claims through an array of administrative controls. Strategies included active monitoring of business functions processes, data integrity reporting and production and performance measurement. Corrective action initiatives focused on areas determined to be error-prone and included staff training initiatives and collaboration with the Departments of Public Health, Public Safety, Children and Families, Education and Labor, Criminal Justice and the Office of the Attorney General.

The department also completed a comprehensive audit of the Care 4 Kids child care subsidy program. The audit was the first federally-mandated quality control review of the federal Child Care and Development Fund. Connecticut's case error rate of 6.07% was nearly six points below the national average of 11.5%.

**Quality Enhancement Grants**, at a funding level of \$1.16 million, helped 19 priority school districts develop local quality initiatives that support the communities' family and caregiver needs. Local School Readiness Councils in the designated communities used the funds to serve 2,800 child care providers, including relatives, caring for more than 4,500 children in various ways: direct services to children and families, consultation services to child care centers and family providers, training and staff development, instructional materials and equipment, and public education campaigns. The department also provided funds to the Departments of Children and Families and Public Safety to support background checks in the areas of child abuse and criminal records.

**2-1-1 Child Care**, supported by department funds and United Way of Connecticut, received over 37,000 phone calls from parents seeking child care information and referrals to child care centers and homes in their area, and from child care providers interested in information and referral services. They also have an interactive childcare search tool available online at <http://search.211childcare.org/>.

The Training Program in Child Development helped nearly 146 caregivers receive training in the **Connecticut Charts-A-Course** curriculum. The statewide Accreditation Facilitation Project

provided support and technical assistance to 282 childcare center sites. Of these, 151 achieved NAEYC accreditation. The Connecticut Charters-a-Course Scholarship Fund provided almost 1,860 individuals with financial assistance to support their attendance at training seminars for college credits.

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

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

### **Child Support Enforcement Services**



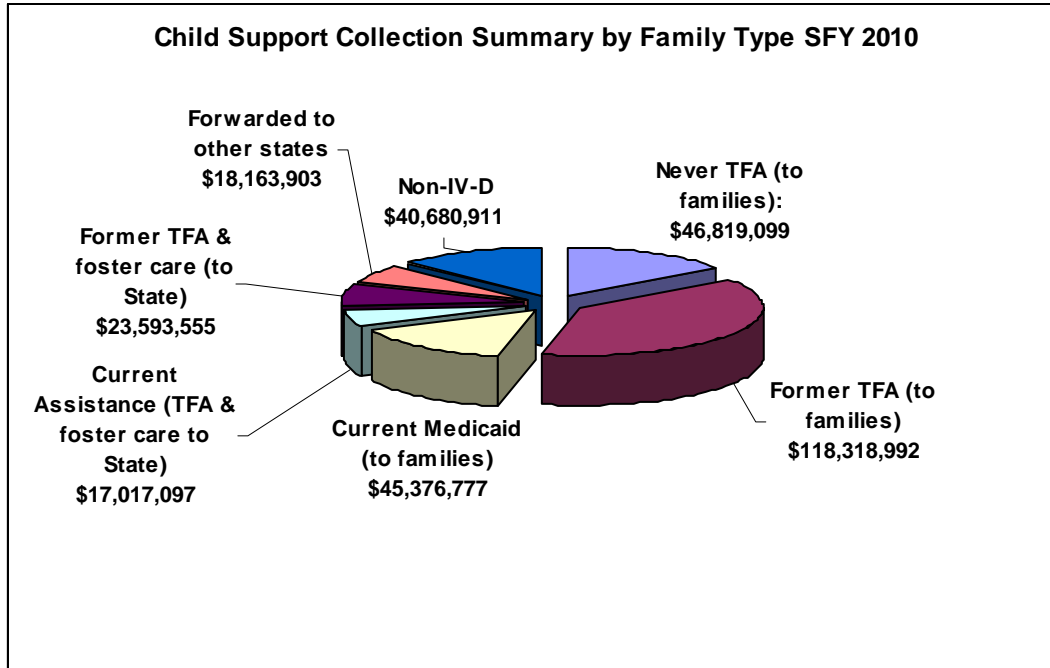
Child support enforcement services are available to all families in Connecticut. Child support enforcement services are available to all families in Connecticut. A need for assistance in establishing and maintaining financial support from both parents is the only criterion for service eligibility, regardless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

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

The child support enforcement program collected nearly \$310 million in court-ordered child support during SFY 2010. The program sent \$210.5 million in parental support to children whose families are not receiving state cash assistance benefits. Another \$18.1 million went to children living out of state.

State taxpayers benefited from approximately \$17 million in current child support collected from parents of Connecticut children receiving Temporary Family Assistance. Another \$23.6 million was collected on past-due amounts and kept by the state in lieu of current or past public assistance benefits. Fifty percent of this support is retained by the state as a general fund deposit; fifty percent is the federal share as reimbursement for public assistance benefits.

Consumer information: 1-800-228-KIDS or on-line at [www.ct.gov/dss](http://www.ct.gov/dss) and click on Families with Children and Child Support Resource Center; or [www.jud.ct.gov/childsupport.com](http://www.jud.ct.gov/childsupport.com).



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

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

While core functions remain a major focus for the Bureau of Child Support Enforcement, as the lead Title IV-D agency, a number of initiatives are in place to improve the quality of customer service, program performance, and service delivery. The bureau continued participation in longstanding collaborative efforts such as Access and Visitation, providing supervised visitation and other parental counseling services to never-married couples; and the Voluntary Paternity Establishment Program, providing services in 29 area hospitals and six Fatherhood Initiative program sites.

Title IV-D legislative changes at the federal level through the American Recovery and Reinvestment Act enabled funding in 2010 for two major automated system modernization initiatives. These enhancements to the Connecticut Child Support Enforcement System (CCSES), following full implementation in 2011, will:

- Reduce costs by making future system enhancements simpler and less costly

- Make CCSES a viable, long-term alternative to total system replacement
- Save time and effort through increased automation
- Increase productivity to offset staffing shortages
- Increase federal performance ranking and associated incentive funding
- Help to avoid federal sanctions for non-performance
- Improve service to families by increasing available time for staff to manage child support caseloads.

In SFY 2010, the Connecticut child support program also initiated an innovative and money-saving partnership with the state of Rhode Island. Child support payment processing for the two states is now co-housed at the Connecticut State Disbursement Unit (SDU) facility in Windsor. Both states realize savings associated with payment processing functions performed by the CT SDU contractor, Systems and Methods, Inc.

### **John S. Martinez Fatherhood Initiative of Connecticut**



During SFY 2010, the department continued to administer a five-year, \$5 million grant from the Department of Health and Human Services, Administration for Children and Families (ACF), to implement a Promoting Responsible Fatherhood demonstration project. The grant incorporates strategies encompassing all three of the ACF-established authorized activity areas: Healthy Marriage, Responsible Parenting and Economic Stability. Each of the five state-certified fatherhood programs (Families In Crisis, Inc., Manson Youth Institute; Cheshire Family Strides, Torrington; New Haven Family Alliance, New Haven; New Opportunities, Inc., Waterbury and Madonna Place, Norwich) target primarily low-income fathers, new fathers, fathers-to-be, and young fathers who may be single, unmarried, non-custodial or cohabitating.

Each program site is targeted to serve a minimum 100 fathers and eight couples for a total of 500 fathers and 40 couples served annually. Services offer enhanced prevention and intervention strategies to promote healthy marriage, responsible parenting and economic stability.

In addition, through the **Connecticut Fatherhood Program Certification Project**, fatherhood programs will increase their ability to provide quality services to fathers and ultimately benefit the children who live in low-income families. For more information, visit [www.fatherhoodinitiative.state.ct.us](http://www.fatherhoodinitiative.state.ct.us).

### **Financial Assistance for Adults**

Through the **State-Administered General Assistance (SAGA)** program, the department provides cash assistance to eligible individuals who are unable to work for medical or other prescribed reasons, and to families that do not meet the blood-relationship requirements of the Temporary Family Assistance program. Approximately 4,850 individuals were receiving SAGA cash assistance at the end of SFY 2010.

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

General application for SAGA services is made at local DSS offices. Further information: [www.ct.gov/dss](http://www.ct.gov/dss), search on "financial" and scroll down.

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

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

People eligible for State Supplement are automatically eligible for Medicaid. At the end of SFY 2010, 14,940 people (4,560 aged, 83 blind, and 10,297 disabled) were receiving State Supplement benefits. Further information: [www.ct.gov/dss](http://www.ct.gov/dss), search for "financial" and scroll down.

### **Services for Older Adults, People with Disabilities & Social Work Services**

See also: (Medical and Health Care Services and Financial Assistance for Adults)

As part of the DSS Bureau of Aging, Community and Social Work Services, the DSS Aging Services Division (also known as the State Unit on Aging) administered approximately \$26 million from the federal Older Americans Act and other federal and state funds to provide a wide range of services to nearly 87,000 older adults in Connecticut. In addition, nearly 62,116 consumers received counseling regarding health insurance issues.

Older Americans Act-funded services are provided to adults age 60 and older. These services include home care, transportation, housekeeping, respite for caregivers, nutritional services (meals served in a group environment and meals-on-wheels), health promotion and disease prevention, legal assistance, adult day care, senior center operation, employment, and education and counseling.



Highlights of Older Americans Act Program for the year:

- 1,280,793 home-delivered meals were served statewide;
- 946,301 meals were served in group settings to older adults;
- 190,038 trips were provided for older adults to doctor appointments, shopping and recreational activities;
- 68,379 hours of homemaker services were provided; and
- 116,240 adult day care hours for personal care were funded.

### **Nursing Home Diversion**

Connecticut's nursing home diversion initiative, titled, "Choices At Home," is a two-part project in the south central and western regions of the state:

Part 1: Development and implementation of a 'cash and counseling' option of service delivery. This option takes existing program dollars available through the federal Title III-E, National Family Caregiver Support and CT Statewide Respite Care programs and transforms them into flexible funds that allowed 39 consumers to hire and receive care from a caregiver of their choice. Additionally, the option expands the supplemental services benefit of the National Family Caregiver Support program from \$750 to \$4,000 for 112 consumers under this initiative. Selected consumers received supplemental services such as home modifications and other critical items that allowed them to remain at home and deter or significantly delay nursing home placement.

Part 2: Development and implementation of pilot Aging and Disability Resource Centers (ADRC), known as "Community Choices" in south central (operated by the Agency on Aging of South Central CT & the Center for Disability Rights) and western regions (operated by Western CT Area Agency on Aging and Independence Northwest). These two regional ADRCs provide consumers with long-term care information, assistance and support (more below).

### **Aging and Disability Resource Center (ADRC)**

The Aging Services Division began implementation of Aging and Disability Resource Centers (ADRCs), also known as "Community Choices," in Connecticut. An ADRC is envisioned to assist individuals 18 and older who are seeking services and support, regardless of disability and income, through a coordinated system of information and access. ADRCs are resource hubs of information and assistance, including completing benefits applications and planning for long-term care option supports and services. Connecticut's third ADRC, North Central Community Choices, began in the north central region in May 2010 and is operated by the North Central Area Agency on Aging, Independence Unlimited and Connecticut Community Care, Inc. Community Choices may be reached by calling 1-800-994-9422.

### **Veterans' Directed Home and Community-Based Services Program**

The Aging Services Division's successful application for a joint funding opportunity offered by the federal Veterans Administration and the Administration on Aging has created a Veterans' Directed Home and Community-Based Services option in the south central region of the state.



This partnership with the Agency of Aging of South Central CT and the VA CT Healthcare system is designed to keep veterans in the community by self-directing their own care and receiving services in their home by the caregiver of their choice. The program is a new VA service option that has the potential to be integrated into the permanent menu of VA service offerings nationwide. Connecticut launched this new option in SFY 2010 and has enrolled 30 veterans, the maximum number allowable at this time, into the program, with plans to expand into Fairfield County in SFY 2011.

### **Senior Medicare Patrol (SMP)**

This program helps Medicare and Medicaid beneficiaries avoid, detect, and prevent health care fraud. SMP staff and volunteers teach Medicare beneficiaries how to protect their personal identity, report errors on their health care bills, and identify deceptive health care practices, such as illegal marketing, providing unnecessary or inappropriate services and charging for services that were never provided. The SMP program is funded by the U.S. Administration on Aging. To learn more, consumers can call 1-800-994-9422. If interested in becoming a SMP volunteer or arranging for a presentation, the public may contact the statewide SMP coordinator at 860-424-5293.

### **Elder Rights**

Under the Older Americans Act, the Aging Services Division is tasked with providing state leadership in securing and maintaining the legal rights of older individuals, coordinating the provision of legal assistance, providing technical assistance, training, and other supportive functions to the aging network, legal assistance providers, ombudsmen, and other persons, as appropriate, and assisting older individuals in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law.

**Legal Assistance for Older Americans:** Through the Older Americans Act, Title IIIB funding is provided to the five Area Agencies on Aging to contract with legal services organizations to provide free counseling and representation on many elder law issues. Due to limited funding, the following categories have priority for representation: access to health care; federal and state benefit and support programs; rights of nursing home residents; and legal issues which are a direct result of a client's poverty.

**Health Care Planning and Advanced Directives:** Through the Aging Services Division, DSS publishes and distributes *Advanced Directives: Planning for Future Health Care Decisions* – for Connecticut consumers. In March 2010, the Aging Services Division joined with others on the Coordinating Committee of the Connecticut National Healthcare Decision Day Coalition to kick off the annual statewide effort to raise public awareness of the need to plan ahead for health care decisions related to end-of-life care and medical decision-making to 60 network providers. Additionally, the division's legal services developer made eight presentations concerning advance directives for consumers and health care and aging services providers at conferences and community meetings.

The Aging Services Division, one of the founders of the Connecticut Coalition to Improve End-of-Life Care, represents DSS on the coalition's executive board. DSS co-sponsored the Coalition's 7<sup>th</sup> annual conference, "Continuing the Conversation: Addressing the Barriers to

End-of-Life Care” on April 23, 2010. The event highlighted progress in end-of-life care in multiple populations and settings, provided a multi-disciplinary perspective to end-of-life care efforts, and described the unmet needs of end-of-life providers for 65 attendees.

Through the board of the Connecticut TRIAD, the Aging Services Division continued to strengthen community partnerships that help reduce crime and the fear of crime of the state’s older residents in SFY 2010. In October 2009, the Board sponsored the 8<sup>th</sup> annual conference, “Learn how NOT to put your funds in jeopardy – pitfalls of fraud and scams that seniors are so often susceptible to,” including as keynote speaker, U.S. Attorney Mark Litt, lead prosecutor in *NY v. Bernard Madoff*.

### **Elderly Nutrition Services**

The department provides funding under Title IIIC of the Older Americans Act, as well as state appropriations, to serve nutritionally balanced meals and provide nutrition education and counseling to individuals 60 years and older and their spouses at 200 Senior Community Cafés statewide. Meals, nutrition education and counseling are also delivered in homes to frail, homebound or otherwise isolated persons. (Meals and these nutrition services may also be provided to persons with disabilities living in senior housing facilities that have Senior Community Cafes.) In SFY 2010, 2.2 million meals were provided with federal funds through the Older Americans Act, ARRA and state nutrition funds. It is estimated that 42% of meals were served in cafés and 58% of meals were home-delivered.

**Elderly Health Screening Program** -- This program provides health screening services oral health, geriatric assessments, follow-up care and programs related to health promotion and wellness to persons age 60 and over at various sites throughout Connecticut. In SFY 2010, funding of \$340,377 made it possible for 2,943 older adults to benefit from the services provided through this program.

**Connecticut Statewide Respite Care** --This state-funded program offers case management and short-term respite to individuals with Alzheimer's disease and related disorders. In SFY 2010, while intake to new consumers was closed for 11 months, the services of 573 consumers were re-certified, and 125 newly-served individuals received direct services such as adult day care and home health services once intake was reopened for this program.

### **The New England Cognitive Center’s Brain Get Your Mind Moving (G.Y.M.M.) Program**

Working with the New England Cognitive Center, this program utilizes a two-tiered non-pharmaceutical approach to address the needs of individuals with Alzheimer’s disease. The two primary interventions target specific areas of cognition and hands-on cognitive training in a small group or workshop environment. In SFY 2010, 40 consumers participated in the program, approximately 27,360 hours of cognitive training were performed and 228 sessions were conducted.

### **Senior Community Service Employment Program**

Funded under Title V of the Older Americans Act, is a training and employment program for low-income older adults age 55 and over. The program offers part-time community service training in non-profit organizations to enhance skills and provide on-the-job work experience.

During SFY 2010, this program served 249 older adults through the regular Title V program and the ARRA program. In SFY 2010, SCSEP received \$1.6 million in funding from Title V and ARRA.

**The Connecticut Partnership for Long-Term Care** provides education and outreach and offers, through private insurers, special long-term care insurance to help individuals increase their options and avoid impoverishing themselves when paying for their long-term care.

Coordinated by the Office of Policy and Management, the Partnership has an information and education program managed by DSS. This education program offers one-on-one counseling, distributes materials, and conducts regional public forums and other presentations.

During SFY 2010, the Partnership responded to 753 requests for information, counseled 300 people and reached 681 people through its five regional public forums and other presentations. To date, over 52,000 Connecticut residents have purchased Partnership-approved long-term care policies.

### **Transportation**

The Aging Services Division provided state funding for planning to address the growing need for 'regional based community transportation.' From that planning, ITNCoastalCT, a new affiliate with the Independent Transportation Network (ITNAmerica), began services in Connecticut. The planning was expected to result in ITNCoastalCT providing rides to persons age 60 and older or persons with visual impairments, with services provided in the towns of Easton, Fairfield, Norwalk, Weston, Westport and Wilton, beginning in November 2010. Safe and reliable rides will be provided and will include nights and weekends. Program members are asked to pay an annual membership fee and then, a per-mile charge for each ride.

**Retired and Senior Volunteer Program (RSVP)** This program recruits individuals age 55 and older for meaningful and challenging volunteer opportunities to benefit communities and non-profit organizations throughout the state. Eleven programs across the state had 3,487 participating volunteers in SFY 2010.

**Seniors Helping Seniors** Using a volunteer service credit program, volunteers age 55 and older provide support such as transportation to medical appointments and grocery shopping for other individuals 55 and older who are frail or homebound. In return, the volunteers receive one credit hour for each hour volunteered, with credits redeemed at any time during the life of the program to be used for similar services for themselves and their family members. During SFY 2010, 58 new consumers received services.

**Project Home Share:** Two home-share programs in the state facilitate arrangements to enable two adults to share a home in exchange for a financial contribution to household expenses, services, companionship, or some combination. The service matches single adults, one of whom must be age 60 or over, who are having difficulty maintaining their homes because of financial, social, or physical needs, with other adults who need decent, affordable housing and/or do not want to live alone. During SFY 2010, the program counseled 247, enrolled 45 adults and matched six adults over age 60 with other adults.

**Congregate Housing Services:** Through funding from the Department of Housing and Urban Development, the Area Agencies on Aging provide services such as case management, personal assistance, housekeeper/chore, companion and transportation to older adults residing in rural elderly housing, with eight sites in eastern Connecticut and ten sites in western Connecticut. In SFY 2010, 309 consumers were served through this program.

The **Connecticut National Family Caregiver Support** Program, funded under Title III-E of the Older Americans Act, is operated in partnership with the DSS Aging Services Division and the state's Area Agencies on Aging. The program provides services to caregivers, including family members caring for relatives age 60 and older, grandparents or older relatives caring for children 18 years of age or under, those caring for adult children with disabilities and caregivers of individuals with early onset dementia.

During federal fiscal year 2010, the program provided information and assistance to 6,238 individuals. Caregiver training, counseling and support group services were provided to 1,008 consumers. Respite care services were provided to 425 caregivers and supplemental services such as home safety devices, medical supplies and medical-related equipment were provided to 649 consumers.

The **DSS Rx-Xpress** serves as a mobile public assistance center that works with CHOICES to provide older adults and other eligible persons with Medicare Part D prescription drug benefit information and enrollment assistance. In addition, the DSS Rx-Express service conducts outreach in rural, suburban and urban communities, where DSS regional staff provide eligibility screening for various public assistance programs, including Medicaid, Charter Oak Health Plan, HUSKY, SAGA, Medicare Savings and SNAP (Food Stamps.) During SFY 2010, DSS participated in 66 events and provided information and eligibility screening to 1,364 people through this mobile service option.



**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 2010, agency social workers provided services to 3,334 persons living in the community. The Department also received 211 report forms regarding residents of long-term care facilities. The Conservator of Person program, for indigent individuals 60-and-over who require life management oversight, helped 410 individuals; and the Conservator of Estate program provided financial management services to 107 people in the same age group.

The federal Supplemental Security Income Program serves people who are elderly, disabled, or blind. In Connecticut, the State Supplement Program augments the federal program. As the state fiscal year ended, the State Supplement Program was serving 17,882 persons (5,447 aged, 104 blind, and 12,331 disabled).

During the fiscal year, the **Community Based/ Essential Services Program** provided services designed to prevent institutionalization to 2,071 persons with disabilities. Persons received help through the **Personal Care Assistance Program** (people with disabilities between age 18 and

64); and 365 individuals were provided assistance under the **Acquired Brain Injury Program**. Both programs operate under Medicaid waivers.

The **Family Support Grant Program** helped 25 families with children with developmental disabilities other than mental retardation in meeting extraordinary expenses of respite care, health care, special equipment, medical transportation and special clothing.

### **Family and Individual Social Work Services**

Regional and Central Office social work staff provided brief interventions for 3,284 families and individuals, including counseling, case management, advocacy, information and referral, housing and homelessness assistance and consultation, through Family and Individual Social Work Services.

The **Teenage Pregnancy Prevention Initiative**, designed to prevent first-time pregnancies in at-risk teenagers, continued to target the urban areas of Hartford, New Haven, New Britain, Waterbury, Meriden, Norwich, New London, Torrington, West Haven, and Willimantic as well as Bridgeport, East Hartford and Killingly re-opening. The programs served 540 individuals.

The **Family Planning Program** provided comprehensive reproductive health care services to 15,802 low-income residents.

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.

The **Long-Term Care Ombudsman Program** is authorized by the Connecticut General Statutes and the Federal Older Americans Act of 1965. The Ombudsman Program promotes services which attain and maintain the highest quality of life and care for residents of nursing homes, residential care homes and assisted living communities in Connecticut. The Program's mission is to protect the health, safety, welfare and rights of these long term care consumers.



The program responds to, and investigates concerns and complaints made by, or on behalf of, residents of long-term care facilities. Information, education, and consultation are also provided in order to promote and support self-advocacy. Through a combination of direct services to long-term care consumers, partnerships with the state's elderly services and persons with disabilities networks, as well as rigorous systemic and legislative advocacy, the ombudsman program presses for ongoing improvements to the state's long term-care system.

The Long-Term Care Ombudsman Program is an independent office of state government and for administrative purposes is housed within DSS. The State Ombudsman's office is in Hartford and the Regional Ombudsmen have offices throughout the state.

Besides paid staff, a team of dedicated Volunteer Resident Advocates also works to further enhance Program support of residents, both individually as well as collectively, through Resident Councils. These volunteers make thousands of visits with residents on an annual basis.

In SFY 2010, the Long-Term Care Ombudsman Program handled 1,545 complaints. There are more than 30,000 long term care residents in the State of CT who are served by the Long Term Care Ombudsman Program. Staff and volunteers of the Program monitor the quality of care and services for all of these individuals through visits, complaint follow-up, consultations, and legislative and policy activities. For further information: [www.ct.gov/lcop](http://www.ct.gov/lcop) or 1-866-388-1888.

### **Bureau of Rehabilitation Services**



The **Bureau of Rehabilitation Services (BRS)**, [www.ct.gov/brs](http://www.ct.gov/brs), administers the Vocational Rehabilitation (VR) and Supported Employment Programs under the Rehabilitation Act of 1973, as amended. BRS helps Connecticut residents with significant disabilities to prepare for, gain, maintain, and advance in employment. The goals of BRS are to 1) improve the quality of vocational rehabilitation services for individuals with disabilities, as measured by consumer satisfaction; 2) increase employment outcomes for individuals with disabilities, as measured by employment rates and earnings; 3) increase access to services for all individuals with disabilities, as measured by numbers of applications in underserved populations and for individuals who are deaf; and 4) create effective partnerships designed to advance employment for Connecticut citizens with disabilities.

Overall, DSS provided VR services to 8,071 job seekers with disabilities during SFY 2010. Of this number, 883 consumers entered the competitive workforce, while other consumers worked toward setting and meeting employment goals.

BRS received an adjusted total of \$2.4 million in stimulus funding from the **American Recovery and Reinvestment Act (ARRA)**. These funds, allocated for VR programs under Title 1, Part B of the Rehabilitation Act, enabled state VR programs to develop innovative strategies to improve employment outcomes for Connecticut residents with disabilities.

With ARRA funding, BRS hired an education service specialist and six employment consultants to increase the bureau's presence in the marketplace. The goal of the newly established **Employment Division** was to enhance statewide employer development. The new staff are responsible for local and regional job development efforts. Initial results have been positive. The Employment Division has developed 144 work outcomes for consumers, with 72 of those outcomes taking the form of on-the-job trainings with local employers.

To take advantage of **Summer Youth Employment** opportunities, BRS collaborated with six Workforce Investment Boards (Capital Region WIB; Eastern WIB – Willimantic; Eastern WIB – Norwich; Northwest Regional WIB – Waterbury; Workforce Alliance; and Workplace, Inc.) to hire a liaison at each location with ARRA stimulus funding. These six liaisons placed 135 youths in competitive summer job experiences.

BRS continued its **Employment Partnerships** with **Walgreens** by referring consumers for training and employment. Approximately 46% of the staff at the distribution center in Connecticut is an employee with a disability. Walgreens is planning to expand training for consumers with disabilities to its retail business nationally and BRS is ready to partner with Walgreens on this new initiative.

Through the Arc of Quinebaug Valley, **Lowe's** has established a training program at its distribution center in Plainfield. This business partnership, similar to the Walgreens model, has received positive feedback from Lowe's and BRS consumers who have participated in this partnership.

BRS and the Department of Mental Health and Addiction Services (DMHAS) continue to co-fund an employment consultant who targets supported employment training and initiatives across both systems. This collaboration is in the ninth year of a systems change project to improve employment outcomes for individuals with psychiatric and/or addiction disorders. A BRS counselor, who is stationed at a local mental health authority, is collaborating with DMHAS staff to conduct joint employment planning to better serve shared consumers with psychiatric disabilities.

With the new **Ticket to Work Partnership Plus Model**, BRS actively collaborated with community rehabilitation providers to enhance ongoing supported employment services and supports for individuals with disabilities. Recipients of Social Security benefits now have access to employment services that focus on increased earnings and self-sufficiency goals from a variety of providers or Employment Networks. The Social Security Administration has also approved two non-traditional entities as Employment Networks: two One Stop Centers and four Centers for Independent Living. More than 40 Employment Network partners are accessing federal funding through the Ticket Program and helping consumers to decrease their dependency on Social Security benefits through a variety of non-traditional employment programs and supports.

The mission of the **Connecticut Tech Act Project** is to increase independence and improve the lives of individuals with disabilities through increased access to and acquisition of Assistive Technology (AT) devices for work, school and community living. Core services included statewide AT demonstrations, AT device loans, training and technical assistance for counselors and consumers regarding the use of AT in employment settings, and the Assistive Technology Loan Program, which provides low-interest financial loans for individuals with disabilities to buy AT devices and services. Through [www.getATstuff.com](http://www.getATstuff.com), an online classifieds website, new and used AT devices can be recycled. During SFY 2010, the program trained 1,102 participants, recycled over 850 AT devices, and fielded over 24,000 requests for information on AT for the Connecticut Tech Act Project's programs and services. Visit [www.CTtechact.com](http://www.CTtechact.com) for more details on programs and services offered by the Connecticut Tech Act Project.

The **State Rehabilitation Council** collaborated with BRS in conducting a comprehensive statewide needs assessment on consumer needs and how to address them. Among other activities, the council contributed support to the Youth Leadership Forum (*described below*) and sponsored a higher education scholarship.



BRS continued to be the major event sponsor for the **Youth Leadership Forum** ([www.ctylp.org](http://www.ctylp.org)), an educational and leadership forum for 39 high school juniors and seniors with physical and mental disabilities. Hosted on the main campus of the University of Connecticut, the program helps participants identify and strengthen leadership skills and define community projects to achieve at the end of the forum.

Through the five **Centers for Independent Living** (the Center for Disability Rights, West Haven; Disabilities Network of Eastern Connecticut, Norwich; Disability Resource Center of Fairfield County, Stratford; Independence Northwest, Naugatuck; and Independence Unlimited, Hartford), individuals with disabilities received independent living services. BRS also received ARRA funding for the Independent Living programs to augment independent living services. Four of the centers used this funding to increase the independent living and pre-vocational skills for consumers with vocational goals; the fifth center used the funding for students with disabilities who are transitioning from school to independent living to employment. Consumers received assistance as follows: active cases - 895; information & referrals- 5,432; and transitions from skilled nursing facilities - 113. Please see [www.ct.gov/brs](http://www.ct.gov/brs) - Applying for Services for center addresses. In general, services in all categories were increased over the previous year.

Four of the centers were approved by the Social Security Administration to become Employment Networks: Disabilities Network of Eastern CT, Independence Unlimited, Independence Northwest, and the Disability Resource Center of Fairfield County.

BRS expanded its website to include information about **Personal Assistance Services**. The site features consumer information and guidance for employers about personal assistance services, including links to best practices from seven employers.

The **Connect-to-Work Center** (e-mail: [connecttowork.dss@ct.gov](mailto:connecttowork.dss@ct.gov); toll-free: 1-800-773-4636, or TTY: 1-860-424-4839) provides a single access point for information about the impact of wages on federal and state benefits. Community work incentive coordinators provided comprehensive benefits analysis summaries to a total of 748 people (642 were new consumers; 106 received follow-up services). These summaries provide information on how to maximize income by working and using federal, state and community resources appropriately to encourage work and increased self-sufficiency. In addition, 51 consumers received information and referral services and 381 people from various agencies, programs and the general public received technical assistance services. The project also hosted 41 workshops during the state fiscal year.

The Connect-to-Work Center was selected to participate in a national **Individual Development Account Pilot Project**, and was designated as an “**Innovation Champion**” for 2010 by Corporation for Enterprise Development. Individual development accounts assist low- and moderate- income people to save and receive significant matching funds that will help them increase their assets and financial stability. The IDAs are scheduled to be offered in CT in 2011.

In May and June 2010, BRS hosted **Consumer Prep Rallies**, a series of day-long events geared to prepare consumers to successfully navigate a job fair and converse in on-the-spot interviews. Almost 300 BRS consumers participated in these events held in Bridgeport, Hartford,



Middletown, New Haven, Norwich, and Waterbury. This innovative approach to prepare consumers for this specialized job search method was a success and will be duplicated in the future.

**Disability Determination Services (DDS)** processed approximately 40,000 client applications for Social Security Disability Insurance and Supplemental Security Income during SFY 2010. The DDS once again ranked as one of the top in the nation in productivity, effectiveness, and public service. For SFY 2010, the Connecticut achieved the lowest cost-per-case rate in the nation. DDS continued the Compassionate Allowance initiative and Quick Disability Determination Unit to expedite claims processing for applicants with most severe disabilities. Claims that are referred to this unit by predictive model selection average a five- to 11-day processing timeframe. DDS was also instrumental in contributing toward the ongoing development of the Social Security Administration's electronic claims analysis tool, eCAT, and was recognized for providing training to other states in the Boston region on use of the tool. The work of Connecticut DDS resulted in a better tool that is now being implemented in all DDSs across the nation.

**Connect-Ability** began in late 2005 with a federal grant to the State of Connecticut to identify and remove barriers to employment faced by people with disabilities. This five-year, multimillion dollar **systems change grant** involved a detailed look at the state's employment and disability services infrastructure to identify problem areas and implement lasting improvements. In SFY 2010, Connect-Ability:

- Recognized a total of nine top employers at the October 2009 and June 2010 **Employment Summits** for their commitment to employing people with disabilities.
- Collaborated with 50 employers to participate in **National Disability Mentoring Day** (October 2009), providing workplace skills and experiences to students and job seekers with disabilities.
- Advanced transportation resources with the development of a web-based trip planner, **Getting on Board Transportation Guides**, a cost calculator, and a **Transportation Resource Directory**. Collaborated with the Connecticut Association for Community Transit to conduct three **Transportation Workshops** reaching over 225 attendees and supported the establishment of Connecticut's first accessible taxis in New Haven.

## **Housing Assistance**

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

The **Transitional Living Program** served more than 2,248 individuals, and helped families and adults move from shelters into independent living. The **AIDS Residence Program** provided housing and support services to approximately 900 people. In addition, funding was provided to 14 **CT Beyond Shelter Programs**. These programs improve housing retention by providing coordinated services to landlords and households leaving homeless shelters or transitional living programs into independent housing. In May 2010, the Department also provided funding for five

**Housing First for Families Programs.** Housing First for Families assisted homeless families in shelters with obtaining permanent, affordable housing or stabled shared housing within a short time period.

The department was also awarded \$10.8 million in American Recovery and Reinvestment Act funds for the **Homelessness Prevention and Rapid Rehousing Program (HPRP)**. The department contracted with six regional agencies – CTE, Inc., Columbus House, Mercy House & Shelter Corp, Inc., Thames Valley Council for Community Action, Inc., Journey Home, Inc., and New Opportunities, Inc. - to provide services to services to prevent individuals and families from becoming homeless, or to re-house/stabilize those who have become homeless. 2-1-1 Infoline of Connecticut provided eligibility screening and referrals for all HPRP programs in the state. For individuals and families who were not eligible for HPRP services, 2-1-1 made referrals to other appropriate services. During SFY 2010:

- 4,256 clients were served through the Homelessness Prevention and Rapid Rehousing Program; 3,273 through prevention and 983 served through rapid re-housing.
- 2-1-1 Infoline made 3,618 referrals to other state programs.

The **Security Deposit Assistance Program** provided help to more than 2,542 individuals and families in obtaining permanent housing. These services are provided through DSS regional offices.

Under the **Rental Assistance Program**, DSS provided rental subsidies to 2,859 families and adults living in privately-owned housing. One-year rental subsidies were provided under the Transitional Rental Assistance Program to an average of 60 former Temporary Family Assistance-recipient families per month.

Under the federal **Section 8 Housing Choice Voucher Program and Section 8 Moderate Rehabilitation Program**, DSS provided rental assistance so that 6,437 families and adults could move into and afford safe and sanitary housing. A special program category under Section 8 includes the Mainstream Housing Opportunities for Persons with Disabilities Program. Competitive HUD funding awarded to DSS is used to provide housing subsidies to eligible individuals with disabilities who often face difficulties in locating suitable and accessible housing. The department currently receives funding for 150 households.

DSS works closely with the Department of Children and Families in the **Family Unification Program**, promoting family unity by providing housing assistance to families for whom the lack of adequate housing is a primary factor in the separation, or the threat of imminent separation, of children from their families. The housing component of the **Money Follows the Person Program** enables eligible nursing home residents to safely return to the community and a more self-sufficient lifestyle through a rental subsidy provided by the department. Once the necessary community support systems have been identified and put in place, Transition Coordinators make referrals to DSS for a Rental Assistance Program certificate. There have been 194 rental subsidies provided since the program began in 2009.

DSS has a memorandum of understanding with the Department of Mental Health and Addiction Services, the Office of Policy and Management, the Department of Economic and Community Development, the Department of Children and Families and the Connecticut Housing Finance Authority in support of the **Supportive Housing Pilots/Next Steps Initiative**. This is designed to create service-supported, affordable housing opportunities for homeless families, homeless youth aging out of the child welfare system and people affected by mental illness or chemical dependency who are facing homelessness. The department has devoted Section 8 and state Rental Assistance Program rental subsidies as part of this initiative.

### **Energy and Food Assistance, Community Programs**

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

During SFY 2010, DSS and its service partners assisted 113,385 CEAP/CHAP-eligible households, distributing \$108 million in federally funded energy assistance through the Connecticut Energy Assistance Program (CEAP) and Contingency Heating Assistance Program (CHAP).

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

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

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

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

DSS also administered federal funds for a **Weatherization Assistance** program, providing energy-efficient measures to approximately 840 households with incomes up to 60% of the federal poverty level. (See also, weatherization section under the American Recovery and Reinvestment Act section on page 11.) Further information: 1-800-842-1132.

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

Through the **Neighborhood Facilities Program**, DSS provides grants for planning, site preparation, construction, renovation, and acquisition of facilities for child care centers, senior centers, multi-purpose centers, domestic violence programs, emergency shelters, shelters for the homeless, food distribution facilities, and accommodations for people with HIV and AIDS. During SFY 2010, DSS received approval from the state Bond Commission for one project with a value of \$135,000.

In addition, DSS was given the responsibility for three projects funded with OPM Urban Act funds in the amount of \$1,350,000; and ten Small Town Economic Assistance Program projects in the amount of \$1,454,113.

The **Emergency Food Assistance Program** distributes available food from the U.S. Department of Agriculture to soup kitchens, food pantries, and shelters that serve people in need. The program distributed approximately 7.3 million pounds of food in SFY 2010. The **Supplemental Nutrition Program** purchases high-protein foods for distribution to food pantries, soup kitchens, and shelters through a statewide network of 442 agencies. Approximately 592,796 pounds of food, with a value of \$737,451 were distributed through this program.

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

### **Connecticut Human Services Infrastructure Initiative and Strategic Planning**



During SFY 2010, the department and its Division of Strategic Planning oversaw further services under the Connecticut Human Services Infrastructure (HSI) initiative, in collaboration with 2-1-1 Infoline and the state's 12 Community Action Agencies (CAAs). The initiative seeks to streamline customer access to services within and between CAAs, DSS and other human service partners by better use of existing resources, and by connecting clients to community resources before, during and after DSS intervention. This enables DSS clients to be better prepared to use services efficiently, coordinating all "helping" services within the HSI initiative and identifying client barriers early in the process.

During this year, the CAAs and their statewide organization, the Connecticut Association for Community Action (CAFCA), developed and launched an automated benefits enrollment calculator. The calculator was created to help residents easily find out what state and federal programs they may be eligible for. By taking a few minutes and answering some anonymous questions about themselves, their family and others who may live in their home, the calculator is to determine what programs and benefits people are potentially eligible for and how they can go about applying for those programs. Funding was provided through the Community Services Block Grant and the American Reinvestment and Recovery Act. CAA staff can help customers with this tool and individuals can also access the calculator on the CAFCA website at <http://cafcacalculator.cafca.org/>.

The implementation of the automated benefits enrollment calculator enhances HSI and further streamlines access of services for clients. Further emphasis has been placed on the implementation of a management information system that is able to collect extensive customer information, including basic demographics, identified needs, plans for service, interventions provided and outcomes achieved which are then available to staffs across several programs. Recognizing that there are several data systems employed within the CAA network, the Connecticut Association for Community Action secured a grant for development of a “data bridge”—the software allows participating agencies to integrate individual customer information gleaned from multiple data systems across a broad network of provider agencies. Further information is online at [www.ct.gov/dss](http://www.ct.gov/dss), DSS search term “HSI” and at the Connecticut Association for Community Action website at [www.cafca.org](http://www.cafca.org).

## **DSS REGIONAL OFFICES**

The Department’s Regional Offices provide direct services to eligible clients in the areas of Supplemental Nutrition Assistance Program (formally food stamps), Temporary Financial Assistance, State Supplement, Medical Assistance and State-Administered General Assistance. In addition, Regional Offices provide on-site Child Support Services, Social Work Services, as well as Fraud Investigations, and Resources Investigations (public assistance recovery) services. Regional Offices also include staff of the Bureau of Rehabilitation Services.

### **Northern Region**

The DSS Northern Region is comprised of a regional office (Hartford) with three sub-offices (Manchester, New Britain, Willimantic), serving 59 cities and towns with a total of 127,557 unduplicated active ‘assistance units’ (technical term for households, whether a family or single individual), for a total of 222,692 active recipients. The Northern Region is the largest of the department’s three regions, serving approximately 37% of the statewide active caseload.

**Regional Processing Unit** is a centralized unit in the Hartford office that handles all presumptive eligibility for HUSKY, as well as expedited eligibility for pregnant women; newborns; children who are transitioning from HUSKY B to HUSKY A; and HUSKY applications received directly in the region. In this manner, the Northern Region can expedite

service delivery for this critical medical eligibility piece and reduce gaps in client medical coverage.

**Outstationed Staff at Acute-Care and Long-Term Care Facilities** -- The Northern Region's collaboration with area hospitals expanded with the development of out-stationed eligibility workers in long-term care facilities and the expansion to community health care clinics. In this way, DSS is able to support health care coverage and services needed both in acute-care and long-term care settings, as well as in communities.

**Mobile Office Eligibility Services** -- The Northern Region continues to expand client access and services through the DSS Rx-Xpress Bus at regional events, such as the Veterans' Stand Down, SNAP/Food Stamp outreach, farmers' markets and other venues. Not only does this initiative offer enhanced service to connect clients with the agency, the mobile office has been extremely helpful in providing continuity in services during times when additional office space is needed.

**Hartford Community Court** -- The DSS Hartford office has a successful cooperative relationship at the Hartford Community Court with several community partners, including the City of Hartford, the Department of Mental Health and Addiction Services and the state Judicial Branch. The court attends to "quality of life" and misdemeanor crimes in Hartford, with defendants willing to enter a conditional plea of guilty to avoid or receive a shortened prison time by performing community service. The DSS representative facilitates the transition of detainees to the community by granting applications for DSS programs, responding to client inquiries, performing interim eligibility changes, and providing technical assistance to participating partner agencies regarding DSS programs and procedures.

### **Service Delivery Enhancements:**

#### **Hartford Office**

**SNAP E-Faxing** -- DSS collaborates with End Hunger CT! (EHC) and its partners to facilitate submission of Supplemental Nutrition Assistance Program applications, electronically, via 'E-Fax.' The collaboration and technology has proven effective and advantageous to SNAP applicants/recipients and the partners who take part in the initiative. Each month EHC submits an average of 150 applications electronically to a designated DSS contact person, who distributes for processing.

**SNAP Team** -- From team of nine eligibility services staff, one worker is assigned on a rotating basis to screen mail-in applications and assign the applications to another member of the team. The screener also identifies potential expedited applications and these are immediately handed off to one worker assigned to process them. The third member on the rotation interviews and processes applications for 'walk-in' clients.

#### **Manchester sub-office**

**Family SNAP/HUSKY** -- This unit is divided between Intake and Case Maintenance, with all HUSKY redeterminations are initiated by clerical staff and then processed by a

designated worker. The SNAP redeterminations go to a group of designated workers, who process SNAP redeterminations.

**TFA Family** -- Two workers are now assigned to screening activities for all applications to determine if they qualify for cash assistance and scheduling required appointments with a TFA worker. If there is no cash assistance eligibility but expedited SNAP eligibility, applications are processed and moved to the Family Intake Unit or Regional Processing Unit.

**Adult/Community Elderly** -- This unit is divided between Intake and Case Maintenance, with every application logged into a database and assigned to an intake worker. They are responsible for processing the case and then turning it over to Case Maintenance staff. All staff members are assigned a caseload and are responsible for case updates and redeterminations.

**Long-Term Care** The Long-Term Care unit is also divided between Intake and Case Maintenance. Additionally, the two staff members assigned to Case Maintenance work together with Intake on a combined caseload.

#### **New Britain sub-office**

**HUSKY/SNAP Call Center** -- Comprised of 14 eligibility services workers, a fully-functioning, bilingual-capacity Call Center features two dedicated staff who respond to client inquiries concerning application and redetermination status, updates or clarifications on requested information to be submitted, and deadlines for submission. The remaining staff rotate through the Call Center during the workday to handle eight voice mailboxes carefully scripted to explain and request information on the common client changes that impact SNAP eligibility and/or benefit amount.

**Structured Processing** -- Eligibility staff follow a prescribed schedule that focuses and concentrates on SNAP applications and redeterminations, with the goal of streamlining processing timeframes of large volumes of incoming work.

**Express SNAP Grants** -- Incoming SNAP applications found to have all required information needed for a grant are specially tagged and forwarded to an eligibility services worker dedicated to rapid processing.

#### **Willimantic sub-office**

##### **Call Center - Adult Cases**

The Adult Unit implemented two teams with dedicated telephone lines, providing clients with greater efficiency by assigning cases to a customer service team rather than specific workers. The new format allows staff to be assigned where the need is greatest at any given time, such as telephone calls, redeterminations and interim changes.

### **Structured Processing**

For each of the following areas -- TFA/Family Support, SNAP, SAGA Cash, State Supplement, HUSKY and Medicaid for Aged, Blind and Disabled/Low-Income Adults -- an assigned worker coordinates all new applications.

### **Community Involvement, Collaborations and Initiatives**

The Northern Region participates in a wide range of community-based efforts to improve the coordination of services and develop prevention and early intervention services to address the needs of high-risk populations. In addition, the Region maintains an active Speaker's Bureau of trained volunteer staff who provide information and workshops on DSS programs to community-based agencies, consumer groups and statewide organizations. Following is a list of some of the committees and organizations which the Northern region participates in.

**Hartford Area Child Care Collaborative**, a project of the Hartford Foundation for Public Giving. The Northern Region participates on the steering committee, supporting the collaborative's work on such priorities as the education and credentialing of early childhood teachers, promotion of researched-based curriculum, building leadership and advocating for high quality child care at the local, state and national level. The collaborative also piloted the **Safe Families, Safe Homes** training model for early childhood programs, addressing issues of domestic violence affecting young children.

**Hartford/West Hartford System of Care** an interagency/community group originally supported by the Department of Children and Families to address the needs of families with children with behavioral health needs. The DSS Northern region participates on both the steering committee and monthly membership meetings.

**Greater Hartford Children and Domestic Violence Collaborative**, addressing issues of domestic violence and the effect on children and families in the Greater Hartford and Manchester areas by bringing together domestic violence services, court officials, DCF, DSS, domestic violence consultants, city services, police, and local agencies to coordinate and improve services. It is facilitated by Interval House.

**Department of Public Health's Injury Community Planning Group**, multi-disciplinary interagency group charged with developing a comprehensive state injury prevention plan as part of a federal Centers for Disease Control five-year grant. The Northern Region also participates in the intentional injury workgroup, the community assessment workgroup and peer violence workgroup.

**Community Health Center of New Britain Advisory Board**, a leader in the development of electronic medical records, autism screening, dental services provided on-site in New Britain schools. The board developed a public benefit website at [Qualify4care.com](http://Qualify4care.com), where people can learn if they qualify for public health insurance.

**The Bristol Continuum of Care**, addressing issues of homelessness in Bristol and responsible for the design and oversight of the HUD grant for the homeless, including the St. Vincent DePaul shelter programs, supportive housing programs, and homeless outreach and services.



**Enfield Outreach Initiative**, with the Region outposting a supervisor to the Mary Lou Strom Primary Care Center of Community Health Center, Inc., once a week to facilitate the provision of DSS services to Enfield residents.

**Windham County Re-entry Council**, addressing issues affecting people who are returning to the community from prison. The council meets regularly to facilitate coordination of services.

**Generations Family Health Center**, with DSS meeting regularly with staff of the Willimantic-based provider to help coordinate services and share information on public benefits..

**Eastern Workforce Investment Board**, addressing employment issues, including transportation to work for Temporary Family Assistance clients for work, which is especially challenging in this area of the state.

### **Western Region**

The DSS Western Region is comprised of a regional office (Bridgeport) with four sub-offices (Danbury, Stamford, Waterbury and Torrington), serving 57 cities and towns in Litchfield and Fairfield County. The Western Region serves over 200,000 recipients, representing nearly one-third of the department's total clientele statewide.

**Regional Processing Unit**, a specialized regional unit in the Bridgeport office, handles all presumptive eligibility for HUSKY, expedited eligibility for pregnant women, interim changes for HUSKY, Newborn Initiative applications, and Charter Oak-to-Medicaid for Low-Income Adults cases for the Western Region. In addition, there are 62 qualified entities, direct providers of medical services in the community and DSS partners in the facilitation of access to medical benefits. This unit has 12 dedicated staff and screens over 1,000 applications per month.

### **Community Partnerships and Modernization Initiatives in SFY 2010 included:**

- Workload management and time study of all eligibility staff functions.
- Staff automated reception log and redetermination log, tracking and identifying timeliness of staff seeing clients.
- Phone survey done manually by staff to identify call volume, reasons for call and disposition times, in preparation for the department's Modernization of Client Service Delivery initiative.
- Waterbury Call Center, moving all eligibility services workers into a virtual call center to prepare and determine lessons learned for Modernization of Client Service Delivery. Eligibility staff work in teams to answer calls and process work.
- Long-Term Care Workgroup developed to identify standard practices in each office and identify system delays for payments to nursing homes and delays in application processing. This Western Region pilot has resulted in a statewide group meeting with nursing home association members to create statewide system improvements.

- Newborn Initiative –working with the Office of Skill Development, staff created statewide system used by 32 state hospitals to expedite enrollment of all uninsured newborns. Created computer-based tracking system and moved enrollment from 53-day average to three days.
- Info Desk Pilot –Triage style reception area service model that began in Bridgeport office and is now statewide customer service representative model used statewide.
- Leadership 2000- diversity model that brings together vertical slice of all staff functions to improve relationships and communication within Western region.
- HUSKY Community Forums- staff hold quarterly meeting with community partners to update on all current medical and benefit changes.
- Long-Term Care Community Forums – nursing home staff invited to regional offices to update on current info and improve relationships and timeliness of applications and payments.

## **OTHER DIVISIONS WITHIN DSS**

### **Communications/Public and Government Relations**

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

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

Support functions include: advising on and coordinating legislative proposals; providing advocacy and representation at the General Assembly; serving as press secretary, departmental spokesperson and media contact point; preparing public information materials and news releases in support of agency services and initiatives; coordinating public relations with community organizations, grantees and individual clients and complainants; serving as Freedom of Information Act contact point and response coordination; conducting website development, maintenance and content management; program management of \$3.7 million contract with United Way of Connecticut/2-1-1/HUSKY Infoline.

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

The Communications/Public & Government Relations Office is on call for Governor's emergency response communications team, in conjunction with Department of Emergency Management and Homeland Security; and participates in agency's continuity of operations plan (including 'web EOC,' a state emergency operations communications site).

During SFY 2010, the office continued communications support to departmental program initiatives, while assisting applicants, clients and members of the general public by phone, email and outside referrals. A special highlight in customer service was establishment of a 'client information tracking system,' in conjunction with Regional Offices and the Division of Information Technology Services. The new system facilitates communication and problem resolution on behalf of clients; improves efficiency when clients contact multiple offices; and provides a central clearinghouse of information about client inquiries, complaints and service resolutions.

### **Legal Services**

The **Office of Legal Counsel, Regulations and Administrative Hearings** provides in-house legal counsel to the agency, oversees the regulation promulgation process and provides administrative hearings in accordance with the Uniform Administrative Procedure Act for applicants and recipients of DSS programs who wish to contest actions taken by the department, including:

- Denial of applications for and discontinuance of Food Stamps, cash benefits, medical benefits, Child Care Assistance program benefits;
- Reduction of amount of SNAP, cash benefits, Child Care Assistance program benefits;
- Administrative Disqualification Hearings for the Temporary Family Assistance and Food Stamp programs. (Follow this link for the Administrative Disqualification Hearings Homepage - <http://www.ct.gov/dss/cwp/view.asp?a=2349&q=304650> )
- Recoupment of benefits, including liens placed by the DSS;
- Child support hearings pertaining to administrative actions including, state and federal income tax offset, credit bureau reporting and property liens;
- Nursing facility transfer and discharge hearings.

### **Quality Assurance**

The Office of Quality Assurance is responsible for ensuring the fiscal and programmatic integrity of all programs administered by the Department of Social Services. In addition, QA is responsible for ensuring the integrity of all administrative functions of the Department. The office has four separate divisions, each with unique program integrity functions: Audit, Fraud & Recoveries, Quality Control, and Special Investigations. During SFY 2010, QA identified over \$343 million in overpayments, third-party recoveries, and cost avoidance.

The **Audit Division** is responsible for the federally mandated audits of medical and health care providers that are paid through the various medical assistance programs administered by the department. The Audit Division's Grants & Contracts Unit is responsible for reviewing federal and state single audit reports. The unit is additionally responsible for reviewing financial reporting of activity for various DSS grants and contracts with non-profit agencies and

municipalities. The Audit Division's Internal Audit Unit performs audits of the department's operations, involving review of administrative and programmatic functions and the electronic data processing systems used in their support.

The **Fraud & Recoveries Division** ensures that the department is the payor of last resort for the cost of a client's care by detecting, verifying, and utilizing third-party resources; establishing monetary recoveries realized from liens, mortgages, and property sales; identifying and deterring recipient fraud; and establishing recoveries for miscellaneous overpayments. The division's Central Processing Unit is responsible for the day-to-day operations of the Electronic Benefits Transfer (EBT) program. The EBT program distributes Supplemental Nutrition Assistance Program and cash assistance benefits to qualifying agency clients.

The Fraud & Recoveries Division's Client Fraud Unit includes investigation staff located at both Central and Regional Office locations. This unit performs investigations through the use of its pre-eligibility Fraud Early Detection Program and other fraud investigation measures. The Real Property Unit recovers monies owed to the department through liens and mortgages on real estate. The Third-Party Liability Unit is responsible for identifying and recovering the cost of health care from third parties, including insurance companies and Medicare, when responsible for payment of the health care services.

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

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

### **Affirmative Action**

The Department of Social Services is strongly committed to the concepts, principles, and goals of affirmative action and equal employment opportunity. These objectives are commensurate with the state's policy of compliance with all federal and state constitutional provisions, laws, regulations, guidelines, and executive orders that prohibit discrimination. The **Affirmative Action Plan**, submitted on March 30, 2010, was approved and granted continued annual filing

status by the Connecticut Commission on Human Right and Opportunities. DSS administers its programs, services, and contracts in a fair and impartial manner.

During SFY 2010, the Department of Social Services continued to monitor and improve its practices in employment and contracting, giving special consideration to affirmative action goal attainment, diversity training for all employees, and contract compliance. At the close of the November 30, 2009, affirmative action reporting period, 40.8% of DSS employees were minorities, 70.9% were women, and 1.3% was self-identified as having a disability. During the plan year, the department hired 104 new employees: 48 (46.1%) were minorities and 56 (53.8%) were women.

The department's affirmative action posture is reflected in the established, Department of Administrative Services-approved goals for small-, women-, and minority-owned business enterprises. The agency actively solicits participation from these categories in its selection of contractors.

### **Division of Financial Management and Analysis**

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

**The Budget and Payroll Group** is responsible for budgeting for well over \$5 billion in state and federal funds and over 50 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 Unit develops forecasts and expenditure reports for the many health and cash assistance services DSS provides to eligible state residents.

During SFY 2010, this group has been involved in providing fiscal analyses on several major department initiatives. These include implementation of Medicaid for Low-Income Adults, numerous pharmacy cost-savings initiatives, prior authorization for certain dental procedures, increased utilization review, and many others.

Within this group, the Payroll Unit is responsible for management and oversight of payroll and benefit services to nearly 2,000 employees of the department.

**The Federal Reporting and Accounting Services Group** includes the Federal Reporting, Accounts Payable, Accounts Receivable and Convalescent Accounting functions. The Federal Reporting unit is responsible for reporting on federal grants and for the department's cost allocation plan. The Convalescent Accounting unit is responsible for accounting activities related to the long-term care portion of the Medicaid program. The Accounts Receivable unit, responsible for a significant level of receivables related to the Medicaid program, as well as those of other agency programs, is located within this service center. The Accounts Payable Unit is responsible for all vendor payments issued through the state accounting system.

During SFY 2010, the group successfully collected over \$300 million in receivables. In addition, the group processed over 25,000 CORE payment vouchers, allocated over \$355.5 million in department administrative costs for the purpose of accessing federal reimbursement, reported on over 125 federal grants, and successfully assisted in Medicaid payment starts for reimbursement of care provided in skilled nursing facilities.

**The Fund Management and Reporting (FMR) Group** is charged with meeting the department's fund management and reporting requirements. This area is responsible for 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 2010, these programs generated over \$3.2 billion in federal revenue for the state. FMR is also responsible for cash management for all federal accounts. The Cash Management area oversees the drawdown and reconciliation of 200+ grants contained on five different federal draw systems. In SFY 2010, this area drew down over \$4.1 billion for the state.

FMR also contains the Benefit Accounting Unit (BA), which is responsible for the management of funds associated with over 30 DSS benefit entitlement programs utilizing state and federal funds, such as Medicaid and Temporary Family Assistance. Other programs include ConnPACE, Charter Oak, Husky B, Supplemental Security Interim Assistance, State Supplemental Benefits, State-Administered General Assistance, along with several other benefit programs, with an annual total of over \$5 billion.

The FMR group includes the General Accounting area, which coordinates activities such as fund postings to the state accounting system and related internal systems, the development of reporting mechanisms to support operational and external agency needs which include the Comprehensive Financial Status Report and Medicaid Expenditure Report, the maintenance of the chart of accounts and 'random moment sampling,' which supports the cost allocation process. More recently, this area has been responsible for the coordination of the department's American Recovery and Reinvestment Act (ARRA) reporting.

**The Actuarial Research and Analytical Support Unit** supports the department by providing a significant, in-house analytical capability. This unit is responsible for the development of capitation rates for the department's managed care services, developing estimates for complex medical program changes, and providing the analytical support for state Medicaid waivers and state Medicaid plan amendments. The unit also is available to provide actuarial and analytical support to other program areas within the department as needed. This unit works with staff from program areas to research and analyze issues, recommending changes to policy and procedures, as warranted.

### **Contract Administration**

**The Division of Contract Administration** is charged with oversight and administration of all procurement and contracting functions for the department, including the initiation of contract payment processing, and is additionally responsible for building and intra-agency service operations

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

The unit ensures that all contracts contain required contract provisions, as directed by the Office of Policy and Management and the Office of the Attorney General, and are properly executed. Annually, staff process approximately 1,000 contracts and amendments with over 350 contractors.

Staff also implement and participate in the training of department staff on new or revised contractual requirements or processes and ensure that state contract compliance rules for all contract and procurement activities conducted by the department are followed in the areas of contract development, processing and administration. The unit maintains the legal contract files for the department and manages the stages of contracts through an internal contract management system.

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

The **Purchasing Unit** is responsible for the purchase and delivery of all commodities, supplies, and services for the department. Staff ensure that purchases are conducted in accordance with state guidelines that may include the solicitation and review of multiple bids. Staff serve as liaison and facilitator of purchases that originate with the Departments of Administrative Services and/or Information Technology; the primary contact for all vendors of services and supplies; the coordinator for the agency credit card (P-Card) used by department staff specifically authorized for certain purchase transactions; and the surplus coordinator. Staff also participate in facilitation of asset management in identification of equipment purchased that should be in the CORE asset management system; in the review of new office equipment; and review and continuation of lease and maintenance agreements for all office equipment throughout the agency.

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

quarterly reporting on the Department's efforts to comply with the goals as approved by the Department of Administrative Services..

The **Facilities Management and Support Services Staff** provide support services to all DSS offices, including the 12 DSS regional office locations, central office, the Disability Determination Services (DDS) office and several Bureau of Rehabilitation Services locations throughout the state. Support services address building and maintenance matters, including security, health, safety and environmental issues, emergency requirements and compliance with all federal, state and local building code regulations. This unit also coordinates the development of the statewide facilities plan to maintain and secure office space required for department operations.

### **Information Technology Services**

The Information Technology Services Division encompasses several sections, including Technical Services, Support Services, the Data Warehouse, and the Document Center/Mailroom. These sections have provided extensive technical support to both the program and administrative areas of the agency.

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

### **Operations, Helpdesk, LAN/WAN and Communications Support Units**

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

Operations:

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

LAN Support:



- LAN/WAN Technical support
- Active Directory Administration
- Citrix Terminal Servers and Applications
- Email Administration
- Data Backup / recovery
- Virus protection / Operating System Patch Management
- Capacity Planning and Performance
- Security
- Internet Access
- Technical Standards
- New product evaluation

Coordination of effort among the staff of these two areas is critical and is essential to the successful maintenance of the mainframe and LAN/WAN environments. The functioning of the data center is a 24 x 6 process with two staff assigned to each of the second and third shifts, primarily for the processing of both the production and test Eligibility Management System cycles along with generation of daily notices, checks, and the communicating of various data files to the appropriate entities via File Transfer Protocol or various other types of media.

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

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

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

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

The **Application Development and Data Base Administration Unit** provides the core IT support for the agency, including application requirements, analysis, development, implementation and maintenance to the mainframe environment. The main application this unit

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

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

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

**CCSES User Support Group** - provides testing of changes to the Child Support/CCSES computer systems tests new computer software from a user's perspective before the changes are moved into the production region of the system. The group also handles project management of CCSES systems changes, and provides 'help desk' service.

The **Systems Planning Unit** is responsible for providing overall ITS project management, EMS project management, EMS business and systems functional requirements definition and various other planning activities for EMS, CCSES, and PC projects. In addition, it is responsible for ITS budget and spending plan completion; departmental forms and forms transmittal development (hard copy and intranet), and records (including DSS client case record information) retention and management. Systems Planning also acts as a liaison for Department of Information Technology/DSS interactions and is responsible for the Information Technology Agency Review and Planning Group.

The **Information Services Unit** is responsible for creating and modifying EMS management reports; performing analysis and documenting and defining the methodology for quality control selection criteria and outcomes and reporting the results to federal and state entities; compiling data and reporting on the Temporary Assistance to Needy Families high-performance bonus and TANF participation rates; creating and modifying regional 'download' files; analyzing and writing requirements for reports, as well as validating the report results; responding to outside queries for information; and performing general data analysis.

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

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

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

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

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

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

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

The Office of Organizational & Skill Development is deployed in four service areas – Programs; Leadership and Professional Development; Administrative; and the MultiSystems Service Areas. OSD accomplishments include focus groups with clients and providers in preparation for the Modernization of Client Service Delivery Initiative, training and organizational development for the implementation of universal design standards in service; skill building in DSS programs like the Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families, Child Support, Social Work and Medicaid; supervision; and technology training.

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

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

### **Human Resources Division**

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

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