Department of Social Services

Annual Report

State Fiscal Year 2024

Ned Lamont
Governor

Andrea Barton Reeves, JD
Commissioner

DEPARTMENT OF SOCIAL SERVICES

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CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

State Fiscal Year 2024
(July 2023-June 2024)

Andrea Barton Reeves, JD, Commissioner
Easha Canada, Deputy Commissioner, Eligibility Operations and Chief Strategy Officer
Peter Hadler, JD, Deputy Commissioner, Policy and Program Supports
Shantelle Varrs, Deputy Commissioner, Finance and Administration

Established - 1993
Statutory Authority - Title 17b
Central Office – 55 Farmington Avenue, Hartford, CT 06105
Number of Employees – 1,796
Operating Expenses - $ 321,096,436
Program Expenses - $4,325,029,646
Structure - Commissioner's Office, Eligibility Operations, Policy and Program Supports, Finance and Administration

VISION

- We envision a Connecticut where all are healthy, secure, and thriving

MISSION

- To make a positive impact on the health and well-being of Connecticut's individuals, families, and communities

VALUES

- Pride in Public Service
- Excellence and Integrity
- Compassion and Empathy
- Equity and Inclusion
- Racial Justice
- Collaboration and Communication
- Learning and Innovation

STATUTORY RESPONSIBILITY

The Department's statutory authority is found in Title 17b of the Connecticut General Statutes (CGS). The Department of Social Services is designated as the state agency for the administration of 1) the Connecticut Energy Assistance Program, pursuant to the Low-Income Home Energy Assistance Act of 1981; 2) the Refugee Assistance Program, pursuant to the Refugee Act of 1980; 3) the Legalization Impact Assistance Grant Program, pursuant to the

Immigration Reform and Control Act of 1986; 4) the Temporary Assistance for Needy Families program, pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; 5) the Medicaid program, pursuant to Title XIX of the Social Security Act; 6) the Supplemental Nutrition Assistance Program (SNAP), pursuant to the Food Stamp Act of 1977; 7) the State Supplement to the Supplemental Security Income Program, pursuant to the Social Security Act; 8) the state Child Support Enforcement Plan, pursuant to Title IV-D of the Social Security Act; 9) the state Social Services Plan for the implementation of the Social Services and Community Services Block Grants, pursuant to the Social Security Act; and 10) the state plan for the Title XXI State Children's Health Insurance Program.

DEPARTMENT OVERVIEW

The Department of Social Services delivers and funds a wide range of programs and services as Connecticut's multi-faceted health and human services agency. DSS serves over 1.2 million residents of all ages in all 169 cities and towns, supporting the basic needs of children, families, and individuals, including older adults and persons with disabilities. With service partners, the agency provides health care coverage, food and nutrition assistance, financial assistance, child support services, energy aid, independent living services, social work services, protective services for the elderly, home-heating aid, and additional vital assistance. DSS has approximately 1,796 dedicated staff led by Commissioner Andrea Barton Reeves, JD, with services delivered through 12 DSS Resource Centers, central administration, and online and phone access options.

PUBLIC CONTACT POINTS (ONLINE AND PHONE)

- DSS general: www.ct.gov/dss
- DSS ConneCT (online benefit accounts, service eligibility pre-screening, applying for services, renewing benefits, reporting changes): www.connect.ct.gov application guidance also at www.ct.gov/dss/apply
- MyDSS Progressive Web Application (online benefit accounts, real-time EBT balance, renewing benefits, reporting changes) mobile friendly: https://mydss.ct.gov
- Child Support Services: www.ct.gov/dss/childsupport
- Connecticut Child Support Payment Resource Center: www.ctchildsupport.com
- HUSKY Health and Covered CT Programs (Medicaid/Children's Health Insurance Program): www.ct.gov/husky; to apply online: www.accesshealthct.com or www.connect.ct.gov
- CT Medical Assistance Program (for health care providers): www.ctdssmap.com
- My Place CT (long-term services and supports): www.myplacect.org
- Winter heating assistance: www.ct.gov/heating help and www.ct.gov/staywarm
- Connecticut Fatherhood Initiative: www.ct.gov/fatherhood
- Supplemental Nutrition Assistance Program: www.ct.gov/snap
- Medicaid for Employees with Disabilities: www.ct.gov/med

- Reporting suspected client or provider fraud or abuse: www.ct.gov/dss/reportingfraud
- Special information for service partners: www.ct.gov/dss/partners

Toll-free information:

- DSS Client Information Line & Benefits Center: 1-855-626-6632
- 2-1-1 Infoline: 24/7, toll-free information and referral, crisis intervention services: call\2-1-1 operated by United Way of Connecticut with DSS funding
- TTY for persons with hearing impairment: 1-800-842-4524
- Child Support
  - o Child Support Payment Disbursement Unit: 1-888-233-7223
  - o Connecticut Child Support Call Center: 1-800-228-KIDS (-800-228-5437)
- Connecticut Home Care Program for Elders: 1-800-445-5394
- Reporting Suspected Fraud/Abuse; and Benefit Recovery (including lien matters): 1-800-842-2155
- Connecticut Fatherhood Initiative: 1-866-6CT-DADS (1-866-628-3237)
- Winter heating/Weatherization assistance: 2-1-1
- Access Health CT application and renewal line for HUSKY Health and Covered CT: 1-855-805-4325

Type of	Contact:	Telephone:	Website: Coverage:
Medical Coverage (Community Health Network of CT)	HUSKY Health Member Services	1-800-859-9889	www.huskyhealthct.org
Behavioral Health Coverage (Carelon)	Connecticut Behavioral Health Partnership	1-877-552-8247	www.ctbhp.com
Dental Coverage (BeneCare)	Connecticut Dental Health Partnership	1-866-420-2924 855CTDENTAL (855-283-3682)	www.ctdhp.com
Non-Emergency MedicalTransportation (MTM)	MTM	1-855-478-7350	www.mtm-inc.net/connecticut/
Pharmacy Coverage	Gainwell Technologies	Member services: 1-866-409-8430	www.ctdssmap.com

DSS CENTRAL ADMINISTRATION

55 Farmington Avenue, Hartford, CT 06105

Andrea Barton Reeves, JD, Commissioner
Easha Canada, Deputy Commissioner, Eligibility Operations/Chief Strategy Officer
Peter Hadler, JD, Deputy Commissioner, Policy and Program Supports
Shantelle Varrs, Deputy Commissioner, Finance and Administration

Department Chief of Staff and Directors:

Chief of Staff: Astread Ferron-Poole; Human Resources Director: Lisa Owens (Department of Administrative Services); General Counsel: Matthew Antonetti; Business Systems Director: Sharon Condel; Division of Health Services /Medicaid Health Services Director: William Halsey; Medical Director: Bradley Richards; Deputy Health Services Director: vacant; Health Services Community Options Director: Christine Weston; Child Support Services Director: Lynn Reeves; Chief Fiscal Officer: vacant; Customer Success Manager: Michelle Abrahamson (Department of Administrative Services); Quality Assurance Director: John Jakubowski; Eligibility Operations Director: Elizabeth Thomas; Eligibility Operations Associate Directors: Yecenia Acosta, Phil Ober, and Rachel Anderson; Social Work Services Director: Dorian Long; Program Oversight and Grants Administration Director: Daniel Giacomi; Organizational and Skill Development Director: Darleen Klase (UConn); Facilities Operations: William Lovejoy; Business Intelligence and Analytics Director: Susan R. Smith; Enterprise Program Management Office Director: Shan Jeffreys; Medicaid Enterprise Technology System Project Director: vacant; Planning and Improvement Office Director and Chief Customer Experience Officer: Laurie Ann Wagner; Diversity, Equity and Inclusion Manager: Talitha Coggins; Manager of Equal Employment Opportunity and Diversity; Kailie Gulino-Farnum; Chief External Affairs Officer: Jalmar De Dios; Chief Policy Advisor: Mehul Dalal, MD, Deputy Policy Advisor: Joel Norwood, Labor Relations Director: Michael Vasile (Office of Policy and Management):; Integrated Care Director: Fatmata Williams.

DSS RESOURCE CENTER INFORMATION

Services provided through 12 DSS Resource Centers include Temporary Family Assistance; Supplemental Nutrition Assistance Program (formerly food stamps); Medical Assistance (Medicaid, Children's Health Insurance Program and State-funded medical for children - HUSKY Health Program); Covered CT, Medicare Savings Program); State-Administered General Assistance; State Supplement Program; Social Work Services; and Child Support Services.

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

Thanks to modernization efforts, DSS staff work with a statewide electronic document management system to transmit, store and process client documents. All 12 Resource Centers have lobbies where customers may see eligibility services workers or drop off information. The staff work both in the office and remotely to answer a statewide call center line to answer questions and facilitate access to and maintenance of benefits.

The statewide DSS Customer Information Line & Benefits Center number: 1-855-626-6632; TTD/TTY: 1-800-842-4524 for persons with speech or hearing difficulties. Video Remote Interpreting (VRI) was added to the Service Centers located in the 12 Resource Centers to assist customers who are deaf or hard of hearing.

DSS Offices

Staff provide direct assistance to eligible customers in the areas of Supplemental Nutrition Assistance Program, Temporary Financial Assistance, State Supplement, Medical Assistance and State-Administered General Assistance. In addition, Resource Centers also provide on-site Child Support Services, Social Work Services, as well as Quality Assurance services. During SFY 2024, offices hours were Monday through Friday from 8:00 a.m. to 4:30 pm. For more information on current office hours: https://portal.ct.gov/dss/about-the-department-of-social-services/contact.

DSS customers can dial one toll-free number 1-855-626-6632, or TTD/TTY 1-800-842-4524 (for persons with speech or hearing difficulties) -- from anywhere in Connecticut to reach information or services. This phone access is called the Customer Information Line and Benefits Center. Callers can self-serve through an IVR (interactive voice-response) system, 24/7, or reach a Benefits Center agent. All general inquiry and form requests are handled by agents. Calls regarding program eligibility or case updates are transferred to Eligibility services workers during business hours. During SFY 2024, Resource Center eligibility services workers were available by phone Monday through Friday from 7:30 a.m. to 4:30 p.m. For more information on current office hours: https://portal.ct.gov/dss/about-the-department-of-social-services/contact.

CT residents, current HUSKY Health A, B, D, and Covered CT members looking for assistance with health care coverage can call Access Health CT, the state-based marketplace at 1-855-805-4325 or visit www.accesshealthct.com to learn about HUSKY Health, Covered CT and affordable qualified health plans. DSS and Access Health CT share medical operations and work in partnership to help clients apply for or renew health care benefits. Applicants may submit applications and renewals for HUSKY Health and Covered CT online, by calling the call center, by mail or by visiting a DSS office. The shared Access Health CT call center is available Monday through Friday from 8 am to 4 pm. Hours may vary during open enrollment or special enrollment periods.

Resource Center Locations

- **Greater Hartford**—20 Meadow Road, Windsor; Lindsey Collins, Josie Savastra, and Robert Stewart, Social Services Operations Managers.

- **Manchester**—699 East Middle Turnpike; Angelica Branfalt, Social Services Operations Manager.

- **New Britain**—30 Christian Lane; David Mazzone and Nicole Matos, Social Services Operations Managers.

- **Willimantic**—1320 Main Street/Tyler Square; Tonya Beckford, Social Services Operations Manager.

- **New Haven**—50 Humphrey Street; Ralph Filek, Sarah Chmielecki and Randalynn Muzzio, Social Services Operations Managers.

- **Middletown**—2081 South Main Street; Brian Sexton, Social Services Operations Manager.

- **Norwich**—401 West Thames Street; Mathew Kalarickal, Social Services Operations Manager.

- **Bridgeport**—925 Housatonic Avenue; Jamel Hilliard, Tim Latifi and Annjerry Garcia, Social Services Operations Managers.

- **Danbury**—342 Main Street; Jill Sweeney, Social Services Operations Manager.

- **Stamford**—1642 Bedford Street; Shahar Thadal, Social Services Operations Manager.

- **Waterbury**—249 Thomaston Avenue, Randalynn Muzzio, Theresa Deangelis and Alex Sirios, Social Services Operations Managers.

- **Torrington**—62 Commercial Boulevard; Jill Sweeney, Social Services Operations Manager.

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SIGNIFICANT ACCOMPLISHMENTS/HIGHLIGHTS OF SFY 2024

Overview

The Department of Social Services provided services to 1.2 million individual state residents in SFY 2024. [Note: this number includes any individual who received at least one month of benefits during the calendar year.] Agency staff served the public directly at 12 offices and via the statewide DSS Customer Information Line & Benefits Center phone number, while central office staff administered specialized services and supported Eligibility operations across the full range of directly administered programs as well as agency-funded programs administered by partner entities.

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Public Health Emergency Medicaid Unwinding

During this reporting period, DSS was amid the federal process of unwinding and returning to regular business operations after the COVID-19 pandemic. The expiration of the continuous enrollment condition authorized by the Families First Coronavirus Response Act (FFCRA) presented the single largest health coverage transition event since the first open enrollment period of the Affordable Care Act. As a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under the FFCRA, states were required to maintain enrollment of nearly all Medicaid enrollees during the COVID-19 Public Health Emergency (PHE).

The Consolidated Appropriations Act, 2023, delinked the end of the FFCRA's Medicaid continuous enrollment condition from the end of the COVID-19 Public Health Emergency. As a result, the Medicaid continuous enrollment condition ended on March 31, 2023. States were required to resume normal operations, including restarting full Medicaid and CHIP eligibility renewals and terminations of coverage for individuals who were no longer eligible.

Beginning April 1, 2023, in accordance with federal guidelines, DSS began the year-long process of redetermining eligibility for all individuals enrolled in Medicaid and CHIP, terminating Medicaid enrollment for individuals no longer eligible. A total of 1,198,835 individuals were renewed during this time. CT completed its unwinding work, having redetermined eligibility on all individuals enrolled by March 31, 2024.

As a result of extensive outreach efforts, eligibility system improvements and the adoption of several temporary rules promoted by the Centers for Medicare and Medicaid Services, as authorized by Section 1902(e)(14) of the Social Security Act, CT completed its unwinding efforts as a national leader. CT ranked 3rd nationwide and 1st in the Northeast for having successfully and timely renewed 75% of enrollees, as compared to the national average of 55%. Similarly, CT ranked 5th nationwide and 1st in the Northeast for having renewed 64% of enrollees on an ex parte basis, as compared to the national average of 38%. An ex parte renewals or "passive" renewal is the most effective method of renewal as the renewal is completed using electronic data sources to verify income and other information without

requiring the enrollee to submit documentation. This facilitates seamless enrollment without gaps in coverage.

The PHE unwinding efforts resulted in significant improvements to the Medicaid/CHIP renewal process. DSS will be able to continue to use many of the new tools that were developed such as those used for texting and partner data sharing, expanded renewal methodologies, the incorporation of SNAP data to the eligibility verification process, and the development of new interfaces for updating and verifying addresses. Ongoing, these tools will contribute to an improved DSS customer experience and palpable administrative efficiencies.

Advances in the Supplemental Nutrition Assistance Program (SNAP)

DSS continued to improve its quality of services to over 503,000 Connecticut residents who received at least one month of SNAP benefits during SFY 2024. The department continues to excel in application processing timeliness, posting a timeliness rate of 93.81% for SNAP application processing in FFY 2023, the most recent data provided by the federal government. This rate puts Connecticut eighth in the nation for SNAP application processing timeliness. The U.S. Department of Agriculture cites that every $5 in new SNAP benefits generates as much as $9 of economic activity. In SFY 2024, over **$**1.1 billion in direct federal revenue came into Connecticut's food economy through SNAP, generating nearly $2 billion in economic activity, representing a tremendous impact on hunger/poverty and aid to the local economy.

In response to the COVID-19 pandemic, DSS accessed flexibilities offered by the USDA's Food and Nutrition Service to ensure residents of Connecticut maintained access to food assistance during the emergency. These flexibilities included: waiving the interview requirement for most SNAP applicants; waiving the mid-certification Periodic Report Form review; continuing the ability to accept SNAP applications telephonically; expanding the use of SNAP benefits online to purchase food from participating retailers by adding retailers throughout the state. Most notably, DSS again operationalized and oversaw the distribution of the Pandemic EBT program in SFY 2024.

Authorized by the Families First Coronavirus Response Act, with additional amendments made in the Continuing Appropriations Act and Other Extensions Act of 2021, as well as the Consolidated Appropriations Act of 2021, DSS continued its partnership with the state Department of Education to implement Pandemic EBT providing P-EBT benefits totaling over $44.8 million in SFY 2024. Pandemic EBT provided the families of over 300,000 students who participated in the free or reduced-price meals program in school and who were learning remotely for at least part of the school year to ensure that their children continued to receive nutritious meals while learning from home during the pandemic. Using the multiplier referenced above, this program generated as much as an additional **$**80.8 million in economic activity to the state of Connecticut in SFY 2024. In total this program provided over $655 million in additional SNAP benefits since May 2020 and generated an additional $1.17 billion in economic activity.

Covered CT Program

Based on state laws passed in the 2021 legislative session, the Covered CT program began on July 1, 2021. Covered Connecticut provides eligible individuals with free qualified health plan coverage available through Access Health CT. The State directly reimburses the insurance carriers for the monthly premium and the cost-sharing amounts that the enrollee would normally have to pay, such as out-of-pocket costs for deductibles, copays, and coinsurance. Effective July 1, 2022, coverage was expanded to adults without dependents and all enrollees will also receive no-cost dental care and non-emergency medical transportation services, comparable to the benefits under Connecticut Medicaid and provided through the HUSKY delivery and payment system. The program was initially fully state-funded using funding made available through the American Rescue Plan Act (ARPA). DSS applied for and received federal approval of, a Medicaid 1115 Demonstration waiver, from the Centers for Medicare and Medicaid Services (CMS) on December 15, 2022. Approval of the Covered CT Medicaid 1115 waiver enables the state to receive federal financial participation for the state's costs of paying for the premiums, cost-sharing amounts, dental care, non-emergency medical transportation services and outreach and engagement activities. Covered CT will be available to (1) parents and caretaker relatives, and their tax dependents under age 26, and (2) adults ages 19 to 64 without dependents who have income that is above the Medicaid limit but does not exceed 175% of the federal poverty level. Enrollees must enroll in a Silver-level QHP available through Access Health CT using federal advance premium tax credits, commonly referred to as subsidies, and cost-sharing reductions.

Advances in Medical/HUSKY Health Application Processing and Cost Control

The Department has sustained significant improvements and consistently maintains high levels of timeliness in processing medical applications. Overall, medical timeliness averaged 98% timely in SFY 2024 throughout this fiscal year. Timeliness for processing the most complex Medicaid long-term services and supports applications averaged 98% timely during SFY 2024. Contributing to this successful rate, applicants for HUSKY A (children/parents/relative caregivers/pregnant women), HUSKY B children, and HUSKY D (low-income adults without dependent children) continue to receive real-time application determinations when applying through the DSS-Access Health CT shared eligibility system.

Implementing the Affordable Care Act

Connecticut's effective implementation of the Affordable Care Act (ACA) continued in SFY 2024, with the Department of Social Services' ongoing partnership with Access Health CT, the state-based marketplace. This partnership offers a shared access point to apply for and renew health care coverage by combining operations and utilizing a shared integrated eligibility system effectively, efficiently, and immediately determining eligibility and enrollment into HUSKY Health (Medicaid/Children's Health Insurance Program/Covered CT) and qualified health plans offered through the marketplace. The ACA represented major eligibility changes for the majority of Medicaid/CHIP programs, as states were required to move from traditional eligibility rules to the Modified Adjusted Gross Income (MAGI) income determination methodology. Most significant for public access was expanded income-eligibility standards in Medicaid for low-income adults without dependent children – HUSKY D (from approximately 56% to 138% of the federal poverty guideline). By using one set of income counting rules and a single application across all programs, the ACA made it easier for people to enroll in health care

programs.

Online applications are processed in real time, at www.accesshealthct.com, allowing people to apply for most types of Medicaid, CHIP or private health insurance and have their eligibility determined immediately through the integrated eligibility process. Those individuals who do not immediately qualify for a MAGI-based Medicaid program are identified and continue to be evaluated by the department for non-MAGI medical programs, e.g. HUSKY C and MSP.

In SFY 2024 approximately 1.2 million individuals were enrolled in Medicaid for at least one month, including approximately 427,500 in the Medicaid expansion for low-income adults without dependent children (HUSKY D).

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

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

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

* * *

Serving Connecticut Residents: A Sampling of Critical DSS Programs

DSS programs served approximately 1.2 million individual beneficiaries over the course of SFY 2024.

- 391,480 residents in over 230,000 households were receiving federally funded SNAP benefits as of June 2024. During SFY 2024, over 503,000 residents received at least one month of SNAP benefits.
- Approximately 25,100 individuals were served by the Temporary Family Assistance program during SFY 2024.
- Approximately 1.2 million individuals received benefits through the Medicaid program

during SFY 2024 (including HUSKY A for children, parents, relative caregivers and pregnant individuals; HUSKY C for elders and persons with disabilities; and HUSKY D for low-income adults without dependent children).

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Health Service Delivery and Purchasing Initiatives

Federal Revenue Maximization

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

- Research shows that coverage gives people more financial security from the catastrophic costs of a serious health condition, tends to improve mental health, and enables earlier diagnosis of conditions such as diabetes.

- permitted Connecticut Medicaid to cover new services that are of great benefit to Medicaid members – just one example is coverage of tobacco cessation services (counseling, treatment and medications)

  - *This is a well-targeted service because many sources estimate that far more Medicaid members smoke than is typical of the general population.*

- provided new family planning services for eligible individuals

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

- expanded the highly successful Money Follows the Person program, which supports individuals in transitioning from nursing facilities to living in the community

  - *MFP has supported over 7,300 individuals with disabilities and older adults in moving from nursing facilities to their setting of choice.*

- provided millions in additional federal grants that are enhancing home and community-based long-term services and supports for Medicaid members

  - *These new resources will help to address the historical imbalance of LTSS resources between nursing facilities and home and community-based services.*

- supported launch of a major new shared savings initiative – PCMH+ - with Federally Qualified Health Centers and advanced networks that build on primary care practice transformation efforts by incorporating enhanced care coordination and connections with community-based organizations

- *Coordination of care and integration of behavioral health services has enabled the program to better support members and to improve their care experience, while reducing use of hospital emergency department and inpatient care.*

- funded rate increases, which have been continued on a somewhat more limited basis by the State, that have increased participation of primary care practitioners in Medicaid.
  - *Access to primary care is a key aspect of Medicaid reform and an essential means of reducing use of the emergency department, as well as effective management of chronic conditions.*

SUD Demo Waiver

Connecticut sought and received approval of a Substance Use Disorder (SUD) demonstration waiver under section 1115 of the Social Security Act to waive longstanding federal policies that prohibits Medicaid from making payments to Institutions for Mental Diseases (IMDs) for beneficiaries aged 21-64. The purpose of this waiver is to allow coverage of residential and inpatient SUD services under HUSKY Health that have previously been excluded and test flexibilities to improve the SUD service system for beneficiaries.

With first-time federal funding of these treatment services, the state is reinvesting in the services system by way of rate restructuring, improving gaps in the transition from higher to lower levels of care and future specialized trainings and technical assistance to improve quality of care for all treatment recipients.

Administrative Services Organization Initiatives

Connecticut Medicaid is structured as a self-insured, managed fee-for-service model, much like the model used by many employers (including the State of Connecticut) for their employees. This is in stark contrast to almost all other state Medicaid programs, almost all of which utilize managed care arrangements under which companies receive capitated payments for serving beneficiaries. Connecticut Medicaid contracts with three statewide Administrative Service Organizations (ASOs), respectively, for medical, behavioral, and dental health services. Each ASO provides member and provider services, utilization review, quality management and improvement services to the members of the Medicaid program. An important feature of the ASO arrangement is that they provide Intensive Care Management (ICM), an intervention developed specifically to meet the diverse needs of our most socially and medically vulnerable members.

The non-emergency medical transportation (NEMT) contract is structured slightly differently than the ASOs. The costs for transportation services are paid to the NEMT vendor through a capitated Per Member Per Month payment while the administrative costs are paid based on a fixed administrative budget negotiated between the vendor and Department.

To incentivize ASO performance and the NEMT vendor, a performance incentive pool is established in each ASO contract that the ASO may earn if certain performance benchmarks are

met. Each ASO must demonstrate that it has achieved identified benchmark items related to, but not limited to health outcomes, healthcare quality and both member and provider satisfaction outcomes in order to receive the incentive payments.

Data Analytics and Intensive Care Management

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

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

- integrate behavioral health and medical interventions and supports through clinical staff of the medical and behavioral health ASOs co-case management;

- augment Connecticut Medicaid's Person-Centered Medical Home initiative, through which primary care practices receive financial and technical support towards practice transformation and continuous quality improvement;

- provide transitional care from hospital to home through real-time discharge notifications;

- sustain the reduction of emergency department usage, inpatient hospital admissions and readmission rates;

- reduce utilization in confined settings (psychiatric and inpatient withdrawal management days) among individuals with behavioral health conditions; and

- reduce use of the emergency department for dental care and significantly increase utilization of preventative dental services HUSKY Health members.

Interventions through the Department's Medical ASO, Community Health Network of Connecticut (CHNCT)

CHNCT's Care Management programs include Intensive Care Management (ICM) and Transitional Care Management (TCM), which provide a multi-disciplinary approach and care coordination activities for members with significant high-risk or complex health and health-related social needs. ICM provides comprehensive case management services for eligible HUSKY Health members through a collaborative process to meet the member's health needs. TCM provides interventions that promote coordination and continuity of care during the transition from a healthcare facility to ensure a safe and effective transition to home, reduce the risk of gaps in care, and improve health outcomes.

CHNCT's Care Management programs strive to improve health outcomes by providing effective, evidence-based interventions developed with a health equity lens. The goal of Care Management is to promote the achievement of optimal health through the delivery of person-centered services. The primary objectives are to increase member engagement in ongoing care with a primary care provider and appropriate specialists, decrease potentially avoidable acute care utilization, and reduce health disparities. This is achieved by enhancing the member's ability to access and actively participate in recommended preventive and chronic condition care.

CHNCT utilizes a variety of sources to identify members that may benefit most from participation in Care Management. This includes various data analytic reports, hospital admission and discharge notifications, Health Risk Questionnaire responses, member self-referrals, and referrals from hospitals, providers, and state and community agencies.

For calendar year 2023, CHNCT interventions for members engaged in Care Management programs had the following results: 1) Reduced emergency department (ED) usage for members engaged in the CHNCT ICM program by 20.71% by 9.87% Additionally, 44.26% of members that engaged with an Inpatient Discharge Care Manager (IDCM) during their hospital stay attended a post-acute follow up visit within 7 days and 65.67% attended a follow up visit within 14 days, including members that were previously unattributed;
2) Exceeded the goal of at least 50% of Black/African American members with hypertension attending a provider visit, achieving a rate of 76.01% attending visits;
3) Improved HbA1c levels for 68.37% of Black/African American and Hispanic members with diabetes and prior HbA1c level $\geq$9% engaged in the CM program; and
4) Increased perinatal members with substance use/substance use disorder (SUD) receiving behavioral health services by 5.33%.

CHNCT's Community Affairs and Engagement's Community Health Worker (CHW) Outreach program and the Community Transition Program provide in person support to the HUSKY Health member population. The work of these programs supports CHNCT's commitment to engaging HUSKY Health members to become attributed to a primary care provider as well as supporting community referrals to meet social risk factors that can be barriers to achieving positive health outcomes.

Each CHW is trained by the Southwestern Area Health Education Center (AHEC) and becomes certified by the CT Department of Public Health after six months of employment. CHNCT's CHWs live and work in the same neighborhoods where HUSKY Health members live. They have diverse cultural and linguistic backgrounds, which plays a significant role in how they can advocate and work to meet the needs of a person. The CHWs develop positive, supportive relationships with members through ongoing contact via phone, home visits, and face-to-face visits at other community locations who partner with CHNCT. CHNCT has established Community Engagement HUBs throughout the state, allowing for a HUSKY Health presence in communities with the highest concentration of members. A HUB is a neighborhood space established at designated community locations throughout the state where members can get help understanding their benefits. In 2023, the Community Engagement HUB program had 32 HUB partners with 57 locations. Our partnerships are continuing to grow as more community organizations begin allowing us back on-site after limitations due to the COVID-19 pandemic.

The CHWs connect members to resources to help with their social determinants of health (SDOH) needs, including local food pantries, clothing closets, and rental assistance, etc. In 2023, CHNCT's CHWs made 25,487 referrals, which resulted in 16,416 resources being provided to members.

The Community Transition Program (CTP) allows CHWs to help HUSKY Health members recently released from prison with the needed medical and SDOH support to maximize the opportunity for a successful transition back into the community. In 2023, the CTP team responded to 2,154 reentry referrals. CHNCTs CHWs connect with these members to help them with:

- HUSKY Health Benefit education
- Finding a PCP and helping to schedule their first appointment
- Referrals to community resources and care management for medical services
- Connections to 2-1-1 for temporary shelter and permanent housing

Employment/education resources

In 2023, CHNCT continued efforts towards achieving health equity for HUSKY Health members. CHNCT's Health Equity Council developed a first health equity strategic plan using a national framework that combined organizational, member, and provider-focused goals and initiatives. CHNCT successfully accomplished many goals that addressed equitable access to care, quality of care, and improved health outcomes including, but not limited to: 1) maintaining a network of providers who provide gender-affirming care to ensure that LGBTQ+ community members seeking gender-affirming services have access to care; 2) implementing targeted Care Management interventions for ethnic minority groups with higher rates of hypertension and diabetes (results discussed above); 3) improving the rate of childhood immunizations among Black/African American children residing in Bridgeport by 41.67%; 4) assessing potential disparities through the Mystery Shopper Survey; and 5) stratifying a sample of health measures by language to determine if potential disparities could be identified. To

achieve meaningful progress towards health equity, CHNCT will continue building upon key focus areas to address health disparities and SDOH/health related social needs.

In 2023, quality metrics demonstrated an improvement in members health. CHNCT saw a favorable decline in the quality metrics for C-section deliveries, Fetal Deaths, and NICU counts. For CHNCT Members ages 40-64 and ages 65+, admission rates for COPD or asthma declined. In Members ages 18-64, admission rates for hypertension, diabetes short-term complications, and uncontrolled diabetes declined. In addition, admission rates in Members ages 65+ declined for diabetes short-term complications, diabetes long-term complications, and uncontrolled diabetes. Of the HEDIS® measures and sub-measures reported using non-Electronic Clinical Data Systems (ECDS) data for the HUSKY Health program, 58 rates improved in measures for HUSKY A members, 43 measures for HUSKY C members, and 30 measures for HUSKY D members. An analysis of quality metrics identifies that all 18 goals outlined in the 2023 QM Work Plan have been successfully achieved.

In 2024 and beyond, CHNCT will remain dedicated to expanding access, improving health outcomes, and reducing disparities in health equity for the HUSKY Health membership.

Interventions through the Department's Behavioral Health ASO, Carelon

The Department's behavioral health ASO, Carelon, provides crucial continuing behavioral health interventions. Three examples of current member and system interventions include: 1) the successful Changing Pathways model to decrease risk of overdose and support transition to medications for opioid use disorder (MOUD); (2) the Connecticut Housing Engagement and Support Services (CHESS) program, focused on providing supportive housing benefits under Medicaid, coordinated with Medicaid services and non-Medicaid housing subsidies to individuals experiencing homelessness and unstable housing; and 3) the Managing Systems Throughput project aimed at ensuring youth access the appropriate level of care at the right time.

Changing Pathways

The most successful outcomes for individuals with opioid use disorder (OUD) result from use of medications for opioid use disorder (MOUD), but this is underutilized due to stigma and the need for community and provider education. Traditional withdrawal management is associated with high rates of relapse and risk of accidental overdose and death due to decreased tolerance. Beginning in 2018, the Changing Pathways (CP) pilot was launched to address these risks, in close collaboration among Carelon BH CT, providers and state partners at the Connecticut Department of Mental Health and Addiction Services, the Connecticut Department of Children and Families, and the Connecticut Department of Social Services on behalf of the Connecticut Behavioral Health Partnership (CT BHP).

Changing Pathways uses a multidisciplinary approach across staff including nursing, physicians, clinicians, and recovery peers to incorporate MOUD induction into withdrawal management care. Three essential components of the CP model are: in-depth MOUD education, MOUD induction if chosen by client, and warm transfer to guarantee continuation of MOUD post-discharge. Highly

skilled recovery peers engage individuals and educate about the risks of overdose and benefits of MOUD. In the program's first 18 months of the pilot, members inducted onto MOUD experienced positive outcomes including decreased readmission, decreased behavioral health emergency department visits, decreased inpatient admissions, increased MOUD induction, and reduction of overdoses.

Since its inception in Connecticut, the program has seen a 32% increase in the number of members discharged from withdrawal management who successfully connected to a MOUD provider in the community. Individuals engaged in Changing Pathways also experienced a 2.5-times higher adherence rate when utilizing MOUD treatment than those not in the program.

Data indicates that individuals with OUD who engage in Changing Pathways tend to experience better outcomes. In a recent Carelon Behavioral Health study, within a 30-day period, 12.2% individuals in the Changing Pathways program experienced readmittance to an inpatient facility, compared with 24.2% individuals engaged in traditional withdrawal management.[1]

Furthermore, individuals were less likely to discharge against medical advice, more likely to connect to care, and more likely to continue taking their medications in the 90 days after discharge. Patients who continued taking their MOUD experienced fewer behavioral-health-related visits to EDs, with a 95% post-discharge MOUD adherence rate. They also experienced fewer inpatient days, withdrawal management episodes, and opioid overdoses, compared with the 90-day preadmission period.

In 2023, there were seven in-state, community-based medically monitored intensive inpatient withdrawal management (ASAM 3.7 WM) alcohol and drug treatment center (ADTC) providers, and all adopted the Changing Pathways model. Members who were initiated and adhered to medication for opioid use disorder (MOUD) following discharge also experienced the following positive outcomes:

- 48% reduction in the average number of withdrawal management episodes per member
- 58% reduction in the average number of behavioral health emergency department (BH ED) visits per member
- 25% reduction in the average number of inpatient days per member
- 79% reduction in the rate of overdose, from 14% to 3%

This successful program has been expanded across withdrawal management, inpatient, and emergency departments in Connecticut, and Carelon Behavioral Health is expanding this proven program to residential facilities in Massachusetts and New York. The power of peer specialists engaging members is central to the impact of Changing Pathways, and is highlighted in this video (Changing Pathways_Condensed Version on Vimeo), featuring Mary Jo Capitani, Carelon BH CT Certified Peer Recovery Specialist who has been with Changing Pathways since the inception of the pilot.

- VIDEO LINK: Changing Pathways_Condensed Version on Vimeo
- **PEER REVIEWED JOURNAL ARTICLE, MAY 2023:** Noam KR, Schmutte TJ, Pirard S, Bourdon C, Langless D, Plant R: *Associations Between Inpatient Induction on Medications for Opioid Use Disorder and Postdischarge Medications for Opioid Use Disorder Adherence,*

Overdose, and Service Use. Journal of Addiction Medicine (May 2023): **pubmed.ncbi.nlm.nih.gov/37267183/**

- Connecticut BHP: Changing Pathways on the road to recovery: *Managing Opioid Use Disorder* (accessed October 2023): **https://s18637.pcdn.co/wp-content/uploads/sites/53/Changing-Pathways-Capability-Sheet-021923.pdf** .

CHESS:

The goal of the CHESS program is to identify HUSKY Health members experiencing homelessness for whom housing would increase quality of life and decrease unnecessary health care utilization, while also ensuring all Medicaid members have equitable access to the program, regardless of their racial and/or ethnic identity. Carelon is charged with identifying potentially eligible members through a specially developed algorithm and then providing outreach and follow-up, including: conducting a Universal Assessment, referrals to supportive housing providers, and authorizing pre-and post-tenancy services provided by the supportive housing providers.

Carelon's Intensive Care Managers (ICMs) conduct the Universal Assessments and are all licensed clinicians in the state of Connecticut. Outreach is performed by ICMs and Certified Peer Recovery Specialists, who are certified through the CT Certification Board. In 2023, 224 individuals were approved as eligible for CHESS, and ICMs supported 79 Supportive Housing Providers (SHP). Since program inception, over 740 individuals have been identified as potentially eligible. Adult Intensive Care Management (ICM) Team/CT Housing Engagement & Support Services (CHESS):

- CHESS referrals assigned to ICMs: 1,637
- Level of care evaluations completed: 225
- Members approved as eligible for CHESS: 224
- ICMs assigned approved members to Supportive Housing Providers (SHP): 79
- Person Centered Recovery Plans (PCRP) approved: 177
- Number of active CHESS participants housed: 93
- Added two ICM positions to allow members more access to traditional ICM services
- Collaborated with CHESS SHPs through both in person and virtual meetings

Managing System Throughput

Through the Managing Systems Throughput initiative, the main goal is to address delays in accessing appropriate behavioral health treatment at multiple levels of care, including youth stuck in an emergency department and youth who are admitted to a medical unit while awaiting psychiatric inpatient care. Carelon is also working to assist providers, youths, and families to ensure that youths are transitioned to the next appropriate level of care as timely as possible following inpatient hospitalization. Prior to the beginning of the Connecticut Behavioral Health Partnership (CT BHP), the average discharge delay days comprised up to 40% of total inpatient days for HUSKY Health youth. To date, the percent of inpatient days in delay status has largely stayed below 10%.

The two most common reasons for a delay are the need for a higher level of care (such as the state hospital) or access to a Psychiatric Residential Treatment Facility (PRTF). Additionally, youth experience delays in timely access from emergency departments to inpatient services; at times, this delay is caused by a concern that the youth is "too acute" for the level of care or that the inpatient unit itself is "too acute," causing the referral to be declined. Addressing system throughput issues is critical to addressing access issues, identifying gaps in the service delivery system, and identifying additional resources needed to provide timely support to the youth population. As such, the Department and Carelon expanded the focus of interventions to include additional areas where throughput within the child system was impacted. These areas include:

- Emergency Department (ED) level of care and medical boarding: Identifying youth stuck in an emergency department and offering support in accessing the recommended level of care.

- Pediatric Inpatient After Care follow up Inpatient level of care: discharge delay: Supporting youth who are admitted to a medical unit in accessing an inpatient psychiatric bed when indicated and reducing the number of unnecessary days on the medical floor while ensuring psychiatric care is provided during any periods of delay, and continuing the PRTF Provider and Analysis Reporting (PAR) program to address throughput challenges related to the PRTF level of care.

- Applied Behavior Analysis (ABA) Provider Network Support the Applied Behavioral Analysis (ABA) provider network in the areas of utilization management (authorizations), chart reviews, and billing. The target population is HUSKY Health youth members up to 21 years of age who experience a delay in access to behavioral health services. An additional area of focus is providing additional training, education, and resources to the ABA providers to support their ongoing participation in the Medicaid network.

All interventions were successfully completed, and key highlights and accomplishments included:

- Maintained daily contact between Carelon BH CT Intensive Care Manager (ICM) and Connecticut Children's Medical Center (CCMC) ED resulting in multidisciplinary case conferences, collaborative bed searches, and assistance with diversion planning
- Collaborated with ED staff and/or mobile crisis to support procurement of inpatient psychiatric beds, if clinically indicated, and connection to aftercare services
- Revised the ED stuck operational process to capture the portion of stuck time when a youth is awaiting assessment and when awaiting recommended level of care
- Enhanced the ED stuck dashboards to capture this new operational definition
- Maintained the established communication workflow between CCMC's medical floor and Carelon BH CT Clinical Care Managers (CCMs) regarding youth medically stable but in need of an inpatient psychiatric bed
- Continued monitoring of authorization-based Medical Discharge Delay Dashboard to monitor percentage of days in discharge delay

- Convened two, large-scale, youth connect-to-care meetings

- Facilitated an educational forum: Integration of Treatment for Neurodiverse Youth and Young Adults (2023)
- Enhanced claims-based inpatient dashboard to allow the end-user to review selected metrics at a hospital system-level
- Organized a PRTF provider workgroup inclusive of all five providers
- Two provider meetings with the subject area of Becoming an ASD Medicaid Enrolled Provider occurred on March 19 and March 21, 2024. There were 74 total attendees. Both sessions were recorded and will be posted to the ASD portion of the CTBHP website as a resource for providers.
- A provider meeting with the subject area of Best Practices in Quality Assurance & Audit Protocols occurred on June 4th. There were 110 total attendees which included representation from in-network providers, DSS, and Carelon BH CT. This session was recorded and posted to the ASD portion of the CTBHP website as a resource for providers.

    - There was an overview of the Chart Review process for ASD services, as well as standards for a successful DSS audit. Dr. Erick Dubuque from the Autism Commission on Quality presented on Best Practices in Quality Assurance and accreditation to support and ensure agencies are rendering high quality services. The ACQ Standards are available online, and ASD Chart review tool will be re-shared with all participants

COLLABORATION ACROSS ASOs

NEMT broker – Methadone Maintenance (MTM)
A great deal of collaboration takes place between Carelon BH CT, the NEMT broker, providers, and the members involved to improve access to treatment and troubleshoot any concerns. The Carelon BH CT staff who work on this initiative are licensed in CT as both a Licensed Alcohol and Drug Counselor (LADC) and a Licensed Clinical Social Worker (LCSW). In CY 2023, Carelon BH CT received 437 closest provider certification (CPC) forms to complete for the NEMT broker (MTM). Carelon BH CT also initiated one additional CPC, for a total of 438 CPCs in 2023.

The number of CPCs received in 2023 was the highest volume since the inception of this work in 2016. Of those 438 CPCs, 73 were successfully transferred to closer providers within their local community reducing the cost of transportation. One hundred and fifteen members were identified as having access to transportation (self-transports). Another 224 members were able to participate in reduced livery days of travel. Another eight individuals were issued bus passes instead of livery. There were four individuals that remained at the current provider and the same livery frequency due to treatment needs that could not be addressed at the closest provider. For example, some providers have policies that they cannot prescribe methadone for individuals who are on certain prescribed medications, such as benzodiazepines. If the closest provider cannot treat the individual in a case like this, they will remain in treatment with a provider that is not the closest. Fourteen individuals were connected to telehealth services resulting in a decrease in transportation needed. Additional referrals were identified by either Carelon BH CT or a provider as needing support in connecting to SUD services and transportation.

In addition, Carelon BH CT collaborated with the NEMT broker, members, and providers around strategic processes implemented during the pandemic by Methadone Maintenance clinics guided by the Substance Abuse and Mental Health Services Administration (SAMSHA) guidelines. SAMSHA has continued to temporarily modify regulations to increase access to bottle take homes for up to 28 days. Most facilities are at 85-90% bottle take homes, and they evaluate the individual's progress to increase their bottle take homes with most individuals receiving between 14-28 doses. This resulted in a reduced need for daily transportation. SAMHSA's temporary exemptions to allow increased access during the COVID-19 Public Health Emergency have been addressed in a final rule which is effective April 2, 2024. This modifies and updates certain provisions of regulations related to Opioid Treatment Program (OTP) accreditation, certification, and standards for the treatment of Opioid Use Disorder (OUD) with Medications for Opioid Use Disorder (MOUD) in OTPs. This includes making flexibilities put forth during the COVID-19 Public Health Emergency (PHE) permanent, as well as expanding access to care and evidence-based treatment for OUD.

Carelon BH CT continued to work closely with the NEMT broker to increase provider buy-in and training with the transportation platform Ride View. Carelon BH CT staff has joined with MTM to provide webinars to assist providers in understanding the benefits of the new platform as well as how to navigate the process. Carelon BH CT has additionally been able to work collaboratively with the NEMT broker and other behavioral health providers when concerns have been raised about transportation or the provider following the process correctly.

Medical ASO – Community Health Network (CHN)

Referrals

In 2023, Carelon BH CT co-managed 533 referrals in conjunction with the Medical ASO and the Dental Health Partnership. This represents a significant decline from the 3,163 referrals that were co-managed in 2022. CHN's hospital-based referrals saw a decrease in 2023, due to the changes CHN made in Q4 2022 to their criteria for inpatient hospital-based referrals to Carelon BH CT. CHN changed their referral criteria from diagnosis based to unmet need, which is in alignment with how Carelon BH CT identifies individuals for care coordination. With this change, CNH is now forwarding referrals to Carelon BH CT when members in treatment on an inpatient medical unit are identified as potentially needing assistance with mental health and/or substance use treatment needs. This change ensures that interventions are specific and focused and that the members most in need are having direct outreach from Carelon BH CT care coordination team.

In 2023, there was a total of 24 members who were community-based and received co-management support between Carelon BH CT and CHN, which is a decrease from the year prior when there were 36 members. This decrease may be explained by the substantial increase in referrals from CHN to Carelon BH CT for the Depression Management program. Specifically, in 2023, the Depression Management program received 139 referrals to Carelon BH CT in contrast to 56 referrals in 2022. As a reminder, this is a program that CHN started in 2020, whereby CHN staff utilize a depression-screening tool, PHQ-9. In addition, in 2023 CHN CT also added a screening for generalized anxiety disorder that is tracked with the Depression Management program to identify if members are experiencing depression or anxiety to a distressing level. If a member's score indicates a level of concern or they indicate they have considered hurting themselves, a referral to Carelon BH CT is made. Once Carelon BH CT receives this referral,

staff outreach directly to members to provide referrals and support, as indicated. This program also includes follow up PHQ9 and GAD screens and repeat outreach from Carelon BH CT as indicated. Many of these members may have previously fallen into the community co-management bucket, but they are receiving well-coordinated care to meet their needs.

Carelon BH CT and CHN have worked to be more efficient by continuing to use the method developed to identify referrals based on unmet need. Referrals continue to come to Carelon BH CT on a daily spreadsheet that is reviewed every morning by the care coordination team. This allows Carelon BH CT staff the ability to access the report early in the day and begin outreach to facilities and offer assistance with care coordination and discharge planning.

Supporting Activities

Complex Member Collaborative

In 2023, Carelon BH CT continued to attend and provide referral consultation during the Complex Member Collaborative meeting hosted by CHN on a bi-monthly basis. This Collaborative meeting offers a multi-disciplinary approach to complex situations, including representation from CHN's health plan partners, nutritionists, community health workers, intensive case management nurses, disease management specialists, prenatal care specialists, pharmacy, and representation from Carelon BH CT co-management Clinical Care Manager (CCM) and Associate Medical Director. During the Complex Member Collaborative teams present members and receive feedback from all participants on how to better meet member needs and ensure care coordination between all ASOs. For each member reviewed during the CMC meeting a note is placed in member clinical notes with any recommendations or suggestions by all parties participating in the meeting. Carelon BH CT continues to offer recommendations and suggestions about how to meet behavioral health needs as cases are reviewed.

Community-based Co-Management

Carelon BH CT CCMs, ICMs, and Peers continued to meet monthly with the CHN team across 2023, including the Integrated BH Care Coordinator, Manager of Intensive Care Management, and any ICM or nurse that had an open referral with co-management. In these monthly meetings, the progress of each member is reviewed, and any identified issues related to unmet behavioral health or medical needs are discussed and action steps are identified, assigned, and documented within the Carelon BH CT system. Each referral remains open for monthly review until it is determined by both CHN and Carelon BH CT that there has been maximum coordination and the member's needs are being met. In addition, weekly coordination occurred between CHN and Carelon BH CT on various cases with complex issues that required clarification around admissions or services needed for members. These cases often result in peer referrals or referrals to the community-based co-management program or depression management program.

Project ECHO

In 2023, CHN continued to facilitate a monthly Project ECHO around high use diagnosis and clinical issues, including engagement and confidentiality. Carelon BH CT's co-management CCM attends this meeting and provides context around members' behavioral health needs in relation to their medical diagnosis. Robust conversations about a person's choice to receive treatment or not, which is not always related to the person's mental health status impacting their ability to make decisions about their health care, have continued. When requested, Carelon BH CT medical directors will present requested didactic information as needed.

Behavioral Health Rounds
For the duration of 2023, one of Carelon BH CT's associate medical directors continued to collaborate with care managers at CHN and participated in the behavioral health rounds. The behavioral health rounds occur every other week, and is the venue used by intensive care managers at CHN to review members who present with complex mental health disorders, substance use disorders, or severe behavioral problems, which impact their overall health or their ability to receive treatment for medical conditions. In collaboration with CHN, the Carelon BH CT Associate Medical Director helps coordinate the use of ICM time to avoid duplication of work between ICMs from both ASOs, and to ensure that their work is part of a common strategy. The Associate Medical Director is also available for ad hoc consultations on more urgent referrals involving mental health, behavioral, or substance use disorders that cannot wait for the biweekly rounds.

Dental ASO – BeneCare/CT Dental Health Partnership (CTDHP)

Referrals

The Dental ASO (BeneCare/CTDHP) makes referrals to Carelon BH CT when members receiving dental care have identified unmet mental health and/or substance use treatment needs. In 2023, six members' treatment cases were reviewed during rounds and submitted as a referral. This was a decrease from the 10 reviewed in 2022.

Supporting Activities

In 2023, Carelon BH CT staff (Co-Management Clinical Care Manager and one of our Associate Medical Directors) continued to participate in case conferences hosted by BeneCare/CTDHP staff to coordinate activities for members with co-occurring dental and behavioral health needs. The case conferences occur on average once a month and typically 1-3 cases or case updates are presented, often with emphasis on helping the member with managing anxiety about dental care or increasing member motivation to engage in dental care. Our MD provided insight into medications during case review.

Collaboration with Departments: Annual iCAN Conference & Community Meetings
CY 2023 offered many occasions for HUSKY Health members, caregivers, providers, and other community partners to gain awareness and engage in programs and activities that cultivate a diverse, equitable, and inclusive environment for learning. Carelon BH CT on behalf of the CT BHP conducted an array of community meetings with a combined total of 554 attendees and included the following initiatives:

1. HUSKY Health Program Benefits and Services – A collaboration with the HUSKY Health Administrative Service Organizations (ASOs), NEMT Broker, and HUSKY Health Member Eligibility at the Department of Social Services (DSS)
2. Police Engagement with Behavioral Health Community – Law enforcement and behavioral health partnering for better communities
3. iCAN Conference – An annual consumer driven conference
4. Substance Use Disorder (SUD) and Faith Community – Integration of faith community and substance use recovery

The **Eighth Annual iCAN Conference** was a consumer and family driven conference that offered community education, awareness, and resources related to behavioral health and wellness. The conference was planned and hosted by the CT BHP Consumer and Family Advisory Council (CFAC) in collaboration with Carelon BH CT and was held virtually.

This year's theme was "Opening Pathways to Mental Health and Addiction Recovery – Committing to Individuals and Families as True Partners." The conference included opening remarks by CT Department of Children and Families Commissioner, Vanessa L. Dorantes, CT Department of Mental Health and Addiction Services Deputy Commissioner, Colleen Harrington, CT Department of Social Services Medicaid Director, Gui Woolston, and Carelon BH CT Senior Vice President of Clinical Operations & Recovery, Erika Sharillo. Congressman John B. Larson, Connecticut First District was a special guest speaker.

The key opening panel, "Reimagining Individual and Family Engagement", was facilitated by Brenetta Henry, Consumer and Family Advisory Council Co-Chair, with panelists that included John Hamilton and Glennard Brown of Liberation Programs, Dr. Marie Spivey and Michele Stewart-Copes of System for Education, Equity, & Transition, Pastor Dana Smith of New Life II Ministries, Rosa Serrano, Parent Advocate, Sarah Lockery of CT Children's Center of Hamden, Dr. Bonni Hopkins of Carelon BH CT, and Dr. Noel Casiano of Casiano Clinical Services. The discussion centered around individual and family engagement experiences that included treatment planning, best practices, and opportunities for improvement.

Conference workshops included subject matter experts, CFAC moderators, and Carelon BH CT support staff with breakout sessions as follows:

Audio/visual recordings of the 2023 Eighth Annual iCAN conference general session, panels, and workshops are currently posted on the CT BHP website (https://www.ctbhp.com/members/events-and-trainings/).

HEDIS® MY 2023 Follow up care for children prescribed ADHD medications-initiation decreased by 0.91% for HUSKY A,B,C,D.

HEDIS® MY 2023 Follow up care for children prescribed ADHD medications-Continuation and maintenance decreased by 4.92% for HUSKY A,B,C,D.

HEDIS® MY 2023 Follow-up after Emergency Department Visit for Substance Use decreased by 4.63% for HUSKY A,B,C,D for the 7 day measure and 6.48% for the 30 day measure.

HEDIS® MY 2023 Follow-up after Emergency Department Visit for Mental Illness improved by 0.80% for HUSKY A,B,C,D for the 7 day measure and 0.80% for the 30 day measure.

HEDIS® MY 2023 Follow-up after Hospitalization for Mental Illness improved by 1.60% for HUSKY A,B,C,D for the 7 day measure and 1.80% for the 30 day measure.

HEDIS® MY 2023 Pharmacotherapy for Opioid Use disorder decreased by 1.33% for HUSKY A,B,C,D.

HEDIS® MY 2023 Adherence to Antipsychotic Medications for Individuals with Schizophrenia improved by 1.02% for HUSKY A,B,C,D.

HEDIS® MY 2023 Metabolic monitoring for Children and Adolescents on Antipsychotics maintenance decreased by 0.14% for HUSKY A,B,C,D for the blood glucose monitoring rate and improved by 1.25% and 0.86% for the cholesterol monitoring rate and rate for both, respectively.

HEDIS® MY 2023 Diabetes screening for people with Schizophrenia or Bipolar disorder who are using Antipsychotic medications improved by 1.25% for HUSKY A,B,C,D.

Access/Availability of Care

HEDIS® MY 2023 Initiation and Engagement for Substance Use Disorder Treatment-initiation improved by 1.51% for HUSKY A,B,C,D.

HEDIS® MY 2023 Initiation and Engagement for Substance Use Disorder Treatment-engagement improved by 0.50% for HUSKY A,B,C,D.

HEDIS® MY 2023 Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics decreased by 3.26% for HUSKY A,B,C,D.

Interventions through the Department's dental health ASO

CTDHP SFY 2024 Activities, Outcomes, and Innovations

Except where noted, data collected is from July 1, 2023-June 30th, 2024

CTDHP Activities and Outcomes

1. **Oral Health Navigation**

a. 366 Members received Oral Health Navigation services and supports with 29% achieving a successful case closure, where the member completed their dental treatment plan and were informed and educated on dental homes and preventive care.

b. 2,547 Members were identified by CHNCT's Community Health Worker team as needing a dental referral and support. CTDHP's Navigation team made outbound calls to these members for care connection. This process is completed through use of the Unite Us platform.

c. CTDHP continued to execute its co-management pilot with CHNCT's Intensive Care Management team working with 19 members this year with chronic medical conditions, frequent hospitalizations, and no prior dental utilization. The pilot population was smaller this year due to continued testing to improve the data sharing process. Plans are underway to significantly increase the population size.

2. **Community Engagement Team**

a. The Community Engagement Specialists conducted 2,429 outreach activities with traditional community partners, e.g. Head Start programs, WIC centers, Family Resource Center, OB/GYN and medical practices, and social safety net programs. They reached 1,941 members and 1,133 agency staff with countless more at fairs and community-based tabling events.

b. The team also conducted 439 "non-traditional" outreaches via community colleges, faith-based organizations, food pantry/mobile food sites, hair/barber salons, homeless shelters, shops/retail centers, and libraries.
c. The HUSKY Dental Pop-Up Resources were expanded state-wide after a successful pilot last year. Pop-Up Resources are a valuable community tool. Community partners agree to host the Pop-Up Resource Centers where CTDHP Community Engagement Specialists connect with HUSKY Members and either make an appointment with them in real time or collect the member's information to receive a follow up phone call to remind them of the need to obtain a dental appointment.
    i. A total of 96 Pop-Up Resource Center events were held with 161 Members reached. 78 Members received a dental appointment during the event with 83 receiving a passive referral and automated follow up to encourage obtaining a dental appointment. 40% of all Members went on to engage in a dental appointment within 120 days after interacting with the Community Engagement Team.
d. 47,379 Oral Health Literacy Materials were distributed by the team. Materials have been vetted to meet Cultural and Linguistically Appropriate Standards (CLAS) and Americans with Disability Act compliant. Topics include how to properly brush and floss, reducing dental anxiety, preparing for the dentist, guidance on oral health for infants, babies, adults, pregnant women and action items for improved oral health.
e. 77 New Community Partners registered for use of the CTDHP Community Partner secure website enabling them to refer members to Oral Health Navigation Team, access the Community Partner Utilization Dashboard, and request materials and trainings.

3. Direct to Member Engagement (Calendar Year 2023 Data)

a. CTDHP deploys a sophisticated population health strategy to identify and target members who would most benefit from having a dental home due to their medical diagnosis or lack of dental utilization history. Member engagement activities are conducted via outbound telephone calls, email, and text. Inbound members also seeking a dental referral are tracked. CTDHP reached 556,528 members, of which 66,587 (13%) had a dental visit within 120 days post-contact with CTDHP.
b. Specific population campaign outcomes highlight differences in their dental utilization outcomes post intervention. They include:
    i. 6,248 Members reached who visited an Emergency Department for an oral health related problem, of which 34% utilized a dentist 120 days post contact.
    ii. 2,448 Members who have been screened for having High Risk for Cavities (Caries) by a public health Registered Dental Hygienist in the community were contacted with 35% utilizing a dentist 120 days post contact.
    iii. 52,637 Members newly enrolled or re-enrolled in HUSKY Health without a dental home were contacted, 18% utilized a dental services 120 days post contact.
    iv. 372,838 Member who had not visited a dentist in the prior 12 months were contacted with 9% utilizing dental services 120 days post contact.
    v. 7,758 Pre-Natal Members participating in the CHN Healthy Beginnings Program were contacted with 16% utilizing dental services 120-day post contact.

4. **Member Services Center**

a. The CTDHP Member Service Center answered 60,936 calls in SFY 2024.
b. The Average Abandonment Rate was 4.3% of or 3,005 calls.
c. 88.3% of call answered were answered within 45 seconds and 94.8% were answered within 120 seconds.
d. Learning and skill development has been a key focus area for the Member Service Center team. A sample of trainings conducted in SFY 24 include:
   i. Mental Health First Aid
   ii. The new Periodontal Benefit
   iii. Provider Complaints Processes
   iv. Understanding FQHC Prospective Payment System billing

5. **Communications and Media Campaigns**

a. CTDHP uses oral health equity data (from CTDHP Oral Health Equity Report) and geographic analysis to target specific geographies and populations to develop media campaigns focused on oral health literacy and a call to action to connect with the CTDHP Member Service Center to get support in locating a HUSKY Health Dentist. This year, the messaging focused on "Take Care of Your Teeth, Take Care of Yourself" to nudge members to get back to a routine preventive dental visit and promote how members can find a HUSKY Health dentist. The content for this year's campaign was developed with input from the HUSKY Health Member Advisory Board, with whom we also shared the campaign outcomes.

   i. Key target audiences for the campaign were:
      1. Rural areas and those identified as high HUSKY Member volume and low utilization rates.
      2. 19-29 year olds
      3. Asian Americans
      4. African American children
      5. Members who identify as males

b. Transit (Bus) Shadow fenced digital ad marketing campaign ran for 28 days in January through February in 2024. The bus routes covered 16 high member volume and low dental utilization regions. As a result, there were 524,175 "impressions" or views of the ad and 1,789 direct clicks from the ad to the CTDHP website.
c. Digital Print Media Advertising was placed in 10 low utilization towns and in rural areas via an online local news and advertising aggregator "patch.com". There were 474,128 views of the ad and 1,094 clicks from the ad to the CTDHP website.
d. Member E-Newsletters
   i. 6 Newsletters Sent – plus 3 emails for the Member Survey
   ii. 1,046,204 English Newsletter Sent with 41% Open Rate
   iii. 145,904 Spanish Newsletter Sent with 42% Open Rate
      1. For the 3 Member Survey Emails, there were 577,207 English sends, and an average 42% open rate
      2. and 72,013 Spanish sends, and an average 43% open rate
e. Social Media:

i. Facebook: 42 Posts with 113,500 unique people seeing content (Reach)
ii. Instagram: 42 Posts with 24,400 unique people seeing content (Reach)
iii. X (formerly Twitter) 34 Posts with 722 impressions

f. CTDHP.org Website:
i. Total Users: 115,730
ii. Total Views: 366,857
iii. Provider Logins to Secure Provider Portal: 79,412
iv. Member Logins to Secure Member Portal: 7,602
v. Used Find a Dentist Locator Tool or logged in to find a dentist: 97,537

6. Professional Relations and Network Development

a. The Professional Relations and Network Development team works to recruit, retain, and support CMAP enrolled dental providers through one-to-one connections, education, and issue resolution. CTDHP's unique perspective is rooted in relationship building at the local level and throughout all aspects of the provider practice. This is accomplished via in person visits, telephone contact, electronic provider tools and communications, large group education and trainings, and connection to their dental societies and associations. The goal of the team is to make the interactions with the program (DSS, CTDHP, Gainwell, etc.) positive, with reduced burden on the practice.

b. Professional Relations with CMAP Enrolled Providers
i. The Professional Relations team conducted 1,096 telephone calls to providers to support their credentialing and recredentialing in the CMAP network.
ii. 256 Offices were visited by the team for direct one to one education and issue resolution.
iii. 9 "Lunch and Learn" education meetings were held for 3 large group practices and 6 smaller practices.
iv. 673 Providers completed the online survey which enables more accurate referral information in the CTDHP provider locator tool.
v. 2 electronic provider newsletters were sent to all providers with viable emails.

c. Network Development
i. 443 recruitment phone calls were made to practices not enrolled in the CMAP network.
ii. 38 new practices were successfully recruited to the CMAP network.

7. Grievance and Appeals

a. The Grievance and Appeals team at CTDHP work to ensure HUSKY Member's rights of appeal for denied dental services are appropriately processed and keeping the member informed of the appeals process. CTDHP Grievance and Appeals staff work hard to educate the Member on each step of the appeal process while also ensuring that the regulatory timeliness and preparation for fair hearings is sustained.

b. The team administratively processed with the HUSKY member, CTDHP dental consultants and Office of Legal Counsel, Regulations, and Administrative Hearing staff a total of 396 appeals.

c. The team coordinated 200 Fair Hearings working again with the CTDHP dental consultants, OLCRAH staff, and HUSKY Members.

New Innovations, Programs, Partnership and National Presence

1. **Access to Baby Care Program**
   a. The Access to Baby Care (ABC) Program provides Medicaid reimbursement for oral health assessment and fluoride varnish applications to children up to age seven at their medical well-child visit and is supported by CTDHP through training and performance improvement data sharing via its Utilization and Revenue Review Report (URRR). 46 practices have received performance improvement support since the program's redesign and 53 URRR's have been provided to 32 practices.
   b. **The ABC Program's unique Utilization and Revenue Review Report has gained Local and National Interest.** The ABC Program educates, trains, certifies providers to receive reimbursement, and provides ongoing support for oral health services as well as to performance improvement activities to medical providers to conduct oral health assessments and fluoride varnish at well-child visits. The Utilization and Revenue Review Reporting tool provides pediatric and family primary care practices with percentage rates of the services being provided to HUSKY - eligible children month over month at both the provider and practice levels, revenue opportunities gained by increasing the service rate, and performance improvement suggestions supported by our ABC staff from a technical assistance lens. This year, the report and the ABC Program model has been highlighted at the National Maternal and Child Oral Health Resource Center in their Oral Health Learning Café, introduced at the American Dental Association's Dental Quality Alliance, and highlighted in partnership with the CT Children's Care Network at Connecticut Children's Hospitals Illumination Conference.
   c. The rates of oral health assessment and fluoride varnish applied during a medical well child visit continue to rise year over year with 2023 realizing its highest rates since 2019 with 20,560 children receiving oral health assessments and 12,897 children receiving fluoride varnish applications.

2. **Oral Health Navigation Model**
   a. **Oral Health Navigation Outcomes reduce Emergency Department Visits and increase dental utilization for years after successful member and navigator partnership.** The CTTHP's Oral Health Navigation Program deploys social workers and certified community health workers to work longitudinally with HUSKY Members who have acute oral health needs or complex social, medical, and or behavioral health barriers to care to support the member in meeting their dental treatment needs, reducing barriers to care, and increasing oral health literacy. The CTDHP team conducted analysis on the utilization patterns two years post successful closure in the program. It found members in oral health navigation had a 76% overall dental utilization rate, 68% preventive dental utilization rate, and 4% Emergency Department for oral health related conditions and total spend of $8,797 in the Emergency Department where in the ED setting no definitive dental care is employed, it is mostly palliative care. As a comparison group, members referred to the program but never engaged in services illuminate the impact of oral health navigation with a 6% (verses 4%) Emergency Department rate with a total spend of

b. $63,910 (verses $8,797). The early findings were presented at a roundtable discussion at the American Institute for Public Health's 2024 Research Colloquium.

3. **Community Engagement Strategic Partnerships**
   a. **CTDHP has partnered with the Office of Early Childhood's Home Visiting Program** to train home visiting staff on the importance of oral health during pregnancy and how parents can lead by example in modeling oral health home care behaviors to children. CTDHP developed a toolkit for home visiting staff and provided workshops at OEC's 2nd Annual Home Visiting Conference where home visiting staff were trained.
   b. **CTDHP and YMCA Early Childhood Programs celebrate Children's Dental Health Month.** CTDHP's community engagement specialists partnered with 5 YMCA's statewide to provide oral health literacy training to children in their Early Childhood and After School programs. The team gave 17 presentations reaching 298 children.
   c. **CTDHP continues to deepen its relationships with Head Start programs** with the team conducting 161 outreach activities locally among Head Starts. 13 Head Start programs are registered as CTDHP Community Partners. This enables the programs to utilize member inquiry and oral health navigation functions to meet their Head Start Performance standards in oral health care.

4. **Children's Dental Health Month – Dr. Tooth Fairy Campaign**
   a. Building off the lessons learned of the successful 2023 Dr. Tooth Fairy Campaign in partnership with the Connecticut State Dental Foundation, CTDHP continued to use Dr. Tooth Fairy as a mascot to gain the interest of children and their parents to be informed of the importance of oral health. New deliverables included:
   i. Two new shorter audio recordings were produced, with an all-encompassing message around oral health and added to the dedicated phone line in English and Spanish.
   ii. An updated image was created for Dr. Tooth Fairy so it could be animated for and ADA and CLAS-compliant video.
   iii. Social Media Campaigns were developed for Facebook and Instagram.
   iv. Educational curricula were developed for the Office of Early Childhood- Family Visiting Program providers (19 Lead Partners and 23 sub contracted agencies) in the state via their communications vehicles, and materials were shared with preschool students at 4 YMCA Program targeted in our low-utilization zip codes: Southington Cheshire YMCA, Waterbury YMCA, Middlesex YMCA, Naugatuck YMCA, and Regional YMCA in Danbury.
   b. Outcomes
   i. Phone Calls to Dr. Tooth Fairy: 190
   ii. Web Page Views: 1,581
   iii. YouTube Video Views: 523
   iv. Dr. Tooth Fairy's social media campaign included postings, stickers, posters and postcards delivered to HUSKY Health Dental Providers. Outcomes in February 2024:
      1. Facebook: 47,300 impressions
      2. Instagram: 13,600 impressions
      3. Cross-posting of Dr. Tooth by Other Organizations: CHN CT, Carelon, CT Oral Health

Initiative, Health Improvement Alliance of Greater Bridgeport, CT State Dental Association

5. State and National Presentations

a. CTDHP's Executive Director was selected to participate as a workgroup member in CMS's 2023 Medicaid and CHIP Oral Health Initiative Workgroup, whose charge was to provide input on CMS's strategic priorities that aim to improve oral health care access, quality, and outcomes and advance health equity and CHIP. That report can be found at Recommendations for Improving Oral Health Care Access, Quality, and Outcomes and Advancing Equity in Medicaid and CHIP

b. National oral health organizations continue to request support, technical assistance, and presentations of the CTDHP model. This year the following national presentations were given by CTDHP staff:

i. Network for Oral Health Integration: "Putting the Mouth Back in the Body- Entering the World of Value-Based Payment" Panelist, June 2024

ii. American Dental Association Dental Quality Alliance: "Making Quality Improvement Measures Real" Presenter, Virtual, June 2024

iii. National Maternal and Child Oral Health Resource Center: "How Medicaid Claims Data Can Inform Medical-Dental Integration and Community Engagement Strategies" March 2024

c. Within Connecticut, CTDHP was selected as a CME conference presenter at the Connecticut State Dental Association's Annual Conference. CTDHP's Oral Health Equity Officer trained on "Advancing Cultural Competency in Patient Centered Care".

Benefits of ASO structure

The ASOs act as hubs for member support, location of providers, Intensive Care Management (ICM), grievances and appeals. ASO arrangements have also improved engagement with providers, who have a single set of coverage guidelines for each service, and a uniform fee schedule from which to be paid. Providers can bill every two weeks, and 'clean claims' are paid completely and promptly through a single fiscal intermediary – Gainwell Technologies. This promotes participation and retention of providers, as well as enabling monitoring of the adequacy of the networks needed to support a growing population of beneficiaries.

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

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SFY 24 Network Adequacy Analysis

Access to Care

Medical Providers
Primary care providers: 3,977

Specialists, including Ancillary services and Facilities: 27,062
Network change from previous year, x% change since 2023, Specialist change sine 2023 4,151 , 26,966

Behavioral Health Providers
Behavioral Health Providers: 8,834
Network change from previous year over calendar year 2023: 6% increase over 2024.
Behavioral Health program intervention(s) has contributed to a 6% increase in the BH provider network through the following ways:

- The 1115 SUD Waiver, expanding previously restricted substance use disorder (SUD) services.
- Increased telehealth services may have incentivized providers to enroll, particularly among licensed clinical social workers (LCSWs), who make up about 30% of the growth.
- Since October 2022, Medicaid allows associate licensed clinicians to be supervised by licensed professionals, helping them gain necessary clinical hours to obtain their licenses and subsequently enroll in the network.

% increase over 2024

Dental Providers
Primary care providers: 1,623
Specialist: 337
Network change from previous year 2023: 5% decrease and a 26% increase, respectively.

Pharmacies

Pharmacies: 739
Network change from June 30, 2023 – June 30,2024: -1%

Medical Operations Operational Services

- 24.3 million pharmacy claim, and 32 million non-pharmacy electronic claims were processed
- 67.4 million electronic eligibility transactions and 10,212 automated voice response eligibility transactions were processed
- 12.8 million medication histories and 12.3 million eligibility transactions were processed through the e-Prescribing application
- 11.8 million EVV transactions were submitted
- 19,406 providers went through the enrollment or re-enrollment process in the Connecticut Medical Assistance Program

- 236,930 pharmacy prior authorizations were processed by the Pharmacy Prior Authorization Assistance Center

Population Health

By using Population Health Management DSS and the HUSKY Health Medical ASO (CHNCT) work to improve clinical health outcomes for CT Medicaid and CHIP beneficiaries through better care coordination, increased patient engagement and adoption of appropriate financial and care models that support this effort.

In Measurement Year 2023, HUSKY A and HUSKY B program rates were reported separately. Prior to MY 2023, HUSKY A and HUSKY B programs were combined; therefore, there are no prior year rate comparisons available for the HUSKY B population. The summary of key findings do not include rates for the HUSKY B program for MY 2023. In MY 2023, the HUSKY A rates are a comparison of the combined HUSKY A/B group from MY 2022. The rates for the HUSKY B group from MY 2023 will be baseline rates for comparison in MY 2024. The following are rates that improved by >1% in MY 2023 in comparison to MY 2022 for HEDIS® and other measures used in the monitoring and evaluation of the HUSKY Health program:

Effectiveness of Care: Prevention and Screening

- *HEDIS® MY 2023 Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* improved for HUSKY A by
  - *BMI Percentile 3-11 Years:* 8.29%
  - *BMI Percentile 12-17 Years:* 11.75%
  - *BMI Percentile Total:* 9.51%
  - *Counseling for Nutrition 3-11 Years:* 8.50%
  - *Counseling for Nutrition 12-17 Years:* 18.59%
  - *Counseling for Nutrition Total:* 11.98%
  - *Counseling for Physical Activity 3-11 Years:* 12.20%
  - *Counseling for Physical Activity 12-17 Years:* 19.04%
  - *Counseling for Physical Activity Total:* 14.72%
- *HEDIS® MY 2023 Childhood Immunization Status* improved for HUSKY A by
  - *Hepatitis B:* 2.20%
  - *Rotavirus:* 1.94%
  - *Combination #10:* 1.98%
- *HEDIS® MY 2023 Immunizations for Adolescents* improved for HUSKY A by
  - *Meningococcal:* 4.71%
  - *Tdap:* 4.44%
  - *HPV:* 1.27%
  - *Combination #1:* 5.66%
  - *Combination #2:* 1.29%
- *HEDIS® MY 2023 Cervical Cancer Screening* improved by 11.13% for HUSKY C

- *HEDIS® MY 2023 Colorectal Cancer Screening* improved by
  - *46-50 Years:* 42.51% for HUSKY A, 23.11% for HUSKY C, and 31.61% for HUSKY D
  - *51-75 Years:* 14.95% for HUSKY A, 4.71% for HUSKY C, and 7.69% for HUSKY D
  - *Total:* 21.62% for HUSKY A, 5.40% for HUSKY C, and 8.91% for HUSKY D
- *HEDIS® MY 2023 Chlamydia Screening in Women* improved by
  - *16-20 Years:* 1.61% for HUSKY A
  - *21-24 Years:* 35.99% for HUSKY C
  - *Total:* 1.36% for HUSKY A, and 35.76% for HUSKY C
- *Developmental Screening in the First Three Years of Life (Ages 1-3)* improved by 1.40%

Effectiveness of Care: Respiratory Conditions

- *HEDIS® MY 2023 Appropriate Testing for Pharyngitis* improved by
  - *3-17 Years:* 7.61% for HUSKY A
  - *18-64 Years:* 22.48% for HUSKY A, 33.54% for HUSKY C, and 14.40% for HUSKY D
  - *Total:* 13.30% for HUSKY A, 29.81% for HUSKY C, and 14.46% for HUSKY D
- *HEDIS® MY 2023 Use of Spirometry Testing in the Assessment and Diagnosis of COPD* improved by 8.72% for HUSKY A and 2.55% for HUSKY D
- *HEDIS® MY 2023 Asthma Medication Ratio* improved by
  - *5-11 Years:* 1.29% for HUSKY A
  - *12-18 Years:* 2.05% for HUSKY A
  - *19-50 Years:* 1.92% for HUSKY A, 6.37% for HUSKY C, and 5.61% for HUSKY D
  - *51-64 Years:* 2.18% for HUSKY C and 2.51% for HUSKY D
  - *Total:* 1.37% for HUSKY A, 3.85% for HUSKY C, and 4.37% for HUSKY D
- *Asthma Inpatient Rate per 1,000 Members* improved by 12.58%
- *COPD or Asthma in Older Adults Admission Rate per 100,000 MM (Ages 40 or Older)* improved by
  - *Age 40-64:* 13.76%
  - *Age 65+:* 38.31%
  - *Total:* 16.48%
- *Asthma in Younger Adults Admission Rate per 100,000 MM (Ages 18-39)* improved by 24.03%
- *Asthma Patients with One or More Asthma-Related Emergency Department Visit (Ages 2-20)* improved by 11.14%

Effectiveness of Care: Cardiovascular Conditions

- *HEDIS® MY 2023 Cardiac Rehabilitation* improved by
  - *Initiation (18-64):* 158.54% for HUSKY A and 100.00% for HUSKY C
  - *Engagement1 (18-64):* 11.61% for HUSKY D
  - *Engagement2 (18-64):* 9.84% for HUSKY A and 4.20% for HUSKY C

- *Initiation (Total):* 158.54% for HUSKY A and 100.00% for HUSKY C
- *Engagement1 (Total):* 11.37% for HUSKY D
- *Engagement2 (Total):* 9.84% for HUSKY A and 1.51% for HUSKY D

- *HEDIS® MY 2023 Controlling High Blood Pressure* improved by 6.26% for HUSKY A, 3.71% for HUSKY C, and 17.54% for HUSKY D
- *HEDIS® MY 2023 Statin Therapy for Patients With Cardiovascular Disease* improved by
  - *Statin Adherence 80% - (Female):* 5.67% for HUSKY A and 3.26% for HUSKY C
  - *Statin Adherence 80% - (Male):* 1.57% for HUSKY C and 3.32% for HUSKY D
  - *Statin Adherence 80% - Total*: 1.45% for HUSKY A, 2.43% for HUSKY C, and 1.85% for HUSKY D
  - *Received Statin Therapy – (Male):* 4.70% for HUSKY C
  - *Received Statin Therapy – Total:* 1.43% for HUSKY C
- *Hypertension Admission Rate per 100,000 MM (Ages 18 and Older)* improved by
  - *Age 18-64:* 9.74%
  - *Total:* 8.19%

Effectiveness of Care: Diabetes

- *HEDIS® MY 2023 Hemoglobin A1c Control for Patients With Diabetes* improved by
  - *HbA1c Poor Control (>9.0%):* 6.33% for HUSKY A, 28.41% for HUSKY C, and 21.42% for HUSKY D
  - *HbA1c Control (< 8.0%):* 6.30% for HUSKY A, 16.08% for HUSKY C, and 17.02% for HUSKY D
- *HEDIS® MY 2023 Blood Pressure Control for Patients With Diabetes* improved by 10.49% for HUSKY A, 13.86% for HUSKY C, and 2.99% for HUSKY D
- *HEDIS® MY 2023 Kidney Health Evaluation for Patients With Diabetes* improved for HUSKY C by
  - *18-64 years:* 3.68%
  - *65-74 years:* 3.35%
  - *Total:* 3.54%
- *HEDIS® MY 2023 Statin Therapy for Patients With Diabetes* improved for HUSKY D by
  - *Statin Adherence 80%:* 1.72%
- *Diabetes Short-Term Complications Admission Rate per 100,000 MM (Ages 18 and Older)* improved by
  - *Age 18-64:* 2.91%
  - *Age 65+:* 27.32%
  - *Total:* 3.39%
- *Diabetes Long-Term Complications Admission Rate per 100,000 MM (Ages 18 and Older)* improved by
  - *Age 65+:* 17.58%reba

- *Uncontrolled Diabetes Admission Rate per 100,000 MM (Ages 18 and Older)* improved by
  - *Age 18-64:* 5.31%
  - *Age 65+:* 22.45%
  - *Total:* 6.97%
- *Lower-Extremity Amputation Among Patients with Diabetes Rate per 100,000 MM (Ages 18 and Older)* improved by
  - *Age 65+:* 45.49%

Effectiveness of Care: Behavioral Health

- *HEDIS® MY 2023 Antidepressant Medication Management* improved by
  - *Effective Acute Phase Treatment:* 1.23% for HUSKY C
  - *Effective Continuation Phase Treatment:* 2.22% for HUSKY A, 2.03% for HUSKY C, and 1.16% for HUSKY D
- *HEDIS® MY 2023 Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications* improved by 2.52% for HUSKY A, 4.50% for HUSKY C and 3.01% for HUSKY D
- *HEDIS® MY 2023 Diabetes Monitoring for People with Diabetes and Schizophrenia* improved by 14.57% for HUSKY A, 16.12% for HUSKY C, and 9.62% for HUSKY D
- *HEDIS® MY 2023 Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia* improved by 8.43% for HUSKY C and 19.05% for HUSKY D
- *HEDIS® MY 2023 Pharmacotherapy for Opioid Use Disorder* improved for HUSKY C by
  - *16-64 Years:* 15.81%
  - *Total:* 7.60%
- *Behavioral Health Screening (Ages 1-18)* improved by 2.67%

Perinatal, Maternal and Infant Health Measures

- *C-Section Deliveries* improved by 1.62%
- *Fetal Deaths* improved by 20.39%
- *NICU Count per 100 Live Newborn Births* improved by 2.87%

Effectiveness of Care: Overuse/Appropriateness

- *HEDIS® MY 2023 Non-Recommended Cervical Cancer Screening in Adolescent Females* improved by 26.47% for HUSKY A and 12.28% for HUSKY D
- *HEDIS® MY 2023 Appropriate Treatment for Upper Respiratory Infection* improved for HUSKY C by:
  - *18-64 Years:* 1.53%
  - *65+ Years*: 3.69%
  - *Total:* 1.54%

- *HEDIS® MY 2023 Avoidance of Antibiotic Treatment For Acute Bronchitis/Bronchiolitis* improved by:
  - *3 Months-17 Years:* 2.92% for HUSKY A
  - *18-64 Years:* 19.09% for HUSKY A, 49.98% for HUSKY C, and 17.78% for HUSKY D
  - *Total:* 6.64% for HUSKY A, 39.20% for HUSKY C, and 17.44% for HUSKY D
- *HEDIS® MY 2023 Use of Imaging Studies for Low Back Pain, 65-75 Years* improved by 21.46% for HUSKY D
- *HEDIS® MY 2023 Use of Opioids at High Dosage* improved by 9.63% for HUSKY A and 2.07% for HUSKY C
- *HEDIS® MY 2023 Risk of Continued Opioid Use* improved by
  - *18-64 Years - ≥ 15 Days Covered*: 6.54% for HUSKY A, 6.72% for HUSKY C, and 2.87% for HUSKY D
  - *18-64 Years - ≥ 31 Days Covered*: 5.78% for HUSKY C
  - *65+ Years - ≥ 15 Days Covered*: 4.67% for HUSKY C
  - *Total - ≥ 15 Days Covered*: 6.51% for HUSKY A, 4.38% for HUSKY C, and 2.24% for HUSKY D
  - *Total - ≥ 31 Days Covered*: 2.60% for HUSKY C

Access/Availability of Care

HEDIS® MY 2023 Prenatal and Postpartum Care improved for HUSKY A by
  - *Timeliness of Prenatal Care*: 1.87%
  - *Postpartum Care*: 10.86%

Utilization

- *HEDIS® MY 2023 Child and Adolescent Well-Care Visits* improved by
  - *3-11 years:* 2.77% for HUSKY A
  - *12-17 years:* 3.17% for HUSKY A
  - *18-21 years:* 7.47% for HUSKY A and 8.36% for HUSKY D
  - *Total:* 3.61% for HUSKY A and 8.42% for HUSKY D
- *HEDIS® MY 2023 Ambulatory Care: ED Visits (per 1000 member years)* improved by 3.14% for HUSKY A
- *HEDIS® MY 2023 Plan All-Cause Readmissions: Observed Readmission Rate: 45-54 years* improved by 2.22% for HUSKY A and 22.44% for HUSKY C

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Access to Primary, Preventative Medical Care
Person-Centered Medical Homes (PCMH)
The Department implemented its PCMH initiative on January 1, 2012, and has further developed

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

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

As of 6/30/2024, there was a total of 124 practices that participated in the DSS PCMH Program, which included 560 sites, and 513,194 HUSKY members attributed to 2,471 CMAP providers. There were 98 NCQA recognized practices, 18 glide path practices (however, 9 practices have sites that are fully PCMH as well), and 16 FQHCS that participate in the DSS PCMH program.

CHNCT's PCMH program staff has worked with assigned practices for Quality Improvement (QI) since 2020. The activity involves quarterly meetings to discuss low performing measures, PCMH performance measures and Department focus measures. Practice data is reviewed, discussion of process/practice interventions follows, and implementation of changes are performed. Data is reviewed regularly to determine improvement and possible need for modification of interventions. This is a continuous cyclical process. Measurement year (MY) 2023 results for QI work showed a total of 69 PCMH practices improved 32 different measures from 3% - 67.1%.

Health Equity Work

DSS, CHNCT, BeneCare and Carelon are currently examining access barriers related to gender, race and ethnicity faced by Medicaid members. During the COVID-19 pandemic, this focused on use of daily Admissions, Discharge and Transfer (ADT) data to examine the impact of COVID on communities of color. It has also involved use of claims and American Community Survey data to create an affirmative care coordination initiative through which CHNCT outreached to thousands of Medicaid members whose health condition and race/ethnicity put them at greater risk for adverse outcomes. This resulted in extensive contacts and support for both health and social determinant needs.

More recently, the Department has engaged all of the ASOs to develop well-defined areas of health or outcome disparities relative to their specific focus area of healthcare. CHNCT has identified a specific area of health and outcome disparity related to Black/African American children and youth not receiving their immunization and vaccinations at well-child visits in New Haven and Bridgeport. Carelon has identified an outcome disparity for Black/African American youth and adults related to follow-up after hospitalization. BeneCare will be focusing on

individuals who have never used dental services and will assist them in connecting to a dental home.

Identifying and Correcting Bias in Healthcare Algorithms

In healthcare, data and algorithms are frequently used to identify populations that may benefit from specialty care management. Such data-driven programs have the potential to improve disease management, health outcomes and reduce the cost of care and may also have the potential to remove bias from human decision making in eligibility or access determinations. However, recent research has shown that algorithms in healthcare and other fields can show bias against certain populations due to systemic racism that is reflected in the data used to construct these algorithms. In 2019, Carelon, in its role as the ASO for the CT Behavioral Health Partnership, was tasked with assisting in the administration of the Coordinated Housing Engagement and Support Service (CHESS) program, including developing an algorithm to aid in the identification of those Medicaid recipients most likely to benefit from receiving housing support services and obtain priority access to housing vouchers. Over a 14-month period, five algorithm solutions were tested against program goals relating to maximal impact on health and cost efficiency, right-sizing program capacity, and achieving equity in program participation. Carelon abandoned the more typical (and likely biased) approach of measuring utilization and shifted to the use of a comorbidity index based on diagnosis supplemented by other housing indicators that helped to avoid bias in the eligibility process.

The Department works in partnership with the ASO in the implementation of the CHESS program. To date, 5,240 people have applied for CHESS. Of the 5,240 applicants, 4,565 people met the pre-screen requirements. Pre-screened applicants are sent to the ASO to determine if the applicant meets the comorbidity index based on diagnosis.,737 people have met the comorbidity index and are currently working with a supportive housing provider. Of the 737 people, 220 people are now housed with CHESS.

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Medicaid Integration Initiatives

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

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

Connecticut Intergrated Care for Kids (CT InCK)

The CT InCK Model provides funding opportunities to states and local organizations to test whether payment supporting integrated service delivery across behavioral health, physical health

and other child services reduces Medicaid and CHIP expenditures and improves the quality of care for covered children. The InCK Model aims to empower states and local organizations to improve performance on priority measures of child health, including rates of substance and opiate use; reduce avoidable inpatient hospitalizations and out-of-home placements resulting from issues such as family instability driven by substance use and create sustainable Alternative Payment Models (APMs) that ensure provider accountability for cost and quality outcomes. DSS in conjunction with Clifford Beers, a New Haven based, nationally recognized provider of trauma-informed mental health care for children, adolescents, and adults were one of six states awarded this CMS grant. CHNCT has served on the implementation team since the onset of the program along with the CTBHP. Bi-annually, CHNCT is responsible for identifying children and pregnant and post-partum women eligible for services under the terms of the grant and developing a de novo risk stratification methodology for pregnant and post-partum women. Members were risk stratified into three levels of need (SIL's) based on a number of variables, including chronic conditions, utilization of health care services, and health related social needs. In addition to the bi-annual member roster file, CHNCT is also responsible for delivering a quarterly SIL data file that provides information on members physical and behavioral needs, functional impairments, out of home placements, inpatient admissions, and special education needs. Carelon uses this SIL file to create a SIL workbook which is a required deliverable to CMS.

Maternity Bundle

The HUSKY Maternity Bundle Payment Program is a value-based care program which implements an episode-based payment model for maternity care services. With an emphasis on reducing health disparities and improving member care experiences, the program aims to drive coordinated, efficient, and high-value maternity care through the use of episode-based payments, upside only incentive payments (shared savings), performance and reporting based quality measures, and expanded services such as doula care and lactation support services that support positive maternal and infant health outcomes. Quality measures to quantify the success of the program include measuring rates of cesarean births, low birth weight, adverse maternal events, prenatal, and postpartum care. DSS anticipates launching the program on January 1, 2025, pending federal approval from CMS.

Goal: Support DSS' efforts in launching a successful maternity bundle for OB providers.

Results: CHNCT met the goal of supporting DSS' efforts in launching the HUSKY Maternity Bundle Payment Program for qualifying CMAP maternal health practices in CY 2023. CHNCT staff from PES, Population Health Management (PHM), IS, MES, QM, and CM supported program implementation action items such as provider and member communications, town hall meetings, reporting, FAQ and overview document development, and website/portal updates. CHNCT also established ongoing project planning and implementation meetings with DSS, and consultants Faulkner Consulting Group, Mercer, and Primary Maternity Care that continued through the end of CY 2023. Primary Maternity Care's relationship with DSS ended in July 2023.

In CY 2023, CHNCT met the goal and supplied all necessary data to DSS and its vendors to support efforts around public town hall meetings and provider collaboratives. CHNCT assisted in the generation and validation of specification documents and development of a provider reference guide for the following maternity bundle quality measures:

Prenatal Care Measure
Postpartum Care Measure
Contraceptive Care Measure
Low Birth Weight Measure
Cesarean NTSV Measure
Preterm Birth Measure
Maternal Adverse Event Measure
Maternity Bundle Project OB Attribution Specification

CHNCT collaborated with Yale/YNHH Center for Outcomes Research and Evaluation (CORE) on the establishment of risk adjustment methodology for the Maternal Adverse Events measure, conducted initial run of retrospective measure outcomes and validated results, and validated subsequent Maternity Bundle measure outcomes based on historic attribution scenarios. CHNCT also developed and designed the Maternity Bundle's Encounter Form that will track the following reporting-based quality measures:

Doula Utilization – Proportion of births attended by a doula
Breastfeeding – Number of newborns exclusively breast fed during the newborn's entire hospitalization.

Behavioral Health Risk Assessments – Percentage of patients who received a behavioral health screening risk assessment that includes the following screenings: screening for depression, substance use, tobacco use, and intimate partner violence screening.

CHNCT successfully hosted three Maternity Bundle Provider Forums and two Doula Integration Webinars with DSS in CY 2023. The Provider Forums offered qualifying providers an overview of the Maternity Bundle payment model and an opportunity to have to any questions answered. Two Doula Integration Webinars were developed for CMAP providers and their office managers and doula providers to address to their unique needs such as CMAP providers understanding the relationship between healthcare providers and doulas in the Maternity Bundle Payment program and how doulas can partner with provider practices to provide team-based care to HUSKY Health members. CHNCT was responsible for developing provider communications such as email invitations and using provider contact information from the provider data management system to encourage provider participation.

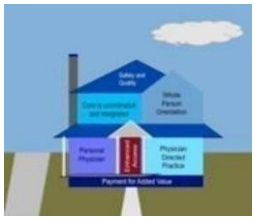
In CY 2023, CHNCT successfully developed a Maternity Bundle provider portal located on the HUSKY Health secure provider portal that is separate from the OBP4P provider portal. The Maternity Bundle Payment Program would have overlapped with the OBP4P program, therefore, the OBP4P provider portal was not updated. The Maternity Bundle provider portal was staged with the following material:

"Understanding the Maternity Bundle" PDF document - A description of the Maternity Bundle program which included the launch date.
"For More Information about the Maternity Bundle and implementation update" link to DSS website for the most up to date information on the Maternity Bundle Payment Program.
Maternity Bundle Encounter Form – The encounter Form allows CMAP providers to submit

information on HUSKY members that received maternity services including member's race, ethnicity, spoken language, doula services, screenings performed, and postpartum information.

Person-Centered Medical Homes+

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



PCMH+ amplifies the important work of the Connecticut Medicaid PCMH initiative. PCMH practices have adopted practices and procedures designed to enable access to care; developed limited, embedded care coordination capacity; become attuned to use of data to inform responses to their panel members; and become more attentive to working within a quality framework. Further, they have demonstrated year-over-year improvement on a range of quality measures and have received high scores on such elements as overall member satisfaction, access to care, and courtesy and respect.
PCMH+ underscores DSS' commitment to provide practice coaching and funding supports to local entities that have the experience and trust basis to effectively serve their communities.

PCMH+ represents the first Connecticut Medicaid use of an "upside-only" shared savings approach. Wave 3, Year 3 shared savings resulted in $17,065,879 distributed to five PEs who achieved savings under the program."

Quality Assurance and Improvement

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

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

and Information Set (HEDIS) and Children's Healthcare Quality Measures (CHIPRA), reported for many years by both Medicaid and most commercial payers.

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

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

As HUSKY Health embraces the concept of value-based care, a key outcome will be to measure value by seeking and receiving the data necessary to measure care, and most important, to measure member's individual health outcomes. Requiring more timely and more descriptive data will be a major step towards full compliance with CMS reporting, which becomes mandatory in federal fiscal year 2024. Data reported in 2024 will reflect care delivered in 2023.

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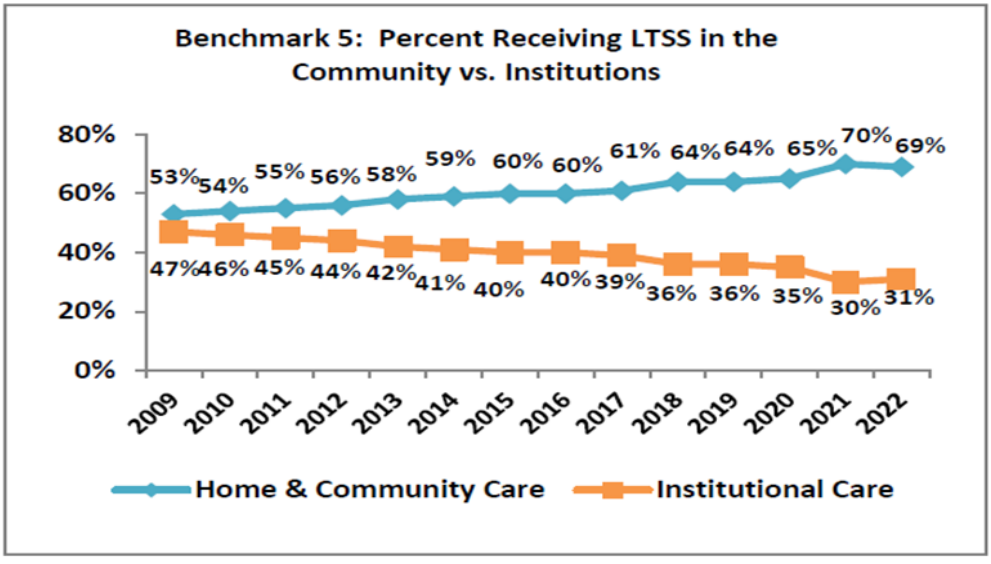
'Rebalancing' of Long-Term Services and Supports (LTSS)

Consumers overwhelmingly wish to have meaningful choice in how they receive needed long-term services and supports. Connecticut's Medicaid spending remains weighted toward institutional settings, but rebalancing is shifting this. In SFY 2023, 69% of Medicaid members who required LTSS received services in the community. This percentage has increased significantly over time. Since SFY 2003, the percentage of Medicaid clients receiving care in the community has increased significantly -- from 46% in SFY 2003 to 69% in SFY 2023.

In SFY 2023, 56% of the total LTSS Medicaid expenditures were spent in the community, while 44% was spent in institutions.



Strategic Plan to Rebalance Long-Term Services and Supports

In January 2020, the Governor, the Office of Policy and Management and the Department of Social Services Commissioner released an updated copy of the State's Strategic Plan to Rebalance Long-Term Services and Supports (LTSS). This plan details diverse elements of a broad agenda that is designed to support older adults, people with disabilities and caregivers in the choice of their preferred means, mode, and place in which to receive long-term services and supports. The 2020 plan revises strategies and objectives with the aim of increasing the pace of rebalancing. Key aspects of the plan include 1) increasing transitions under Money Follows the Person; 2) development and implementation of a predictive methodology to identify people in institutions at risk of long-term stay; 3) continued development and implementation of Community First Choice; 4) technical assistance for nursing homes to align their business model with emerging trends; 5) statewide implementation of the new standardized assessment and budget allocation process; 6) development of a housing and supports model for individuals who are homeless; and 7) a set of new objectives regarding workforce, housing and employment. The strategic plan identifies 'hot spots' for development of services, including medical services, since it projects demand attributed to the aging population at a town level.

In light of the public health emergency and the impact felt on the state, the Department is in process of updating the State's Strategic Plan. Consumer demand has shifted post the pandemic and residents needing LTSS services would prefer services provided in the community or in their home. To better understand the impact of the pandemic on LTSS services, the Department is updating the Plan and included the latest US Census data. The Plan update will assist the Department in ensuring the state has the correct type and level of LTSS services for state residents post the pandemic. The updated Plan will also assist the Department in balancing the right number of nursing home beds to meet future need for the state's residents.

American Rescue Plan Act – Home and Community-Based Services

The State of Connecticut's home and community-based services (HCBS) ARPA plan utilizes temporary enhanced federal reimbursement (approximately $240 million for Connecticut) for reinvestment in new qualifying services which support community-based long-term services and supports.

Connecticut's plan for use of the temporary 10% increase to the federal medical assistance percentage (FMAP), enacted under the American Rescue Plan Act of 2021, will provide for the alignment of HCBS initiatives with the state's longstanding, Governor-led Strategic Rebalancing Plan, across multiple domains like expansion of service options, workforce initiatives, housing, access to community-based services, and nursing facility diversification and modernization. More information and status updates are located here: Home and Community-Based Services (https://portal.ct.gov/DSS/Common-Elements/Home-and-Community-Based-Services).

The major areas and key initiatives include:

- **Enhance HCBS Workforce:**
  - Includes increased provider rates 3.5% and one-time provider stabilization 5% supplemental payments, Racial Equity training, and Evidence based models:

- **Care of Persons with dementia in their Environment (COPE): "**Training and Counseling Services for Unpaid Caregivers Supporting Participants" This service is an inter-professional model delivered through a structured number of visits by a team comprised of a Care of Persons with Dementia in their Environments (COPE) certified occupational therapist (OT) and a COPE certified registered nurse (RN) to a participant as defined in the participant's person-centered plan. The service may include assessment and the development of a home treatment/support/action plan for this service, training and technical assistance to carry out the plan and monitoring of the individual and implementation of the service action plan. For participants without a dementia diagnosis, the service is referred to as "Confident Caregiver."

- **Supports at Home Option (SHO):** Expansion of the Medicare Savings Program (MSP) for people with 1 or 2 critical needs and at risk of nursing home placement. "Lite" package of services, including COPE and CAPABLE, as well as, respite, case management, assistive technology and home modification budget. Goal is to reduce signs of depression and to increase quality of life for older adults with functional limitations and their unpaid caregivers.

- **Expand Integration and Use of Assistive Technology**
  - Integrate Smart Home technology into subsidized housing.
  - Expand access to and use of Assistive Technology to HCBS members.

- **Enhance Self-Direction**
  - Create and Implement Employment Network
  - Create and Implement Electronic Visit Verification (EVV) Call Center
  - Expand Self-Direction Supports Available through the Fiscal Intermediary

- **Expand Environmental Adaptations:**
  - **Community Aging in Place- Advancing a Better Living in Elders (CAPABLE):** "Participant Training and Engagement to Support Goal Attainment and Independence." This service implements services to the member utilizing the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) program model. The CAPABLE program is a set of highly individualized, person-centered services that use the strengths of the participant to improve her/his safety and independence. The CAPABLE program services engage participants to develop action plans with the aim of achieving goals related to increasing functional independence, improving safety, decreasing depression, and improving motivation as defined in the person-centered plan.

- **Enhance and Expand HCBS Delivery Transformation:**
  - **Remote Supports:** This service includes the provision of supports by staff at a remote location who are engaged with the individual through technology/devices with the capability for live two-way communication. Individual interaction with the virtual staff person may be scheduled, on-demand, or in response to an alert from a device in the remote support equipment system, and possible unscheduled back-up Personal Care Attendant (PCA) Services. Associated changes include adding certified community hubs

as an authorized provider type, and the addition of a new rate for unscheduled back-up PCA services.

- **Healthy Food Initiative:** Healthy, culturally appropriate, community-based (CT-grown) meals delivered to members with the intent to treat symptoms of diet nutrition-related chronic illnesses as associated with diabetes, chronic heart failure, obesity, and HIV.

- **Programs of All-Inclusive Care for the Elderly (PACE):** For members 55 years or older who are at nursing home level of care and want to remain in the community as independently as possible.

- **Strengthen Quality:**
  - **Pay for Performance initiative (also referred to as "Value Base Payments," or VBP).** VBP aims to improve Medicaid member health outcomes and provide whole-person care through incentive payments to Home and Community Based Services (HCBS) providers and Home Health Agency (HHA) providers based on clearly defined outcome-based measures, person-centered goals, and evaluation of health disparities. VBP includes Racial Equity training for HCBS and HHA, which includes the following content areas: Integrating a Racial Equity lens, Implicit Bias, Health Literacy and Self-Management, Cultural Humility, Racial Microaggressions, and Cross-training.

  - **Improve and Expand Universal Assessment (UA):** The Universal Assessment Tool was established as part of our overall rebalancing strategy. The Tool is utilized by multiple programs and waivers to determine an individual's strengths and needs. The UA utilizes an algorithm to determine Level of Need and Level of Care. The tool helps to ensure an objective allocation of resources for our members. ARP 9817 funds will be utilized to expand and improve the UA.
  - **Create and Implement Quality Management Tool Kit for HCBS Participants:** Creation of web-based tools and printed materials with the aim of creating a greater sense of awareness and control regarding the quality of supports received.

Money Follows the Person

The Money Follows the Person (MFP) initiative that has led efforts toward systems change in long-term services and supports key MFP demonstration services include: care planning specialized in engagement and motivation strategies, alcohol and substance abuse intervention, peer support, informal care giver support, assistive technology, fall prevention, recovery assistance, housing coordination, self-directed transitional budgets including housing set-up, transportation assistance and housing modifications. Systems focus areas for MFP include housing development, workforce development, LTSS service and systems gap analysis/recommendations and hospital discharge planning interventions. An additional key aspect of the demonstration is the development of improved LTSS quality management systems.

Over SFY 2023, the Money Follows the Person program supported 436 individuals in transitioning from nursing facilities to the community. Of these, 413 received enhanced match; 199 of these were elders, 144 had physical disabilities, 56 had mental health disabilities and 14 had intellectual

disabilities. Since implementation in December 2008, there have been over 7,630 transitions, of which received enhanced federal financial participation. Out of this total, 3,402 were elders, 2,867 had physical disabilities, 981 had mental health disabilities and 374 had an intellectual disability. MFP has enabled a broad array of individuals to live independently and to receive needed supports including accessible housing and home and community-based services. For more information, please visit www.ct.gov/dss/moneyfollowstheperson.

Universal Assessment

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

- A pre-screen and a common comprehensive assessment for all persons entering the long-term services and supports system, regardless of entry point. It is anticipated that medical offices, various state agencies administering waivers, and the ASOs will all utilize the same tool so that the people served by the state's systems won't be continually asked the same question unless there is a status change. The anticipated result is a more efficient system where information is shared and unnecessary duplication is eliminated. During SFY 2017, the assessment was improved to refine levels of need and efficiency of the tool and in SFY 2019, the assessment was implemented in all DSS LTSS programs. Further design updates were made in SFY 2020 to incorporate new clinical eligibility criteria for the Coordinated Housing Engagement and Support Service program. ARP 9817 funds will be utilized to expand and improve the UA. In terms of expansion, we are working to expand the utilization of the UA to participants receiving services through other state agencies. Improvements to the UA range from functional improvements to improve user experience to technical programming updates to better capture members' needs. The improvements to the UA will help streamline the process and improve member experience and access to services.
- A conflict-free case management across the system.
- A 'no-wrong door' system for access in long-term services and supports.

Phase one of the state's 'no wrong door' was launched in 2013. The web-based platform was branded My Place CT and aims to coordinate seamlessly with both ConneCT and the health insurance exchange over the next two years. The Department submitted an Advance Planning Document to the Centers for Medicare and Medicaid Services that outlines the funding and information technology architecture required to support the coordination effort.

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

In SFY 2017, phase one of the web-based system that supports electronic referrals to both formal long-term services and supports, and to local community services and supports was implemented. Town level asset maps were created as well as common indexing to facilitate electronic search functions. Work was coordinated with the United Way 2-1-1 which supports a 24-hour chat function. It is anticipated that this support will be especially helpful to hospital discharge planners and others seeking streamlined, automated coordination assistance. During SFY 2021, revisions to the process were made to ensure ongoing coordination with other IT projects within DSS.

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

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

My Place CT

The rebalancing plan emphasizes the need to enable consumers, caregivers and providers to access timely and accurate information with which to make decisions, means of connecting with services (both health-related and social services), and a clearinghouse through which formal and informal caregivers can find opportunities to provide assistance. In support of this, the Department launched www.myplacect.org in June 2013. The site focused on two key areas: 1) workforce development - helping people who are entering or re-entering the workforce to understand what types of caregiving jobs are available, to list positions and to provide contacts. 2) Consumer education – helping older adults, people with disabilities and their caregivers plan and manage in- home care and support. Two statewide outreach campaigns started creating awareness of the need for in-home support professionals and educated consumers about the resources available on www.MyPlaceCT.org.
During SFY 2022, My Place CT continued to evolve in partnership with 2-1-1 Infoline and to improve the overall effectiveness of the site. After launching the first phase of the enhanced MyPlaceCT website in 2017, DSS engaged in a comprehensive review and testing of all content and messaging. Content revisions were continually updated throughout the year. In February 2019, DSS relaunched the web site with pod casts, blogs and improved streamlined access to information and services. During SFY 22, updates to the site were focused on improved access to information, including information for the dual eligible population, and information related to COVID 19.

Community First Choice (CFC)

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

transitioning from institutions. During SFY 2023, approximately 9,000 Medicaid members accessed services through CFC. The Department will be implementing agency based personal care attendant services in the coming year.

Medicaid Waiver Services

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

The Department administers 10 Medicaid waiver programs, three of which are operated by the Department of Developmental Services and one of which is operated by the Department of Mental Health and Addiction Services.

Pre-admission Screening

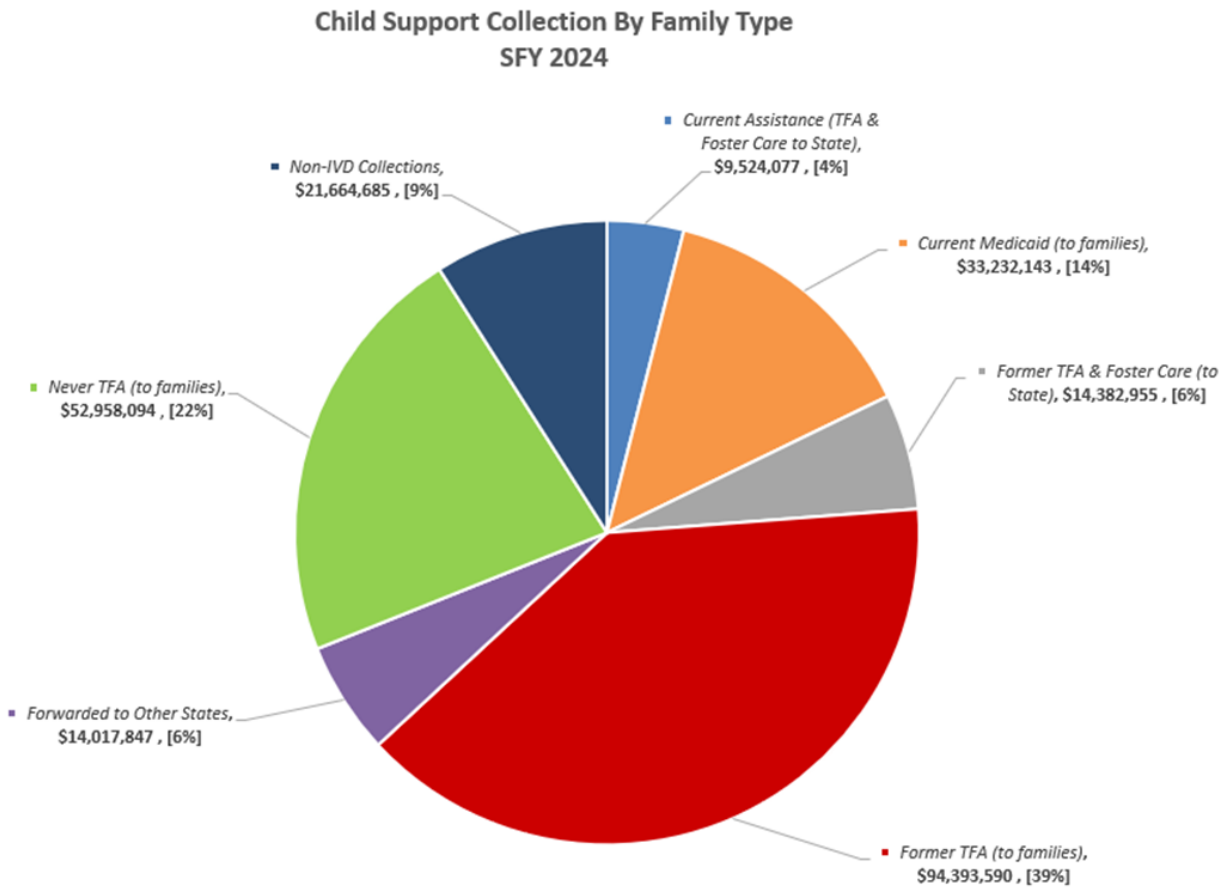
The Department utilizes a web-based system for the federally mandated Pre-admission Screening Resident Review program. The system identifies persons who are in need of both long-term and short-term institutional care and recommends alternatives to those whose preference is for home and community-based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

CHILD SUPPORT SERVICES – FOR CHILDREN, PARENTS AND TAXPAYERS

The Office of Child Support Services (OCSS) collected $240,173,391 in court-ordered child support during SFY 2024 (ending 6/30/24). The program sent $180,583,827 in parental support to children whose families were not receiving cash assistance. Another $14,017,847 went to children living in another state/territory.

Connecticut taxpayers benefited from $9,524,077 in child support collected from parents of Connecticut children receiving Temporary Family Assistance. Most of that amount goes back to the state as reimbursement for public assistance. Another $14,382,955 was collected on past-due amounts and kept by the State as reimbursement.

At the end of Federal Fiscal Year 2023 (9/30/23), the child support caseload was 116,338. More than six percent (6%) of those cases were active. Current Cash Assistance (support assigned to the State); Approximately fifty-eight percent (58%) were Former Assistance (payments to families); and thirty-six percent (36%) Never Assistance cases (payments to families). Approximately Ninety-five percent (95%) of OCSS entire caseload had a court order for child support and/or health care coverage in place.



Administrative Enforcement

The DSS Office of Child Support Services oversees several administrative (non-judicial) enforcement remedies that have historically reinforced overall program collections. Remedies include: IRS and state tax offset; real estate liens; personal property liens (civil suits, workers comp, inheritance, and insurance settlements); collection of unclaimed property held by the Office of the State Treasurer; reporting delinquent obligors to consumer reporting agencies; bankruptcy collections; seizure of bank account assets and lottery winnings, and passport denial. During SFY 2024, the Office of Child Support Services Administrative Unit collected approximately $38 million in child support for families and the State of Connecticut.

MAJOR PROGRAM AND SERVICE AREAS

Medical and Health Care Services

Staff from the Divisions of Health Services, Program Oversight and Grant Administration, Eligibility Operations, Child Support Services and Social Work Services help eligible children, youth, and adults, including persons with disabilities and older adults,access needed health coverage through Medicaid, Children's Health Insurance Program, and other programs,

including State-funded HUSKY for children who do not qualify for federally funded programs due to immigration status. Connecticut's HUSKY Health program combines services under Medicaid and the Children's Health Insurance Program for children, teenagers, pregnant individuals, women, parents/caregivers, individuals who are aged, blind or with disability, and low-income adults without dependent children. DSS works in tandem with Access Health CT, Connecticut's health insurance exchange/marketplace, to provide health coverage through a shared eligibility and enrollment system, pursuant to the Affordable Care Act.

HUSKY Health offers health coverage to Connecticut children and families, individuals who are aged, blind or disabled, and low-income adults. The program has four main parts: HUSKY A (children, parents/relative caregiver, and pregnant/postpartum individuals), HUSKY B (Children's Health Insurance Program,), HUSKY C (aged, blind or with disability), and HUSKY D (low-income adults under age 65 and without dependent children).

During SFY 2024, approximately 1,149,300 individuals received at least one month of coverage in the HUSKY Health Medicaid areas (HUSKY A, C and D); and approximately 30,000 in the Children's Health Insurance Program (HUSKY B).

HUSKY A and HUSKY B

Connecticut children, their parents or relative caregivers; and pregnant individuals may be eligible for HUSKY A (Medicaid), depending on family size and income. Approximately 624,600 individuals received medical coverage through HUSKY A during SFY 2024.

Uninsured children under age 19 in higher-income households may be eligible for HUSKY B (non-Medicaid Children's Health Insurance Program). Depending on specific income level, family cost-sharing applies. Husky B also covers conception to end-of-pregnancy services to unborn children, essentially covering pregnant individuals of any age who otherwise qualify for either Husky A or Husky B children but are ineligible due to immigration status.

HUSKY C

Connecticut residents aged 65 or older, or who are aged 18 through 64 and who are blind or who have another disability, may qualify for coverage under HUSKY C (also known as Medicaid for the Aged/Blind/Disabled, or Title 19). There are income and asset limits to qualify for this program. Effective 7/1/2022, the three regions for TFA and MNIL eligibility became one statewide standard.

Monthly Amount:

Single Person - $723

Married Couple: $980

Institutionalized Individuals

Single Person: $2,829

Asset limits are as follows: Single person: $1,600

Married couple: $2,400

The HUSKY C program served approximately 97,400 low-income elders and adults with disabilities, including about 18,100 individuals who received care in nursing homes during SFY 2024.

HUSKY D

The HUSKY D program serves low-income adults aged 19 through 64 who do not qualify for Medicare, are not pregnant, and do not have dependent children. Effective January 1, 2014, under the Affordable Health Care Act, income eligibility limits for this program expanded to 138% of the federal poverty level. Approximately 427,500 Connecticut residents were served through HUSKY D in SFY 2024.

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

Single Person: $1,732

Married Couple: $2,351

For more information, please visit www.ct.gov/husky.

Medicare Savings Programs

The Medicare Savings Programs (MSP) help Medicare recipients pay their Medicare premiums and out-of-pocket costs. MSP beneficiaries can earn up to $3,088 per month for a single person and $4,191 per month for a couple to qualify for one of the Medicare Savings Programs. Beneficiaries of the Qualified Medicare Beneficiary program qualify for federal Low-Income Subsidy prescription drug benefits for their Medicare Part D. The Department pays for Medicare Part B premiums ($174.70 per month). During SFY 2024, the department served approximately 222,500 individuals through the three levels of Medicare Savings Programs. For further information please go to www.ct.gov/dss/medicaresavingsprograms

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

Approximately 4,850 individuals with disabilities in Connecticut's workforce received Medicaid coverage through this program in SFY 2024. Enrollees may have income up to $75,000 per year. Some participants are charged a premium (10% of their income in excess of 200 percent of the federal poverty level). Liquid assets may not exceed $10,000 for a single person or $15,000 for a couple.

The Connecticut Home Care Program for Elders (CHCPE; www.ct.gov/dss/chcpe) is a comprehensive home care program designed to enable older persons at risk of institutionalization to receive the support services they need to remain in their home.
The CHCPE provides a wide range of home health and non-medical services to persons aged 65 and older who are institutionalized or at risk of institutionalization. The program currently serves 15,643 older adults statewide. Available services include adult day health, homemaker, companion, chore, home delivered meals, emergency response systems, care management, home health, assisted living, personal care assistant, assistive technology, mental health counseling, chronic disease self-management programs, recovery assistant, bill payer, care transitions and minor home modification services. The individual must meet the income and asset limits to be eligible for the program.

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

Connecticut Home Care Program for Adults with Disabilities This program serves people ages 18-64 who are in need of home and community-based services to assist them to remain in the community.

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. Current enrollment is 76 active participants.

The Katie Beckett Waiver serves children and young adults up to the age 22 who have physical disabilities. The waiver provides nursing care management services to children and their families and supports their efforts to keep the child in the family home with community-based services and supports. The waiver currently supports 320 enrollees.

Waiver for Persons with Autism (Lifespan Waiver) serves persons who are at least three years of age with a diagnosis of autism spectrum disorder who live in a family or caregivers, or their own home. Although these individuals do not have a diagnosis of intellectual disability, they have substantial functional limitations that negatively impact their ability to live independently. These individuals and their caregivers need flexible and necessary supports and services to live safe and productive lives. This waiver is currently capped at $50,000 annually.

Waiver services are provided face to face, in the participant's home or in other community settings. An individualized assessment, individual service plan development, and service delivery emphasize participant strengths and assets, utilization of natural supports and community integration. As of June 2024, there were 320 waiver slots, 317 assigned cases and 243 people on the waiver.

Acquired Brain Injury Waivers 1 and 2 provide a broad range of services to persons with acquired brain injuries. The waivers have a rehabilitative focus and are currently serving 542 persons. The waiver targets individuals who, without services, would require the services provided in a nursing home, a subacute facility, and Intermediate Care Facility for Individuals with Intellectual Disabilities or a chronic disease hospital. Care managers, utilizing a person-centered approach, develop service plans and monitor effectiveness within the model of a care team.

Personal Care Assistant Waiver provides services to persons 18-64 with physical care needs who would otherwise need nursing facility care. Services offered include care management, independent support broker and adult family living. Waiver participants typically receive personal care assistant services through the Community First Choice State Plan option. A total of 1,060 persons are currently being served under this waiver.

ConnTRANS (Connecticut Organ Transplant Fund; www.ct.gov/dss, search term 'ConnTRANS'): ConnTRANS is a non-entitlement program supported by donations from taxpayers who earmark a part of their state tax refund, assisting donors, pre- and post-transplant patients when their expenses are not covered by another source. Applications and questions may be directed to the Medical Eligibility Policy Unit in the Division of Program Oversight & Grant Administration.

Medical Coverage for Children at DCF (www.ct.gov/dss, search term 'Family Services'): provides medical benefits for children cared for by the Department of Children and Families (DCF). During SFY 2024, DSS provided medical coverage to 15,400 children who were in the care of DCF or were previously in the care of DCF.

The Connecticut Breast and Cervical Cancer Early Detection Program is a comprehensive screening program available throughout Connecticut for medically underserved women. It is administered by the Department of Public Health in coordination with DSS. The primary objective of the program is to significantly increase the number of women who receive breast and cervical cancer screening, diagnostic and treatment referral services. All services are offered free of charge through the Connecticut Department of Public Health's contracted health care providers located statewide. For qualifying women diagnosed with cancer or pre-cancerous conditions, DSS provides full Medicaid benefits. The Department of Social Services served 219 individuals in this coverage group during SFY 2024. For more information, please visit www.ct.gov/dss/bcc.

Tuberculosis Medicaid Coverage: Provides Medicaid coverage for patients who are not otherwise eligible for Medicaid while they are being evaluated or treated for TB disease and infection including medication. The Department served 95 individuals in this coverage group during SFY 2024.

Family Planning Services: Provides Medicaid coverage for family planning and related services for individuals of childbearing age who are not otherwise eligible for full Medicaid coverage. The Department provided services to 1,200 individuals in these coverage groups during SFY 2024.

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Services for Families and Children

Temporary Family Assistance

Temporary Family Assistance (TFA) is Connecticut's TANF cash assistance and Jobs First employment services program, providing eligible families with children money to meet basic living expenses, employment services and supports to help parents acquire and be successful in employment, and access to services that help remove barriers to employment. During SFY 2024, the Department provided TFA benefits to approximately 25,127 individuals.

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 for families that contain an adult who is able to work. The time limit increased from 21 months to 36 months effective April 1, 2024. Extensions beyond 36 months may be available if the adult cannot find a job that makes the family financially independent. The income limit to be eligible for an extension also increased from the TFA payment standard to 100% of the Federal Poverty Level effective April 1, 2024. Adult recipients are referred to Jobs First Employment Services (JFES), administered by the Department of Labor and regional Workforce Investment Boards, for help in finding work. During the 36 months, and during extensions, recipients must cooperate with the JFES program and make a good-faith effort to find a job and keep working.

Safety Net Services are provided to families who have exhausted all available time limited benefits, have an eligible child in the home, have income below the TFA benefit level for their family size, and do not qualify for any future extensions. Help with meeting basic needs is available, along with case management and service coordination. In cases of significant need, Safety Net Services may also be provided to active TFA recipients.

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps, provides monthly benefits to help eligible families and individuals afford food purchases. A total of 391,480 residents in over 230,000 households were federally funded SNAP benefits as of June 2024. During SFY 2023, receiving over 503,000 residents received at least one month of SNAP benefits. Benefits are provided electronically, enabling clients to use a debit-type swipe card at grocery stores, food markets, farmers markets, and online for federally approved purchases. The general gross income limit is 200% of the federal poverty level.

The Supplemental Nutrition Assistance Program has helped bridge the difference between food security and hunger for eligible families and individuals in Connecticut. As noted above, at the end of SFY 2024, 391,480 Connecticut residents were receiving SNAP benefits, with over 230,000

total households participating in the program. The SNAP Unit provides policy support to the 12 DSS Resource Centers , central office, and legislative and community partners while developing and implementing practices that support the program and providing contract management to over 30 SNAP partners. Each Resource Center has an assigned Public Assistance Consultant to help Eligibility staff administer this federally funded program. The SNAP Unit, part of the Division of Program Oversight and Grant Administration, also includes a Local Quality Control Review Unit and administrative support staff.

DSS remains committed to expanding and improving the **SNAP Employment and Training program** (also known as CT Pathways) through partnerships with the community college system and community-based organizations. In 2024, DSS strengthened its partnership with its 18 SNAP employment and training providers, to provide services in vocational training, supervised job search, work experience, job retention, and added case management services. SNAP Employment and Training providers are geographically located throughout the state with each providing free skills-based training in the form of over 60 non-credit and credit short-term vocational training programs with some even offering associate degree programs. For further information, please visit www.ct.gov/snap/employmentandtraining.

As noted earlier in this report, DSS posted a timeliness rate of over 93% for SNAP application processing in FFY 2023, making Connecticut a national leader in application processing timeliness. The U.S. Department of Agriculture cites that every $5 in new SNAP benefits generates as much as $9 of economic activity. In SFY 2024, approximately $1.1 billion in direct federal revenue came into Connecticut's food economy through SNAP, generating as much as $2 billion in economic activity, representing a huge impact on hunger/poverty and help to the local economy.

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

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Child Support Services

Child support services are available to all families in Connecticut. A need for assistance in establishing and maintaining financial support from both parents is the only criterion for service eligibility, regardless of a family's income. DSS is the lead agency for Title IV-D child support enforcement activity, working closely with the Judicial Branch's Support Enforcement Services and the Office of the Attorney General to establish and enforce paternity, financial, and medical orders.

The DSS Office of Child Support Services (OCSS) is committed to assisting families in reaching independence through increased financial and medical support, establishment of parentage for parents who meet the legal requirements under the Connecticut Parentage Act (AN ACT CONCERNING ADOPTION AND IMPLEMENTATION OF THE CONNECTICUT PARENTAGE ACT), and integration of the principles of the Connecticut Fatherhood Initiative.

Child support efforts that involve other state and local agencies include: the Parentage Registry and Voluntary Acknowledgment of Parentage (VAP) Program , which works with the Connecticut Department of Public Health, and Connecticut birthing facilities; employer reporting

via the Connecticut Department of Labor of all newly-hired employees; the Arrears Adjustment Program, which works with DSS-certified fatherhood programs; and the Partners Executive Council, which includes representatives from all child support cooperating agencies (Attorney General, Judicial) and works to improve the child support program.

While core functions remain a major focus for the Office of Child Support Services, as the lead Title IV-D agency, a number of initiatives are in place to improve the quality of customer service, program performance, and service delivery. The Office continued participation in longstanding collaborative efforts such as the federal Access and Visitation grant, providing supervised services to never-married noncustodial parents to increase access to their children; and the Voluntary Acknowledgment of Parentage Program , providing services in 24 birthing facilities across the state. Birthing facility-based parentage establishment is the primary source of voluntary acknowledgments., The 2023 statewide average rate of acknowledgements completed at birthing facilities at the time of birth was 82%.

Central Authority Payment (CAP)

In 2023 OCSS-CT was notified by the OCSS-Washington's Central Authority Payment (CAP) Team that the German Central Authority will stop taking checks after March 20, 2023, Checks received in Germany after March 21, 2023 would be returned.

Central Authority Payment (CAP) service supports the electronic exchange of international child support payments from states to foreign authorities through a centralized federal process. The United States currently has reciprocal international child support arrangements with 54 foreign partners under the 2007 Hague Child Support Convention and federal bilateral agreements. The biggest barriers to families receiving payments in international cases are the cost and operational challenges of sending and receiving child support payments across international borders. In international child support cases, where the noncustodial parent lives in the United States and the custodial parent lives abroad, child support payments are sent through the state child support program to the foreign authority in the country where the custodial parent resides, and then sent on to the custodial parent. Due to the complexities of transferring international electronic funds, states usually send payments by check for international cases. Over the past few years, foreign countries have increased pressure on the United States to send payments electronically. In many countries, checks are no longer used and the cost for depositing and clearing United States checks is significant and reduces the amount received by the foreign parent. Providing a centralized federal service to all states reduces the burden on states to develop their own application to send international electronic payments. A central federal service also reduces the cost of transferring international funds by consolidating payments and using existing federal processes.

Additionally, CAP services consolidate payments from states and convert the funds to the destination currency before electronically transmitting them to each foreign authority. This process ensures that families receive more of the funds intended for them by reducing clearing costs associated with US checks.

OCSS-Connecticut continues to coordinate with the CAP Team for cases where custodial parents are living in Germany, Sweden, Czech Republic, Portugal, and Slovakia. OCSS expects to see participation from additional countries.

Bank Transition

During SFY 2023, the Office of Child Support Services worked with the State Disbursement Unit (SDU), DSS Fiscal Division, State System contractor Auctor, and Bank of America to transition bank accounts from Wells Fargo (WF) bank to Bank of America (BOA). The Bank Transition joint project met weekly to discuss the creation of new accounts in BOA and the closure of accounts at WF bank.

As part of the transition process, employers were notified of the bank change for child support payments that are submitted via Electronic Funds Transfer (EFT). The bank transition project team continues to communicate and provide direction to any remaining employers that have not made the change for the new account(s) changes from WF to BOA. The Bank joint project team has been a great collaborative effort between the state, partner agencies contractors, and banks to ensure a smooth transition without interruption or delay to child support payments for Connecticut families.

The Connecticut Child Support Enforcement System (CCSES) Replacement Project

In continuous operation since 1987, the current CCSES has served children and families for over 35 years. Connecticut continues to work on its modernization project to replace the current legacy system. The Joint Application Design (JAD) sessions for the functional and technical teams were completed during this year. This has been a joint effort between DSS-OCSS and Support Enforcement Services of the Judicial Branch. The design sessions were broken down by process and each process called a "module". The modules consisted of Ease of Use (overall functionality of the system), Case Initiation, Locate, Establishment, Case Management, Enforcement, Intergovernmental and Financials. The Customer Service Portal and Fatherhood sessions will be completed at a future date. The team has begun the multiple reviews of the design documents.

Data Cleansing, Data Conversion and Data Mapping efforts also began in SFY2024 and will continue throughout the life of the project. In addition, the team is reviewing and developing the forms used by the child support program.

In addition to meeting with our internal DSS interface partners, OCSS met with our external partners including, Department of Labor, Department of Public Health, Department of Children and Families, Department of Corrections, and Judicial Court Operations and the CT Lottery to review the current and future interface processes.

The Independent Verification and Validation (IV&V) vendor completed two reviews during SFY 2024. During this time, IV&V completed an assessment of the overall project. IV&V team observed project meetings and JAD/JTD sessions, reviewed project management documents and deliverables, and conducted surveys and interviews with project staff/vendors regarding the project.

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

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

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

Connecticut Fatherhood Initiative

Key leaders at the local and state levels recognized the impact of father absences as a nonpartisan issue, passing legislation in 1999 entitled "An Action Establishing A Fatherhood Initiative, A Fatherhood Council And A Research And Demonstration Program And Concerning Other Methods To Strengthen Child Support Enforcement". The overarching goal of the CT Fatherhood Initiative (CFI) is to support children, mothers and fathers by focusing on the important influence of men who are or will be in fathering roles. CFI promotes responsibility in fatherhood at multiple levels. It supports fathers in their personal responsibilities through programs and interventions. At the same time, the Initiative advocates for responsibility on the system(s) level, working to identify and address barriers in policies and practices that hinder full involvement of fathers in all aspects of their children's lives.

Currently in its 25th year of operation, The CFI is a statewide multi-agency collaboration, led by the Department of Social Services, working toward our aforementioned common goal. CFI partners do this through systems change efforts as well as supporting direct services and programming for fathers, with a commitment to racial equity, gender equity and safe engagement of fathers with their children.

CFI partners include the Departments of Children and Families, Correction, Developmental Services, Education, Housing, Labor, Mental Health and Addiction Services, Public Health, Veterans Affairs and the Office of Early Childhood; Judicial Branch Court Support Services Division, Support Enforcement Services and Family Support Magistrate Division; Board of Pardons and Parole; Commission on Women, Children, Seniors, Equity and Opportunity; CT Coalition Against Domestic Violence; CT State (formerly known as CT State Colleges and Universities); United Way of CT; University of Connecticut, The Consultation Center at Yale University, legal services, researchers and numerous community-based family and youth serving providers.

The objectives of the *CFI* are to

- Promote public education concerning the financial and emotional responsibilities of fatherhood;
- Assist men in preparation for the legal, financial and emotional responsibilities of fatherhood;
- Promote the establishment of paternity at childbirth;
- Encourage fathers, regardless of marital status, to foster their emotional connection to and financial support of their children;
- Establish support mechanisms for fathers in their relationship with their children, regardless of their marital and financial status; and
- Integrate state and local services available for families.

Public Act 22-138, AN ACT CONCERNING OVERSIGHT AND FUNDING OF THE CONNECTICUT FATHERHOOD INITIATIVE., reaffirms the work that's been done over the last 25 years to support the important role that fathers can play in the lives of their children. Collectively, the partners' work has begun to improve how fathers are recognized, included and supported in their roles within the multiple agencies that serve them. This work in service of strong children is critical. More information about the CFI can be found at www.ct.gov/fatherhood.

Additional father-engagement efforts managed by the OCSS include The Federal Access and Visitation Grant, the CT Arrearage Adjustment Program, and the DSS Fatherhood Program Certification process.

Funding Opportunities*

The Commissioner of the Department of Social Services is tasked with seeking to obtain any available federal and private funds for programs that promote the objectives described, during this reporting period there were no federal or private funding opportunities available that met and/or fit our programmatic criteria.

DSS-Contracted Fatherhood Program Providers

Programs with which DSS contracts are required to participate in the DSS Fatherhood Program Certification Process. During SFY 2024, seven DSS-certified fatherhood programs received an allocation of $788,435, which consist of three combined funding sources from the following programs Human Services Infrastructure, Social Services Block Grant (Employment Services) and the Federal Access and Visitation Grant. All programs received $101,443, with exception of GBAPP, who received $84,777 as they do not participate in the Access and Visitation Grant activities. DSS-contracted programs are:

- Career Resources, Inc., Bridgeport - Fathers for Life Program
- Family Strides, Inc., Torrington - Fatherhood Initiative Program
- GBAPP, Inc., Bridgeport – Teen Fathers Program
- Madonna Place, Inc. Norwich - Fatherhood Initiative Program
- Catholic Charities Archdiocese of Hartford – New Haven
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- New Opportunities, Inc., Waterbury - Fatherhood Initiative Program
- Community Renewal Team, Inc., Hartford – Real Fathers, Real Men

While the above-noted programs receive some funding through DSS, there is one additional program, Saint Joseph Parenting Center's Dads Are the Difference Program, with locations in Stamford & Danbury, that successfully completed the 2023 DSS Fatherhood Program Certification process; however, this program is funded through other channels. Detailed information about the DSS Fatherhood Program Certification Process can be found on the following pages.

Each of the above-noted DSS–contracted agencies provide a Fatherhood Initiative Program to assist at least 75 (per program site: w/exception of GBAPP, they're contracted to serve 55 individuals as they do not participate in the Access & Visitation unduplicated low-income noncustodial fathers annually with services including: economic self-sufficiency; positive involvement and interaction with their children; outreach/recruitment to engage noncustodial fathers, intensive case management; and curriculum- based group sessions. During SFY 2024 the fatherhood programs combined to serve 317 unduplicated low-income non-custodial parents statewide. Numbers served are lower than expected due to a few important factors late program start-up, as contracts were not executed until March 2024, then there was considerable staffing turnover at the fatherhood program sites during this past reporting period and finally onboarding and training for those new staff was very challenging in bringing them up to speed with programmatic and reporting requirements for the various funding sources for the program. We expect these numbers to look closer to what we'd anticipated, which is closer to 500 served in the next reporting period.

The participants served by these providers present with a myriad of issues upon enrollment into programming; therefore, an Individualized Service Plan is developed, and revised as needed, for each participant.

Overall, program outcomes include improved employability; improved/maintained compliance with child support orders; improved ability to obtain/maintain consistent employment; initiating the process to establish legal paternity for their child(ren) if not yet established; increased time spent with his/her child(ren); and increased knowledge about parenting skills.

DSS Fatherhood Program Certification Process

The Department of Social Services (DSS) is committed to enhancing the capacity of community-based fatherhood programs to provide quality services to fathers and families through the *DSS Fatherhood Program Certification* process. The purpose of this effort is to recognize fatherhood programs that have demonstrated exemplary practice, and to ensure consistency and quality service delivery to low-income, noncustodial fathers and their families.

DSS collaborated with National Practitioners Network for Fathers and Families (NPNFF) to support the implementation of those fatherhood program standards in Connecticut. This effort, which began in 2004, has enabled governmental and private sector funding sources to assess a program's ability to accomplish their goals, established fatherhood program practice as a

recognized element of family support and human service work, and provided fatherhood programs in Connecticut the opportunity to strengthen their services in support of low-income, noncustodial fathers and their families. Moreover, as an additional incentive, fatherhood programs in Connecticut awarded DSS Fatherhood Program Certification can offer the State of CT Arrearage Adjustment Program to eligible program participants. The most recent round of the certification process was held during this report period. As mentioned above, 8 agencies have programs that successfully completed the process. DSS certification was awarded to these programs for the period of January 1, 2024 – December 31, 2027.

CFI Strategic Plan Implementation & Council

DSS and its partners have continued with the implementation of the CFI Strategic Plan strategies and recommendations. The collaborative has identified the following results statements as the common goal - Primary Results Statement: *Connecticut children grow up in a stable environment, safe, healthy and ready to lead successful lives.* Secondary Results Statement: *All Connecticut fathers are engaged in the lives of their children.* The Plan makes recommendations for short- and long-term strategies to address program, policy and system barriers, expand promising practices already being implemented, and establish new and strengthen existing partnerships at the state and local levels. The Domains for which strategies are recommended include DOMAIN 1: Fathers economically stable; DOMAIN 2: Fathers in healthy relationships with their children, co-parents and significant others; DOMAIN 3: Youth prepared to be responsible parents; DOMAIN 4: Men involved in the criminal justice system supported in being responsible fathers; DOMAIN 5: Policy/Public Awareness. Each Domain Committee Chair reports out on their respective group's work at the CFI Council quarterly meetings.

As lead agency for the CFI, the Commissioner is charged with convening the broad-based CFI Council to assist with the planning and implementation of statewide activities to support the CFI. Membership includes state partners representing all three branches of government, community-based fatherhood practitioners, experts in domestic violence, legal services, men's health and others. CFI Council quarterly meetings were held during SFY2024 in September and December 2023, and June 2024.The March meeting was cancelled to allow for Council member participation at the 2024 New England Fathering Conference in Newport, Rhode Island. Meeting agendas and minutes are posted to the CFI website at CFI Council--Meetings (ct.gov)

CFI Cross-Agency Collaborations

2024 CFI Dear Dad Tour

The CFI Dear Dad Tour (CFI Tour) is the annual public awareness campaign for the CFI, run as a video booth tour collecting anecdotal stories about fathers in Connecticut, aiming to:

- inform the public about the 20+ years of the CFI partners' collaborative and impactful father engagement work.
- draw attention to the significant role fathers play in the lives of their children, family, and community; and
- connect individuals to local fatherhood programs and other resources.

The CFI Tour is a collaboration between the CFI partner agencies and American View Productions, a marketing and promotions agency in Bridgeport, Connecticut, and runs each year from mid-May (after Mother's Day) to mid-June (week leading up to Father's Day), with stops at various festivals and community events in different cities throughout the state. Individuals share stories about themselves as fathers, their fathers, co-parents, partners, or any man in their lives who plays a paternal role. The stories are then posted to the CFI Dear Dad Tour website at www.deardadtour.org,

Through the lens of Connecticut residents, you'll see the myriads of ways in which fatherhood is cherished, challenges triumphed, and the unspoken love shared. Each story is a testament to the significance of a father's presence (or at times, absence) and the indelible mark left on the lives of those who share their story.

The 2024 DDT had successful tour stops in the following cities:
New Haven: "Taking Back the Hill" community event, May 18, 2024
Norwich: Cape Verdean Festival, May 26, 2024
Danbury: Danbury Street Festival, June 1, 2024
Hartford: Hartford Taste Festival, June 9, 2024

CT Arrearage Adjustment Program

CGS 17b-179b, Section 11 of Public Act 01-207, allows the Commissioner of Social Services to adopt regulations establishing criteria and procedures for the adjustment of arrearage amounts owed to the State of Connecticut (CT). The CT Arrearage Adjustment Program (AAP) process, including forms and tracking activities through the CT Child Support Enforcement System (CCSES), has been modified to better assist eligible clients in addressing their state owed arrears. Qualification for potential eligibility in the AAP requires enrollment in a DSS-Certified Fatherhood Program. Eligible participants must complete the 12-week curriculum-based instruction and individualized case management services during their program participation. Once the noncustodial parent successfully completes the fatherhood program, an initial 10% reduction of the state arrearage is made by four designated OCSS Supervisors and/or Leads in the OCSS Resource Centers (Willimantic, Middletown, Torrington and Danbury office) and/or the Social Services Program Manager. Ongoing adjustments are made at 50% of the dollar amount paid as long as current payments are made on the current child support order for each eligible case. Quarterly and Yearly reviews are done on each AAP case. The AAP process is monitored by OCSS Central Office Fatherhood Program PAC and/or the Social Services Program Manager. Changes were also made on CCSES to accommodate the AAP process. For example, AAP forms have been revised and are now housed in the CCSES Forms Menu. A Memorandum was also formalized on the procedures of AAP. Mandatory training on the updated AAP process was conducted with staff from all 8 DSS-Certified Fatherhood Programs.

2024 National Fatherhood Summit

For more information about the CT Fatherhood Initiative, please visit https://portal.ct.gov/fatherhood.

Financial Assistance for Adults

State-Administered General Assistance

Through the **State-Administered General Assistance (SAGA)** program, the department provides cash assistance to eligible individuals with very low incomes and assets who are unable to work for medical or other prescribed reasons or meet other non-medical criteria. Approximately 6,100 individuals received at least one month of SAGA cash assistance during SFY 2024.

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

Domestic Violence Cash Program

Added as a provision of SAGA through Public Act 21-78, the **Domestic Violence Cash Program** provides emergency financial assistance to individuals and families who are receiving treatment, services or protection from domestic violence. The Department provides victims with a one-time lump sum cash benefit, based on household size, that can assist victims with becoming safe from harm, or to help with financial hardships caused by domestic violence. There are no income, asset or citizenship requirements for this program, but applicants must provide documentation showing that they are receiving treatment, services or protection from domestic violence. During SFY 2024, the Department provided emergency benefits to approximately 1,312 families.

Applications for this program are handled by DSS's Social Work division and are made at local DSS offices or through any of the state's domestic violence service agencies run by the Connecticut Coalition Against Domestic Violence.

State Supplement Program

The **State Supplement Program** provides cash assistance to individuals aged 65 and older, people with disabilities, and people who are blind, to supplement their income. To receive benefits, individuals must have another source of income such as Social Security, Supplemental Security Income, or veteran's benefits.

To qualify as "aged," an individual must be 65 years of age or older; to qualify as disabled, an individual must be between the ages of 18 and 65 and meet the disability criteria of the federal Social Security Disability Insurance program; and to qualify as blind, an individual must meet the criteria of the Social Security Disability program, or the state Board of Education and Services for the Blind. The program is funded entirely by state funds but operates under both state and federal law. 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. During FY 2024, the Department served approximately 11,630 individuals through the State Supplement Program.

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

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Social Work Services

Protective Services for the Elderly assists persons aged 60 and older who have been identified as needing protection from abuse, neglect and/or exploitation. During CY 2023, agency social workers provided services to 9,943 persons living in the community. The department also investigated 96 reports regarding residents of long-term care facilities.

The **Conservator of Person program**, for low-income individuals 60 and older who require life management oversight, helped 65 individuals; and the **Conservator of Estate Program** provided financial management services to 52 people in the same age group.

During the fiscal year, the **Community-Based/Essential Services Program** provided services designed to prevent institutionalization to 459 persons with disabilities.

Family and Individual Social Work Services

Resource Center and Central Office social work staff provided brief interventions for 378 families and individuals to include counseling, case management, advocacy, information and referral, housing, domestic violence case assistance and homelessness assistance and consultation, through Family and Individual Social Work Services.

The **Teenage Pregnancy Prevention Initiative**, designed to prevent first-time pregnancies in at-risk teenagers, targets Bridgeport, Danbury, East Hartford, Hartford, Killingly, Meriden, New Britain, New Haven, Norwich, Torrington, Waterbury and Willimantic. The programs served 655 individuals.

In addition to the above services, Social Work Services staff provided more than 50 educational and training sessions to community members, professional associations, agency and institutional staff on DSS social work programs and services.

Domestic Violence Services provides shelter services, including support staff, emergency food, living expenses and social services for victims of household abuse. It is also intended to reduce the incidence of household abuse through preventive education programs. The department contracts with non-profit organizations to provide these services in their respective coverage areas. The program is supported with a combination of state and federal funding. There are 16 shelter sites and two host homes funded through a consolidated contract with the Connecticut Coalition Against Domestic Violence. In Federal Fiscal Year 2023, 2,198 individuals were served by the Domestic Violence Shelter Program.

Repatriation Services are provided for U.S. citizens who are or were residents of Connecticut and who need emergency evacuation from another country for medical treatment, to escape from a dangerous or hostile environment, or are being deported from another country. DSS works with

International Social Services, a subcontractor for the U.S. Department of State, to assist Connecticut repatriates in finding housing and accessing medical treatment. DSS Social Workers provide transitional case management to repatriated citizens.

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Office of Community Services (part of the Division of Program Oversight and Grant Administration)

The **Connecticut Energy Assistance Program (CEAP)** is administered by DSS through the Office of Community Services and coordinated by regional Community Action Agencies, in cooperation with municipal and other non-profit human service agencies. Families or individuals may obtain help with their winter heating bills, whether the primary heating source is a utility (natural gas or electricity) or a deliverable heating fuel (oil, kerosene, wood, and propane). During the 2023 - 2024 winter heating season, DSS and its service partners assisted over 102,542 eligible households (a decrease of 3% from program year 2022-2023), distributing federally funded energy assistance through CEAP.

- CEAP is available to households with incomes up to 60% of the state median income.
- CEAP-eligible households whose heat is included in their rent, are eligible for renter benefits; and
- CEAP offers Heating System Repair/Replacement including oil tanks and clean, tune, and test of systems; for households with incomes up to 60% of the state median income guidelines with homes that are single-family owner-occupied;

For additional information regarding CEAP, please visit www.ct.gov/heatinghelp (includes a CEAP online application portal) or www.ct.gov/staywarm

Refugee Resettlement Services

The Connecticut Refugee Resettlement and Assistance Program is administered through DSS, notably through the position of the State Refugee Coordinator. DSS provides funding support, policy guidance, coordination of refugee services, and directly administers Refugee Cash Assistance and Refugee Medical Assistance.

Refugees are approved for entry into the country by the U.S. State Department and Department of Homeland Security's U.S. Citizenship & Immigration Services. Refugees are placed by the State Department with local affiliates of ten national resettlement agencies or through a new private sponsorship program, Welcome Corps. In addition to refugees, there are several other populations eligible for Refugee Assistance Program services funded through the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement (ORR), including Special Immigrant Visa (SIV) holders, Asylees, Cuban/Haitian Entrants, and Victims of Human Trafficking.

In SFY 2024, DSS has continued to work in conjunction with numerous nonprofit, state and private partners to assist with the resettlement of these populations from many different parts of the world. In addition to those noted above, CT has continued to welcome Ukrainian citizens who have been displaced from their country to the US through the Ukrainian Humanitarian Parole

Program. . DSS receives both federal and state funding to ensure that each newcomer is provided with services that meet their needs and help them succeed. Monies for 100% federally-funded services come from several federal grants from ORR.

Three resettlement agencies in Connecticut have a direct role in receiving, placing, and resettling refugees. The agencies are Integrated Refugee and Immigrant Services (IRIS), the Connecticut Institute for Refugees and Immigrants (CIRI), and Jewish Family Services of Greenwich (JFS). The Jewish Federation Association of Connecticut receives funding to ensure that refugees have access to citizenship training. This process for refugee resettlement is consistent with that of other states.

The Department of Labor, through Jobs First Employment Services, assists with the provision of employment services to refugee households, particularly those approved for Temporary Family Assistance benefits. Single adults or couples without children who are not eligible for TFA can receive Refugee Cash Assistance benefits. Participants who receive RCA are also required to pursue employment. Resettlement agencies work with each participant to develop an employment plan, guide the participant in identifying and enrolling in appropriate work activities, and monitor progress Refugees and other non-citizens eligible for ORR services receive food assistance through the Supplemental Nutrition Assistance Program, and medical assistance (typically through Medicaid).

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

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

During SFY 2024, the department continued to administer the Community Services Block Grant (CSBG), which provides core funding and underlying support for the state's Community Action Agencies (CAAs) and the Connecticut Association for Community Action. The CAAs are designated anti-poverty agencies that collaborate across sectors, leveraging federal funds with state, local, and private resources to coordinate and deliver a broad range of programs and services for low-income families and individuals. The goal is to help the state's vulnerable population reduce and/or remove barriers and work toward self- sufficiency.

In addition to federal CSBG funds expended by the department, the CAAs brought in and administered funding from other sources (federal, state, local and private) funds in direct services to fight poverty. These services include but are not limited to the following types: employment, educational & cognitive development, income & asset building, housing, health & social/behavioral development, case management and supportive services.

For every $1 of CSBG, the Connecticut network also leveraged $5.92 from state, local, and private sources. Including all federal sources, the CT Community Action Network leveraged $20.43 per $1 of CSBG funds. The decrease from the previous year is due to the impact of the pandemic on the network's ability to generate resources.

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

The CAAs annually employ a Results-Based Accountability framework called Results-Oriented Management and Accountability, or ROMA, to measure customer, agency and community outcomes based on CSBG National Performance Indicators. Additionally, every three years, the CAAs undergo a triennial monitoring review. On an annual basis CAAs are required to complete the Center of Excellence Organizational Standards. CAAs are evaluated on 58 organizational standards.

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ADDITIONAL SERVICES/DIVISIONS WITHIN DSS

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

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

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

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

OLCRAH attorneys act as hearing officers in various rate appeals and in cases contesting department Medicaid provider audits.

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

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

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

- Appeals when benefits are denied, discontinued or reduced in Medicaid programs (HUSKY A, C and D); Medicaid waiver programs (Personal Care Attendants, Connecticut Home Care Program for Elders, Money Follows the Person, Community First Choice, Acquired/Traumatic Brain Injury); HUSKY B (which is Connecticut's Children's Health Insurance Program, or CHIP); Supplemental Nutrition Assistance Program (SNAP); Temporary Family Assistance (TFA); Assistance to the Aged, Blind, and Disabled; State Administered General Assistance; and the Connecticut Energy Assistance Program; Medical services under HUSKY A, C and D; Individual and Family Grant for FEMA (Federal Emergency Management Agency) following a disaster in the state; Qualified Medicare Beneficiaries;; and the Department of Developmental Services Community- Based Services. Hearing officers also conduct hearings on Access Health CT programs: Advance Payment Tax Credit Cost Sharing Reduction, Medicaid and the Children's Health Insurance Program and Covered CT;

- Pharmacy Lock-in appeals; nursing facility discharge and involuntary transfer appeals;

- Medicaid long-term care level of care denial appeals;

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

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

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

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

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

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Business Intelligence and Analytics Division

The Department's Business Intelligence + Analytics (BIA) Division partners across the agency's enterprise to support increased internal and external access to and application of actionable DSS data. BIA is committed to enhancing data informed decision-making, and supporting equitable outcomes for Connecticut children, families, individuals, and elders receiving DSS services.

BIA is prioritizing the following (3) three goals:

- *Data Democratization*
- *Data Governance*
- *Data Equity*

Guided by person and equity-centric principles, BIA is maturing a data governance structure to enhance data quality, reliability, usability, and availability. DSS' data governance approach is intended to create agency wide consistencies and efficacy through increased standardization of data collection practices, documentation, vetting, analysis and sharing.

In furtherance of its D*ata Democratization* goal, BIA engaged in the following select activities to advance accountability, transparency, and access to high value DSS data

Data Democratization

BIA continued to partner with DSS' Health Services and Fiscal Divisions to develop various static dashboards in furtherance of Executive Order 6. These dashboards provide medical, behavioral health and dental HEDIS data and select Medicaid cost data.

Next, BIA worked with the Program Oversight and Grants Administration Division (POGA) and the Metric's team to develop an interactive, public facing PHE Unwinding data dashboard. This dashboard provides information about renewal outcomes. It is updated on a monthly basis.

In partnership with the Eligibility Operations (EO) Division, BIA revamped their monthly public facing dash. Each month, the public is able to view data regarding the following:

- Application Submission and Processing Volume
- In Person Visits
- Call Volume
- Wait Times
- SNAP Interviews Conducted

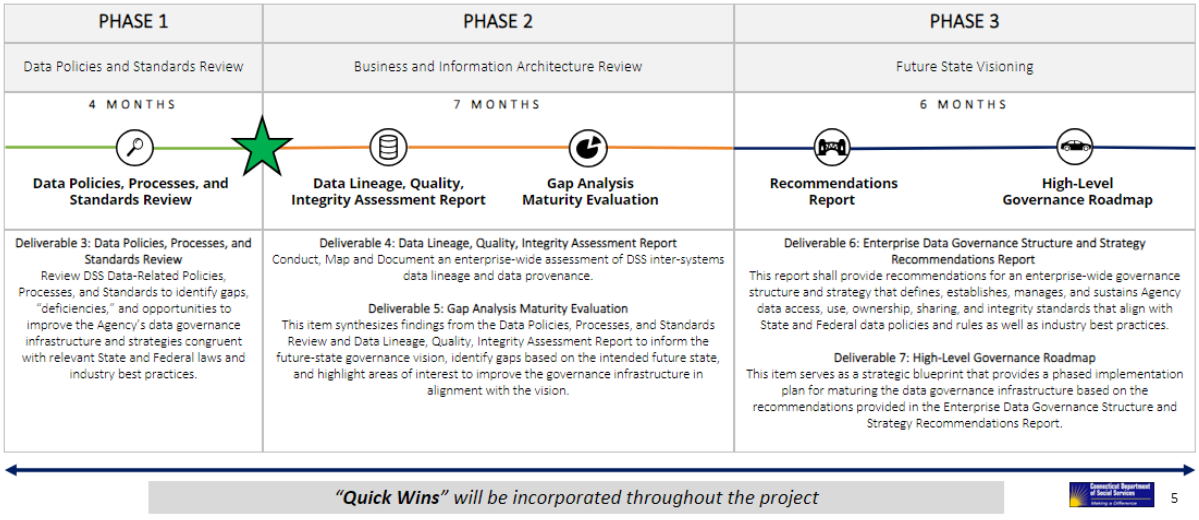
During this past year, BIA conducted myriad descriptive and advanced statistical analyses, productivity tool development, internal dashboards, and visualizations across the DSS enterprise to support informed decision making. For example, BIA has provided ongoing analytic support and actionable intelligence to the EO Division. Some of BIA's accomplishments with the EO Division were developing automated reporting to track completion of tasks; producing weekly and monthly customer experience summary data; monthly operation review data; queue management analysis, weekly DSS landing page Google analytics data, monthly technology outage leadership dashboard; and task completion calculator.

Dashboard and data visualization work has also been done for DSS' Protective Services for the Elderly (PSE) program. BIA has established a schedule to update select PSE data monthly and other data on a quarterly and annual basis.

Last, BIA continued to provide analytic support for DSS' annual affirmative action plan submission, POGA's SNAP E&T report and that Division's SNAP Needs Assessment.

Data Governance

BIA continues to convene monthly meetings of the Data Governance Committee (DGC). The DGC is an integral partner in DSS' P20WIN activities, including reviewing and weighing-in on those requests for agency data. This past winter, the Department began a scope of work (SOW) to mature DSS data governance infrastructure and support modernization of the Department's Medicaid technology enterprise. This is an 18-month engagement that will involve the following phases and deliverables:



Data Equity

BIA has been leading DSS' efforts to comply with and implement PA 21-35's Race, Ethnicity and Language (REL) data collection and reporting standards. BIA has represented the Department at REL standards workgroup meetings convened by the Office of Health Strategies (OHS), provider meetings co-led by OHS and Yale's Equity Research and Innovation Center (ERIC), and related activities through OPM's State Data Plan Equity Affinity Group.

In addition to leading internal mapping efforts to assess any potential gaps in DSS' REL data collection, BIA has been working on race disproportionality and disparity methodologies to actively utilize these important data. As PA 21-35 requires standardized reporting of REL data, BIA has been supporting efforts to present these data more uniformly. In furtherance of DSS' compliance with PA 21-35, BIA also partnered with OHS to receive ARPA funds to support planning and DSS data systems improvement of the collection of REL information.

Next, BIA represents DSS in an Actionable Intelligence in Social Policy (AISP) grant led by OPM to integrate equity within CT's P20Win initiative. As part of DSS' membership in this grant, BIA authored the Data Protection, Privacy, Equity Impact Assessment (DPPEIA) tool This framework is intended to provide some concepts, prompts and resources that a State Agency reviewing a data request can consider to protect the privacy of clients' data, and safeguard tenets of equity.

Last, BIA was a member of the workgroup that developed CT's *Policy AI-01 AI Responsible Use Framework.* This guidance contains the following framework elements:

Procedure AI-01 – AI Determination Characteristics
Procedure AI-02 – AI Intake and Inventory
Procedure AI-03 – AI Impact Assesment
Procedure AI-04 – AI Procurement Due Diligence Checklist

The DPPEIA tool that BIA created was the model and foundation for Procedure AI-03's AI Impact Assessment.

Business Systems Division

The Business Systems Division provides functional oversight for the integrated ImpaCT eligibility system, ConneCT customer portal, DSS/Access Health CT shared eligibility system, and Enterprise Master Person Index. This key area combines the needs of agency business units to systems-related requirements. They support the critical linkage between business, operations and the digital and technical support systems that help drive DSS services. By understanding the needs of the system users and the policies that drive the way DSS processes its work, Business Systems is dedicated to designing and developing high quality system functionality. Staff work collaboratively with all internal divisions, ITS, vendors, sister agencies and federal partners to ensure the agency's business needs are fully supported.

During SFY 2024 the division continued to support the Covid-19 pandemic unwinding efforts.

- Issuance of Pandemic EBT Benefits (P-EBT)
- Provided an additional 30 days of coverage beyond the renewal date if waiting on the signature page

New in SFY 2024, the division has supported the following initiatives.

- **Text Messaging -** DSS currently has 12 monthly bulk text message campaigns that serve as a call to action for items such as renewals, helping reduce churn. Single text messaging was successfully piloted and is actively being rolled out to all eligibility staff. Single texting offers increased productivity and improves customer experience.

- **Development of the ImpaCT Training Region** – Business Systems supported the creation and integration of the ImpaCT Training Region, improving overall training efficiency.
- **Development of Chatbot functionality for the DSS Website** – In partnership with POGA, the division is in the process of procuring a chatbot for the DSS website. The goal is to create a user-friendly feature that answers routine questions reducing the need to call the agency directly.
- **Governor Lamont's Opportunity Center Initiative** – The division is supporting the initiative with identifying business processes and technology needs. The initiative is currently in pre-pilot.
- **Justice-Involved Waiver and Consolidated Appropriations Act –** The division is supporting the initiative with the Division of Health Services to define the system requirements for the Access Health (HIX) and DSS (ImpaCT)
- **State Legislative Changes for SNAP Adults without Dependent Children (ABAWDs), and Temporary Family Assistance (TFA)**. The division worked with the Program Oversite and Grants Administration Division to ensure the required changes to our eligibility management system, ImpaCT was updated to support the legislative changes required for the SNAP and TFA program.
- **Design work on Automation** – This effort includes adding additional Robotic Processing Automation to process W-416 Notification of Newborns received from hospitals to grant Medicaid for newborns, processing of returned mail tasks, and no change SNAP Periodic Report Forms (PRFs). Additional automation of changes of address and/or phone numbers reported through the ConneCT Customer portal, New Hires Hits (W-69s), and data transfer into ImpaCT of information received on online submission for applications, renewals and changes submitted through ConneCT.

Robotic Processing Automation (RPA) - the division continues to support the Renewal RPA which processes online renewals submitted through the ConneCT Customer Portal.

- The **Progressive Web App (PWA**) the division continues to support the PWA. Current work includes creating a benefits application within the PWA that can be assisted by Social Security Administration staff at the time individuals are applying for Social Security benefits, removing the need to apply with both departments separately.
- **Interactive Voice Response (IVR)** DSS is actively looking to replace the current to better serve callers and reduce Benefits Center wait times. The Office of Child Support Services is replacing its legacy Connecticut Child Support Enforcement System (CCSES). The Business Systems division supports those efforts by ensuring the data shared between ImpaCT and the new system, **CCSES+**, is accurately exchanged.
- **Health.CT.gov** is Connecticut's health service portal. The division continues to support updates to the website. The division continues to partnered with AhCT, OEC and BITS to support the **EOM vendor.**
- Business Systems is supporting the Division of Program Oversight and Grant Administration's work with Civilla to streamline DSS forms and correspondence.

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Connecticut Medicaid Enterprise Technology System (CT METS)

CT METS was launched in July of 2018, and it is a multi-year program predominately funded by the federal Centers for Medicare and Medicaid Services (CMS).

CT METS seeks to modernize and streamline the various information systems and business processes that support Connecticut's HUSKY Health Program. This initiative is large in scope, and it will help increase the effectiveness of the Department of Social Services (DSS) and enrolled providers and partners. Some of its broader goals are to achieve improved member health outcomes, strengthen program integrity, upgrade business processes, and promote enhanced data sharing in order to advance the overall health and well-being of nearly one million Connecticut residents.

The conclusion of the CT METS Program will entail grouping related Medicaid functions into several individual, user-friendly technology modules, thus creating a *modular Medicaid enterprise technology system.* This will enable easier upgrading and replacement of technology systems and modules when necessary, and boost interconnectivity with other systems both inside and outside of the Department. As part of CTMETS program, an Enterprise Care and Case Management (ECCM) foundational solution will go-live in early 2025 to support Home and Community Services (HCBS) based programs. The CTMETS program is also planning to procure an Enterprise Datawarehouse and Analytics (EDW&A) and System Integration Platform (SIP) as part of Medicaid Modernization roadmap in early 2025.

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Planning and Improvement Office

The Planning and Improvement Office (PIO) mission is to provide leadership, support and organizational structure to continuously improve the quality and performance of social services. The PIO is responsible for coordinating and supporting organization-wide and multi-sector activities that result in a culture that supports continuous improvement. The PIO builds department-wide oversight capabilities by leading and coordinating organizational performance processes, promotes the use of evidence and data for informed decision-making, implements and supports continuous process improvement and change management, partners with divisions throughout the Department and external stakeholders to provide customized assistance on key initiatives, provides support in strategic planning, uses a human centered approach to promote strategic priorities across all program planning and ensures all planning and improvement supports the Department Vision, Mission and Values. The Planning and Improvement Office is supported by the Chief Customer Experience Officer, the Planning and Improvement Manager, a Research Analyst and a Planning Analyst.

The Planning and Improvement Office facilitates and supports the work of the Strategic Direction Team, a voluntary group of staff representing every office/division across the agency. Each of the Strategic Direction Team members oversee local teams to ensure that there is bidirectional sharing of information. The Strategic Direction Team and the local affiliates are charged with collaboratively working across the agency to continuously improve service delivery to clients in support of the agency Vision, Mission, and Values.

Strategic Planning

The Department of Social Services views strategic planning as the ongoing process of using an organization's historical or intended role, and the identified current need of the community it exists to serve, to document a roadmap to optimal performance. This process is used to prioritize effort, effectively allocate resources, align staff, clients, and other key stakeholders, on the organization's goals, and ensure those goals are both developed based on data, and regularly evaluated and reported to those it serves.

DSS Senior Leadership refined the priority areas of the DSS 2022-2025 DSS Strategic Plan using an objectives and key results framework, made all initiatives timebound, identified clear responsibility for each initiative, integrated policy, strategic and operational priorities into an agency-wide one year action plan.

This process is supported by the Chief Customer Experience Officer, the Planning and Improvement Office and Strategic Direction Team and coordinated with the Policy Division.

Prioritizing the Customer Experience

In support of the Department's Strategic Priority of Improving the Customer Experience, all areas of the Department were charged with exploring how to improve service delivery. After defining good customer service as that which is timely, effective and respectful, each of the Strategic Direction Teams worked with their respective areas of representation to identify opportunity for improvement and implement a change. There are currently more than ~22 projects in progress ranging in size working to add efficiencies and improve work accuracy.

In alignment with, and in support of these efforts, the Eligibility Operations Division identified the need to work across all twelve offices to reduce telephonic wait times and increase the task completion rates. They undertook a significant project in collaboration with the Planning and Improvement Office to improve service delivery on the phone, in person and in case processing. See the Eligibility Operations Section for more information.

Initiatives in progress as of June 30, 2024 include:

Telephonic Services: Offering information, application and renewal assistance to client via Benefit Center inbound calls through IVR and First Touch Expansion.
Service Center Line Support: Offering information, application and renewal assistance in all 12 Resource Centers.

Text Messaging: Sending bulk text campaign renewal reminders to reduce churn and single sms texts regarding task processing to improve productivity.

Visix Screens: Upgrading the software on the video screens in the Resource Centers to improve the distribution of information about programs and online resources available.

Improving the Customer Experience through Human Centered Design

This reflects the procurement of a third-party vendor with expertise in Human-Centered Research and Design to support the redesign of the Connecticut Department of Social Services' (CT DSS's) customer-facing content and technology, including, but not limited to: 1) Notices; 2) Application and renewal forms; and 3) CT DSS's customer technology portal, which is currently branded as "ConneCT." The primary goal of this effort is to make it simpler, easier, and faster for individuals to apply for and receive benefits from the agency. This project focuses on improving the customer experience at CT DSS. The project scope is the major programs that are currently administered by CT DSS today, including but not limited to, SNAP, Cash Assistance, and non-Modified adjusted gross income (MAGI) Medicaid.

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Eligibility Operations

- **Maximize Utility of Tech Tools**
  - o Caller ID corrected for outbound calls to inform that an incoming call is from DSS. This will increase rate of answer by clients and success to perform interview for benefits access
  - o Manual effort to close the IVR as needed for dedicated processing days automated
  - o Soft Phone technology made available to all Eligibility Operations staff to make outbound calls with the hybrid work schedule
  - o V i rtual Hold technology (VHT) same day and future scheduled call back enabled for clients calling our Benefit Center
  - o Amazon Polly for improved text to talk capability instituted
  - o Barge-In feature allowing callers to make selection in pre-Main menu without having to listen to the entire menu message enabled
  - o Remote logout capability to logout agents obtained
  - o Service Observe feature allowing supervisors and managers to listen in on calls for training purposes upgraded to be functional for hybrid work model

- **Increase Collaboration with Partner Agencies**
  - o WIC- Women Infant and Children Referral Process implemented in collaboration with DPH

- **Decrease Client Demand**
  - o Messaging on self-service platform at each contact with client - MyDSS, MyAccount, IVR
  - o Staff confirm and update client contact information at each contact

- o First Touch Crisis Management established to screen calls that do not require eligibility work and can be addressed quickly
- o Standardize Case Notes and Call Handling
- o Checklists and posters developed by Field Office Strategic Direction Team (FSDT) staff to improving client communication and decrease repeat contact
- o Job Aids created by FSDT staff for Efficiency and Accuracy
- o Extended Benefits Center business hours

- **Improve Business Processes**
  - o Change management implemented to improve dissemination of information and communication to staff
  - o Service Centers fully opened with increased capacity to accommodate walk-in clients

- **Utilize Stakeholder Input**
  - o Piloting Client Satisfaction Surveys

Eligibility Operations continues to meet with the project team to address challenges and mitigate risk to the goals.

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Escalation Unit

The Escalation Unit (EU) continued customer troubleshooting and issue resolution operations over SFY 2024. The Escalation Unit is in the unique position of functioning as a processing center for heightened inquiries. As such, staff can address client-specific inquiries received at DSS central administration, many of which originate with client advocates, service delivery partners and executive and legislative branches of government. The Escalation Unit staff is also directly available to the Office of the Healthcare Advocate, the Department of Aging and Disability Services, Choices, Community Health Network of Connecticut, Office of Policy Management and Office of Victim Services in bringing about resolution to the noted client inquiries and concerns. In addition, the Escalation Unit works in conjunction with CMIS in reviewing medical buy-in eligibility.

For SFY 2024, cases included urgent requests for medical care access, cash and food assistance. The unit also supports the Resource Center and other central office units in distributing, fielding, and addressing customer service cases. Highly experienced in eligibility services, unit members also track and monitor all inquiries received by unit staff using a Client Information Tracking System developed for the EU. Part of Eligibility Operations, the Escalation Unit is highly invested in providing the residents of Connecticut the best experience possible in eligibility determination and issue resolution with respect to DSS services.

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Pre-Release Entitlement Unit – Helping to Address Recidivism

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

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

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Policy Division

The DSS Policy Division within the Commissioner's Office provides long-range policy advice and support to DSS leadership. Based on input from staff across many DSS units, the division develops and updates a broad policy plan to help focus agency priorities.

The Policy Division provides targeted leadership on priority agency projects in collaboration with program staff. Examples include hospital payment, housing policy, States Advancing All-Payer Health Equity Approaches and Development (AHEAD) federal grant model, and a workgroup and report on 340B prescription drug pricing.

The Policy Division provides ongoing advice to agency leadership and divisions, including legislation, responses to inquiries and complaints, and strategy to expand member input into DSS programs.

Quality Assurance

The Office of Quality Assurance (QA) is responsible for ensuring the fiscal and programmatic integrity of programs administered by the Department of Social Services. In addition, QA is responsible for ensuring the integrity of administrative functions of the Department. QA has five separate divisions, each with unique program integrity functions: Audit, Investigations and Recoveries, Special Investigations, Quality Control & Claims Recovery and Third-Party Liability.

The Audit Division

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

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

Investigations and Recoveries Division

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

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

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

Special Investigations Division

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

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

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

Quality Control Division

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

The Claims Recovery Unit

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

Third Party Liability Division

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

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Equal Employment Opportunity and Diversity (EEO&D)

The Department of Social Services is strongly committed to the concepts, principles, and goals of affirmative action and equal employment opportunity. The objectives are commensurate with the state's policy of compliance with all federal and state constitutional provisions, laws,

regulations, guidelines, and executive orders that prohibit discrimination. The **Affirmative Action Plan,** submitted on March 1, 2024, was approved and granted continued annual filing status by the Connecticut Commission on Human Rights and Opportunities. DSS administers its programs, services, and contracts in a fair and impartial manner.

During SFY 2024, the Department of Social Services continued to monitor and improve its practices in employment and contracting, giving special consideration to affirmative action goal attainment, diversity training for all employees, and contract compliance. At the close of the affirmative action reporting period on October 31, 2023, DSS had 1733 employees: 409 (24%) were male, 1319 (76%) were female and 5 (.3%) were of unknown gender. Of these numbers, 196 (48%) of the male employees were minorities and 778 (59%) of the female employees were minorities and (0.25%) were self-identified as having a disability. During the plan year, the department hired 194 new employees: 39 (20%) were male and 154 (79%) were female, 1 (.5%) was of unknown gender. Of these, 22 (56 %) of the male employees hired were minorities and 106 (69%) of the female employees hired were minorities.

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

Diversity, Equity, and Inclusion (DEI)

The Office of Diversity, Equity, and Inclusion (ODEI) is responsible for oversight of major initiatives related to DEI within DSS programs internally and outfacing, to include contractors and sister state agencies. Additionally, this office provides consultation on DEI initiatives that promote equity and inclusion.

DSS has utilized learning, building organizational structural capacity, and organizational readiness strategies to further the work of Diversity, Equity, and Inclusion (DEI) at DSS. The goal is to build positive change for the workplace and for our customers. We are committed to:

- a diverse workforce
- actively challenging and responding to bias, harassment, and discrimination in the workplace and in our services
- equal opportunity and access
- deliberate efforts to ensure differences are welcomed, different perspectives are respectfully heard and included, and every individual feels a sense of belonging

The Department of Social Services (Department) has a long history of commitment to diversity, ensuring access to services, supporting a person-centered service delivery model, eliminating disparity in programs, and protecting civil rights of staff and the people we serve. Events over the last two years have sparked a deeper analysis of this commitment and highlighted the need to invest in our efforts even further to ensure equitable access, satisfaction, and outcomes for those we serve while fostering a workplace culture that is inclusive and welcomes the active

participation and engagement of all staff. DSS has added two distinct DEI driven values in support of our Mission and Vision - Racial Justice and Equity and Inclusion.

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Division of Financial Services

The Division of Financial Services is a group of financial professionals who manage over $10 billion in annual funding. The Division is responsible for the development, implementation and maintenance of financial and procurement functions. The Division consists of four primary groups. The Budget and Financial Analysis group, the Federal Reporting, Claiming, and Payroll group, the Contracts and Purchasing group, and the Accounting group which includes the Benefit Accounting, General Accounting, Convalescent Accounting, Accounts Payable, and Accounts Receivable functions.

Budget and Financial Analysis Group

The Budget and Financial Analysis group was responsible for budgeting $4.66 billion in state general funds in SFY 2024 through 27 distinct budgeted accounts. Ongoing functions of this group include developing estimates of agency spending, producing or reviewing detailed spending plans, monitoring against these plans and estimates, facilitating the development of agency budget options and providing updates on the status of the budget process for the agency. In addition to operational expenses, the Budget Group develops forecasts and expenditure reports for the many complex medical and cash assistance services DSS provides to eligible state residents.

During the past fiscal year, this group has reviewed and approved spending plans that allocate available funding to several hundred contracts; monitored, reviewed and estimated approximately.$ 4.65 billion in state General Fund expenses (over $9.5 billion, including federal reimbursement); provided metrics for all key program areas including Medicaid, assistance programs, and operational accounts; and reviewed and approved all the agency's position requests for funding availability and coding accuracy. The group continues to be involved in providing fiscal analyses on major department initiatives that were implemented or proposed during SFY 2024.

Federal Reporting, Claiming, and Payroll Group

The Federal Reporting Unit is responsible for the fiscal monitoring and financial reporting of federal grants and for the department's public assistance cost allocation plan. The federal reports submitted to the federal agencies are grant level expenditures for point and time and the Federal Fund Accountability Transparency Act (FFATA) obligation reporting at a sub-recipient level. The Schedule of Expenditures of Federal Awards (SEFA) reporting is also completed by this unit and submitted to the Office of the State Comptroller. The unit also oversees federal reporting for Supplemental Nutrition Assistance Program, Emergency Food Programs, Refugee Program, Child Support, Emergency Public Health and all Block Grant funding (Temporary Assistance for Needy Families, Social Services Block Grant, Community Services Block Grant).

The Cost Allocation function provides a mechanism to allocate the administrative costs to programs and grants administered by the department, in accordance with 2 CFR Part 200 – Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards. The group is also responsible for the Random Moment Sample System, which supports the cost allocation process for eligibility operations expenses.

The Federal Claiming unit is responsible for revenue reporting which includes the calculation and filing of the federal award requests and claiming for Connecticut's Medicaid, Children's Health Insurance, Temporary Assistance to Needy Families, and Money Follows the Person programs. In SFY 2024, funding from revenue generating programs resulted in approximately $1.89 billion in federal revenue for the state General Fund.

The Payroll unit oversees all payroll functions for the agency including, benefit enrollment, and employment verification.

Contracts and Purchasing Group

The Contract Administration Unit is charged with the oversight and administration of all contracts and procurement functions for the department and ensures that the department complies with policies and procedures pertaining to contracting promulgated by the Office of Policy and Management (OPM) and that all contracts contain the requisite contract provisions, as directed by the OPM and the Attorney General's Office.

The Purchasing Unit is responsible for providing the purchasing function for the agency, including the purchase and leasing of equipment, supplies, and services for the continued operation of the department and in support of employees, clients, and program operations. Purchasing staff ensure that purchases are conducted in accordance with state guidelines and state statutes.

Accounting Group

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

The General Accounting Unit coordinates the fund postings to the state accounting system, complex accounting adjustments and cost tracking, GAAP accounting, and the maintenance of the agency Chart of Accounts. The unit is also responsible for the control and administration of petty cash and the monthly Comprehensive Financial Status Report (CFSR). The unit is also responsible for cash management for all federal accounts. The Cash Management area oversees the drawdown and reconciliation of all federal grants and reimbursement streams received by the Department.

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

The Accounts Receivable Unit, responsible for a significant level of receivables related to the Medicaid program, as well as those of other programs, is located within this service center.

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

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Enterprise Program Management Office

Organization
The Enterprise Program Management Office (EPMO) provides project oversight through using industry best practices in project, governance, policies, processes, and methodologies to deliver transparency and minimize risk in the execution of business and enterprise programs/projects sponsored by DSS business partners. The EPMO focuses on the following objectives:

- Focused support of the project and program management needs of DSS Business domains that provide mission-critical services to Connecticut citizens,
- Establish and maintain Department enterprise governance and oversight structures, best practices, processes, and project management templates,
- Assist in crafting financial requests to the Federal Government for funding using Advance Planning Document (APD) processes for Department business and IT initiatives, programs, and projects, while focusing on enhancing the cost allocation model for federally reimbursed projects.
- Confirm that initiatives within the Department follow State, Federal, and other applicable Statutes, Policies and Regulations
- Assist business and IT programs/projects with administration and management of various project and program functions to ensure deliverables are met
- Support Executive DSS Leadership with the:
    - Tracking of Legislative Mandates, DSS activities, Funding, and others
    - Creation of dashboard reporting and DSS activity tracking
    - Large program vendor management
    - Knowledge transfer

Accomplishments
During State fiscal year 2024, the EPMO provided support to the Department as follows:

- Continued roll-out of EPMO tools, processes, and procedures which are being synthesized across the agency to reinforce the foundational principles and processes. Provided project management oversight, biweekly and monthly status reporting, and dashboarding that includes project health based on Scope, Schedule, Budget, Resource, Quality, and Benefit and support for projects in the EPMO Portfolio including monitoring EPMO Program/Project Risks, Issues, and escalated decision needs and critical path/return to green plan.
- Provided leadership and guidance to the various business partners on templates, processes, project management (PM) tools, and other researched items.

- Matured the EPMO Oversight & Project Governance Committee that meets monthly to review project status, preview EPMO practices, and build general Project Management (PM) knowledge and awareness throughout the agency.
  - Templates for project ideation and submission, Executive prioritization and ranking of projects giving the ability for the Agency to validate Agency alignment, operational cost, benefit and expected outcomes and measures, resource demand, proposed scheduling need, and mandate / regulation analysis.
  - Created feasibility templates, submission tracking, and feasibility studies and approvals.
  - Implemented processes to discover, approve, prioritize, and fund all new projects.
  - This group continues to approve project managers, all project documentation (charters, management plans, roles, and responsibilities), reviews and approves all vendor contracts, review existing project's health (scope, schedule resources, budget, benefit/quality, project risks/issues and escalation, approves any change requests escalated from the Change Control Board for approval.
  - Identifies cross department efficiency gains, increase cross department project transparency, enhance process improvement identification, identify project, and resource synergies.
  - Management, guidance, and oversight to multiple American Rescue Plan Act (ARPA) Projects that support Medicaid and other Health and Human Services (HHS) eligibility programs to enhance their efficiency and provide support to ensure timely distribution of benefits.
  - Establish and operationalized Health and Communities Based Services (HCBS) ARPA Program.
- Supported DSS's efforts and activities to close out projects related to the Public Health Emergency unwinding.
- Continued to document business processes and procedures and cross trained resources to sustain the daily business operations of the agency and division (Knowledge Transfer).
- Continue to document and maintain a cross agency Advanced Planning Document (APD) tracker dashboard, Executive update document and established an APD designated team to monitor IAPD updates and responses, explore alignments for APDs and monitoring related Memorandum of Agreement (MOA) and Contracts.
- Implemented an APD-focused SharePoint and Teams Channels repository to increase team collaboration, tracking, contract, and MOA creation while assisting in cross APD / Agency Communications.
- Matured the DSS Executive Project Prioritization committee that meets monthly to review all new projects and processes. The support included:
  - Updates to project ideation documentation and implementation of feasibility study process and documentation to support deeper understanding, CBA, investment, cost avoidance, and business functions
  - This group continues to approve any system change suggestion requests (ImpaCT, Health Insurance Exchange, ConneCT, CTMETS, Child Support and large health services programs) escalated to this committee from the Oversight and Project Governance group for approval.
- Matured the DSS Change Control Board and change control/request processes, templates, and approval documentation. The creation of the Integrated Eligibility Systems, Child Support, CTMETS, and foundational processes has been established.

- Assisted the agency in creating a Medicaid Functional Area Strategic Vision Workgroup, whose output will be used to identify areas of enhancements to drive long range funding, process and system enhancements aligned to client service.
- Assisted with decision escalation path for projects within Steering Committee, Project Team, Deputy Commissioners and Commissioner. Therefore, centralizing communication and reducing redundant requests.
- Initiated administration and project support to the following:
  - Public Health Unwinding (PHE) Program
  - Customer Experience Continuous Improvement Program (CECIP)
  - Eligibility Training Environment (ETE) Project
  - Case Management Feasibility Study and Requirements Development
  - Justice Involved 1115 Waiver Project
  - DSS Agency to Service Center Communications Change Management Project
  - DHS projects
  - CT METS
  - Child Support
  - Social Work Services
  - Ahead grant approval project
- Transitioned the ImpaCT related metrics and CMS reporting from previous vendor to the EPMO.
- Assisted with the implementation, training, and support of a staff interview scheduling tool. The tool remains in operation and used by the various Divisions when scheduling potential candidates.

Next Year's Vision

The EPMO's vision for the coming year is to continue to support the Department's business operations through specific areas:

- Strategic activity, program, and project prioritization,
- Continual updates to operational metrics and processes,
- Implementation of Vendor Management and guidance in vendor governance and oversight structures,
- Business support and data collection/evaluation,
- Executive and program/projects with high business value, inter-department or external partner assistance.
- Implement project management system and analytics engine to support real time reporting, budget forecasting, while supporting federal reporting requirements

EPMO staff will be assigned to each agency business unit to support outcomes through providing guidance with feasibility planning, project planning, charter development, operational cost forecasting, resource planning, SMART goals, success criteria planning and measurement, business project training, project support, and knowledge base expansion. This vision utilizes a staffing complement that includes both state, and consulting staff, to create a learning collaborative that supports the Department's staff management. The EPMO will continue to provide support in knowledge transfer for each division.

The EPMO will also continue to mature the processes, tools, and governance associated with APD and program and project management. Specific tools to support large programs and projects have been introduced into DSS to facilitate successful project execution and monitoring. Using the PM templates, tools, and processes adopted within DSS, the EPMO will continue to mature DSS by rolling out the established processes to each Division within DSS. This allows the EPMO to support enhancements, project, and portfolio management tool maturation, provide a full life cycle requirements management tool, and a document management repository.

In addition, oversight tools will be created and implemented to provide additional transparency into all project and program activities within DSS. The tools will include real-time dashboard tracking and reporting, resource estimation and forecasting tools, refinement and EPMO process improvements, maturing the business life cycle for all gating requirements. Finally, updates to the existing SharePoint site that includes governance, tools, and templates will be enhanced to ensure the latest templates and information is available to DSS.

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Facilities Operations and Support Services

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

Staff track equipment inventory, process surplus items for reuse, arrange for recycling of IT equipment, and maintain a fleet of 72 state vehicles. Facilities Operations and Support Services is the department's primary liaison with the Department of Administrative Services for all DSS-leased and state-owned office space, totaling more than 400,000 square feet. The unit recommends and negotiates leased office space reductions with the goal of providing yearly rental and utility savings while modernizing and providing for a more efficient use of space. The unit also focuses attention to incorporating universal design standards at each of DSS' office locations in need of these much-needed improvements. The unit continues to review space plans and recommend operational and energy upgrades for improved office facilities as well as short- and long-term savings.

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

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Information Technology Services

DAS Bureau of Information Technology Solutions (BITS) in service to DSS

DAS Bureau of Information Technology Solutions (BITS) has partnered with state agencies. BITS continues to refine and mature its service delivery model to meet the business needs of the agency. Through cultural transformation and organizational restructure, BITS remains committed to its optimization effort in its quest to provide first-rate technology support and service excellence to DSS.

Within the **BITS Agency Success**, the **Director of Technology Strategy** was onboarded to better align DSS technology with its strategic objectives. This leader is responsible for the development and implementation of technology strategy, evaluates emerging technology and leads technology projects to drive innovation.

The **Customer Success Manager (CSM)** is the strategic partner responsible for managing the relationship between DSS leaders and BITS. Working closely with DSS management, the CSM ensures DSS' technology needs are being met through effective and efficient solutions. As the point of contact and escalation with BITS for DSS, the CSM continues to demonstrate to be an effective communicator resulting in more rapid response to the needs of the agency.

The **Project Management Group** in service to DSS, leads, manages and tracks the delivery of information technology projects for DSS. The group provides oversite and management of projects utilizing industry best practices, standards, and project management disciplines. Standardization of project execution has allowed for the repetition in the delivery of managed work. The onboarding of additional BITS resources in service to DSS, has allowed the unit to grow and support DSS technology efforts more effectively over the past year. Currently, the majority of DSS related technology projects are led by state project managers from within the project management group, limiting the need to rely on contractors and vendors to deliver solutions.

The **Application Support Team** in service to DSS, is responsible for providing end user support for core applications including ConneCT, Balancing Incentive Program and ImpaCT. This year, the team has expanded its level 2 support to include the Office of Organizational & Skill Development (OSD) training environments as well as new applications built on the Salesforce platform, such as the Social Workers Administration Network (SWAN) . The team works closely with business teams, DSS partners, technical teams and the EOM vendor, to help troubleshoot and ensure reported issues are addressed and resolved. The team provides communication and notification on a global level to all impacted staff related to outages and application issues. In addition, they are responsible for Application Security Management which includes onboarding of new users, deactivation of users, updates to user security roles and user location/office management.

The **Applications/Data Unit** in service to DSS, is responsible for providing services related to application development, data reporting, analytics, and quality management aspects, based on business needs. The four teams or subunits under this domain are Micro Applications, Quality Management, Metrics and the Medicaid data warehouse. The entire unit works in close

conjunction with other areas in BITS, DSS business, other agency partners and vendors. The main functions of the four subunits include:

- **Micro Applications/ Apps Dev**: This team provides all aspects of software development life cycle specifically around analyzing business needs, gathering requirements, providing solution designs, application development, testing and implementation. The focus area for the team has been on small to medium level applications. In essence any gaps in DSS's large enterprise applications are met through temporary to long term small applications developed by this team.

- **Metrics Unit:** This team provides support for business intelligence tools, data reporting and analytics for all the divisions of DSS and external partners. This includes all ad hoc reporting from the integrated eligibility system and associated applications, including but not limited to ImpaCT, Pathways and SWAN. This group handles an array of internal and external reporting needs by creating and supporting dashboards for the Open Data portal, Eligibility Operations, IVR, Opportunity Centers, SMS Reporting, and others. The end to end operations of the enrollment database is done through this team, along with data that supports initiatives such as Baby Bonds, P20 Win, and UConn/Yale research.

- **Medicaid Data Warehouse**: This team provides reporting and analytics of Medicaid claims with supporting data from other enterprise applications. As administrators of the Medicaid data warehouse, the team works closely with Gainwell Technology who provides the staff to do the business requirements, reporting and routine project management support for the daily operations for the team.

- **Quality Management:** This group provides as a service along with quality control and quality assurance for the agency's integrated eligibility application and other associated applications.

Vendor Management Office – Provides support to DSS and BITS leadership, and program/project managers with the procurement of information technology services, solutions, and products, and helps control costs, increase value, mitigate risks, and drive service excellence with the Department's technology vendors.

BITS in service to DSS, provides support to all levels of the business in the areas of applications, network, telecommunications, hardware and enterprise related issues. This group safeguards the continuity of services, as well as triages responses to issues to ensure that systems are performing as expected and all problems are addressed in a timely manner.

- **Workforce Enablement** – This enterprise-wide service desk acts as the single point of contact for DSS employees and their partners to report system and hardware issues, request information or hardware, system access, or other related services. This unit delivers customer service through multiple channels including customer portal, email, phone or in person.

- **Infrastructure Services** – Services the entire state network, specifically for DSS, this team supports unified communications and the local area networks for the 12 DSS regional offices that provides connectivity to the state network.

- **Compute Services –** Supporting the states enterprise compute and storage platforms, this team provides DSS with support related to physical and virtual compute and storage resources, mainframe services, and hosting services for enterprise applications like ConneCT, Balancing Incentive Program and ImpaCT.

- **Security, Risk and Compliance** – This state-wide information security service, ensures DSS remains current with industry and federal standard information security best practices to ensure the confidentiality, integrity, and availability of agency data, applications, databases, and supporting systems through firewall, network security, internet filtering, anti-virus and anti-malware hardening practices.

- **Enterprise Architecture -** Partners with the business to align technology with business goals and objectives. Defining an Application and Technology Roadmap is an in-process effort that will play a key role in ensuring technology choices align with business needs. This unit has also come a long way in establishing technology standards to support how the technology needs at DSS will be addressed.

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

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

OSD's core services include Curriculum Development and Delivery, Organizational Development, Change Management Project Support, Media and Graphic Production, and Web-based Development and Delivery. OSD develops and delivers instruction on Child Support, Eligibility, Social Work, Leadership and Professional Development, Computer Applications, Data Analysis, Orientation, and others. OSD supports DSS's organizational development initiatives such as the Connecticut Fatherhood Initiative.

OSD practice methods include training and organizational needs assessments, instructional design based upon adult learning principles and actionable objectives, instructor led training, blended learning, interactive E-learning strategies, multicultural educational design, learn center management, facilitation, process improvement, business process development and support, and project management practices and support.

OSD is committed to inspiring the Department of Social Services and its staff to achieve its Mission through the provision of innovative learning and organizational development services

to maximize performance. The Office of Organizational and Skill Development (OSD) is committed to the philosophy that people are the organization. OSD provides customized services that drive achievement of knowledge and skills for professional performance, leadership development, change management, and organizational strength. We provide these services in the context of learner centered services, innovation in our work, and outstanding service to DSS and each employee to facilitate learning and growth.

OSD also supports DSS partners (other state agencies, community action agencies, hospitals, etc.) with training in topics like the Voluntary Acknowledgement of Parentage Program (VAP), the use of the ImpaCT system, and programmatic overviews.

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

Improvements/Achievements for SFY 2024 include - Training Development & Delivery
Programmatic - CORE training - Child Support; First Touch CORE; General Eligibility CORE; Long Term Services and Supports CORE; Temporary Family Assistance Eligibility Services Specialist CORE; Social Work CORE; Quality Assurance Investigations CORE ; Non- Citizens training; Public Health Emergency Unwinding, and SNAP training.

Professional Leadership Development--
Orientation; Project Management; Pre-Supervisory and Supervisory Series; Exceptional Leadership Series; Leadership Forums, Human Services Certificate Program; Critical Thinking; Vicarious Traumatization; Cultural Awareness Certificate Program; Microsoft Word, PowerPoint, Outlook, Excel, and Teams; Business Writing, and more.

Media Production and Support--
Video and graphic development for Supplemental Nutrition Assistance Program (SNAP) Summer Meals, employee recruitment, employee orientation; Opportunity Cener, and more; electronic signage for client information in DSS offices (DSS Network); and graphic design. .

Organizational Development & Support--
Connecticut Fatherhood Initiative; Organizational Change Management and Project Support for CCSES+.

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Human Resources Division/Department of Administrative Services (DAS)

The Department of Administrative Services (DAS) and the Office of Policy and Management (OPM), respectively, provide Human Resources and Labor Relations support to the Department of Social Services.

Within DAS, The Agency Human Resources Business Partner Team supports agency leadership to develop and implement strategic planning, organizational structure, agency people strategy (in

partnership with Talent Solutions), position management, and performance management; advise agency leadership on key state employee issues; and coordinate services.

During SFY 2024, the Agency Human Resources Business Partner nd Agency Labor Relations Teams have continued to support agency leadership in stepping through issues pertaining to acclimating to a telework environment; Some improvements and/or achievements during SFY 2024 are:

- In further support of the agency's Eligibility Operations, the Human Resources Business Partner Team developed an HR Hotline which is solely dedicated to Eligibility Operations. The HR Hotline serves as an emergency resource and provides immediate, up to the minute guidance and direction.

- In an effort to provide additional, on-site support and partnership to Eligibility Operations, the Human Resources Business Partner Team resumed making Resource Center visits on a bi-monthly basis.

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Labor Relations – Office of Policy and Management (OPM)

OPM-Office of Labor Relations provides both statewide (Statewide Contract Administration) and agency-specific services (Agency Labor Relations). Through this system the state achieves efficiencies by standardizing practices, addressing organizational issues earlier to avoid costly appeals and through more consistent labor relations services. The centralized labor relations service delivery model provides opportunities to deploy resources in a more coordinated fashion to address specific agency needs. The Labor Relations Team provides the Agency Leadership and Management with Contract Administration and Interpretation, training on topics including Performance Management, Workplace Violence Prevention Program, and the Statewide Telework Policy. The team also has responsibility for representing the agency at Union Grievance Hearings, Arbitrations, DOL Hearings, and entering into extra contractual agreements with the unions. The team works collaboratively with the agency to provide input during union contract negotiations. The team also has responsibility for performing fact finding investigations, administering progressive discipline and investigating allegations of Workplace Violence.

Some improvements and/or achievements during SFY 2024 are:

- Successfully represented the agency at all Step I, Step II grievance hearings and DOL Hearings.
- Conducted 17 fact finding and 23 Workplace Violence investigations.
- Entered into 16 extracontractual agreements with the unions on behalf of the agency.
- Prepared and provided agency wide training on Performance Management and Performance Appraisal training implementation
- Administered the processing of all Telework Applications and appeals for both the January1st and July 1st cycles. Assisted in the negotiation of the P-2 DSS Telework MOU with SEBAC.

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