Connecticut Department of Social Services
Making a Difference

Testimony for the Appropriations Committee
March 23, 2010
Michael P. Starkowski, Commissioner

Good afternoon, Senator Harp, Representative Geragosian and members of the Appropriations Committee. My name is Michael Starkowski, and I am the Commissioner of the Department of Social Services. I am accompanied by Deputy Commissioner Claudette Beaulieu and senior staff who are prepared to address detailed questions relevant to their areas of expertise. Thank you for this opportunity to review the current status of the DSS budget.

As the Department advised you in our testimony last month, the existing biennial budget presented extremely challenging program and fiscal changes. Given the optimistic assumptions that were made at the time the budget was originally passed, we have been moving policy and financial changes aggressively across a wide spectrum of services – with significantly less staff.

The DSS biennial budget included $340 million in savings in SFY 2010, as well as a total of $662 million in savings in SFY 2011. In as many areas as possible, we have acted decisively and expeditiously to meet legislative intent and budget savings targets. In accordance with the budget directives, we continue to move cost savings measures from concept to implementation.

As we proceed, there is a countervailing trend that needs to be fully recognized – significantly expanding caseloads across our entitlement programs.

In January, we reported that enrollment in nine of our key entitlement programs was up by 18% in just one year – and by 40% in five years.

- Food Stamps – now known as SNAP, or the Supplemental Nutrition Assistance Program – up 32% in one year and 58% in five years;

- State-Administered General Assistance, or SAGA – up 19% and 49% for medical benefits and 5.3% and 21% for cash benefits;

- Medicaid, including HUSKY A and fee-for-service coverage for elders and citizens with disabilities – 6.7% and 33%;

- When we updated our caseloads in March, ,both HUSKY A and HUSKY B have increased 11% and 10%, respectively, over the last year

- The Charter Oak Health Plan has grown 127% over the last year.

- Even Temporary Family Assistance is up 8.4% in one year, against the grain of an overall drop of 13% over five years. While the TFA caseload has inched a bit downward from November 2009 to February 2010, it is still 1,000 higher than this time last year.

These caseload growths have taken place against a backdrop of 252 employees (roughly 12% of the workforce) taking advantage of the 2009 Retirement Incentive Program (RIP). In recognition of the increasing caseloads, our RIP refill plan was authorized, with a concentration of refilling regional off positions. Even so, our department has been downsized by a loss of over 100 positions. I would be remiss if I didn't publicly thank our regional staff and our central office staff for their continued dedication working in these difficult times.

At this time, the potential deficiency for SFY 2010 at the Department is approximately $97.1 million, which represents 1.9% of the $5.019 billion General Fund appropriation. This figure closely aligns with the Office of Policy and Management's March 22 letter to the State Comptroller, which estimated a net deficiency of $98.8 million.

Estimated Deficiencies
(In Millions)

OE	$	(25.2)
Charter Oak	$	(1.3)
Medicaid	$	(97.5)
TFA	$	(2.6)
CT Home Care	$	(3.9)
Total Deficiencies	**$**	**(130.5)**

Offsetting Surpluses
(In Millions)

PS	$	3.1
HUSKY Program	$	1.0
ConnPACE	$	3.5
Child Care	$	10.7
SAGA	$	14.6
Other	$	0.5
Total Surpluses	**$**	**33.4**
Net Deficiency	**$**	**(97.1)**

A major economic factor that is driving our increased caseload and costs is the significant rise in the unemployment rates. In January, 2009, the Connecticut unemployment rate was 7.1%. A year later, in January, 2010, the Connecticut unemployment rate was 9.0%. This increase of 1.9% in the rate represents a 27% increase in unemployed persons in Connecticut, similar to the national unemployment trend for the same period. This becomes even more significant given the fact that Connecticut historically recovers late from recessions. This points to a sustained increased demand for our services through at least the end of the biennium.

When the biennial budget implementation legislation was passed in October of 2009, we were already three months into the state fiscal year. Despite this, many reductions to our budget for savings initiatives were based on 12 months of savings. Many of these initiatives contained aggressive savings estimates, taking savings on issues that are not only complex, but would require extensive renegotiations and would take a substantial amount of time to work through with the affected providers and federal authorities. Coupled with these optimistic savings estimates, budgeted increases for caseload changes have proven to be low in light of the large increases in demand for the department's services in this time of economic downturn.

While we have worked to address the issues in the budget, the budget projections themselves were not in line with the tasks that had to be accomplished to achieve the savings contained in the budget. As mentioned, the adoption of full year budget savings after an entire quarter of the fiscal year had passed contributed to unrealistic savings projections. With a decreased staffing level due to the early retirements, large caseload increases in our entitlement programs, and overly aggressive savings built into the budget, it is difficult to see how we could have stayed within our appropriation.

MEDICAID

The largest appropriation, $3.85 billion, is for the Medicaid account. In the last twelve months, overall the Medicaid caseload has grown by 7.7%. The projected deficiency in Medicaid of $97.5 million is the most significant deficiency that the department has, and represents 2.5% of the Medicaid appropriation. As you are aware, Medicaid is a federal/state entitlement program that provides comprehensive health care benefits for eligible clients within our state. While the appropriation included funding for general updates to recognize increases in enrollments, the department continues to experience significant increases in expenditures due to caseloads that are higher than what was contained in the budget in several key areas of the Medicaid program, including the HUSKY A program, which is now serving more than 367,600 individuals.

The last legislative session gave the department the authority to implement a number of cost-saving initiatives, such as restructuring fee-for-service medical services for the Aged, Blind, and Disabled Medicaid population with an administrative services organization model, which the budget estimated to save $27.8 million in SFY 2010. The department issued an RFQ and received three responses, which are currently under review. Additionally, the budget called for the integration of Medicaid funding and benefits with Medicare Special Needs Plans, which the budget estimated would save $25 million in SFY 2010. Due to the complex nature of these initiatives and the delay in passing the budget, we are not expecting to realize any savings from these two initiatives in SFY 2010. Parenthetically, it is interesting to note that the national health care reform measures may phase out Medicare Special Needs Plans.

We have already implemented numerous initiatives – those that required minimal structural or system changes. And where allowable, we have made those savings retroactive. For changes requiring client notification and federal approval, we have submitted state plan amendments in advance of implementation and are moving as quickly as possible to provide proper client notification. However, even though most of the cost savings initiatives assumed a full year of savings in this fiscal year after October adoption, we will not realize a full year due to a number of factors, including legal and other logistical considerations. These initiatives, which we estimate will save $137.6 million in SFY 2010, are attached.

HUSKY A
The deficiency in Medicaid can partially be attributed to an increase in expenditures within the HUSKY A Program, in large part due to substantial increases in HUSKY A enrollments. The budget assumed that enrollment at the end of SFY 2010 would be 358,500. As of March 1, the actual enrollment was 367,605, with enrollment projected to be 374,300 by June, higher than the budgeted caseload by 15,800 enrollees. This unbudgeted increase in clients represents additional costs in the amount of $37.25 million in SFY 2010.

As you know, the State budget included a reduction to managed care rates of 6% or $50.1 million in SFY 2010. The department is currently in negotiations with the contracted managed care organizations about changes in the capitation rates, program scope, and other contractual terms. We have advised the plans that we will be adjusting payments to reflect the removal of their profitability for SFY 2010. Based on our analysis of their most recent financial statements, we anticipate that we will be able to regain approximately $20 million in profits expected to be realized by the MCOs this fiscal year. Two rounds of letters have already been sent out to the MCOs addressing this reduction, and negotiations will continue this Thursday. We remain committed to achieving as great a savings as possible against the original budgeted assumptions.

NON-CITIZEN COVERAGE
The enacted biennial budget contained a provision to eliminate ~~medical coverage~~ for qualified non-citizens, except for children and pregnant women. Effective December 1, 2009, due to the enactment of a state statute, state medical assistance for non-citizens (SMANC) was discontinued for most non-citizens. In January, 2010, the state Superior Court issued a permanent injunction that enjoined the state from proceeding with this action, pending appeal. Accordingly, the Department of Social Services promptly reinstated medical benefits for approximately 4,500 affected clients retroactively. As a result of the court's ruling, the department is unable to realize any of the $9.3 million savings that was budgeted for SFY 2010.

DENTAL
Dental services were carved out of managed care as of September 1, 2008. A substantial increase in dental costs from SFY 2009 to SFY 2010 is in part due to the significant enrollment increases in the HUSKY programs and the implementation of the rate increases in April 2008. With the carve-out of dental services and enhanced referral assistance through an ASO, we have seen tremendous growth in the number of dentists willing to participate in the program, and substantially improved access. For the first eight months of SFY 2010, dental costs averaged $11.1 million per month, compared to an average of $6.4 million per month in SFY 2009. To ensure that services are properly being utilized, DSS began requiring prior authorization for certain dental procedures and increased utilization review beginning February 1, 2010. Savings in Medicaid resulting from these initiatives are estimated to be $2.0 million in SFY 2010 and $6.0 million on an annualized basis.

MEDICAID FRAUD
The enacted budget assumed savings of $19 million as a result of enhancements to our efforts to combat Medicaid fraud. Our Quality Assurance Division lost extensive staff and

experience in the Retirement Incentive Program. Ten positions were approved for re-hire, and although six of these should be hired by the end of March, due to the training required, it is not anticipated that these positions will be able to achieve significant savings until SFY 2011. It is estimated that DSS will achieve savings of $1.0 million under this initiative due to the retirement of a large percentage of staff within the Quality Assurance Division.

To put overall anti-fraud measures in perspective, it is important to note that during SFY 2009, the combined 8 FTE Central office Fraud and Recoveries Early Detection (FRED) and Active Case Assessment program (ACAP) staff completed approximately 1,800 investigations. The FRED staff cost avoided $5.7 million and the ACAP staff recovered $1.5 million in improper payments.

JANUARY FAC

Due to early projected deficits in ConnPACE, Charter Oak, and the State Nutritional Assistance Program, the department had to transfer $20.1 million from Medicaid to these accounts in order to support unexpectedly high expenditure levels. Obviously, this necessary measure has contributed to the Medicaid deficiency.

PHARMACY

The department has made strides to maximize savings while still providing necessary benefits through the state assistance pharmacy programs. Upon passage of the biennial budget, the department took aggressive steps to implement numerous pharmacy initiatives.

Some of the major initiatives implemented include revising Maximum Allowable Cost reimbursement under DSS' pharmacy programs from the average wholesale price (AWP) minus 40% to AWP minus 45%. Another major initiative was to reduce the dispensing fees paid to pharmacy providers from $3.15 to $2.65, to bring the state more in line with dispensing fees paid by commercial health insurers. The budget also required clients who are dually eligible in Medicaid and Medicare to be responsible for paying up to $15 per month in federally required Medicare co-pays for Part D-covered drugs (previously the state was assuming the cost). Some of the changes to the early refill guidelines include revising the early refill criteria from 75% to 85%, consistent with many commercial plans, and also reducing the automatic first 30 day supply for new prescriptions to a 14 day supply. These initiatives represent a reduction in Medicaid expenditures of approximately $20.9 million in SFY 2010.

In addition to savings initiatives passed at the state level, there have also been changes at the federal level that have significantly reduced Medicaid pharmacy expenditures. The American Recovery and Reinvestment Act of 2009 provided states with an increase in their federal medical assistance percentages (FMAP) from October 1, 2008 through December 31, 2010. The U.S. Department of Health and Human Services (DHHS) initially determined that the increased FMAP would not apply to the Medicare Part D clawback provisions. As such, clawback payments have been determined using a state's regular FMAP which was 50%. On February 18, 2010, HHS announced a change in this interpretation and notified states it would apply the ARRA FMAP to clawback payments, which is currently 61.59% for the Connecticut Medicaid program. The savings are retroactive to October 1, 2008, with prior savings being applied as a credit to states' future clawback payments. This change in the clawback calculation is estimated to reduce Pharmacy expenditures by $44 million in SFY 2010 and $22 million in SFY 2011.

CHARTER OAK HEALTH PLAN

The department is currently projecting a deficiency of $1.3 million in the Charter Oak Health Plan. Caseloads in the program have been increasing at a significant pace. From the beginning of the fiscal year to March 1, 2010, the caseload increased by 4,780 enrollees, or 58%, to a total enrollment of 12,959. More specifically, as of March 18, the enrollment totaled 13,654 individuals. We expect a total of approximately 5,885 new enrollees in SFY 2010, with the projected June, 2010 enrollment of 14,064, 72% higher than June, 2009. Pursuant to the budget, the department increased client premiums by an average of $18 per member per month, beginning February 1, 2010, with a projected savings of $1.2 million in SFY 2010. These savings are expected to be offset by rising caseloads and pharmacy and behavioral health costs that are higher than anticipated.

OTHER EXPENSES

The vast majority of expenses under the Department's Other Expenses account are not commodity-type expenditures, as is commonly assumed, but rather primarily represent contractual obligations required to support the array of medical programs provided by the department. Approximately 80% of the total funding available for Other Expenses is utilized for administrative contracts. For example, for HUSKY A we have client enrollment processing and for HUSKY B and Charter Oak we have eligibility and enrollment processing, premium collections and quality reviews. These contract costs have increased over initial projections due to the increased enrollment in these programs and the higher volume of claims being processed, which has contributed to our OE deficiency. We also have approximately $5.0 million in contracts for child support collection, processing of child support payments and maintenance of the state's automated child support system. For example, $311.8 million was collected in Child Support, and we paid out $212 million in FFY 2009 in child support payments. The Other Expenses account also funds a number of contracts required under the Money Follows the Person program that began last state fiscal year. The payments we make on most contracts qualify for federal financial participation.

In an effort to reduce spending, we have looked at contracts to see if they need to be renewed or rebid or if they can be renewed for a longer period of time at a reduced rate or brought back in-house. Examples of contracts reviewed and/or renegotiated include EDS, Qualidigm, Lubitski Consulting, Colonial Cooperative, and Saber Solutions. We are making efforts to reduce even those incidental costs to achieve as much savings as possible. For example, we have experienced a reduction in DSS vehicles, we've limited weekend access to our buildings in order to reduce utility and security costs, and we continue to move toward a greener, paperless communications environment.

We are currently projecting a $25.2 million deficiency in the OE account. The budget as passed reflected savings in OE of $26.2 million, with contract reductions of $16.5 million, with only 9 months to make efforts to reach the target. DOIT cost reductions totaled $7.0 million and other general OE reductions totaled $2.2 million.

CONNECTICUT HOME CARE PROGRAM FOR ELDERS

The state-funded Connecticut Home Care Program for Elders is anticipated to have a deficiency of $3.9 million in SFY 2010. Although the budget assumed full year savings of $10.9 million as a result of increased cost sharing, due to delays in the passage of legislation, the system changes required and the obligation to provide the clients sufficient legal notice, this initiative could not be implemented until February 1, 2010. The enrollees who are required to contribute to their cost of care will pay, on average, approximately $5 per day, with a resulting savings of $4.1 million in SFY 2010.

TEMPORARY FAMILY ASSISTANCE

The department is projecting a $2.6 million deficiency in the Temporary Family Assistance program through the end of SFY 2010. The department experienced an increase in caseload in June 2009, where an additional 223 cases (1%) were added. Since July, the department has seen a 4.4% increase in caseload, totaling 886 cases in eight months.

Original budget projections for this account assumed an average caseload of 20,693 cases at an average cost per case of $471, or 30 additional cases per month.

The actual caseload is expected to average 20,981 cases per month. New cases since July added an estimated $3 million to the overall cost to this account. We are anticipating an overall increase of almost 9% in caseload for SFY 2010. Costs are offset slightly by approximately 425 cases that were discontinued due to non-compliance with TFA rules, with associated savings of an estimated $600,000.

This caseload increase may be due to the increased unemployment seen in Connecticut where the rate hit 9.0% in January, 2010. While the unemployment rate is unprecedented, recently passed extensions to Unemployment Compensation insurance are expected to slow the increasing growth in TFA caseload. We believe that caseloads will increase by 0.5% per month through April, 2010, and 1.5% in May and June, 2010. The 16 week unemployment compensation extension will run out in April, 2010. The Jobs Bill signed by President Obama on March 18, 2010 extends unemployment compensation by an additional 26 weeks.

According to UConn's Connecticut Center for Economic Analysis (August 2009 study), there is "small hope the nation will see job creation before the middle of 2010; Connecticut's labor markets may see no growth for much longer."

Surplus Accounts

Offsetting the anticipated shortfalls just discussed are surpluses in accounts which will mitigate some of our deficiencies. These are:

PERSONAL SERVICES

The Department of Social Services saw 252 employees (roughly 12.2% of the workforce) take advantage of the 2009 Retirement Incentive Program. In an effort to control costs while maintaining services, a RIP plan was created to address the needs of the department with a reduced workforce. A total of 149 replacement positions (approximately 60% of the positions lost to retirement) were approved in the RIP plan (36 of which are federally funded). The plan as approved concentrated on refilling front line workers in our regions, including eligibility services workers to meet the anticipated increases in demand. To date, 71 of the 76 positions in the Regional Offices are filled, 31 out of 37 Central Office positions are filled and the federally funded positions are being filled on a regular basis. While we have had success in recruiting new staff for our regional offices, the learning curve has impacted our responsiveness and productivity. To date, more than five-sixths of the vacant positions in the approved RIP plan have been filled with new staff who need time and training to reach the same level of efficiency we had prior to the RIP. Due to timeframe in hiring for approved refills of RIP positions, the department estimates that there will be a $3.1 million surplus in the PS account.

HUSKY B PROGRAM

Under the HUSKY B program, reimbursement of payments to the contracted health insurers under the Prepaid Inpatient Health Plan (HUSKY transition period) reconciliation process in the amount of $3.3 million were received by the department. Under PIHP, the department based payments on an estimate of expenditures for several of the plans. These estimated expenses were then compared to actual claims paid. A reconciling adjustment was then made. In the case of HUSKY B, this adjustment was favorable to the State. The HUSKY B Program is now projected to end the year with a $1.0 million surplus.

CONNPACE

The department is estimating that the ConnPACE program will end the year with a surplus of approximately $3.3 million. This surplus is primarily due to the enrollment of ConnPACE clients in a Medicare Savings Program (MSP), as well as the implementation of numerous pharmacy savings initiatives. These savings initiatives include changes to maximum allowable cost (MAC) reimbursement, the dispensing fee, and revisions to the early refill process. Through February 2010, the department had issued 7,500 mailings to ConnPACE clients advising them of the new benefits under MSP. The department is also anticipating issuing an additional 7,500 mailings before the end of the fiscal year, bringing the total mailings to 15,000 by the end of SFY 2010. The department has hired additional staff dedicated to processing incoming MSP applications in an effort to enroll MSP eligible clients expeditiously so that they may begin receiving the additional MSP benefits as well as helping to maximize savings under ConnPACE.

CHILD CARE

The Care4Kids child care subsidy program is projected to have a surplus of $10.7 million at the end of SFY 2010. The original appropriation for the account was $103.8 million for

SFY 2010. Connecticut must maintain an expenditure level of $93.1 million to sustain the $13.7 million in ARRA funding under the Child Care Development Fund.

Despite the department's efforts to ensure availability of appropriate day care for our clients, there has been a dramatic decrease in our caseload. The program for low-income, non-TFA, families was closed in May, 2009 to help address the burgeoning deficiency in SFY 2009. The department re-opened eligibility for low-income clients in November 2009. With the extraordinary impact of unemployment on the State, the demand for day care assistance for this group of clients has also been significantly impacted. We continue to make every effort to meet client needs and reach the expenditure level necessary to retain the ARRA funds.

The appropriated funding level for Child Care is at $103.8 million in SFY 2010, a level which exceeds the ARRA requirement of $93.1 million. As a result, there is available funding in the amount of $10.7 million to cover other departmental deficiencies.

STATE ADMINISTERED GENERAL ASSISTANCE

Expenditures for the State Administered General Assistance (SAGA) program are expected to be below the adjusted appropriated level of $231.5 million by $14.6 million. Included in the appropriation is $43.3 million for additional expenditures associated with SAGA under Medicaid. These funds were to raise payment levels to ~~the~~ Medicaid rates. The majority of the unused funds will be required to meet increased medical services expected under the account as caseloads continue to rise significantly. In the past twelve months, the SAGA medical caseload has grown 14.9%. As not all of the funds will be needed, however, $14.6 million is available to offset our deficiency requirements.

In closing, I would caution that the data used to project these shortfalls only reflects the first eight months of activity for the year; and further, that the impact of the initiatives that we have already implemented or that will begin over the coming months are not yet fully included in that data. While we have been cautious in our assumptions, we will continue to monitor expenditures. We will also look for every opportunity to mitigate our deficiency.

Once again, thank you for the opportunity to come before you to address this issue. I appreciate your continued support of our efforts.

Department of Social Services Budget Initiatives SFY 2010 & SFY 2011	Legislative
Budget Initiatives not included in the DSS estimates	SFY 2010 Estimated Fiscal Impact
Reduce MCO Rates by 6%	$ (50,100,000)
Implement SAGA Waiver	$ (6,800,000)
Special Needs Plans (Restructure Medicaid Continuum of Care)	$ (25,000,000)
Manage ABD Services Through an ASO (Restructure Medicaid Continuum of Care)	$ (27,800,000)
Eliminate Medicaid Services for Legal Non-Citizens	$ (9,300,000)
Combat Medicaid Fraud	$ (18,000,000)
Total	$ (137,000,000)

Department of Social Services Budget Initiatives SFY 2010 & SFY 2011	Legislative	DSS	
Implemented Budget Initiatives	SFY 2010 Estimated Fiscal Impact	SFY 2010 Estimated Fiscal Impact	Implementation Date
Medical - Hospital			
Implement Medicaid Non-Payment for Certain Hospital Acquired Conditions (Mirror Medicare Hospitals)	$ (1,700,000)	$ (36,185)	Effective 4/1/2009
Medical - Pharmacy			
Limit Maximum Allowable Cost Reimbursement for Certain Drugs from AWP -40% to -45%	$ (1,000,000)	$ (2,002,338)	10/1/2009
Require Prior Authorization for High Cost Drugs	$ (1,350,000)	$ (876,658)	10/1/2009
Eliminate Automatic First 30-Day Fill for New Prescriptions	$ (912,000)	$ (602,250)	10/1/2009
Change the Early Refill Criteria from 75% to 85%	$ (105,700)	$ (113,265)	10/1/2009
Reduce the Dispensing Fee Paid to Pharmacy Providers from $3.15 to $2.65	$ (2,065,000)	$ (1,036,876)	10/13/2009
Nursing Home Drug Return	$ (1,500,000)	$ (750,000)	1/1/2010
Alter Medicare Part D Co-Payment Coverage for Dually Eligible Clients	$ (2,700,000)	$ (1,350,000)	1/1/2010
Require Medicare Part D Recipients to Enroll in Benchmark Plans	$ (900,000)	$ (972,332)	1/1/2010
Include Mental Health Related Drugs in the PDL	$ (950,000)	$ (483,455)	4/1/2010
Require Prior Authorization for Over the Counter Drugs	$ (750,000)	$ (125,000)	5/1/2010
Medical - Other			
Remove Statutory Rate Increases (Nursing Homes, ICF-MR's)	$ (129,645,821)	$ (122,924,603)	7/1/2009
Suspend Fair Rent Adjustments (Nursing Homes)	$ (2,100,000)	$ (1,013,208)	7/1/2009
Limit the Number of Chronic Care Transitions Under the Money Follows the Person Initiative	$ (110,000)	$ (83,298)	7/1/2009
Implement Provisions Under the Federal False Claims Act	$ (500,000)	$ (500,000)	10/1/2009
Add New Procedure Code to the Home Health Fee Schedule	$ (355,000)	$ (236,720)	11/1/2009
Restructure Rates for Methadone Maintenance Under Medicaid	$ (192,800)	$ (107,768)	11/1/2009
Implement Coverage for Hospice Services	$ -	$ (10,559)	1/1/2010
Implement Utilization Review for Dental Services	$ (8,000,000)	$ (3,000,000)	2/1/2010
Limit Inappropriate Nursing Home Placement & Enhance Efforts to Ensure the Financial Viability of the State's Nursing Homes	$ (3,800,000)	$ (700,000)	2/1/2010
Total Savings		$ (137,624,515)	

Department of Social Services
As of February 28, 2010

		State Food Stamp Supp		HUSKY Program		Charter Oak		Old Age Assistance	
Original SFY 2010 Appropriation		$ 408,616		$ 34,761,200		$ 13,730,000		$ 36,328,262	
FAC		$ 150,000		$ -		$ 8,530,000		$ -	
Rescissions						$ -		$ (1,000,000)	
Adjusted Appropriation		$ 558,616		$ 34,761,200		$ 22,260,000		$ 35,328,262	
Estimated Expenditures		$ 529,197		$ 33,743,402		$ 23,578,524		$ 35,155,957	
Estimated Surplus/(Deficit)		$ 29,419		$ 1,017,798		$ (1,318,524)		$ 172,305	
Time Period	**Actual/ Estimate**	**Average Caseload**	**% Incr**	**Average Caseload**	**% Incr**	**Average Caseload**	**% Incr**	**Average Caseload**	**% Incr**
SFY 2007	Actual	153		16,464		0		4,674	
SFY 2008	Actual	134	-12.4%	16,491	0.2%	0		4,587	-1.9%
SFY 2009	Actual	172	28.4%	14,700	-10.9%	3,593		4,624	0.8%
SFY 2010	Estimate	272	58.1%	15,605	6.2%	11,808	228.6%	4,634	0.2%
		Annual Expenditures		**Annual Expenditures**	**% Incr**	**Annual Expenditures**	**% Incr**	**Annual Expenditures**	
SFY 2007		$ 228,306		$ 31,747,917		$ -		$ 30,549,110	
SFY 2008		$ 214,798	-5.9%	$ 32,522,121	2.4%	$ -		$ 32,573,379	6.6%
SFY 2009		$ 311,159	44.9%	$ 35,437,140	9.0%	$ 6,032,251		$ 35,554,872	9.2%
SFY 2010		$ 529,197	70.1%	$ 33,743,402	-4.8%	$ 23,578,524	290.9%	$ 35,155,957	-1.1%

		Nursing Homes		HUSKY A		SAGA		Aid to the Disabled	
Original SFY 2010 Appropriation		Within Medicaid Budget		Within Medicaid Budget		$ 244,023,580		$ 60,649,322	
FAC						$ (12,480,000)		$ -	
Rescissions						$ -		$ (700,000)	
Adjusted Appropriation						$ 231,543,580		$ 59,949,322	
Estimated Expenditures						$ 216,940,098		$ 60,357,988	
Estimated Surplus/(Deficit)						$ 14,603,482		$ (408,666)	
Time Period	**Actual/ Estimate**	**Average Caseload**	**% Incr**	**Average Caseload**	**% Incr**	**Average Caseload**	**% Incr**	**Average Caseload**	**% Incr**
SFY 2007	Actual	18,216		292,455		31,818		10,732	
SFY 2008	Actual	17,635	-3.2%	310,792	6.3%	33,255	4.5%	10,575	-1.5%
SFY 2009	Actual	17,351	-1.6%	331,157	6.6%	37,285	12.1%	10,621	0.4%
SFY 2010	Estimate	17,336	-0.1%	359,719	8.6%	44,619	19.7%	10,569	-0.5%
		Annual Expenditures		**Annual Expenditures**		**Annual Expenditures**		**Annual Expenditures**	
SFY 2007	Actual	$ 1,234,857,610		$ 638,890,608		$ 164,321,098		$ 54,008,427	
SFY 2008	Actual	$ 1,299,346,074	5.2%	$ 694,843,772	8.8%	$ 183,778,081	11.8%	$ 57,524,702	6.5%
SFY 2009	Actual	$ 1,266,349,290	-2.5%	$ 783,060,351	12.7%	$ 203,186,274	10.6%	$ 58,941,606	2.5%
SFY 2010	Estimate	$ 1,230,877,213	-2.8%	$ 830,322,722	6.0%	$ 216,940,098	6.8%	$ 60,357,988	2.4%

Department of Social Services
As of February 28, 2010

		TFA		ConnPACE	
Original SFY 2010 Appropriation		$ 117,434,597		$ 10,279,645	
FAC		$ -		$ 21,500,000	
Rescissions		$ -		$ -	
Adjusted Appropriation		$ 117,434,597		$ 31,779,645	
Estimated Expenditures		$ 120,035,965		$ 28,243,204	
Estimated Surplus/(Deficit)		$ (2,601,368)		$ 3,536,441	
Time Period	**Actual/ Estimate**	**Average Caseload**	**% Incr**	**Average Caseload**	**% Incr**
SFY 2007	Actual	21,124		42,014	
SFY 2008	Actual	20,203	-4.4%	37,391	-11.0%
SFY 2009	Actual	19,953	-1.2%	34,689	-7.2%
SFY 2010	Estimate	20,979	5.1%	32,736	-5.6%
		Annual Expenditures		**Annual Expenditures**	
SFY 2007		$ 112,377,937		$ 31,834,620	
SFY 2008		$ 110,961,706	-1.3%	$ 35,050,454	10.1%
SFY 2009		$ 112,605,455	1.5%	$ 34,517,576	-1.5%
SFY 2010		$ 120,035,965	6.6%	$ 28,243,204	-18.2%

		Care 4 Kids		CT Home Care	
Original SFY 2010 Appropriation		$ 103,872,455		$ 66,428,400	
FAC		$ -		$ -	
Rescissions		$ -		$ -	
Adjusted Appropriation		$ 103,872,455		$ 66,428,400	
Estimated Expenditures		$ 93,118,727		$ 70,283,770	
Estimated Surplus/(Deficit)		$ 10,753,728		$ (3,855,370)	
Time Period	**Actual/ Estimate**	**Average Caseload**	**% Incr**	**Average Caseload**	**% Incr**
SFY 2007	Actual	11,620		4,367	0`
SFY 2008	Actual	13,131	13.0%	4,909	12.4%
SFY 2009	Actual	13,739	4.6%	5,357	9.1%
SFY 2010	Estimate	11,502	-16.3%	5,307	-0.9%
		Annual Expenditures		**Annual Expenditures**	
SFY 2007	Actual	$ 82,731,390		$ 49,558,000	
SFY 2008	Actual	$ 98,801,216	19.4%	$ 58,291,481	17.6%
SFY 2009	Actual	$ 93,118,727	-5.8%	$ 69,076,691	18.5%
SFY 2010	Estimate	$ 93,118,727	0.0%	$ 70,283,770	1.7%