



Navigating the Gateway to Public Services

for Connecticut Residents



Modernizing Client Service Delivery Through Technology

Topics to Discuss Today

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DSS - In General

Connecticut Department of Social Services

\$5.5 billion

in expenditures in 2009

\$3.5 billion

in federal revenue in 2009

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DSS - In General

Connecticut Department of Social Services

Administers Over 90 Programs

Assists Over 750,000 Residents

Provides For People's Basic Needs

**Food, Economic Support, and
Health Care Coverage.**

**Economic Viability, Social Work, Child Support, Vocational
Rehabilitation Services, Housing, and many more services.**

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DSS - In General

Where Does the Money Go?

**\$3.9 billion in Medicaid/HUSKY A
expenditures**

\$188.5 million in State-Administered General Assistance

\$35.4 million in HUSKY B

\$9.1 million in Charter Oak Health Plan

***Over 500,000 People a Month Receive
Health Care Services through DSS***

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DSS - In General

Where Does the Money Go?

\$277 million for Families

**\$114 million for Services for People
with Disabilities**

**\$109 million for Winter
Home Heating Assistance**

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DSS - In General

Where Does the Money Go?

**\$423.5 million to Help
Connecticut Residents Afford Food**

**Over 258,000 People a Month Receive
SNAP/Food Stamp Benefits from DSS**

**\$290 million in support of
Elder Services**
\$112 million to Help People to Obtain or Maintain Housing

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DSS - In General

What Do We Do?

- The Connecticut Department of Social Services makes a difference in the lives of approximately 750,000 residents of our state annually.
- Our mission is to:
 - Meet basic needs of food, shelter, economic support and health care.
 - Promote and support the choice to live with dignity in one's own home and community.
 - Promote and support the achievement of economic viability in the workforce.

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DSS - In General

How Do We Do It?

- With a workforce that is dedicated to serving the people of Connecticut.
- With the support of individuals and entities who are committed to the programs we administer, the services we provide and to the people of this state who are in need.



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DSS Today

We Are Being Challenged

- DSS is the bridge that links services to the children, families and single adults who need health care, food, shelter, temporary financial assistance, heat and other help from Connecticut's safety net.
- We are helping more and more people every day.
- We have challenges in staffing, technology, and physical plant.
- Our challenges create barriers to efficient and effective service to Connecticut residents.

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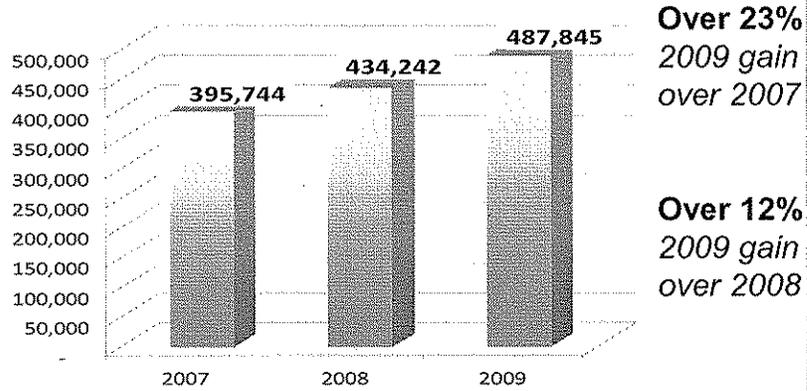
DSS Today

- Currently, DSS does not have the staffing and sophisticated technology to best serve the residents of Connecticut.
- Our systems and programs are complex and made more difficult by the patchwork of technology and a dated business model.
- Legislators, advocates, providers, federal partners, other human service partners and, most of all, the people in the communities we serve, share our belief that we can do better with new technology.
- The *Raymond vs. Rowland* settlement agreement created groundwork for a new structure of services supported by cutting-edge technology that will revolutionize services in Connecticut.

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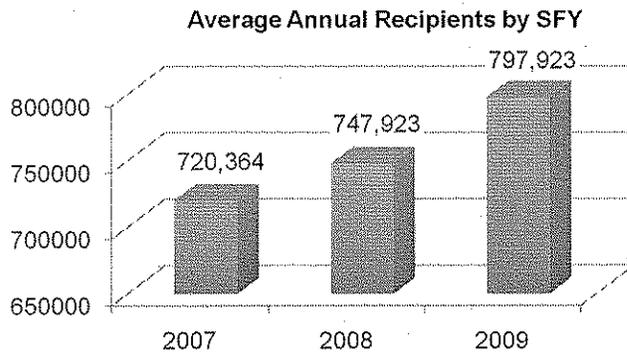
**DSS Today - the
Challenge: Application
Activity**

Application Activity 2007 - 2009



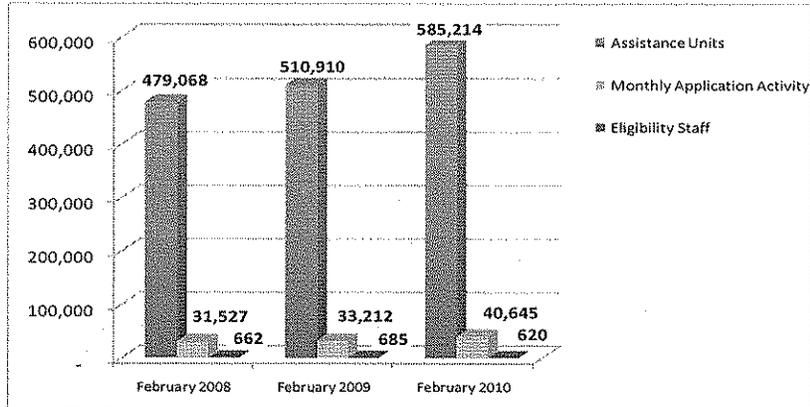
**DSS Today - the
Challenge: Service
Recipients**

Average Annual Recipients 2007 - 2009



DSS Today - the Challenge: Recipients, Activities, Staffing

Monthly Comparison of Active 'Assistance Units' and Application Activity to Eligibility Staff



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DSS Today – the Challenge: Programs

Social Service Programs Continue To Grow In Complexity

- DSS administers a host of state programs and varied federal programs. The federally funded programs through the federal HHS-CMS, USDA-FNS, HHS-ACF, and others have divergent and complex eligibility rules.
 - The eligibility processes require DSS staff to find the appropriate services/coverage for the person while maximizing revenue reimbursements.
 - For example, processing long-term care applications requires consideration of assets, income, citizenship, medical condition, and requires coordination with federal agencies, financial institutions, hospitals, skilled nursing facilities, community based providers, attorneys, relatives...and the list goes on and on.

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DSS Today – the Challenge: Programs

- State and/or Federal Program regulations require DSS to prioritize certain types of cases for presumptive eligibility or expedited processing.
- Assisting people to find a path to employment has become difficult in this economic climate. While employment rates are dropping, federal work participation rate requirements continue.
- Reporting requirements are overlapping, complex and time-consuming.

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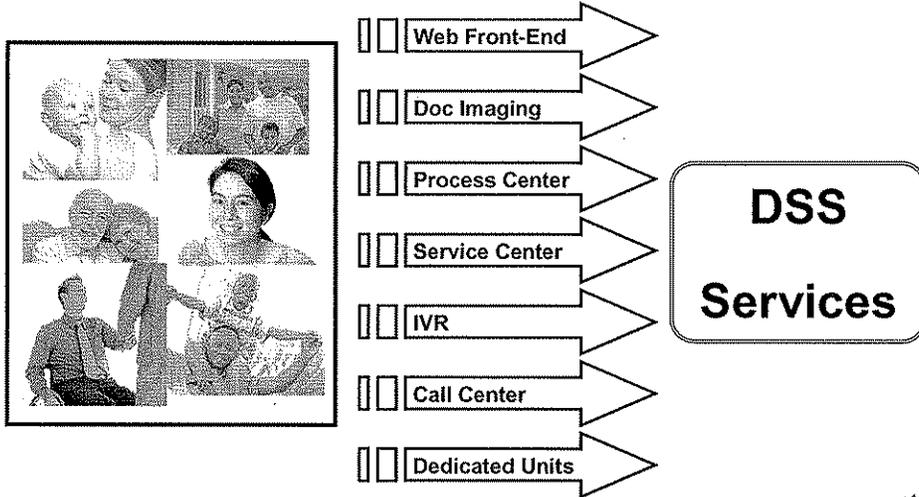
DSS Today: Staffing

Current Staffing To Administer Programs

- DSS currently has 620 staff members responsible for eligibility processing.
- Consider: Eligibility staff manage the 40,645 (February 2010) applications and the 585,214 (February 2010) assistance units in a month.

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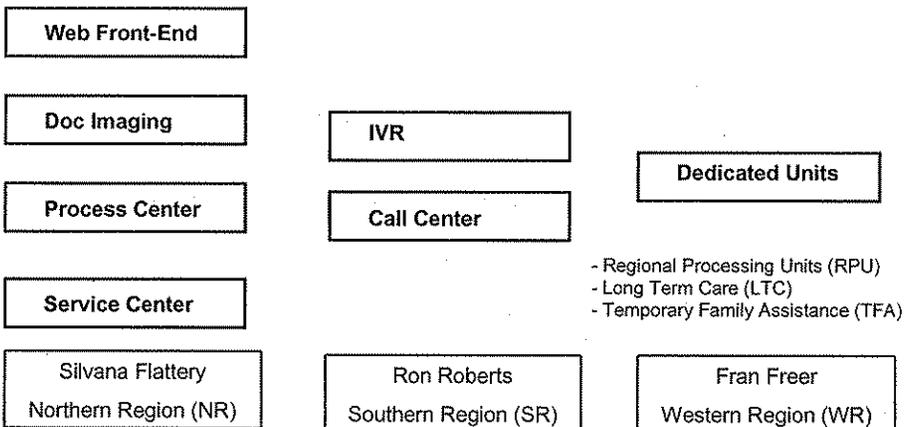
Modernization of Client Service Delivery (MCSD)



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Modernization: MCSD

Regional Administrator MCSD Responsibilities



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The Challenge: Current Intake

- Limited Hours
- Limited Entry Points
- Limited Access
- Paper, paper, paper

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The Solution: Web Front-End

- Our response is a web-based application similar to online banking. A web-based front-end will interface with our eligibility management system. Creates "anywhere" access for applications, redeterminations, and case information via the internet.
- Through the use of Web Front-End, an individual:
 - Can apply or conduct his/her redetermination online
 - Can report changes online.
 - Can find out the status of his/her benefitsLiterally from anywhere where there is internet access.

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The Solution: Web Front-End

- Allows people to submit an application or comply with program rules through the redetermination process without having to come to a DSS office.
- Other states like Pennsylvania, Florida and Wisconsin have had great success and residents report greater and easier access to services.
- Wisconsin reports 40% of its applications are submitted through the web front-end, ACCESS.

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The Challenge: Document Management

Our Current “Paper Chase”

- Documents are mailed into or dropped off at our local offices.
- Staff manually sort and review the material to determine who is the appropriate staff person to perform the necessary functions and then the material is routed to staff.
- The eligibility worker or other processing staff manually reviews the material/case, it is given a priority, the case is processed, and then the documentation is manually filed.
- Staff spend hours upon hours moving paper, reviewing paper, copying paper, filing paper, creating more paper and answering questions about the paper.

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The Solution: Document Management

- Document Management will simplify access to documents through the use of scanning and indexing.
- Paper documents and other files will be sent to a central repository for scanning and DSS staff will be able to access documents almost immediately from their desktop computer.
- Document management will also allow for the implementation of workflow.
 - Documents will be scanned and indexed to a person's case.
 - Once a document is received, an electronic work order is created, the work is assigned to a DSS staff person through the use of technology, the DSS staff process the application, redetermination, or change.

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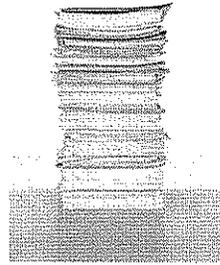
The Solution: Document Management

- A Document Management System will process the approximately 3.7 million pages per month (44 million pages per year) – our current volume.
- Document management will eliminate wasted time for workers searching for paper and clients replacing lost documents. We will be able to access information the moment we need it, wherever we need it. **WITHOUT TOUCHING PAPER !!!!**

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The Solution: Document Management

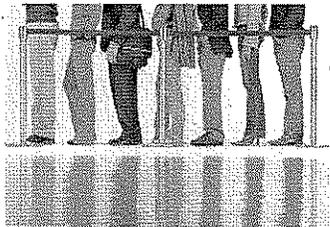
- This will improve timeliness, customer satisfaction, and quality assurance.
- Massachusetts reports that health assistance application processing time was reduced by 50% with the implementation of a document management system.



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The Challenge: Office Configurations

Current Office Configurations



- 12 offices across the state.
- The current office configurations are inadequate to address the high volume and movement of people, especially during peaks.

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The Solution: Processing Centers

- Processing Centers will be a part of the current regional offices.
- The DSS staff will be providing the case maintenance functions such as processing redeterminations and applications, TANF activities for time limited program participants, processing computer matches, and managing Long-Term Care Cases.

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The Solution: Service Centers

- The regional offices will also be Service Centers.
- Service Centers will provide access to self-service tools, as well as the opportunity for one-on-one assistance.
- Service Centers will be redesigned to accommodate people with a variety of disabilities, including: cognitive, physical, auditory and visual.
- As more and more people take advantage of DSS services via the phone or internet, the volume of people who come to a DSS service center will diminish

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The Solution: Service Centers/ Self-Service

- Regional offices will be redesigned to facilitate self-service activities.
 - Computers to apply or complete a redetermination online.
 - Phones to be connected directly to Call Centers in 3 CT locations.
 - Fax machines to send documents to the document management center for indexing.
 - Self service areas will be supported with DSS staff to assist people who prefer to use these systems.

DSS staff will be available to see people who want to or need to be seen as a result of the program they are on or applying for.

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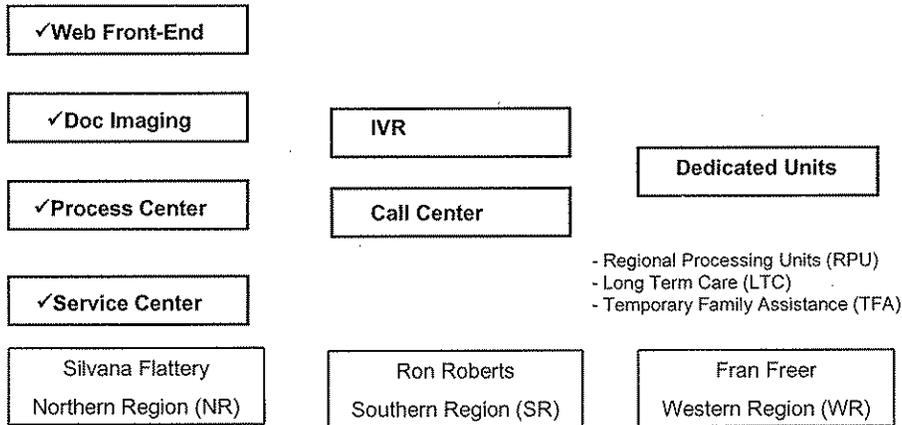
The Solution: Service Centers

- Some people will still need to be seen by DSS staff.
 - Certain types of programs such as SAGA cash and time-limited TFA require people to see an eligibility worker.
 - People may need extra support to be able to apply for or stay on our programs.
 - People may prefer to see a DSS staff person.

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Modernization: MCSD

Regional Administrator MCSD Responsibilities



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The Challenge: Aging Phone Systems

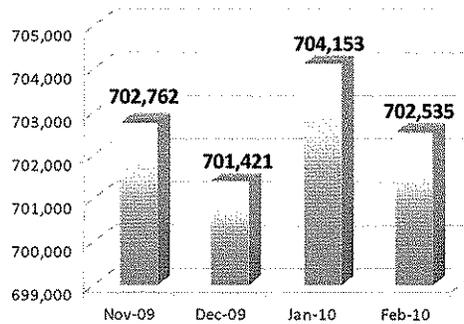
- Phone systems differ office by office.
- Phone systems cannot direct callers to the appropriate staff.
- Voicemail systems have not been able to meet the demand.
- A simple phone request to have an application mailed or confirm eligibility to a resident requires at least 5 minutes of staff time.

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The Challenge: Aging Phone Systems

How Many Calls Does DSS Receive?

Sampling of Monthly Incoming Calls to Six DSS Offices



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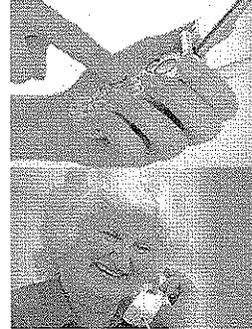
The Solution: Interactive Voice Response (IVR)

- When a client calls, they will have the option of speaking to a worker, or using the new "IVR" (available in English and Spanish).
- Many organizations, public and private, are increasingly turning to IVR to reduce the cost of common questions, service, inquiry and support calls to and from their organization.
- IVR will allow us to use pre-recorded voice prompts and menus to present information and options to callers, and touch-tone telephone keypad entry to gather responses without the intervention of staff.
- It will enable a caller to access specific case information, general program information, or connect to a DSS worker.

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The Solution: Interactive Voice Response

- People can call and request to have forms mailed to them, for example, applications, redeterminations, change reports and budget verifications; check the status of their case; verify that their mail was received by us and other steps.
- With these types of calls, that do not require an interaction between the caller and a DSS staff person, IVR will save time for both the caller and DSS.
- Callers who need more specific information will be directed to a DSS staff person at a virtual Call Center.



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The Solution: Interactive Voice Response

- Successful Child Support IVR system within DSS for approximately 8 years.
- IVR provides real-time access to child support information for custodial parties, noncustodial parents, employers, other state child support agencies, and the general public.
- Approximately 185,000 calls per month are currently processed by the IVR with only 4% of callers opting out to a customer service representative.
- Since implementation, the number of individuals utilizing the IVR has increased.
- Enhancements to available information and IVR script has substantially reduced the need for customer service assistance.

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The Solution: Call Centers

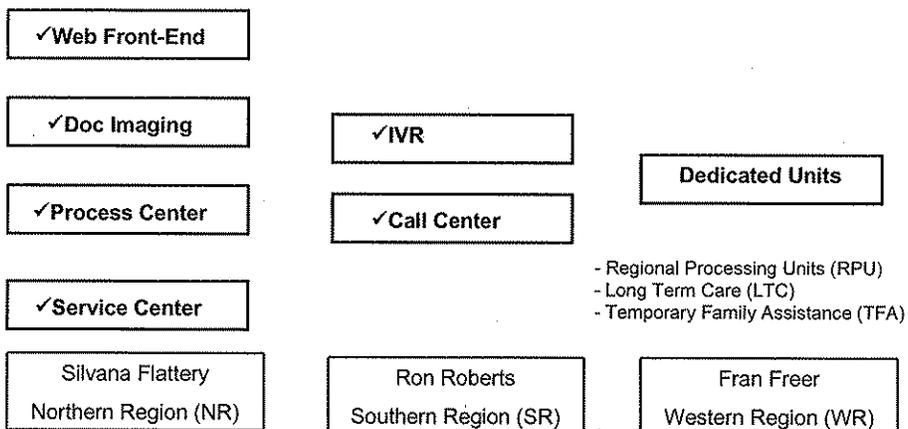
- If a caller wants or needs to speak with a DSS staff person, there will be a seamless transfer.
- The call will be handled in most instances by an eligibility worker, who can respond to the concern of the caller and process any change on his/her case.
 - In most instances, the calls are eligibility related. In the case of medical providers or other types of calls, the caller will be transferred to the appropriate area of DSS.
- Call centers will be a part of our current regional offices.
 - Three locations across the state to provide necessary system redundancy.
 - People call in to one toll-free number and call can be responded to from anywhere.
 - Does not require new offices.



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Modernization: MCSD

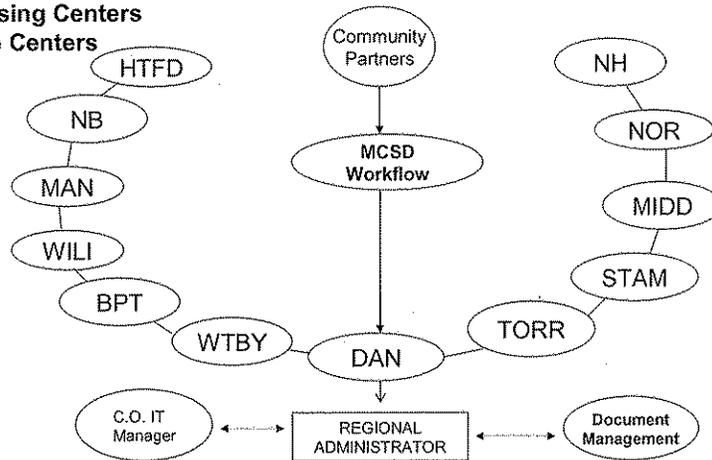
Regional Administrator MCSD Responsibilities



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Modernization: Business Model Changes

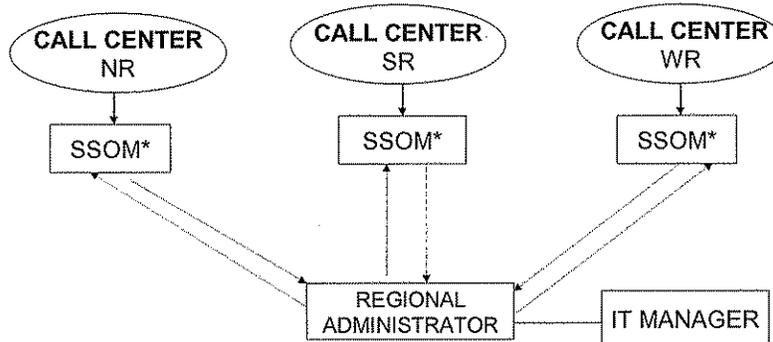
Web Front-End
Document Management
Processing Centers
Service Centers



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Modernization: Business Model Changes

MCSO Call Centers

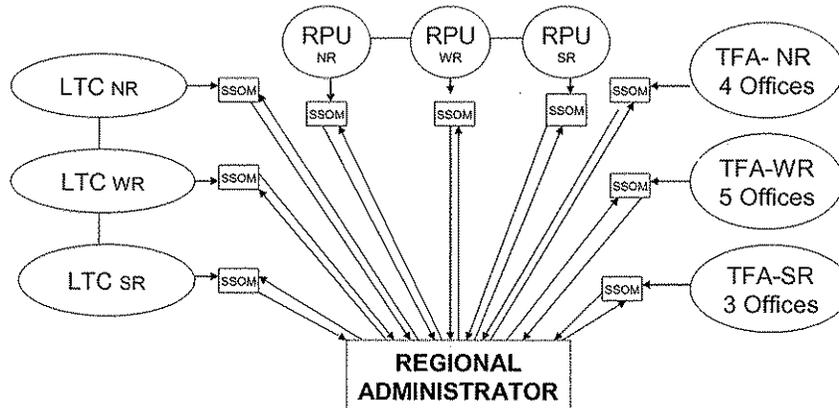


*SSOM – Social Services Operations Manager

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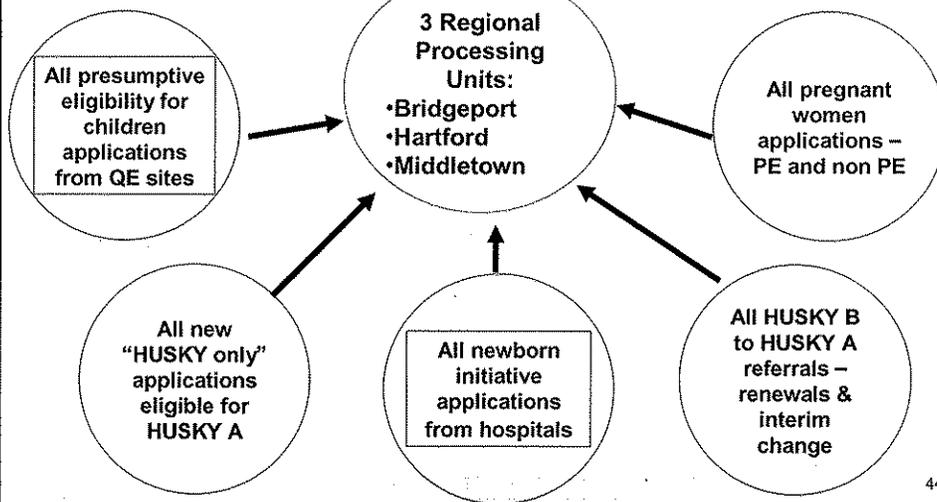
Modernization: Business Model Changes

- Regional Processing Units (RPU)
- Long Term Care (LTC)
- Temporary Family Assistance (TFA)



Modernization: Working Business Model

Regional Processing Units



Other States' Lessons

Snapshot of What We Have Learned From Other States

- **Wisconsin**
 - CHIP program (Badgercare) is up to 85% internet access and only 15% paper.
 - They are at 40% internet access with their other programs.
 - They also have about 50% of applications coming in with documents as attachments, so they can be granted more quickly – no imaging required.
- **Massachusetts**
 - Massachusetts turnaround time on SNAP applications was 12 days with paper, it has now been reduced to 7 days with web front-end (42% reduction in turnaround time).
 - The web front-end has reduced premature closures as people can complete their redetermination online and change addresses.
- **Ohio**
 - Once implemented, Ohio has used their web front-end to reach people where they "work, live, play and pray." They have a mobile bus Ohio Benefit Bank similar to the Med D bus in CT that goes to events and just has to plug into a site for people to apply, complete redeterminations or interim changes.
- **All states that we talked to have found that**
 - Community partners are able to play an augmented role in helping people with the web front-end access.
 - Reduced mail costs – people have the option of receiving hard copies or getting an email to check their "my account" for a new notice, many opt for the email.

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Other States' Lessons

100% ACCESS
Your Connection to Programs for Health, Nutrition and Child Care

Am I Eligible?
 • Medicaid
 • CHIP
 • FoodShare
 • Tax Credits

Apply for Benefits!
 • FoodShare
 • Health Care
 • Family Sharing
 • Wages
 • Child Care

Login to Account
 • Check your benefits
 • Renewal changes
 • Renewal your benefits
 • Manage health care
 • Create an Account

Community Partners
 • Login
 BadgerCare® express enrollment for Children and registration for Community Access Points
[Learn More](#)

Providers
 • Login
 BadgerCare® express enrollment for pregnant women and children
[Learn More](#)

Employers
 • Login
 Obtain information about reporting health insurance data
[Learn More](#)

Wisconsin's Health, Nutrition and Child Care Programs
[Learn More](#)

Wisconsin's ACCESS (Web Front-End)

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Implementation

- Started in September 2008.
- Steering committee with membership from DSS and DOIT.
 - DOIT role ensures that DSS is in compliance with business processes and technology standards.
- Developed business requirements – gathered information about our current technologies, conducted a cost-benefit analysis and feasibility study, and developed functional requirements.

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Implementation

- Worked with our federal partners from the Centers for Medicare & Medicaid Services (CMS) and USDA Food & Nutrition Service to acquire federal matching funds for the project.
 - Required detailed documentation and a formal and lengthy approval process.
- Developed and issued an RFP.
- Selected vendor and presently negotiating contract.
- Full implementation of Web Front-End, Document Management, IVR / Call Center and re-design of regional office structure is about 2 years away. However, areas will be phased in, starting in the 3rd quarter of SFY 2011.

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Benefits

- Manage the service needs of the people in CT more timely, effectively, and efficiently.
- Provide relief for workers that are inundated with clients, paper and patchwork technology
- Spend time processing cases (instead of moving paper) so that people can receive the benefits they need.
- Share documents across programs.
- Improve case processing timelines and accuracy, thereby avoiding future federal penalties or sanctions.
- Increase the amount of time available to DSS staff for direct contact with clients who need assistance; in particular, those with disabilities, to explain and assist with the eligibility process and resolve issues.
- Other areas of DSS will realize efficiencies. Quality Assurance can now access documents without having to travel to offices to review cases.

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Benefits

- **Technological Framework of the Future**
 - Implement technologies to enhance public/client access and improve the quality and efficiency of service delivery.
 - Utilize a strategic approach to ensure the Modernization of Client Services solution becomes the “framework for the future,” while still leveraging the value of existing technology such as EMS.
 - The approach allows for future expansion of other programs in health and human services.

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Benefits

- **Better Service**

- DSS staff will have time to focus on meeting the specific service needs of each person.
- Case processing will be more timely as a result of easy access to documents. Work assignments will be routed to DSS via technology and they will be based upon due dates and other parameters such as expedited requirements.
- Eliminates/reduces amount of paper that must be submitted or resubmitted.

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Benefits

- **Choice**

- Access to DSS services by phone, home or public computer, partner agency or by coming to a service center.
- Access anytime, anywhere in the state.

- **Cost Reduction**

- Develop more efficient procedures supporting the administrative processes.
- Reduce local office space needs by reducing and eventually eliminating the need to store physical documents.

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Questions?



*Changing The
Face Of DSS*

