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**Testimony of Sheldon Toubman Regarding SB 280, a Bill Concerning Processing by the  
Department of Social Services**

Senator Moore, Rep. Abercrombie and members of the Human Services Committee:

My name is Sheldon Toubman and I am a staff attorney with New Haven Legal Assistance Association. I am today testifying regarding SB 280, a bill which would require a study of administrative processing by the Department of Social Services to determine ways to improve it. While I certainly support the need for study, the fact is that many simple solutions have already been put forth to solve the severe dysfunction with processing and customer service at DSS, and the most obvious solution, increasing the DSS direct service staffing levels, continues to be ignored by the administration. While increasing staff is necessary but not sufficient to solve all of the serious administrative problems with this agency, it is the one solution that the administration refuses to talk about. It is time to address this head on and require that eligibility processing and customer service by the agency, including its performance at the call centers, approach a level that is something other than abysmal.

The problems with the agency affect nearly every aspect of its eligibility processing and customer service, from taking applications for TFA at the regional offices to Medicaid redetermination processing through Access Health CT, for which DSS is responsible. Here are just some of the problems:

- Being cut off of medical or food benefits (Medicaid or SNAP) despite timely submitting redetermination forms showing they are still eligible
- Trying to reach the DSS call center and waiting for over an hour or even two hours before they can reach a human (or having to discontinue the call because they ran out of time or out of cell phone minutes)
- Applying for Medicaid (HUSKY A or D) through Access Health CT and getting a notice saying they are on Medicaid immediately, but not being able to actually get health services because providers, including pharmacies, say their computers show they are not eligible for Medicaid
- Applying for Medicaid through Access Health CT and being told they applied through the wrong place and should apply all over again through DSS on a different form
- Going to a DSS regional office to apply for medical, food or cash benefits (Medicaid, SNAP or TFA) and being turned away from applying that day—told to come back another day or call the call center
- Requesting a DSS hearing because of a denial or termination of benefits, and waiting months for a hearing date and even longer to get a hearing decision

At bottom, many of these problems can be remedied, either substantially or entirely, by additional staff. The level of staffing is wholly insufficient to meet the need, given how grossly

understaffed the agency was when the Malloy Administration took over in 2011, how dramatically the caseloads have increased particularly for Medicaid and SNAP, and how few staff have been added by the administration. Today, there are about 915 DSS eligibility workers, including supervisors. This needs to be put in context:

- In 2002, 13 years ago, DSS had 845 eligibility workers and supervisors, and then the number of workers dropped dramatically into the 500s as successive administrations took no action to replace departing or transferring workers.
- The Malloy administration, under pressure from two class action lawsuits concerning untimely processing of Medicaid and SNAP applications, did hire a total of about 240 new employees, over two and half years, bringing it to about 8% more staff than the agency had in 2002.
- But during this same period, caseloads have dramatically increased, with an increase from about 326,000 to about 750,000 Medicaid enrollees, almost a **tripling** of enrollment.
- During the same period, SNAP enrollment has doubled.

The need for additional staff could not be clearer than in the case of the DSS call centers, which have average wait times to reach a human of **over an hour** (64 minutes, for December, 2014) and where two thirds of the callers just give up because they cannot get through (they run out of time or limited cell phone minutes). Contrast this with any other call center you can think of, as well as the Access Health CT call center, which has an average wait time of **under 2 minutes**. The performance of DSS's call centers in the last year is shown in the attached chart, which demonstrates no meaningful improvement even after the call centers had been in place for seven months (with rollout in July of 2013). The poor performance is because there simply are not enough DSS workers to timely answer the phones as callers, having no trouble in getting through to the automated system, wait in interminable queues to speak to them.

DSS officials assured the public at the time of rollout that the call centers would improve access to DSS workers over the then-current system of knowing the name and number of your individual worker. We were assured people would have far better access than under the old system of individual workers in regional offices with individual telephone numbers, where people at least knew who to contact to get help. See <http://ctmirror.org/thousands-callers-dss-launches-new-system> At the trial in the Medicaid application delays processing case, *Shafer v. Bremby*, I asked one of these officials under oath what they would do if the call centers turned out to have too few staff members for the demand, and I was assured that this would be addressed with additional staff, something that has not occurred -- after now a year and a half of abysmal performance with no improvement in sight.

Despite this crying need, DSS argues against any staff increases because it says the "IMPACT" system, the replacement for the legacy EMS computerized eligibility system, will

streamline all processing, making additional staff unnecessary. We certainly hope that this is true, but vulnerable individuals struggling to get essential health care, SNAP to access food, and cash to pay for rent simply cannot wait for years for this to happen, whatever the efficiencies it may bring.

I note that this “wait for IMPACT” argument is very similar to the one that DSS made for years about “modernization”—now called ConneCT. ConneCT refers generally to the system of scanning documents, use of a processing centers to process scanned documents under a “task-based” system (where workers are not assigned to specific clients anymore but just given individual small tasks which are repeatedly flashed at that them on their computer screens, Lucy Ball/Chocolate Factory style), the ability to call in to an automated system for information about one’s benefits, and being able to reach a (random) DSS worker for help through a call center. It also includes on-line applications. But everything in ConneCT is now essentially complete, with the exception of on-line applications, so they cannot use that argument for inaction anymore.

Accordingly, new hiring at DSS is clearly necessary, notwithstanding the Governor’s order to all Commissioners that they are prohibited from asking for new staff. We will be urging the Appropriations Committee to include a substantially increased appropriation for DSS eligibility staffing. We urge you to support this, as well as specific mandates for the call center performance.

Thank you for the opportunity to speak with you today. I would be happy to answer any questions.

**DSS CALL CENTERS PERFORMANCE DATA - SUMMARY CHART FROM FEBRUARY TO DECEMBER 2014**

(taken from <http://www.cga.ct.gov/med/mh-meetings.asp?sYear=2014> and  
<http://www.ct.gov/dss/lib/dss/connect/connectdashboard.pdf>)

|                                              | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov.            | Dec. |
|----------------------------------------------|------|-------|-------|-----|------|------|------|-------|------|-----------------|------|
| <b><u>AVERAGE WAIT<br/>TME (MINUTES)</u></b> | 73   | 39    | 54    | 53  | 76   | 87   | 78   | 66    | 75   | 67              | 64   |
| <b><u>% OF CALLS<br/>ABANDONED</u></b>       | N/A  | 63    | 65    | 64  | 72   | 75   | 71   | 71    | 67   | 69 <sup>1</sup> | 67   |

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<sup>1</sup> There is a discrepancy in the historical abandoned call rates for September through November, based on the new dashboard vs. the one produced for December 12, 2014. These figures are taken from the later report.