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CHAIRPERSON: Senator Catherine Osten

SENATORS: Osten, Flexer, Somers

REPRESENTATIVES: Walker, Abercrombie,
Cadelaria, Dathan, Dillon,
Gibson, Mastrofrancesco,
Simms, Wilson, Case

SENATOR OSTEN (19TH): It is now 10 o'clock so we're going to start the Human Services Subcommittee budget presentations and first up is Commissioner Porter from the Department of Aging and Disability Services. Commissioner you can just summarize your written statement.

COMMISSIONER AMY PORTER: Good morning Senator Osten and distinguished members of the Appropriations Committee. My name is Amy Porter and I'm the commissioner for the Department of Aging and Disability Services and I'm joined by Michelle Provos who is our Physical Administrator manager. I want to thank you for the opportunity to appear before you today to testify in support of Governor Lamont's recommended midterm budget adjustments for fiscal year 20-21. Our agency is grateful that Governor Lamont's budget continues his administration's commitment to persons with disabilities and older adults. I do want to point out that our agency's name changed last session as you may remember so while this isn't my first time appearing before this committee it is my first time having the opportunity to represent our new identity as an agency as the Department of Aging and Disability Services. ADS has a diverse set of

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services that generally fall into five categories. Employment, education, independent living, access, and advocacy. We deliver these services with an incredible staff of approximately 450 dedicated professionals. We have a budget of about \$95 million and almost 75 percent of that is federally funded. The governor's adjustments of the second-year biennial budget make only a few notable changes to our department's appropriations resulting in a minimal overall decrease of \$41,249 dollars so I'll talk about changes in five of our line items.

First there's an increase of \$421,941 dollars in our vocational rehabilitation line. This program assists individuals with disabilities to prepare for, enter, maintain, or advance an employment. It's a federal-state partnership and the federal contribution is 78.7 percent with a required state match of 21.3 percent. So, the increase of \$421,941 comes from two components. First, funding in the amount of \$335,316 dollars is reallocated from employment opportunities to maximize our federal funding and to allow us to meet federal maintenance of effort requirements. And an increase of \$86,625 dollars is also provided to support the increase minimum wage for contract service providers, particularly our community rehab providers. Second, there's a decrease of \$618,990 dollars in the employment opportunities line. This account provides long term job supports with the most significant disabilities after they have been able to maintain competitive employment for a minimum of 90 days. Several years ago this program was restructured to focus on individuals working in competitive, integrated employment consistent with our federal program mandates. This resulted in an

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overall savings that will allow us to meet the existing need, achieve a reduction of \$283,674 dollars and reallocate \$335,000 to the VR program as I just described.

Next the proposed budget includes an increase of \$300,000 in the programs for senior citizens line. This increase reflects a reallocation of funding from the Department of Social Services for the Center for Medicare Advocacy. This funding provides additional resources to assist individuals and their families to obtain fair access to Medicare coverage and services and avoid becoming Medicaid eligible. There is also an increase of \$210,506 dollars in the elderly nutrition line. The additional funds will support the increased minimum wage for contract service providers, most particularly for those people employed in meal preparation and delivery in our elderly nutrition programs. And finally there's a decrease of \$355,422 dollars in our personal services line. This adjustment reflects a reallocation of \$369,729 dollars for the migration of our human resource staff from our agency into the Department of Administrative Services consistent with a statewide centralization on those services and also an increase of \$15,000 is provided to support salary adjustments for bargaining agreements approved in the last session. Again I want to thank Governor Lamont for his ongoing commitment for his ongoing commitment to serving people with disabilities and the elder residents of Connecticut. This budget allows the dedicated staff at ADS to fulfill our department's mission of maximizing opportunities for the independence of well being of people with disabilities and older adults in

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Connecticut. I thank you for your time and I'd be happy to answer any question you may have.

SENATOR OSTEN (19TH): Thank you very much for coming. Appreciate the information. I have a couple of questions. On the human services labor relations move how many people are moving over.

COMMISSIONER AMY PORTER: Four.

SENATOR OSTEN (19TH): And are they actually leaving your agency and physically going to the Office of Policy and Management?

AMY PORTER: They're -- we don't have any staff that are going to the Office of Labor Relations because we didn't have a dedicated labor relations individual in our HR group so we have, the current plan is that of the four individuals one is going to work with CORE.

SENATOR OSTEN (19TH): Physically going to work at CORE?

AMY PORTER: Right on the CORE, sort of the pod of the centralized unit and then we have two individuals who will work for DAS for the HR functions but still be stationed in our offices and then we have an administrative assistance position that will also stay in our location.

SENATOR OSTEN (19TH): So the only position person that's actually moving is the one that's going to work in the CORE, you called it a CORE pod.

AMY PORTER: Yeah I'm trying to think what terminology used but basically they're going to be working with that group that does sort of the CORE rules and components or that and that individual will be physically moving.

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SENATOR OSTEN (19TH): Okay. In this thank you for that. I also have some questions revolving around we put some money in last year for the independent living centers for to help out with interpreters for the deaf and hard of hearing and do you know if those people have been hired. There is actually five independent living centers plus the Office of Policy Management secretary asked for a sixth person to be hired. Can you find out if those people have been hired and if we have the right dollar amount in to support those positions? So it would be the five independent living centers were supposed to each hire someone to help out with interpreting for the deaf and hard of hearing and one was supposed to be working in your agency for the deaf and hard of hearing and so I just want to make sure that those people have been hired. If they have not, why not? Is it a shortage in that job class or is it that we're just not following through with what the legislature was trying to get to? And so those are things that I really wanted to sort of delve into so if you could bring that information to the subcommittee that would be great. And on the Medicare advocacy this is another area that the legislature put \$300,000 dollars in for the Medicare advocacy and I know they're moving it from another agency over to you from DSS. And we put the money in because we firmly believe that the Medicare advocacy group does great work. Brings a lot of federal dollars back to this state. They -- they only got half of the money last year. The Office of Policy Management decided not to parse out the rest of those. We will be putting language in this year that those dollars are for the Medicare Advocacy. We want to make sure that you understand that when we move this over this \$300,000 dollars is directly

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for Medicare Advocacy to have them -- have the ability to do the job that we believe that they can do to bring federal dollars back in or to correctly place in the right buckets Medicaid and Medicare where the, where we should be getting that reimbursement from whether it's state or federal funded so I just want to make sure that there's that. On the minimum wage funding, do you have an idea of like independent centers you have \$247 dollars. Is that one person?

COMMISSIONER AMY PORTER: I believe that was -- that was just one person. It was most of the individuals that were working there and there's a similar pattern you'll see in our other line items most of the individuals were working above minimum wage and so it was just who wasn't that needed to be brought up to that amount so we believe that in the independent living centers it was just one person.

SENATOR OSTEN (19TH): If you could find out in particular these two low dollars amounts for special training for the deaf and blind and the independent living centers how many people is that and how many people and how many hours is that paying for.

AMY PORTER: Ok we can get that.

SENATOR OSTEN (19TH): Thank you. Yes.
Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you Madame Chair. Don't look so surprised. Good morning Commissioner. Thank you for being here. A couple of quick questions. For the transfer of funding from the employment opportunities from the blind and stable line of 335 to the vocational rehabilitated disabled, could you give us a break down as to why

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you're transferring that money? What's going on in the first line item that it's being decreased by that amount? I understand why we need in the vocational but, I'd really like to understand because I think that we've been hearing a lot on the blind and disabled around different issues lately and I want to understand why we would take money from there. So that's number one. And then number two on the portion that we talk about vocational rehab, no that's the \$335. Going on that line for the vocational portion of it are you working with DDS on some of the work that they're doing for job opportunities for individuals with disabilities? Could you give a little bit more detail about that? I was at a forum a couple of weeks ago. ASRC out of Wallingford does a training session once a year and this year they were talking about transitional services and employment and there was an individual from DDS. Her name was Amber. She was absolutely fabulous with talking about the job training and all of that, so I'd like a little more information about how you guys are working together. Is it an MOE, MOA, MOU anything like that and what the partnership is? I'd like to understand that a little bit more. Thank you Madame Chair.

SENATOR OSTEN (19TH): Thank you. Are there any other comments or questions? Yes, go ahead.

REP. MASTROFRANCESCO (80TH): Thank you Madame Chair. Just two quick questions. One on the increase for the elderly nutrition. Is that all for salaries? Is there anything in there expanding the program? Is it all salaries?

COMMISSIONER AMY PORTER: The amount that's in there is for the minimum wage increase so for salaries.

REP. MASTROFRANCESCO (80TH): Okay thank you. And can you give me the total? What is the total dollar for all the minimum wage increases within your department? Do you have that?

AMY PORTER: I can get you that. I don't think my math skills are quite that good. [Laughter]

REP. MASTROFRANCESCO (80TH): That's okay if you can send it off that would be wonderful.

SENATOR OSTEN (19TH): Excuse me, it's on the budget books on page 11 of the Department of Aging and Disabilities. It's \$297,847.

REP. MASTROFRANCESCO (80TH): I'm sorry can you read me that, \$297?

SENATOR OSTEN (19TH): 847.

REP. MASTROFRANCESCO (80TH) Okay thank you.

SENATOR OSTEN (19TH): Any other comments or questions? All right, thank you very much. Have a nice day. See you at subcommittee.

COMMISSIONER AMY PORTER: Great, thank you.

SENATOR OSTEN (19TH): Thanks. Next up is -- Is the commissioner here from DCF?

[RECESS]

SENATOR OSTEN (19TH): Commissioner. Commissioner whenever you're ready just let us know. Just let us know you can start, and you don't have to read your testimony. If you want to just summarize it for us that would be great. Brandon can you check with the next commissioner to make sure they know there's a problem getting in. Good morning Commissioner, how are you?

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VANESSA DORANTES: Good morning. So, good morning Senator Osten, Representative Walker, Representative Lavielle, and distinguished members of appropriations. I'm Vanessa Dorantes the Commissioner of Department of Children and Families and with me our CFO Cindy Butterfield and other members of the Department staff here to assist me in answering any questions you may have. Thank you for the opportunity to speak to you regarding the governor's recommended budget adjustments for fiscal year 20-21 for the Department of Children and Families. This budget allows the department to build upon the successes that we've achieved, and it meets the department's needs in order to ensure safety and well-being of Connecticut's children and provide the support needed to maintain the gains we've made Juan F Consent Decree. DCF responsibilities are wide reaching. At any point and time DCF approximately is involved with 26,000 children and 12,000 families across its program and service areas. There are about 1,900 investigations and about 2,300 family assessments underway on any given day. Our care line receives about 105, I'm sorry 105,000 in calendar year 2019 and there in our written testimonies and explanation as to why we believe that there was about an 18 percent increase in calls to the care line. DCF is also in the midst of implementing several new program initiatives initially proposed by the governor in fiscal year 20-2021 biennial budget. In it that included the integrated family care and support program that allows families to receive community interventions funded by the department without the need to have an ongoing child protective service investigation or case. Also we have our revision underway for our voluntary services program and we

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appreciate the support that we received from the legislature in approving these programs to date. DCF is also in the planning phase of the state's family first prevention plan required under federal law. Family first prevention services and Prevention Services Act is an exciting new initiative that incentivizes states to invest funding and lower cost prevention services with the belief that early intervention will reduce the need for more serious expensive interventions in the future. The work of these work groups a part of families first has been used to create a prevention plan that is underway and will ultimately be submitted to the federal administration for children and families for approval. With Families First states will be able to be reimbursed to providing services to families while their children remain safely at home before its issues escalate. DCF recently reached a pivotal step towards exiting Juan F Consent Decree. The federal court monitor has precertified the outcome measure related to maintaining reasonable caseload standards for our workers. This was achieved with the strong support of Governor Lamont for Office of Policy and Management and this legislature. Over the past 18 months the department initiated a predictive hiring schedule that anticipates normal staff attrition and seasonal caseload fluctuations that DCF experiences. The ability to maintain workers' caseloads within the consent decree standards directly impacts the quality of our caseworkers and the stability of staffing ratios equates to better safety decisions, risk assessments, and timely interventions for children and families. DCF fiscal year 20-2021 budget is both a road map to achieving the goals of our department as well as confirmation that head way

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is being made in realizing those goals. The following are major areas of our budget adjustment for the department.

The first grouping of adjustments is to personal services and other expenses which are being reduced by the net total of \$3,315,902. The first is a transfer of funding in the amount of \$3,250,813 from DCF to the Department of Administrative Services and OPM to implement the centralization of human resource function. The second is an increase of \$26,893 for salary adjustments resulting from bargaining unit agreements approved during the 2019 session. The third is the addition of two positions to conduct child abuse registry background checks of youth camp employees age 18 and older in the amount of \$95,882. The fourth is an addition of happier funding for seven nursing and clinical position to support licensure of the Albert J. Solnit Center by the Department of Public Health in the amount of \$328,040. A reduction of \$407,904 under personal services account and \$108,000 under other expenses account related to discontinue use of Eckerd rapid safety feedback, the child welfare predictive analytic system in favor of a newly validated implemented structure decision making tool. These adjustments allow the department to meet its mandates by achieving savings by removing duplicative efforts.

The next major series of budget adjustments is related to caseload drive expenditures. The department's guiding words of engagement are stay home, go home, and find home and this proposed budget is an illustration of this practice being fulfilled. The department's continued effort to strive to have children remain in family settings is

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the primary principle of the Families First legislation that we mentioned. It also allows for significant reduction in dollars spent in the boarding care for children and short term and residential accounts. At the same time increased funding in the boarding care for children, adoption, and foster care accounts is recommended consistent with the upward trend in children being served in family settings. Funding is adjusted in the new NeXus Special Education and individual family supports account to reflect recent expenditure trends. The impact of these various investments and savings is \$886,846 and is as follows. An increase to the boarding care for children adoption account of \$2,517,006, an increase to the boarding of children in foster care account in the amount of \$1,294,381. A decrease in the boarding care for children short term and residential accounts in the amount of \$5,213,494. An increase in the new NeXus special education account in the amount of \$694,514 and a reduction in the individualized family supports account in the amount of \$179,253. Additional recommended adjustments include an additional \$90,575 across several grant funded accounts to realign funding to adjust the impact increase in minimum wage for employees of private provider from OPM private provider account to DCS budget. A reduction of \$83,264 in the worker's comp claim account to reflect a declining number of claims paid and a reduction of \$350,000 in the youth transition and success programs account. Thank you again for the opportunity to talk about the departments budget and the adjustments to some of the advancements we have made due to your support. My staff and I are here and welcome the opportunity

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to address your questions today as well as during the Human Resources subcommittee workshop.

SENATOR OSTEN (19TH): Thank you very much Commissioner for coming this morning. I have a couple of questions. One, how many people are, how many staff are being moved as a result of this individualized, the consolidation of human resources and labor relations?

CINDY BUTTERFIELD: I am Cindy Butterfield from DCF, Chief Fiscal Officer. I believe there were 39 in total, but I need to verify that. That's between the office of labor relations and DAS. You want both members right?

SENATOR OSTEN (19TH): Okay for the subcommittee then what I want is to know how many people are actually staying in house but are transferring the responsibilities of those employees and where they're going. The previous commissioner talked about someone going to Core-CT, someone going to DAS but OPM and some of them staying in house and the secondary part of that question is in talking with the Department of Transportation that commissioner has said that if the employees were not directly reporting to him he would lose federal dollars and do you know if that's the case here too because my understanding is that the federal government requires some reporting capacity for federal dollars and I'd like to understand that piece so if you can get us that information for the subcommittee, that would be great.

CINDY BUTTERFIELD: Yes, we do believe that we'll have a similar impact at DCF that just came to our attention the last couple of days and we've been doing the calculations on that but for the federal

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reimbursement. I do know that ten staff are in the employment side so the folks related to unemployment in general HR activity should remain at DCF, but the budget does transfer all the dollars to the other agency.

SENATOR OSTEN (19TH): But if the budget is transferring all the dollars to somebody else who do they actually report to?

CINDY BUTTERFIELD: They report to the DAF and OLR.

SENATOR OSTEN (19TH): And I believe that's going to cause a problem with your federal funds is my understanding.

CINDY BUTTERFIELD: Yes, we're look at that right now.

SENATOR OSTEN (19TH): So, I also have a question on the full circle youth empowerment program. That was the legislature put in and that is a program that we will continue to put in and fully fund. I realize that they receive their funding for the current fiscal year and the Office of Policy and Management is taking the money out next year and so we want to see that program be successful. If you are telling us that they need some additional support we'll provide for those additional support, but this is an area in Bridgeport that needs some additional care and attendance and it's in an area of the city that is bereft of services and so that \$350,000 dollar cut is not going to stay like that so I just wanted to sort of say that out loud so that you would know right up front unless you can convince me otherwise. And I've been down there. I don't live in Bridgeport. I live fully on the other end of the state, drove down there on at least a half a dozen

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times to see what the program was, and I see value in the program. Now no program is perfect from my perspective but that section of Bridgeport does not have a lot of services as I would like to see us beef up the services in Bridgeport and not take them away so I just want to sort of say that again out loud. And then for the prior administration - the prior administration -- the prior commissioner also had the minimum wage and you have differential response team \$42 dollars, the Covenant to Care \$366 dollars. On these minimum wage transfers can you let me know how many people that is reflective of and how many hours they're working so that I know if it's one person working ten hours a week or is it ten people working 35 hours a week. What is that and how is that relate out to that? And then I'm not entirely convinced or sure of the boarding care for children on the short term and residential. I'd really like to understand why we're cutting \$5 million dollars out of that. Is that a reflection of a need no longer there?

CINDY BUTTERFIELD: Yes, that is directly related to case load size and the number of children that are going into displacement. It's actually in two pieces. The first piece is one of our residential providers made the decision to convert to psychiatric residential treatment facility which is a higher level of care. That level of care is paid by DSS. So, the funding that we used to use on those beds in DCF is no longer needed because DSS is picking up those expenses and it's a higher level of service. It was a good decision to make that decision because those beds are needed in the state.

SENATOR OSTEN (19TH): Can you tell me how much was that and how many beds there are there?

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CINDY BUTTERFIELD: I would approximate it was about \$2 million dollars that come out of our budget. I don't know the exact number of beds that are PRTF now when they did the conversion. They may have reduced the number. And then the other piece was fee for service group home beds for specialized level of care. We have been successful in doing more rep services and allowing kids to remain in their home to receive services so that really is just a further reduction of being able to keep kids in their home and doing raps so that does end up increasing the amount spent in the other accounts like adoption and foster care.

SENATOR OSTEN (19TH): Okay. And I have one policy question, an overall policy question. We -- we allow for children to stay on their parent's insurance until 26. At 18 we kick people off of DCF and have them not eligible for some of the services as my understanding not eligible for some of the services so this is a couple part question so if a child at 16 decides they don't want to go to school, why do we, one why do we allow someone to sign somebody out for that reason? Would it not be a reason to look at what's going on with that child? Why are we letting schools to allow children to sign themselves out or parents to sign those children out without looking at the situation? That's one. Two, at 18 we've decided that this already at risk and I won't say troubled per se, but at-risk person is allowed to or not allowed to get any services anymore, how are we fixing that situation? We've decided that someone on private insurance can get care until they're 26. At the same time, we're allowing this group of kids, essentially kids who we have made as a legislature the determination that

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they don't have the capabilities of, you know we have all sorts of policies that say you have to be 21 for this, you have to be 24 for this. You have to be you know a much higher age but at 18 I would pause it that somebody that's not finishing high school has a problem in their home environment. I would pause it that someone who is not finishing school or is receiving aid by the Department of Children and Families at 18 and hasn't settled into their own apartment with a job that supports their lifestyle is still an at-risk youth. And we have done this with the JJPOC saying that we want to raise the age on this, and we want to raise the age on smoking. We want to raise the age on providing them with insurance but at 18, we give these kids no opportunities to and I'm not blaming this on you at all. I'm saying there should be a policy to look at what we're doing with this group of kids and why we're not affectively making a longer term plan for them because all we're doing is allowing the adult services like prisons and other and court systems to take over care of these kids. So, I would like you obviously working in an environment that looks at children at risk I pause that these children are still at risk and I would like to start looking at what we're doing and how we're going to handle this problem so I don't know if you want to comment on that but --

COMMISSIONER DORANTES: I would respectfully comment that we have significant post majority. We can get you specifically the number of services. I'm sorry the number of children and services that we service past 18 because there is a significant number of that. The caveat to it is that they are that they are enrolled in an academic program, enrolled in a

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trade or vocational program and there still is a percentage and I even hate to use the term independent living but for the sake of where they are living there's a small percentage of children that we still maintain and support an independent living services but I would wholeheartedly agree with you that at the time from which children pass from our care is the time we need to ramp up and as evidenced by our aspirational targets, the last piece of that is the transitioning youth for success so that they are positioned to be successful as they transition from DCF care because I strongly believe that aging out is not a permanency goal for kids. You don't just age out to what you have mentioned to another system or to homelessness or to a situation that we should have been able to help mitigate during those final years with us. And so, there is significant effort to being one to adjust the infrastructure we have within the department within our adolescent units but also to support the services post majority that we do have.

SENATOR OSTEN (19TH): Do you -- do you get informed when kids from any high school in this state, from any high school in this state is the Department of Children and Families informed that kids are opting out of schools?

COMMISSIONER DORANTES: No, the -- the decision for a 16 year old that is not involved in the department to sign themselves out academically doesn't rise the level of reasonable suspicion of abuse and neglect however, if a child is still receiving services from us we are aware of those, but in general no.

SENATOR OSTEN (19TH): So, if the child situation has not been reported because I would pause it that

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there's a problem in the home if the child is opting out of high school and I would pause it that here should be a look at that reason why they're opting out and I would just say that I think that we should be looking at that and finding a mechanism of making sure that we are just not dropping the ball and I believe we are. I strongly believe we are and I'll talk to you, you know more about it but I just really think that we should be figuring out another mechanism because if someone is opting out of school at 16 they are not getting a job that supports them. They will not. Not unless we figure out a way to get them into a trade or into the military or some other way so I would just like us to start looking at that so --

COMMISSIONER DORANTES: This is definitely an area where across agency collaboration would make a lot of sense here and how we can work with SDER local school districts to not just notify but really think about what has been the educational experience for the child and then what experience on what the child protective service that we know about those kids so I would be interested in having that conversation.

SENATOR OSTEN (19TH): Okay thank you. Are there any comments or questions? Representative Walker followed by Representative Abercrombie.

REP. WALKER (93RD): Good morning, good morning. Thank you for your testimony and I appreciate everything. I'm really happy to see you before us today. My first question really sort of goes to the issue of the human resources and labor relations item. Because of the nature of your industry and because of the turnover that you have is this going to be a difficult process for you all to handle in

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trying to do the rehires. I worry about that because again we're adding another step for you to do your hires which doesn't make it more efficient. It makes it less efficient. And considering we want to get out of 1F the one thing that we have to maintain are caseloads and addressing that so either you can answer that question now or we can talk about it later but I really need to feel comfortable with that situation.

COMMISSIONER DORANTES: I believe I can just simply answer. Aside from the issue that was just raised related to federal reimbursement the issue specific to predictive hiring and the ability for us to check off and pre-certify this case load stabilization, we are entering into an MOU to sustain specific portion of DCF HR in house to not disrupt the gains we've made related to predictive hiring. We can share that information as well, but we have given attention that specifically to the centralization process and carved it out to remain in house with DCF so it's not to impact consent to regain.

REP. WALKER (93RD): Would you bring to the -- the working group how - what's your turnover rate and how many positions have you filled? Let's say just give us a 12-month idea so that we can kind of get an understanding on that and how are you managing your caseloads? Are they still under control?

COMMISSIONER DORANTES: Significantly lower and it's something that we monitor almost on a daily basis. Also to adjust what we will bring to the workshop efforts that we're making to maintain our trainees so there's isn't an attrition rate. We tend to have a lower attrition rate than other states, but we can share with you what that looks like here.

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REP. WALKER (93RD): Okay. I guess when we were sitting here trying to look at your money set aside for private providers for wage increase -- minimum wage increase you had such a low number but I guess pretty much most of the people you hire make more than \$15 dollars an hour.

COMMISSIONER DORANTES: If they come into the department, certainly yes.

REP. WALKER (93RD): That's a good thing. Thank you. Next I want to ask about the -- the structured decision making and the Eckerd Rapid Safety. What was that?

COMMISSIONER DORANTES: So, the predictive analytics was a pilot program that we had tested with three of our six regions and it was the development of algorithm that we were working with to predict the likelihood of a bad outcome and what we learned over the time that we were experiencing Eckerd was that for the amount of money we were spending for that particular model of predictive analytics we were able to get more of an understanding of what those characteristics are through the use of improved structured decision making tools and so we've spent a lot of time scaling up those tools that we can use across the board, across the entire state without the continued use of Eckerd. If we continue it would have increased the amount that we were spending on a model that we were able to determine characteristics outside of that without the use of that model.

REP. WALKER (93RD): Okay so sense you are not doing it, can that funding be now utilized to back up structured decision making as opposed to just saying okay we're not doing this so take up the money.

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COMMISSIONER DORANTES: No no we were already improving and updating our structured decision-making tools. There had been a significant amount of time that we had not looked at improving or upgrading those so that was happening simultaneously. At the time of our decisions related to Eckerd we were able to look at the gains made with the updated structured decision making tools and felt comfortable being able to end the contract with Eckerd that was only producing information for half of the state so the structured decision making for upgrades were happening at the same time.

REP. WALKER (93RD): Okay I know structured decision making. I think you guys have been using that a long time.

COMMISSIONER DORANTES: We have, and we haven't updated the tools in a long time.

REP. WALKER (93RD): As a person who used to work with Ms. Butterfield taught me about structured decision making about ten years ago and when I saw it back and I said huh interesting. We had something good and we needed to maintain it.

COMMISSIONER DORANTES: And it stayed, and we just haven't, up until now upgraded it.

REP. WALKER (93RD): Okay. So, I want to go back to the conversation you were having with Senator Osten about board and care, short term. I -- I \$2 million I understand and for those beds I understand the value there but this -- this line item plus adoption and foster care are the three line items in your budget that seem to always either have massive additions or massive reductions and the thing that

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kind of really frustrates us is it's like boarding care for children. It's got multiple accounts underneath that. It's really one of those grabs everything and put them in to one-line type of thing. So, just to protect us could you break it out for us for the work group. You don't have to talk about it now, but we'd like to know what are those line items because it's -- it's always the fall back and short term. Those -- all three of those seem to always have a reduction which sort of whatever and I think that is it. There was something in your testimony. Oh, a reduction of \$350 in youth transition and success programs. What is that?

COMMISSIONER DORANTES: That's the program Senator Osten mentioned in Bridgeport.

REP. WALKER (93RD): Oh this is a Bridgeport program?

COMMISSIONER DORANTES: Yes.

REP. WALKER (93RD): Oh we definitely, we don't want to cut that. Okay I think that is all I have to say. Thank you.

SENATOR OSTEN (19TH): Representative Abercrombie.

REP. ABERCROMBIE (83RD): Thank you Madame Chair. Good morning and thank you for being here. First I just want to really take the opportunity to say thank you to Cindy Butterfield. Meriden's Women and Family Center has recently opened eight beds for homeless youth coming out of foster care and they were trying to figure out how to navigate the system for these individuals and I just want to acknowledge and say thank you to you because your agency has really stepped up to the plate and tried to help them with these individuals because a lot of these

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kids have some psychiatric issues also so I just want you Commissioner, to know that we really appreciate that when we call your agency that someone does pick up the phone and they are responsive so thank you Cindy. I just wanted to acknowledge that first. And now to get into the heavy business. Quick question that falls along the lines of what Senator Osten was talking about. So when inmates come out of corrections my understanding and these two probably know better than me most times they come out as Medicaid recipients. Right? They come out because they need either treatments or medication, whatever the issue, right? When kids come out of DCF do we set them, if there is a situation where they're going to be homeless do we set them up with Medicaid as a part of your or see if they're eligible. Let me say it that way so people don't think we're giving away things again but do we you know check and see if they're eligible for Medicaid as they leave the system?

CINDY BUTTERFIELD: Yes we do, and we instruct them on what they need to do to continue with their services through DSS.

REP. ABERCROMBIE (83RD): Great okay. So, that's good to know.

SIDE CONVO: I thought they were 16.

SENATOR OSTEN (19TH): No they're 18.

REP. ABERCROMBIE (83RD): I know but they're trying to -- So listen I'm getting -- I'm getting way too much of this air over here okay. So, could we get more details about what a transition plan look like? Do they get a caseworker? What are the

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circumstances? How do we help them with education?
All of that. Is that what you want ladies?

[Laughter] Yes.

REP. ABERCROMBIE (83RD): Now I'll take questions.
This is my five minutes. [Laughter] I'd like to talk
about three areas. One, I'd like to know what
you're considering the protocol for the DCF
voluntary services. Does that mean we're doing it
RFP to have somebody come in privately and do
voluntary services? I want to know exactly what the
plan is for that because I will tell you that in all
honesty that with former commissioners I have not
been happy the way voluntary services has been used
in the past and how it has been territorial and it
was left up to directors of different areas to
decide who's getting voluntary services and who's
not and I'm going to be specific a lot of kids on
the spectrum were denied services because of that so
I'd really like to know what that plan is. I'd also
like to know on the, above that you talked about
integrated family care and also changing the program
so that more children are receiving services before
they have to go into the DCF system. How does that
differ from differential response? I thought that
that was what we did under differential response so
either you can say it now or if you want to bring
something in writing to the subcommittee, I'll leave
it up to you, commissioner on that part.

COMMISSIONER DORANTES: I can distinctly respond and
also bring a flow chart to be able to help
distinguish what it that is. There are two decision
making points so differential response, the two-
track system that we have been under now for several
years is at the front end. I have IFVS intended to
reach those families at the end of an investigation

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there's a determination as to whether or not they will stay involved with us or be referred to a community partner. There was a subset of cases that remained involved with us that was not substantiated and weren't transferred on but were and are in need of those services and so instead of remaining on a child protective role they are now a part of this program that will help look at the wide range of services available, across all kinds of payment structures and to decide what it is this family is in need of so address an identified need but not necessarily remain open with us in order to get services.

REP. ABERCROMBIE (83RD): Great thank you. And then the third, I know this isn't part of this budget conversation but because it was in last year's budget I would love to get an update on the transportation.

COMMISSIONER DORANTES: We can definitely do that.

REP. ABERCROMBIE (83RD): You know everybody -- I can't even finish my sentences. Everybody on this panel looking at me like, oh that's my question. I'd like to have an update with where we are on that and have that contract going out. You know what does this look like? I know this was not always agreement on the subcommittee level about proceeding this way. I was in favor of it, so I'd love to have an update on it. Considering we just got the audit around VAIL I think the timing is perfect on this also.

COMMISSIONER DORANTES: We would be happy to provide you with an updated as to where we are and just know you all have been on my shoulders the last year as we developed it and all the questions that were

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raised during that time have gone into the infrastructure of developing it.

REP. ABERCROMBIE (83RD): Great, thank you commissioner. Thank you Madame Chair.

SENATOR OSTEN (19TH): Representative Case.

REP. CASE (63RD): Thank you Madame Chair. And I guess Representative Abercrombie did ask my question but I was just curious looking at the difference in numbers down 35 and I think we had to hire 60 or 80 for the transportation and I'm curious where that fits into that and I'll concur with my good chair of Human Services. Whatever you have to come to the working group would be great. Thank you and that's all I have for you. Thank you Representative Abercrombie.

SENATOR OSTEN (19TH): Are there any other comments or questions? Seeing none thank you very much commissioner, we'll see you at subcommittee. Up next.

[RECESS]

SENATOR OSTEN (19TH): So, commissioner you can start whenever you're ready and if you wouldn't mind just summarizing your testimony, we don't need you to read it to us. Thank you. Appreciate it. We're going back in. Guys.

DEIDRE GIFFORD: Good morning Senator Osten, Representative Walker, and committee members. Thank you very much for having us. Deputy Commissioner Gilbert is going to walk through the majority of our testimony. I wanted to start by just highlighting very briefly a couple pieces of context. If you have the slide presentation, on the second slide we

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just note something that you all are well aware of but bears repeating that our services touch individuals in all 169 cities and towns in the state of Connecticut with a broad range of services that are enumerated there on the top of the slide. We also wanted to highlight at the bottom under efficient and affective operations that we continue to have, do a very good job at DSS with efficient administration of our programs. Our administrative costs are in the low three percent which is quite low for a large health insurer which is the large part of what we do. Our staffing is just over 1,700 and around 50 percent of our agency expenditures are federally reimbursed. On slide four you can see the current numbers of individuals served by our various programs which constitutes about 28 percent of residents of Connecticut who are touched in one way or another by programs administered through DSS. On slide six a just a couple of key things to point out. We are given the large size of our budget it's important to note that we are continuing to focus on providing the best possible services in the most affective and efficient manner. We wanted to highlight a couple of things that I know that have been of interest to you all over the years. Our application timeliness are at 98 percent for SNAP and for Medicaid which is as you know a big improvement and for Medicaid resulted in termination of court oversight of our timeliness last December so that was a very big accomplishment for the agency. Also something that I know has been of interest to you all is wait times at our benefits center which is the call-in line in our field offices, and we've seen dramatic declines in call wait times. A decline of over 80 percent in average wait time between 2018 and 2019. As I mentioned our

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administrative cost ratios are in the low three percent and just by way of comparison for a Medicaid managed care organization. Those costs levels tend to range in the 10 to 12 percent and we're down in the low threes so that gives you a little bit of insight into the efficiency of the program oversight. Our PM per member per month cost in Medicaid have been remarkably steady over the years so we've seen growths in the Medicaid budget overall due to increases in enrollment but cost per individual have been remarkably stable which has been important and finally our state share for Medicaid it has also been quite stable and the share of cost born by the state general fund have been increasing by an annual average of only about one percent since state fiscal year 2013. That's in contrast to some of our neighboring states and nationally where state share for Medicaid has continued to grow and we perform very well compared to our regional partners in this measure as well. So, that's a little bit of context and I'll turn it over to Deputy Commissioner Gilbert to walk through some details.

DEPUTY COMMISSIONER GILBERT: Thank you. The next slide is a summary of information.

SENATOR OSTEN (19TH): We just need you to state your name for the record.

DEPUTY COMMISSIONER GILBERT: Sorry Mike Gilbert Deputy Commissioner DSS. Slide seven is a presentation of some overall presentation about the department. We'll probably highlight the right-hand side of this page where we talk about the overall funding levels for our budget, so the general fund of our budget is \$4.7 billion as recommended in the

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mid term budget adjustment SFY 20/21. Our total gross are total cost of operation including the federal share of expenses is in the range of \$8.7 billion and our administrative expenses are in the range of \$280 million which is the 3.3 percent number that the number referred to. Just a quick summary of reimbursement levels for the various activities that are supported under our department.

We are at approximately 59 percent federal support for our Medicaid program expenses. We receive 75 percent reimbursement for Medicaid system and eligibility costs. 50 percent reimbursement for Medicaid admin cost. 66 percent for childcare. I'm sorry child support. Approximately 80 to 90 percent for major IT systems development activities and currently 76.5 percent for CHIP and 100 percent for [Inaudible-01:13:17] related activities. The next few slides I will go through rather quickly. They're just overview slides to give a little context to our budget before we talk about our specific adjustments that are included. Once again total funding, general fund contribution is \$4.7 billion. This is an increase of approximately \$168 million from estimated SFY 20 levels and that represents 3.7 percent increase. The next slide shows the DSS major core program funding levels so you can get some sense of the percentage of our budget that is dedicated to the various program breakouts that you see here so just quickly highlighting 61 percent of our budget goes to Medicaid. Of our general fund budget 61 percent of our budget goes to Medicaid. Approximately 15 percent goes to other health services which includes things like hospital supplemental payments and some DISH payments. Income support, or our cash

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assistance programs comprise about 4 percent of our budget.

Admin, administrative expenses, general fund administrative expenses approximately six percent. Committee residential services in a small allocation three percent for our grantee primary grantee related programs. Slide ten is just a summary of that information. Slide 11 we start diving a little bit deeper into Medicaid so you can get some sense of where the Medicaid dollars are going. A major category of service so hospitals being the largest in long term care behind that and you can see the other components of our Medicaid spend displayed there so that brings us to slide 12 which is the summary of the technical budget changes that are included in this budget for SFY 20/21. The total adjustments presented are \$33.1 million above the original SFY 21 appropriation. And quickly going through some of the baseline changes that are in that budget there are a series of caseload and cost trend updates for our various medical and cash assistance programs which you can see delineated. Major one being 53 million for Medicaid and then some other adjustments primarily reflecting caseload trends in the various accounts so no policy changes here. Just reflecting caseload and cost growth within our programs. Next there are a few adjustments. First for the minimum wage increase. Funds transferred to the department from the general OPM pool of funds that were set aside for minimum wage increases for our department. These are primarily going to residential care homes and some of the dollars are going to our grantees to provide them compensation for the minimum wage increase.

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The next adjustment is a transfer, I'm sorry reduction in funding.

Well it is a transfer. It's a reduction in funding in our budget of \$513,000 dollars which is going to the Department of Administrative Services for support of the centralized purchase of Microsoft 365 software and the next adjustment is a small adjustment to our personal services account to account for transfer of funds from the OPM reserve for salary adjustments account in recognition of collective bargaining agreements. And the final baseline technical adjustment is one that makes an adjustment to reconcile amounts that were included in the hospital settlement agreement versus amounts that were included in the enabling legislation that supported that agreement so a technical change, a reduction of 31,000 to the hospital supplemental appropriation.

So that brings us into our major program changes in which there are only a few. We have the first change is an adjustment in a way that we support residential care homes in this particular proposal. We are looking to convert some of the services that are provided. They are currently fully state funded. We're seeking to convert some of those services to be Medicaid reimbursable as personal care services in residential care homes. Through this effort we will be able to capture some additional federal reimbursement for those services estimated to be close to \$17 million an annualized basis. This proposal would reinvest a portion of that additional reduction in state expenses back into the residential care homes so 25 percent is targeted for reinvestment for additional supports for those homes and the balance would be a state

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savings. This particular change is scheduled for, scheduled to occur later in the fiscal year. It has an implementation date of April 2021. There is a lot of lead time needed for this particular initiative and some additional work to work out the details which is why it's scheduled for later in the year. The next change is a change in legislation to support and enhance third party liability billings and collections. In this particular case we estimate a savings of \$2 million dollars, a state savings of \$2 million dollars associated with changing policies related to our TPL collections. In this case there will be a statutory, we're proposing a statutory requirement that insurers who have third party liability obligations to the Medicaid program either pay that obligation within 90 days or submit a request for additional information within that same time frame and then an aggregate they have 120 days to pay that obligation so this would be a statutory change to strengthen our ability to collect in cases where Medicaid, I'm sorry in cases where third party insurer is liable for some Medicaid benefits that have been paid. The next change is a change in which the original SFI 20-21 appropriation included a rate increase for Natchaug Hospital. This budget change would remove that rate increase and keep them at constant levels at their constant SFY 2020 levels. In this particular case there is a pay for performance pool of funds that has been available to Natchaug that will continue to be available. The next two adjustments are related to the community residential services account which is an account that supports services that are operated by DDS. The funds for this account is generally passed through to DDS and these particular changes are related to options or

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activities that they are seeking to implement to try to achieve some efficiencies and some state savings and so thankful to the Commissioner Scheff and staff who are here to answer any questions if you have any on those two particular items. The next slide are administrative savings that are included in the adjustment package the first of which is a continuation of some of the whole backs that were included in SFY 20. In particular there was a \$4.2 million dollar holdback within our personal services account this year. This adjustment would continue 25 percent of that holdback into SFY 2021 so 1.1 million of that 4.2 million in the holdback would be continued. There would also be a continuation of the other expenses hold back which is also targeted at 1.1 million dollars and is a continuation of that full hold back amount. We have afforded some in recognition of some efficiencies that we have achieved in our other expenses account. We have a number of savings areas where we feel that we can accomplish some operational savings. These are in the areas of phone services, office equipment, operational support contracts, some technology related abilities, and availability of federal funds of certain efforts that we did not originally anticipate when the budget was developed. The next slide highlights some of the general transfers that have occurred in the budget. Some of these are reflective of overall state transfers. In particular the first one related to the HR and labor relations and consolidations so DSS is 1.4 million is being transferred from the DSS budget to these two particular areas and 16 positions. There are also a couple of transfers of funding to realign activities that are more appropriately situated one

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in the Department of Aging and Disability Services and one in the Department of Public Health.

DEIDRE GIFFORD: And just very quickly I wanted to summarize a couple of significant accomplishments I also wanted to recognize Commissioner Scheff. I apologize for not thanking you for joining us earlier in case you have particular questions related to the DDS budget items. So, the last group of slides is just some back up data that talks about the support for a couple of things that I mentioned about application timeliness and call center wait times. I did also want to call your attention to in particular slide 25 which shows that we are continuing to see an increase in a number of providers that are participating in the HUSKY program. We are very pleased that we continue to see very robust provider participation programming. I think that's something of which Connecticut can be justifiably proud. And now it is to that we are seeing because you all and the state has invested in primary care and HUSKY over the years both in our PCMH program and our so called primary care bump following the ACA continuing that investment of paying primary care providers at an enhanced rate. We are seeing both drops in hospital utilization which you can see on slide 27 and also decreases in emergency department utilization per thousand members which you can see on slide 28 so those are really important utilization trends in HUSKY that I wanted to highlight. In addition, slides 30 and 31 talk about something we mentioned earlier which is Connecticut's state chair of the general fund that goes to Medicaid which has been remarkably stable over the past couple of years. With that we will close and happy to answer.

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SENATOR OSTEN (19TH): Thank you very much commissioner for coming today. We really appreciate it. And so I have a few concerns that I would like to talk about. On the residential care homes the community residential services on the budget of cut of \$3.5 million dollars how many people does this transfer?

DEPUTY COMMISSIONER GILBERT: I apologize Senator. Is there a particular, we do have the OFA writeups with us if there's a particular passage that you are referring to? I'm just trying to --

SENATOR OSTEN (19TH): So, if you have the OFA writeups for DSS on page three the policy revisions.

DEIDRE GIFFORD: We're going to ask Commissioner Scheff to join us.

COMMISSIONER SCHEFF: Commissioner of DDS. I think is that on. I can't hear so well today. I think that's on.

SENATOR OSTEN (19TH): Yes it's on.

COMMISSIONER SCHEFF: So, I was asked if I could come in and explain a little bit of this.

SENATOR OSTEN (19TH): Commissioner can you just say your name?

COMMISSIONER SCHEFF: Yes. Jordan Scheff, commissioner of DDS. There are two items that you are combining to reach that \$3.5 million when you asked that question Senator Osten. I believe the incentive payment system of \$1.75 million and the increase rent sub which is a couple numbers that are cobbled together show up as \$1.8 million. There's actually \$800,000 of that gets added back into rent sub which is in our budget sheets, not in DSS's

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budget sheets so we're really looking at a savings of \$1.75 million in the incentive payment of bullet that OPM included in the budget summary and then a separate million related into how we would use rent subsidy differently to help people move to more cost affective settings so if I can explain them both separately even though they somewhat related it will be a little easier for me. So, the first number \$1.75 million is a -- is an opportunity to incentivize providers in a way that we have not been able to under prior administrations that would allow them to retain a portion of savings over a period of two years through cost settlement. We would exempt that money from cost settlement when they participated in this incentive payment program. What has been a challenge for providers is to help people at times to move to more cost effective or right level of care settings because there's a financial disincentive for them to do that. Achieving that financial savings the state recouped 100 percent of whatever they saved so it was a disincentive to providers and we believe that through a small demonstration last year and a pilot that the ARK put forth a bill we called it the Housing Improvement Project, HIP that providers if they knew they could regain savings would engage with families at a team level for each individual and identify opportunities to remove people from our most costly settings into less costly settings and for the first time in many years retain some of that savings to offset costs that we haven't otherwise been able to cover. I can get into more detail on that but that's the \$1.75 million part of it that we believe that the system will save portions of which will be left with providers to hold on to. The rent subsidy portion is this. Over the last year I've

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had an opportunity to engage with the administration and the secretary to get a better understanding of obstacles and challenges that exist in our system. In those conversations we were able to identify to the administration some of our barriers and I think it's important while looking at those two items as budget cuts it has to be more in the holistic picture of what DDS has tried to do which is broaden a continuum of services so that we weren't just left with a very few options but there were very many options within that. One of the barriers we've had is the rent sub line hasn't seen a substantial increase of any kind in many years. When the legislature approved the rent subsidy account many moons ago it was to be in its origins a way to allow people we support to gain access to apartments while waiting for more affordable care options to come into existence while well intended we outpace the availability of Section 8 or other rent subsidy programs so we've had this rent subsidy program. With it being capped and us having maxed out our spending every year when people show up at our door we can't look at opportunities to place people in apartments that don't have an income to support that rent. The program that we run that has a room and board as part of it is our group home programs. Our group home programs are our most expensive programs and so when someone is in an emergency situation or in an urgent situation and without any rent sub money we look to our most expensive system to place them which is our group home system. If there were other options for those people coming to the front door that would be lower costs in annual service dollars but we would help them with rent we can save overall on a per person basis and we believe in addition to people showing up at the front door for

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new services there are currently people who are currently within group home structures of private providers who could benefit from a less intense level of care, smaller settings, not having to live with as many people and while that may sound a little pie in the sky when you look at the advances that we have made in deploying assistive technology in a number of these environments we think that people will have equal to or better services in those lower cost settings that will promote greater independence, greater integration and one of the ways we can get there is by increasing the rent sub so we do believe that there would be on a for a portion of people we could decrease costs. In the budget assessment we used a ballpark number of 160 people. It's an art, not a science to get to understanding that 160 people. If we save \$40,000 dollars a person on 50 people we'd save \$2 million dollars so we could get there in a much smaller number than 160 if we only save a couple thousand dollars a person in this endeavor. We need a lot more people to count to get to that \$1 million dollar savings, so I don't know of all the numbers in there. That's the toughest to get to is how we get to 160 but it could be much smaller than that. It could potentially be larger than that, but we do believe that this flexibility this gives the department as recommended by the secretary and the governor is an opportunity to really expand the continual supports and have less of that reliance on our most expensive service. It's a long-winded way to get there but I hope that's a priority.

SENATOR OSTEN (19TH): So, I'm hesitant to do this without any understanding of how we're going to get there and the number of people because what we have

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done in the past is we have taken the least expensive route to save money but we have not increased any services for people and I don't see anything in here that revolves around transportation. What I see is a way for us to isolate people in individual apartments and that's you know when we closed the state hospitals we said we would provide supportive services. We have never done that. Not at all. And you know I just have a hard time trimming away more and more services from a group of people and thinking that we're going to provide them with you know a better way because they clearly would want to live by themselves but they're not going to want to live by themselves if we don't provide transportation if there's no way for them to get around. They only get transportation from 8 to noon or 8 to 4. What are they doing after 4? How are we doing this so unless I see a robust plan on this I'm not -- I'm not on board for this right now. I just don't see it. I don't see it the same way that other people tell me that people would be much happier living by themselves. I don't know that that's necessarily true.

COMMISSIONER SCHEFF: Thank you Senator. I just want to say that doesn't mean people have to live alone. They could be in shared apartments so you could still live with three roommates and participate in a rent subsidy program.

SENATOR OSTEN (19TH): Right. Some of our group homes only have three people.

COMMISSIONER SCHEFF: That is true.

SENATOR OSTEN (19TH): So I think sometimes people think group homes are 15 or 20 people. They're not.

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COMMISSIONER SCHEFF: No we have very small group homes.

SENATOR OSTEN (19TH): And so you have very small group homes that already fit into this so I'm just - - I'm hesitant on this. So, then on to the residential care homes is next. So, to the subcommittee both of you should bring me a robust plan or all of us a robust plan on what this means because I don't -- at this moment I don't see that. And so the residential care homes so I see that we're going to go to a federal reimbursement model of this. My understanding is residential care homes have not seen a rebasing of their face rate in probably a decade or more. Are we taking into account that they're going to receive additional dollars as a result, supposedly as a result of this and yet we're going to take away this money and give them 25 percent back? Again I need to see Representative Abercrombie and I were talking about this at the briefing by OFA but I'm just not yet convinced that we're talking about giving real dollars to them so I need to have an understanding of the plan in writing on how you're going to get to this moment without just taking real dollars away from residential care homes and not looking at where they should be today you know, so if they should be at X then the federal reimbursement brings them up to X when I look at this but other than that I really need to understand where we're going with that.

DEIDRE GIFFORD: Um will do Senator and just to clarify where the savings are coming from on this item. This is an influx of federal reimbursement so it's not a reduction in payment to the RCHs. In fact, as Mike indicated a portion of the new federal

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dollars that would be coming in would be reinvested in the RCHs.

SENATOR OSTEN (19TH): I get that. I understand that Commissioner. All due respect they're not at the rate they should be now. And that's what I'm saying is if you are keeping them at current levels that doesn't answer it for me so I want to see what we're talking about here and my fear is just as you said that we're going to keep them at current levels and a lot of the money will come from the federal government and God knows that we can count on them continuing to give that money because they've been so good with helping us out with special education so you know I'm just a little bit concerned that we're going to count on the federal government to give us money and these homes have not been rebased. They've not had a rate increase in more than a decade and in some cases have put their own dollars into upgrading the facilities themselves and usually that would trigger that rebasement and I might not be using the correct word or look at the rate so they can recoup those dollars and that has not happened and so I want to know, are bringing them up to the rate that they should be at and giving them that portion of the federal reimbursement so that's my concern on that one. The next one is on the third-party liability so bring what you can to the subcommittees on these different issues. On the third part liability I've been assured that the bill going to go to the insurer. When the insurer doesn't pay that is the person requiring the insurer to pay that then going to send that bill to an individual? I know you say no but insurance I get a lot of calls in my office from people who are supposed to be receiving services and having that

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pay either come from the VA or from Medicare or Medicaid or HUSKY and then we look into it and the person providing or organization providing the services has not been paid in months and months and months and so they send it to an individual. I want to be assured somehow some way that somebody else is going to pay that, not that individual that I'm not increasing the workload here for me to then intervene again with a group that's not going to pay them. I'm going to tell you right now that I'm not interested in cutting money from Natchaug We don't provide enough mental health services in this state. This is one of the few standalone hospitals, so this is a no for me. Now I have yet a little bit to say with the reflection of the budget. I'm a no. Flat out no. Next. Going down to the human services, human resources and labor relations function. From the Department of Transportation and from the Department of Children and Families they've both indicated that the federal government requires a human services component to over or labor relations component that is responsive to you, not you as commissioner. Not an organization or a department that's somewhere else so how many of these people are you keeping under your umbrella that you that will be responsive to you because I don't want to lose federal dollars. We already have two or three programs in here increasing federal dollars and DCF said they just found that out two days ago, but DOT testified to that. DOT said the federal government requires someone within that agency. The human resources person agency to be responsive to the commissioner not to another agency so if you don't know then if you could check into that and let us know. We have been told that by two different agencies that the federal government has a

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requirement that you look at that. And Medicare advocacy I know you're transferring that over as long as however we decide this as the Medicare advocacy group have the dollars to do that jobs that we had the legislature believe they can. This year they were cut 50 percent and I think that's a lot to cut one-line item, so you know that's not something that I perceive as the right way to do things. And the all you're doing in the Mary Morrison case on the school-based health center is just transferring it to DPH the full dollars okay. My last thing is on the minimum wage funding could you please tell us how many people these lines incorporate and how many hours those people are working so you have one down here for 1,517. I've seen line items with \$42 dollars and I'm a little bit concerned. Switch \$42 dollars but is that person only working 10 hours a month or what are we doing here with the minimum wage component of it? Representative Walker.

REP. WALKER (93RD): Thank you and thank you for your testimony. I just want to get a couple of other things. Going back to the residential care homes. With state changeover to Medicaid, are there any services that will not be paid for under the Medicaid that they are receiving reimbursement for now. Do you know of that?

MIKE GILBERT: So, the way the intent of the restructuring is that no services would be lost in the transition. The services that would be covered under Medicaid would be only those services that are appropriate to bill under Medicaid that are currently being provided.

REP. WALKER (93RD): I understand that. They get services now we reimburse them. When we make this

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transition to Medicaid are there services that we are reimbursing now that will not be reimbursed by Medicaid? That will be you.

MIKE GILBERT: If I understand yes there will be yes there are services that will continue to be state funded because they are not Medicaid covered.

REP. WALKER (93RD): Could we have -- could we have that information at the subcommittee please? That's what I wanted to know. Also there was something else that I had. Is there a waiting list right now for the residential care homes?

DEIDRE GIFFORD: I don't know. Apparently no.

REP. WALKER (93RD): No? There's no waiting. Commissioner there's no waiting list right?

DEIDRE GIFFORD: Those are ours.

REP. WALKER (93RD): Oh those are yours?

DEIDRE GIFFORD: I'm sorry. I was looking at Director [Inaudible-01:43:40] and she does know.

REP. WALKER (93RD): Okay. On the federal systems for the opioid plan you're cutting 250 out of the plan. What plan is this and do we have other funding because we obviously know this is an epidemic here in Connecticut.

DEIDRE GIFFORD: Yes, we applied for representative and received \$2.5 million dollar planning grant last year and with the receipt of that planning grant we were able to free up the \$250,000 and use some of the planning grant dollars to do the work that was going to be done with that \$250,000 dollars.

REP. WALKER (93RD): This is not supplanting correct?

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DEIDRE GIFFORD: It is not supplanting.

REP. WALKER (93RD): Okay.

DEIDRE GIFFORD: [Crosstalk] identified.

REP. WALKER (93RD): These are new plans?

DEIDRE GIFFORD: Yes.

REP. WALKER (93RD): Okay could we be told what the new plans are under this better be paid. The 250 represent a certain number of services in the plan or a number of activities. Just explain to us how it's being covered under the \$2.5.

DEIDRE GIFFORD: Sure.

REP. WALKER (93RD): We just don't want to lose anything here. We talked about, oh I know on the temporary assistance, the TFA we again have another caseload adjustment. Did you in your slides provide us with the caseloads for current and maybe some of the previous years so that we can see the decline and why do you think there is a decline because I think there should be an uptake but is it predominantly because many of the people have already been on TFA and are on very strict guidelines on TFA gives them a 21 month plan. What's one buy-in or two buy-ins Under the TFA we have caseload reduction. Are we, are the number of people we are applying for help for services much less now and that's how we have a caseload reduction but yet in cases where I've seen at least in urban in big cities the caseload seems to be going up? Well the need seems to be going up whether they can qualify because they already had a portion of it I don't know because could we keep track on that?

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DEIDRE GIFFORD: Yes, we can bring you details on caseloads. My understanding, Representative it's a combination of two factors you identified. Fewer people applying and people signing out of the program because of the time restrictions.

REP. WALKER (93RD): Okay so you have a lot of that analysis?

DEIDRE GIFFORD: We do.

REP. WALKER (93RD): Okay that would be helpful because and then the other, the other issue would be what does, how much do we get in TFA now? Two hundred and some million.

MIKE GILBERT: \$266 million.

REP. WALKER (93RD): Okay could we get a break down on how we spend that \$266 million please? And I think, I think that's DSS money. On the, okay I'm good. Thank you. Thank you for your answers.

SENATOR OSTEN (19TH): Representative Abercrombie.

REP. ABERCROMBIE (83RD): It's like a tag team here. Good morning still, Commissioner. Thank you for being here and I think you're gonna hear a common theme on some of the areas that we have concerns with. So, I'd like to go back a little bit to the old age assistance, aid to the blind, aid to the disabled, and the TFA. I would like a breakdown of what kind of services and who the providers are under each of those categories. I'd also like to know when's the last time we did a statutory cola for any of these programs. I think that's important for people to understand. I'd also like to under the transitioning to less intensive settings so let me start by saying to the commissioner of DDS yes

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you're absolutely right that our ARCS have been doing a fabulous job and I'm just going to give a kudos to mine in Meriden. Pam Fields has been doing some great work with these individuals and giving them the appropriate setting they need. My question is right, and I agree with you about an incentive program but they've already been doing this and we haven't been giving them any incentive so for programs like mine that have been doing the hard work and have gotten the savings and have brought individuals out of state back into the state and every time they save money they get caught are we going to take that into consideration with these incentive programs because they've already been doing it. So that's number one question on that and then how do you decide what is considered a more appropriate care right. So, for example are taking dollars to dollars? So, if you have say someone that has a group home that has ten individuals and then you have a program where you have the ARCS where they buy the three, the rent the three units in an apartment building. They put individuals in two and then staff in the third to monitor. Right? We know there's savings there. What is the base you're going to use to determine what's the, what are the savings there and what's the amount that you're going to give these providers for doing that? I think that's really important. And you don't have to speak now. I'd rather see it in detail. And then going back to the residential care homes, Senator Osten and I disagree a little bit on this. I believe that we have not been paying our residential care home an appropriate level through the years right? They come to us every year and they want an increase. I do believe that if these are waiver services that we should be getting

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reimbursement for we should go after those dollars. I truly believe that right because if that's costing us \$2 million dollars and we're getting a million from the feds, right that's more people that we can serve with the savings. I do agree with my colleague that I would want to see in writing what you're going to use at the base. We know what each of the homes are getting per week. We want to know what that base is and then from there what is the idea and amount that you're going to give them. The Senator talked about rebasing when they do their own work. We don't rebase them because it's all state funded but is there a different mechanism we will use because now we'll be getting Medicaid reimbursement. I think that's important because that's how we do it with nursing homes, right. So, is that same mechanism going to be used for the residential care homes which may make it more palatable for them to want to go in this direction, so I'd like more information on that. The planning grant I think that's great that we're getting the \$2.5. I'm interested to see how that looks at this point and who's being included. I know that was an interagency grant that we got from the feds and I know on MAPOC we've been talking a little bit to our Medicaid director Kate about it but if we have more details who's on that and what point we're at at this time I think that would be helpful for my colleagues that are not on MAPOC and for me I think that's it so thank you for being here. Thank you Madame Chair.

SENATOR OSTEN (19TH): Representative Walker has one more question followed by Representative Dathan.

REP. WALKER (93RD): I just have one thing more brought to the committee. Many of the colleagues

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have been asking about how are we making the determination in the nursing homes about the beds and how we're planning to roll the reductions out in nursing homes so could you bring that information to the work group because if people haven't been in individual conversations they don't quite understand it so I think we need to have an explanation on how you plan to roll out any of the changes in the nursing homes.

DEIDRE GIFFORD: The payment changes?

REP. WALKER (93RD): Yeah. Okay thank you.

SENATOR OSTEN (19TH): Representative Dathan.

REP. DATHAN (142ND): Thank you Madame Chair and thank you to the commissioner and the whole DSS team. You guys do great work and I know it is really challenging under these budgetary times. I was very surprised to see nearly a \$7 million cut coming out of the aid to the disabled. This community, the IDD community has suffered years and years and years of cuts and to see such a large percent I know my colleagues have talked about some of the aspects of it but it gets concerning to me when I see that we are you know from 2018 to 2021 you know we're talking about another \$8 million down and I'm wondering where we are in each of these programs in terms of waiting lists. I'd like to have a good understanding with all of the programs, the residential care facilities, the supplemental assistance, and I think there was one more that I may be missing in front of me. But just really understanding you know how many people are affected by this, how long the wait lists are for number of people. What's the turnaround to get them on and I'd like to see a trend you know because we're

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looking at, we're kind of I'm wondering how many people we're actually serving in this community and what that sort of maybe five year trend is because I feel like you know if we are reducing by so much clearly we're adding to the wait times and we're adding to the caseload and that the best things to get this community served properly is not happening so any sort of light you can shed on that I would greatly appreciate it. And I do have another question as well.

MIKE GILBERT: So if I could we will definitely bring the data on the historical trends in the programs to subcommittee. Generally these programs at least for our share of these programs these are paying for room and board or our cash assistance benefits to clients. They are driven by eligibility requirements. There is no waiting list for our portion of the services. They are made available to all who are income and asset eligible so as a general rule that would be true for these programs as they are funded under DSS. You know there may be other implications for the other agencies who fund the service portion of you know what these individuals need but generally that would fall within their per view and they may or may not be a waiting list for those particular areas so just to draw a distinction for what we're funded for and where other portions of those services may be funded.

REP. DATHAN (142ND): Okay looking forward to seeing the trends on that because I'm concerned that it's such a large dollar amount and I know you know on IDD day at the capitol there's loads of people here who are waiting for services and not getting what they need so I'd like to get a good understanding of

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that. My next question is looking at your slide seven you talked about the federal reimbursements. Where, if you were to compare Connecticut to other states in terms of percentages would you have a good sort of understanding of where we are in our federal reimbursement levels compared to other states maybe looking at New England and where we land.

DEIDRE GIFFORD: So we in general as a general rule these are federally set levels. The CHIP and Medicaid levels are based on state median income for the most part or some measure of state income, so Connecticut tends to, because we are a relatively wealth state the federal guidelines tend to have us on the Medicaid side so lower end of reimbursements. States with higher levels of poverty and lower incomes get a higher Medicaid reimbursement. There's also because we expanded under the Affordable Care Act. Actually prior to the Affordable Care Act our reimbursement rate would be significantly higher than non expansion states because obviously we're getting the 90 + percent match on the Medicaid expansion so for the most part these are not things that are within our control. They're based on the sort of economic situation in Connecticut.

REP. DATHAN (142ND): Got it. Thank you for that clarification. Oh sorry I think that's it. My colleagues have asked the really good meaty question here and I want to thank you for your time and thank you to your team. They're great. Thank you Madame Chair.

SENATOR OSTEN (19TH): I'm sorry I missed Representative Dillon earlier and then that will be followed by Senator Flexer.

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REP. DILLON (92ND): Thank you. Thank you very much commissioner. Most of the questions I have would be for following up at the work session but before that would you both be available [phone ringing] I apologize. For the -- It's a busy time. If you would both be available for the health subcommittee as well to explain the changes between DSS and DDS. Since DDS is technically in the health subcommittee and I don't believe we have a written copy of testimony today and I know that people would be interested in following up so that's the first. So that's really just housekeeping to clarify. The second would be and their questions have been very thorough. Just a follow up at the subcommittee level and for the work session. Why on page nine the graphic excludes the federal share of Medicaid and why on page 14 it includes the federal share and I'm sure this is a simple answer for the changes and is it 14. 11. For the different uses of methodology. So, that's the second. The third clarification would be there was a comment commissioner about a projected drop in hospital use and a projected drop or current drop in hospital use and drop-in emergency room use. I'm wondering if you could [phone ringing] if you could provide us with an explanation. What category of spending would be represented, maybe some regions that would be helpful because obviously if we can, if the reduction is happening as a result of something we did on purpose I'd like to do more of it and so that's another? The, now on this page 11 pie here DSS budget overview Medicaid. There's a hospital services accounted for the largest share at 29.7 percent. We're led to believe that everything in this pie includes, represents both state and federal shares of Medicaid funding so that would include the

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Medicare share of pharmacy, clinics, and physicians. We have a separate category for hospitals 29.7. I wonder if you can just aggregate for later where that 29.7 is going. That would include also pharmacy and physician care. I would just like to know what that 29.7 represents. It includes both federal and state dollars but what spending is it if it does not include physicians, pharmacy and otherwise I think those are all my questions. Thank you.

REP. WALKER (93RD): Thank you. Senator Flexer.

SENATOR FLEXER (29TH): Thank you Madame Chair. Thank you for being here today and for your presentation. I just want to briefly comment. I know some of this has already been talked about. It's frustrating to see a proposal here that changes many of the things that were legislative priorities from the subcommittee last year with regard to the rates for Natchaug Hospital which has been severely underfunded for decades. We worked together to come up with a solution to that to see that just completely eliminated in this proposal is frustrating. Similarly the lack of funding after its been promised to the center for Medicare advocacy and the transfer of that is something I think we need to look at more closely but specifically I wanted to ask about the many concerns I'm hearing in regards to transportation and Veyo and I'm hearing those concerns both from individual constituents who wait hours for the medical appointments and never get picked up and therefore miss key appointments and have to wait for weeks to have them rescheduled and also for the healthcare providers themselves who are sitting there in these offices waiting for these folks to show up. It's my

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understanding that the auditors of public accounts have come out with a report today that details a number of ways to strengthen this medical transportation and I wonder if you could tell me how DSS plans to look at these recommendations and if you're going to adopt them.

DEIDRE GIFFORD: I'd be happy to Senator. Yes, of course we will look at the recommendations. We obviously we have responses to each of them in the auditor's report. Many of which we agreed and a large number of which we have already begun to address so when you have an opportunity to read the auditor's report you'll see DSS's response and the steps that we have already begun to take. I wanted to also comment on your concern around arrival times and pickup and drop off times. We obviously share your concern and think it's extremely important that we're getting the best services possible through the providers who Veyo contracts with. We have seen though and I think it's important to note we have seen improvements in that it is not to minimize the challenges that remain but we are seeing particularly on the pickup leg, the so called B leg on time performance of over 95 percent over the last several months and we've shared that data with Representative Abercrombie and members of the MAPOC and will continue to do so. We've been developing a dashboard that you know we welcome your feedback on so that we can continue to share the data on an ongoing basis and track improvements. On the pickup leg we're still in the high 80 percent of timely pickup. It's not where it needs to be in terms of contract performance.

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SENATOR FLEXER (29TH): Can I interrupt you just for a second. Can you tell me what the definition of timely is?

DEIDRE GIFFORD: I believe it's within 15 minutes right of the scheduled time? So that performance is still not meeting the contract standards. We have implemented a corrective action plan with Veyo and that's you know the first step in being able to put sanctions in place, financial sanctions per the contract so we're making progress. We're still not where we need to be, but we are making progress and we are looking forward to sitting down with interested members of the legislature to talk about the audit findings and you know our plans for addressing them.

SENATOR FLEXER (29TH): Thank you. Where are we in the contract with Veyo?

DEIDRE GIFFORD: We are in the final base year of I believe it's a three-year contract and there are two option years available.

SENATOR FLEXER (29TH): And so is your agency deciding right now whether or not that contract will go on for two more years or will there be adjustments perhaps including some recommendations from the auditor's report. In that contract are we setting new requirements for Veyo or --

DEIDRE GIFFORD: You're exactly right. We're in the process now of deciding our best course of action on the continuation of [Inaudible-02:06:10]

SENATOR FLEXER (29TH): Okay great and when do you think you're going to be making that decision?

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DEIDRE GIFFORD: It would have to be in the not too distant future because of the timelines for contracting.

SENATOR FLEXER (29TH): Like 30 days? 3 months?

DEIDRE GIFFORD: More the latter than the former.

SENATOR FLEXER (29TH): Okay well it would be helpful to get some more information about that because it's good to hear from you that there has been improvements because that's not what I'm hearing from the folks in northeastern Connecticut who have spoken to me about this issue but you know I'm concerned about it both for the individual impacts, the impact on these organizations that are providing healthcare particularly to the low income people in our communities and also is this a good way of spending state dollars you know and how much money is Veyo making on transportation that's not being delivered in the manner that it should be.

DEIDRE GIFFORD: Yep Senator we agree with your concerns. We are aligned there that we should be getting high performance with these providers, but I do think, and this is one of the reasons that we've been going back and forth on this dashboard. This was a difficult transition from the last vendor to the current vendor and we know that there were significant problems and issues. Many of those impressions will take a long time to change even if the performance is significantly different than it was during that transition and that's why we want to continue to update you on the data on a regular basis so that we can see and track improvements over time. Again it's not to minimize the significant gaps that still exist in the performance, but we do want the impressions of that service to be based on

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the reality and the reality is that the vast majority of trips are on time. We don't hear about them right but the vast majority of trips, both pickup and drop-off are being accomplished in a timely fashion.

SENATOR FLEXER (29TH): Thank you. I appreciate how carefully you're looking at this and clearly how important it is to you and your agency. Thank you. Thank you Madame Chair.

SENATOR OSTEN (19TH): Thank you. Are there anymore questions? Thank you so much. Thank you and we look forward to your work group.

DEDIRE GIFFORD: Thank you.