

## Questions for Social Services Commissioner Nominee

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February 24, 2023 | 2023-R-0071

### Social Services Commissioner (CGS § 17b-3)

The commissioner is responsible for administering social services programs, including those funded by the Temporary Assistance for Needy Families (TANF) block grant and Medicaid; promoting economic self-sufficiency; facilitating communication among federal, state, municipal, and private entities, and applying for and receiving federal funds.

### Questions for Nominee

1. As chief executive officer, you led the launch of the Connecticut Paid Leave Authority. What lessons do you take from that experience? What worked well and what would you have done differently in retrospect? Are there similarities between that role and the commissioner role at the Department of Social Services (DSS)?
2. Connecticut implemented expanded and continuous Medicaid coverage during the COVID-19 public health emergency. How would you assess the public health emergency unwinding process and its effect on benefit eligibility? What steps has the department taken to communicate changes to affected populations?
3. Extra Supplemental Nutrition Assistance Program (SNAP) benefits associated with the public health emergency will end in March. How has DSS communicated this change with SNAP enrollees? Is there concern that lower levels of nutritional assistance will increase food insecurity or strain household budgets for low-income families? What other strategies may help increase food access during a period of continued high prices?

4. [Nursing home industry](#) representatives argue that nursing homes in the state need more funds to staff their facilities and keep pace with inflation. How is the department responding to these requests? Are Medicaid rates the only funds available or are there other potential programs or funding sources? How does DSS currently assess the needs or operating costs associated with nursing homes?
5. [According to OFA](#), DSS overtime costs are significantly higher in the first quarter of FY 23 than they were at the same time the previous year. Why have costs increased? Does the department have a plan to reduce overtime costs going forward?
6. [DSS provider policies and procedures](#) describe gender affirmation surgery as part of the process of changing the gender characteristics a person is born with to the gender characteristics a person identifies with. Describe current policies on coverage of gender affirmation surgery for HUSKY enrollees. What requirements must someone meet before being approved for this treatment? What is the basis for the department's coverage decisions?
7. Legislation in recent years has directed the department to provide medical assistance to children age 12 and under regardless of immigration status ([PA 22-118](#), §§ 232 & 233). What is the current status of this expansion? Has the department observed barriers during the eligibility and enrollment process for this population?
8. Advocates for people with autism argue that programs provided by the Department of Developmental Services (DDS) should be broadened to apply to those with autism who otherwise would not be eligible if they do not also have an intellectual disability. They argue this is necessary because the waitlist for autism services from DSS is too long. Is this a plausible solution? Are there other ways DSS could better serve this population?
9. Are Medicaid provider rates adequate in Connecticut? How does the department assess rates and decide when to change them? Does the department consider Medicaid rates in neighboring states or inflationary measures in its determinations? What other factors are considered?
10. Higher energy prices have increased demand for energy assistance in Connecticut. Does the network of community action agencies administering DSS's energy assistance programs have capacity to meet this demand? Is vendor reimbursement adequate?
11. When a married Medicaid enrollee is institutionalized, their assets generally must be used to help pay for the enrollee's care. The spouse may keep the community spouse protected amount to prevent his or her impoverishment. In 2022, the state raised the minimum community spouse protected amount to \$50,000 ([PA 22-118](#), § 235). How many spouses have been able to keep additional assets due to this raised minimum? How much has this increase cost the state?

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