Connecticut General Assembly

Human Services and Appropriations Committees
DSS Informational Forum
April 21, 2015
Agenda

- DSS Overview
- DSS Centers Update
- Application and Renewal Processing
- ImpaCT Update
- ImpaCT System Overview and Features
DSS Overview
DSS Vision:

To become a world-class service organization

DSS Mission:

Guided by shared belief in human potential, we aim to increase the security and well-being of Connecticut individuals, families, and communities

DSS Values:

Communication, Service, Accountability, Respect, Innovation
- DSS currently serves over 950,000 individuals:
  - Over 1 in 4 Connecticut residents

- Major DSS Program Areas include:

<table>
<thead>
<tr>
<th>Medical Assistance</th>
<th>Cash Assistance</th>
<th>Food Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid / HUSKY Health</td>
<td>State-Funded Home Care</td>
<td>Supplemental Nutritional Assistance Program (SNAP)</td>
</tr>
<tr>
<td>Medicaid – Long-Term Services &amp; Support</td>
<td>Connecticut AIDS Drug Assistance Program (CADAP)</td>
<td>The Emergency Food Assistance Program (TEFAP)</td>
</tr>
<tr>
<td>Children’s Health Insurance Program (CHIP)</td>
<td>State-Funded Home Care</td>
<td>Summer EBT for Children</td>
</tr>
<tr>
<td>Medicare Savings Programs (MSP)</td>
<td>Connecticut AIDS Drug Assistance Program (CADAP)</td>
<td>State-Funded SNAP</td>
</tr>
</tbody>
</table>
DSS Program Enrollments by Major Program Area:

- Medical Assistance: 903,683 (66%)
- SNAP: 413,448 (30%)
- Cash Assistance: 55,123 (4%)
Medical Assistance Recipients:

- HUSKY A: 446,435 (49%)
- HUSKY B: 13,983 (20.5%)
- HUSKY C: 63,983 (7%)
- HUSKY D: 172,519 (19%)
- Other: 68,154 (8%)
- State-Funded Home Care: 4,606 (6.8%)
- CADAP: 1,907 (2.8%)
- Long-Term Services and Supports (Nursing Facility and Waiver Programs): 32,215 (47.3%)
- State Supplement (for ABD): 15,384 (22.6%)

Note: Refugee: 59 (0.1%)
 Cash Assistance Recipients:

- Temporary Family Assistance: 33,020 (59.9%)
- State Supplement: 15,384 (27.9%)
- SAGA Cash: 6,647 (12.1%)

Note: Refugee 72 (0.1%)
DSS Program Enrollment Trends:

Active Recipients by Program Area

- Food Assistance Total
- Cash Assistance Total
- Medical Assistance Total
Pre-July 2013 Operations:

- Service delivery inconsistent across the 12 Field Offices
- Workers carrying high individual caseloads
- Customers tied to one Field Office
- Customers unable to independently check case status
- 1989 mainframe system (EMS) reaching end of its capacity
- SNAP timeliness among lowest in the nation
- Low customer confidence in DSS operations
DSS Overview

- **ConneCT Overview:**
  - Electronic Document Management and Workflow
    - Central Scanning Center
    - Task-based statewide shared case file
    - Faster statewide access to customer documents
  - Web Services:
    - Pre-Screening
    - MyAccount
    - Online Applications
    - Change Reporting
  - Telephony:
    - Interactive Voice Response (IVR)
    - Benefits Center
    - Customer Technical Assistance

ConneCT Self Service: [connect.ct.gov](http://connect.ct.gov)
### April 2015 ConneCT Public Dashboard:

#### Self Service

<table>
<thead>
<tr>
<th>Service</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Screening</td>
<td>106,138</td>
<td>Screenings completed since implementation 3.4% growth from previous month</td>
</tr>
<tr>
<td>Online Applications</td>
<td>65,708</td>
<td>Applications submitted since soft launch 10/13 7.7% growth from previous month</td>
</tr>
<tr>
<td>MyAccount</td>
<td>118,935</td>
<td>Online client accounts created since implementation 07/08/13 3.8% growth from previous month</td>
</tr>
<tr>
<td>Client Information Line (IVR)</td>
<td>165,041</td>
<td>Client accounts created over the phone since implementation 07/08/13 2.9% growth from previous month</td>
</tr>
</tbody>
</table>

#### ConneCT Online Status

- **Total Hours Available:** 99%
- **Full Days Available:** 99%
- **Total Hours Interruption:** 1 3 19

#### DSS Work Items

- **Total Documents Scanned since implementation:** 8,733,141

#### Service Centers

- **Walk-Ins:**
  - March 2015: 45,000
  - February 2015: 35,295
  - January 2015: 36,969

#### Benefits Center

- **Total Calls Serviced to Date by Benefits Center Staff (since 7/1/13):** 806,649
  - Calls Resolved By IVR:
    - March 2015: 59,084
    - February 2015: 74,768
    - January 2015: 62,212
  - Calls Serviced By DSS Staff:
    - March 2015: 40,655
    - February 2015: 31,391
    - January 2015: 32,902
  - Average Wait Time (min):
    - March 2015: 54
    - February 2015: 70
    - January 2015: 60
ConneCT online applications went live 06/14:
- 33.7% increase in Online Applications from June 2014 to March 2015

ConneCT online change reporting went live 01/15:
- 30 to 50 online changes submitted per day
Decreasing unprocessed electronic work items among DSS Core Programs:

- Processing more work items than are incoming

- The SNAP pending work items in ConneCT have been significantly reduced
DSS Centers Update
Service Centers located in every office:
- Eligibility workers dedicated to seeing customer walk-ins Monday through Friday 8:00AM to 4:30PM
- Wait times and walk-in volumes tracked through Reception Log
- Provide direct assistance to customers in SNAP, TFA, State Supplement, Medical Assistance, and State-Administered General Assistance
- On-site Child Support, Social Work, and Quality Assurance Services

Processing Centers located across the state:
- Eligibility workers dedicated to processing work received via ConneCT document management, online, and through system interfaces
- Hartford, Manchester, Willimantic, New Haven, Middletown, Norwich, Danbury, Stamford, and Torrington Offices
Benefits Center Overview:

- One statewide toll-free number: **1-855-6-CONNECT**
  TTD/TTY:
  **1-800-842-4524**

- Eligibility Workers answering calls in 3 Offices (Waterbury, New Britain, Bridgeport)

- “One Touch Resolution”

- Workers screen for callers with disabilities requiring special accommodations

- 24/7 IVR system for secure anytime access by phone through the use of a confidential PIN and DSS client authentication
During 2014 received over 230,000 calls on average per month into the IVR:

- 806,649 calls served by workers since inception

Benefits Center – not a traditional Call Center:

- Staffed by DSS Eligibility Workers – more than just customer service representatives
- Operate through specialized program and policy knowledge; no prepared scripts
- Able to serve all client needs across complex cases and numerous DSS Programs
- Perform all functions, including determining eligibility, processing work items, and serving customers
March 2015 Benefits Center Average Wait Times (in Minutes):

- **Week 1**
  - 2-Mar: 97
  - 3-Mar: 97
  - 4-Mar: 78
  - 5-Mar: 60
  - 6-Mar: 51

- **Week 2**
  - 9-Mar: 58
  - 10-Mar: 49
  - 11-Mar: 43
  - 12-Mar: 25
  - 13-Mar: 25

- **Week 3**
  - 16-Mar: 43
  - 17-Mar: 29
  - 18-Mar: 26
  - 19-Mar: 32
  - 20-Mar: 52

- **Week 4**
  - 23-Mar: 77
  - 24-Mar: 72
  - 25-Mar: 45
  - 26-Mar: 39
  - 27-Mar: 50
- Monthly Benefits Center Wait Time Trends:
DSS Centers Update

Benefits Center Wait Time Factors:

- Notices lead to increased call volume
- Use of multiple systems
- Manual data entry
- Post customer contact processing time
- Underutilization of IVR and online options
- Complex cases (multiple programs)
- “One Touch Resolution”
- **Upcoming Initiatives:**
  - Lifeline program
  - Mobile applications
  - In-office scanning
  - Application kiosks
  - Service Center Queue Management System
Teracore:

Scope:

- Requested by USDA Food and Nutrition Service (FNS) to assess the SNAP Program in the Benefits Center
- Business Process Re-engineering:
  - Applications, Redeterminations, Periodic Review Forms and Changes
- 10 month assessment

Objectives:

- Assess current processes
- Document initial challenges
- Identify SNAP improvement opportunities
- Support pilot implementation (1 location)
Teracore Phased Approach:

| Phase 1 | • Current State Assessment  
|         | • Site visits & interviews  
|         | • Identify pain points and bottlenecks |

| Phase 2 | • Identify and prioritize quick wins  
|         | • Develop Change Management Plan  
|         | • Develop Pilot Plan based on Federal metrics |

| Phase 3 | • Support pilot implementation (one location)  
|         | • Develop Transition Plan for rollout of new processes to the Benefits Center |

| Phase 4 | • Support State implementation of business process improvements  
|         | • Across all three Benefits Center locations |
Application and Renewal Processing
- Increased timeliness of processing SNAP applications;
- Decreased SNAP payment error rate:

- To date in FY 2015, Connecticut is the 4th most improved in the nation in payment error rates
- FY 2014 Connecticut was the 5th most improved in the nation in payment error rates
Long-term Services and Supports (LTSS) Processing:

- 4 Offices are LTSS Application Hubs: Bridgeport, Waterbury, New Haven, and Hartford
  - Bridgeport, Waterbury and New Haven Offices process Nursing Facility cases
  - Hartford Office processes Waiver cases starting January 2015 (home and community-based services)

- 5 Offices are LTSS Renewal Hubs: Manchester, Willimantic, Stamford, New Britain, and Danbury
  - Process applications and renewals for Rated Housing Facilities (e.g., Residential Care Homes and Group Homes for the Developmentally Disabled)
  - Process renewals and interim changes for all LTSS cases
Increased timeliness of Medicaid Application processing:

Medicaid (excluding LTSS):
- Non-LTSS Medicaid timeliness has been above 90% for past 4 of 5 reporting months
- Overall non-LTSS timeliness was 78% in July 2013 and 93.5% in December 2014, an overall increase of 15.5%

LTSS:
- LTSS Medicaid timeliness continues an upward trend past 90% (includes excused delays)
Application and Renewal Processing

Application Channels:

- Paper (Mail)
- In Person
- Phone
- Online

Four channels. Two are new:
- Phone Apps
- Web self service with real time determinations
Renewals Processing:

- Three different renewals currently in progress:
  - Traditional HUSKY-to-MAGI HUSKY
    - Transition of this population to MAGI-based HUSKY
    - Transitional - Materially finished around October 2015
    - Access Health CT, Xerox and DSS partner in this process
  - MAGI-to-MAGI
    - Access Health CT, Xerox, and DSS partner in this process
  - HUSKY C and Medicare Savings Programs (MSP)
    - Established DSS process; only process that uses ConneCT
Application and Renewal Processing

- New processes under the Affordable Care Act:
  - Administrative (Auto) Renewals
    - Using electronic sources of data the system will attempt to renew customers automatically if everything looks “reasonably compatible”
    - The customer simply gets a notification (mailed or emailed) that they will be granted another 12 months
  - Reconsideration Period
    - Within 90 days after closure, a customer can be renewed and coverage back dated
  - New Name for a New Process
    - CMS now calls the process “Renewals” instead of “Redetermination” to reflect the intent of the new process
- Classic HUSKY A, B & D households are renewed and transitioned to MAGI using the Access Health CT shared system

- Moratoriums:
  - Connecticut took advantage of a federal option to defer redeterminations during January - March 2014 (most HUSKY A, B and D households had 3 months added to their coverage)
  - Connecticut received approval for an additional moratorium, which was implemented from June - August, 2014
  - April and May redeterminations were not included in the second moratorium, but received longer “Second Chance” extensions
  - Under the “Second Chance” process, we do not dis-enroll immediately when the redetermination has not been completed. Instead, we send a reminder and provide additional months of coverage, e.g., settled on 4 months
In the auto-renewal process we check:

- That per electronic data sources the previous attested income is less than or within 10% of the value
- Wages through Department of Labor and IRS (Federal Hub)
- Unemployment benefits through Department of Labor
- Social Security Disability through SSA (Federal Hub)
- That there was no loss of immigration status
- Department of Homeland Security (Federal Hub)
- That there are not any data conflicts, e.g., a longer than possible pregnancy
Application and Renewal Processing

- MAGI Renewals Overview:

  60 days before coverage end, a household is notified of (a) Auto Renewal OR (b) Renewal required. Prefilled AH3R form to make response as easy as possible.

  - Step 1
  - Step 2
  - Access Health CT
  - Pre-filled Paper (Mail)
  - In Person
  - AHCT Call Center
  - Online
  - A difference
  - Manual update by Xerox into EMS

Department of Social Services
- HUSKY C and Medicare Savings Programs (MSP):

  Step 1

  Step 2

  Paper (Mail)

  In Person (DSS office)

  EMS

60 days before coverage ends, a household is notified and sent a redetermination form for HUSKY C or the Medicare Savings Program.
ImpaCT Update
Building on Incremental “Wins” for Connecticut

Tier 1
access health CT

Tier 2 and 3
ImpaCT
Currently Underway

Tier 4
Integrated Eligibility (Cross-Agency)

These projects build on each successful milestone to increase reach and impact.
ImpaCT Progress:

- Initiate & Plan
- Requirements Validation
- Design (Elaboration and Gap Analysis)
- Development and Testing
- System Test Begins
- UAT Prep
- User Acceptance Testing
- Pilot
- UAT Training
- User Training
- Deploy
- Wave 1 Go-Live
- Warranty for 12 months
- Conversion Support
- M & O
ImpaCT Planning:

- Tasks in sub plans can be tagged to denote tasks to be presented in the Master Plan.
- External Dependencies can be manually captured within individual Plans and reported on Dashboards.

Diagram showing the flow of information from various sub-plans to the Consolidated Plan for reporting.
ImpaCT Benefits:

- Initial System Release:
  - Replacement of EMS legacy system
  - Cost reduction and containment
  - Improved operations and performance management
  - Enhanced integration with ConneCT online services
  - Facilitates work across channels
  - Simplified notices
  - More efficient renewal process
  - Reduced number of verification requests
• ImpaCT Benefits (Continued):
  • Future Enhancements:
    – Progression to a “No Wrong Door” system
    – End-to-end case management
    – Integrated solution for Health and Human Services (HHS) functions
Federal Guideline Updates:

- Office of Management and Budget (OMB) Circular A87 Cost Allocation Waiver for integrated health and human services eligibility system development:
  - Allowed States to build integrated systems without having to allocate the costs of developing shared eligibility services to human services programs
  - In October 2014, CMS provided a three-year extension of the A87 waiver authority to enable states to complete their work on eligibility and enrollment systems integration through December 2018
  - 90/10 federal matching funds permanently extended
EMS
- Mainframe COBOL System
- “Green Screen”
- Difficult to customize and maintain
- No communication with ConneCT/AHCT systems
- Limited Interfaces
- Complex and difficult to revise notices

ImpaCT
- Web-Based System
- Intuitive design
- Flexible and extensible architecture
- Integration with ConneCT/AHCT systems
- Enhanced Interfaces for Collateral Contacts
- Simplified and easier to revise notices

Connecticut Department of Social Services
Making a Difference

ImpaCT Update

Department of Social Services 43
ImpaCT System
Overview and Features
System Modernization

EMS System
Technology: COBOL/IMS

ImpaCT System ➔
Technology: Java/DB2 (Browser Based)
System Consolidation

Current System Interactions

- EMS
- Interface Systems
- ConneCT Worker Portal
- R-Log
- Microsoft Outlook (Scheduling)

Future System Interactions

- Eligibility Correspondence
- Incoming Documents
- 1348 Correspondence
- Alerts
- Documents
- Walk-Ins
- Interviews
- *NEW* ImpaCT
- All Correspondence

Current State

Future State

Department of Social Services
Current Challenges:
- Reliance on Business Process
- Use of Case Narratives
- Reliance on Prompts and Worker Experience

ImpaCT Benefits:
- Systematic Enforcement of Business Process
- Indicators to Alert Workers
- Facilitates Proactive Action By Workers

System Indicates Where Accommodations and Interpreters are Needed to Help Clients
STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  

Dated: 05 01 2027

Client ID: [Redacted]
To contact us please call
Monday-Friday 7:30-4:00
DESS Benefit Center
Phone: 1-855-6-CONNECT
Toll Free: 1-855-632-6632

Dear [Redacted],

PART 1. GENERAL INFORMATION ABOUT YOUR ELIGIBILITY

We made a decision about your request for assistance. This two part notice explains our decision. Part 1 has general information about your eligibility and benefits. Part 2 gives specific information about our decisions. It also tells you about each person you applied for. Please read both parts of the notice.

Each program is discussed in a specific order: Cash assistance programs are first. These are programs like Aid to Families with Dependent Children (AFDC), and Aid to the Aged, Blind and Disabled. Information about the Food Stamp program is second. Medical assistance information is last. If a program you applied for is not listed, then we have not finished processing that part of your application. You will get another notice when we are done.

You may call your worker at the number listed at the top of the page if you have any questions. You can request a hearing if you disagree with this decision. Please read the last two pages of this notice for more information about your hearing rights.

Community Medical Assistance
AU Number: [Redacted]

You applied for medical assistance on April 1, 2027. Based on our records we have determined that some or all the members of your household are eligible. Please read Part 2 to find out who is eligible and when your coverage begins.

You will receive your medical eligibility card within the next few days. Use this card as long as you remain eligible for medical assistance. We will contact you before the end of April 2028 to review your benefits.

PART 2. DETAILED INFORMATION ABOUT YOUR ELIGIBILITY

5003 - Notice of Approval
Qualified Medicare Beneficiaries - AU [Redacted]

1005 - Notice of Denial
Qualified Medicare Beneficiaries - AU [Redacted]

Your application for Medical assistance has been denied for the month of April 2027.

Reason(s) for denial:

PLEASE CALL YOUR WORKER.
PLEASE CALL YOUR WORKER.

If you are a non-pregnant female or male who are in need of family planning services, you may be eligible for the Family Planning Coverage Limited Benefit. Some examples of Family Planning Services are: birth control, sterilization and treatment for sexually transmitted diseases (STD's). If you would like to apply for the Family Planning Coverage Limited Benefit, please contact DESS at the telephone number listed above.

You can request a hearing if you disagree with this decision. Please read the last two pages of this notice for more information about your hearing rights.

The information listed below helped us make our decision:

You requested medical help for 1 person(s).

If you think the information we used is wrong, please call the Benefit Center at the number listed on the top of page 1.

Thank you,

Connecticut Department of Social Services
Current Challenges:
- Length and Complexity of Notices Drives Traffic
- Inability to Barcode Notices
- Very Difficult to Change Legacy Notices

ImpaCT Benefits:
- Uses Externalized Document Platform (Adobe LiveCycle)
- Integrated Notices
- Use of Barcodes
- Pre-Populated Renewals
**Current Challenges:**
- Manual Requests for Verification
- Multiple Requests to Clients
- Inconsistencies Based on Programs and Workers

**ImpaCT Benefits:**
- Verification Requests are Automated and Consolidated
- Outbound Requests are Barcoded
Current Challenges:
- Multiple Data Sources
- Manual Action Required to “Join” Data

ImpaCT Benefits:
- Single Data Source
- Automated and Integrated Reporting
Thank You