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OFFICE OF THE COMMISSIONER

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March 10, 2013

Rev. Bonita Grubbs
Executive Director
Christian Community Action, Inc.
168 Davenport Avenue
New Haven, CT 06519

Dear Reverend Grubbs;

In response to your December 11, 2013 letter, the following information is provided for the first several months of our Benefits Centers operations and has been extended to include the month of December.

As mentioned in my presentation before the MAPOC, DSS is keenly aware of Benefits Centers call volumes and wait times and is implementing strategies to improve service. My remarks also included an overview of systemic improvements in the processing of agency work, and it is important to consider what the environment was like less than a year ago.

The agency's legacy system known as EMS, is 25 years old. Although EMS has been a workhorse for entering and storing data, it does not have the capacity to provide the full range of functions needed to support a modern Social Services agency. Coding for key programs (such as Temporary Family Assistance (TFA) and the Long-Term waiver coverage) are obsolete and updating even one area has repercussions across the system that can cause serious disruptions affecting literally hundreds of thousands of clients. Pre-dating the internet, EMS is a mainframe system designed to assist out frontline staff complete required eligibility determination checks and verifications. However, data requested for Unemployment Compensation through the Department of Labor is often 3 full months old due to the outdated interface. System checks for items such as Care For Kids daycare expenses, and legal residency status must all be completed outside of EMS, thus extending application and redetermination processing times. A major cause of agency program errors (and within the SNAP program specifically), has been the absence of an interface with the Child Support CCSES system.

Our telephone system was composed of 12 separate systems in each of our regional offices. A simple call transfer from one office to another was not possible. There was no updated number for specific information on regional office location, hours of operations or services provided. Voice mail, a feature introduced in the early 1990's, held up to 32 messages for each individual caseworker. Clients and advocates had noted for years that calls to individual eligibility workers were not answered, and the inability to leave messages due to mailboxes routinely being filled. Thus calls were not returned promptly, if at all.

And lastly, staffing levels suffered after a decade of sporadic early retirement packages, the impact of a massive lay-off in 2003 and attrition. By the summer of 2013, caseload size had grown to over 2000 for many of our frontline staff, thus delaying benefits and services. With aging technology and reduced staff, paperwork was found piled on desks and tables. With fewer support staff, file rooms were filled beyond

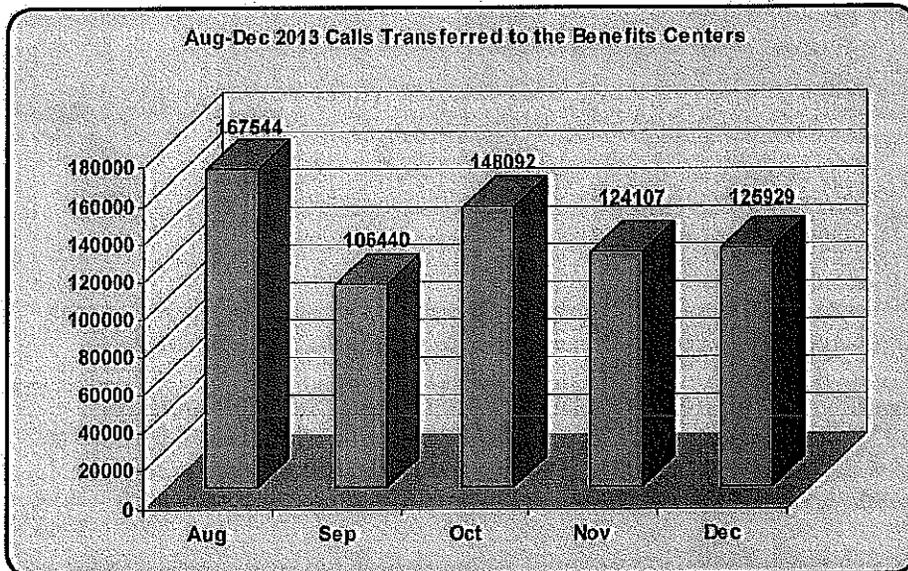
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capacity, as unfiled work caused processing delays, and accounted for a growing percentage of error occurrences.

It is against this backdrop, and with the improvements that have been implemented, the below data is provided from August through December of last year. System reports for this period verify that just over 672,000 calls were received by our benefits Centers staff, a volume of calls that far exceeded our expectations. The table below breaks these calls out by month.



Over this 5 month period nearly 426,000 calls were abandoned prior to being answered. These calls, many of which would previously have been left in individual voice mail boxes or not returned at all as voice mail boxes were full, is of obvious concern to us and strategies are being developed to reduce this number.

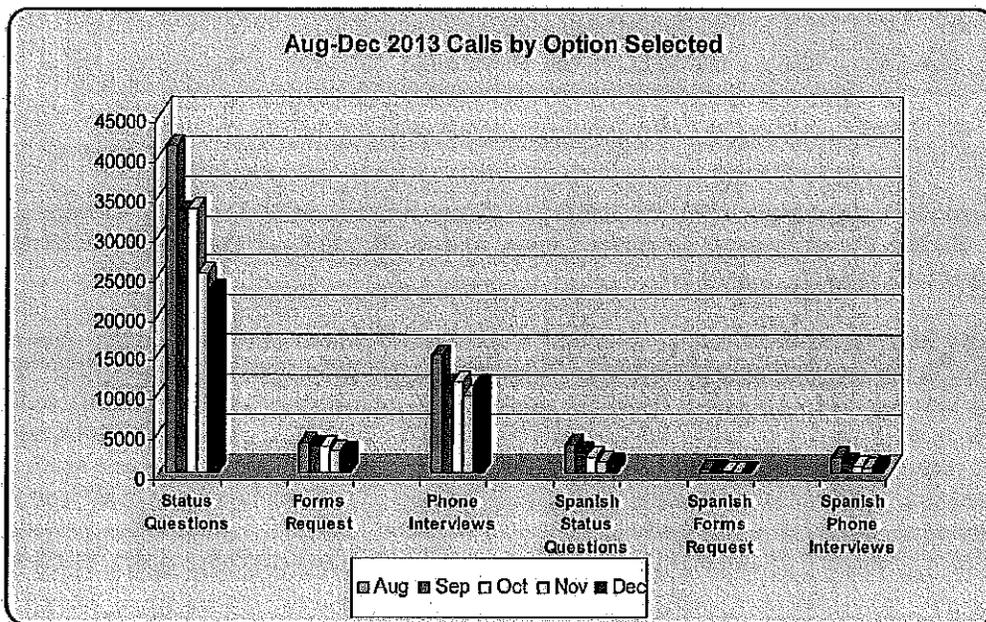
As the system cannot easily capture the number of 'repeat' callers nor can it identify those callers who may disconnect for other reasons (examples would include not having their Client Identification Number ready or having needed documents on hand), or have already located the answer via other means (the MyAccount system, or through another member of the household who already contacted the Benefits Center and was served), or those who simply chose not to wait. Additionally, Benefits Centers staff report that in some cases, callers on hold often receive another incoming call, terminate the call, and then call back later. For all of these variables, we believe this number to be significantly lower, but still needs to be substantially reduced. Lastly, and in direct response to your request, the average time a caller waits before disconnecting was approximately 17.5 minutes over the 5 month period.

The data below provides information on the number of calls transferred to Benefits Centers staff for each of the months requested according to the option selected by the caller. These options correspond to skillsets for each of our Benefits Center staff. For example, the first skillset indicated below pertains to questions on the status of pending applications, pending redeterminations, documents submitted, or a wide variety of program eligibility questions. In the period August-December 2013, there were over 155,000 status questions handled by our Benefits Center staff.

Forms request calls are received from clients (pending or actively receiving benefits) who may have inadvertently lost a form, misplaced a required form, report non-receipt of a mailed form, or represent 'cold calls' as varied as a request for an application or for instructions on how to access information on-line. In the period August-December 2013, there were nearly 15,500 requests for 'forms' that were serviced through our Benefits Centers staff.

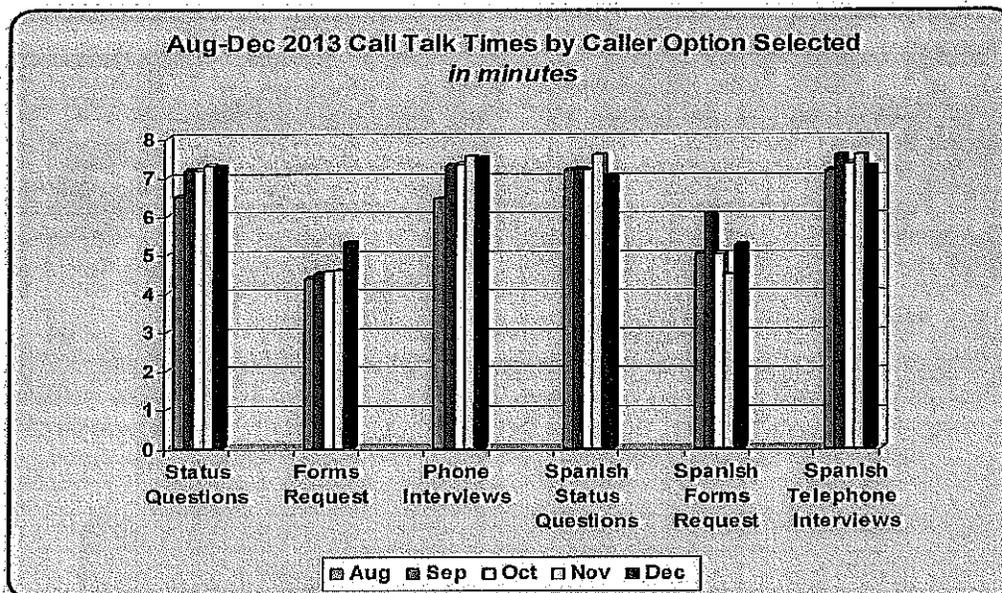
Clients calling for Telephone Interviews are generally received in response to a letter indicating that completion of an interview is required for SNAP benefits or other cash program. In the period August-December of 2013, the three Benefits Centers received approximately 57,700 calls requesting Telephone Interviews.

The remaining three caller options are Spanish language versions of those offered in English and received by bi-lingual Benefits Center staff. In the period August-December 2013, over 10,200 status questions were answered, nearly 600 requests for forms, and more than 5200 telephone interview calls were taken.



The data below illustrates the average call times for each of the listed caller options selected. For the period August-December of 2013, the average call time for a Status Question call was just over 7.0 minutes, for Forms Request calls just under 5.0 minutes. For Telephone Interview calls the average time was nearly 7.5 minutes.

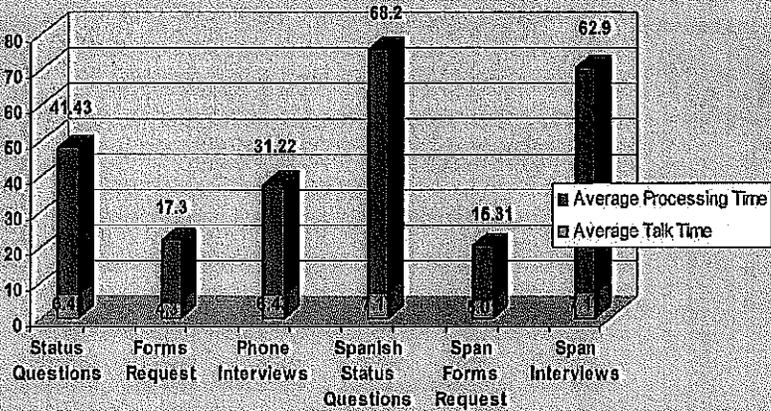
Average call times for Spanish language calls closely mirrored their English language counterparts. Spanish Status Question calls averaged nearly 7.5, Spanish Forms Requests averaged 5.0 minutes, and Spanish telephone Interviews averaged over 7.0 minutes.



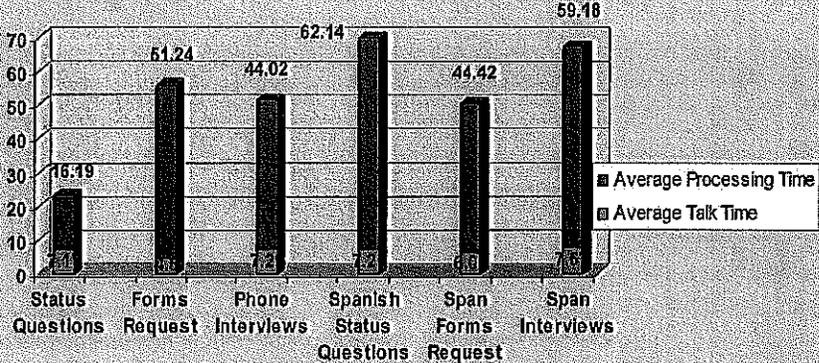
Average call length time is generally within the initial planning expectation of 7-13 minutes. The average call length for the two Forms Request options are lower due to the nature of these calls, usually to complete a request to have a form mailed out.

The last requested item related to processing time once a client call had been concluded. At the present time, specific data in this area is simply not available. While our system does capture what are called 'Not Ready Codes' (codes entered by individual Benefits Centers staff to indicate they are not on a call), codes available denote a wide variety of activities to include time away for lunch, scheduled breaks, unit meetings, etc. A request to have work related Not Ready codes broken out for reporting purposes (such as application processing, redetermination processing, initiate/follow-up on collateral contact needed to meet eligibility requirements, and others), was made to the vendor in January 2014. The graph below provides a breakdown of the call length ('talk time') and aggregate processing time for each caller option selected.

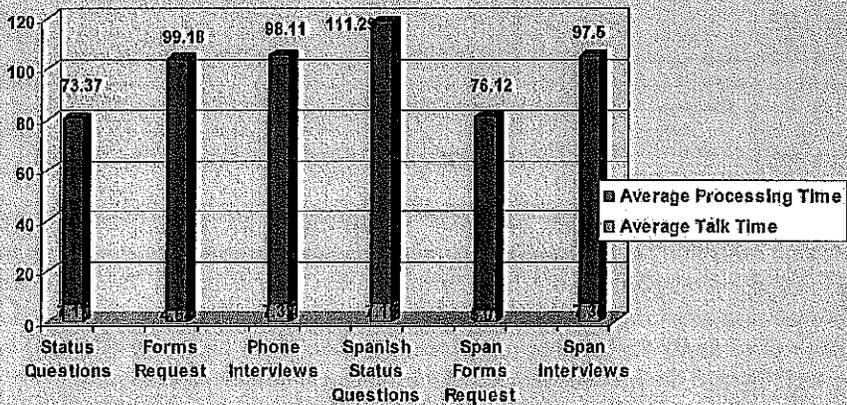
Aug 2013 Average Processing and Call Times by Minutes and Seconds



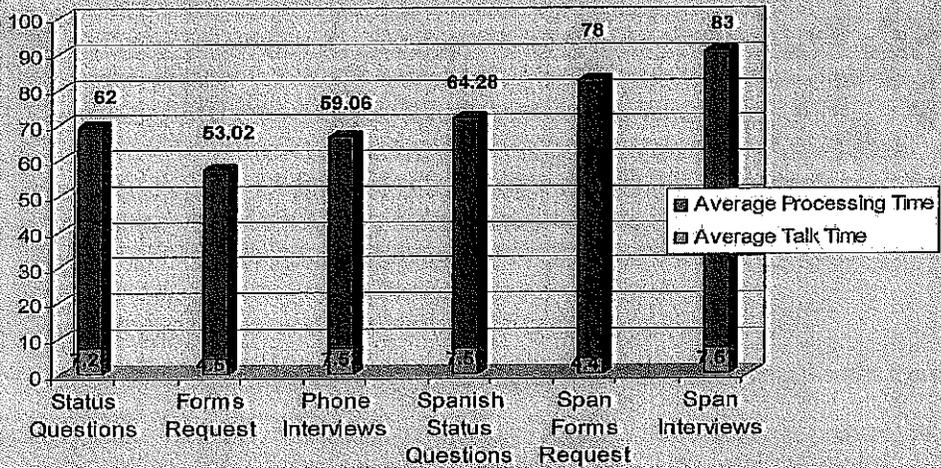
Sep 2013 Average Processing and Call Times by Minutes and Seconds



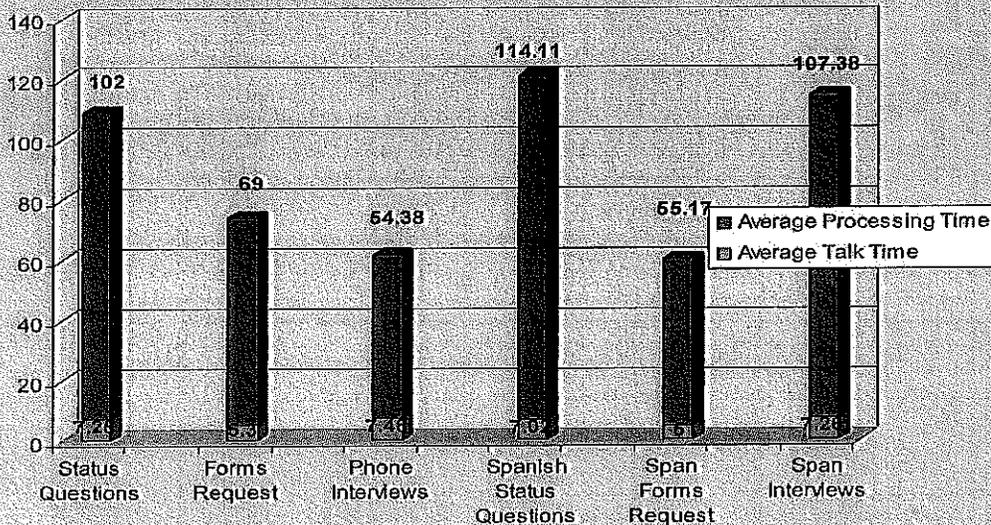
Oct 2013 Average Processing and Call Times by Minutes and Seconds



Nov 2013 Average Processing and Call Times by Minutes and Seconds



Dec 2013 Average Processing and Call Times by Minutes and Seconds



Determining finite processing times is made additionally challenging as many calls that are received through one caller option can often become another. A common example is the caller who (in response to a letter to call and complete a telephone interview) completes the interview and then asks a number of questions related to Medicaid eligibility criteria, financial assistance programs, how to apply for security deposits, or may then ask to apply for another program altogether. Such client interchanges can extend post-call processing well beyond the limited expectations for a single telephone interview.

The agency has taken steps to reduce wait times and reduce the number of abandoned calls. Already in place:

- The agency has hired well over 200 staff over the past 2 years
- Field offices have completely processed over 200,000 paper-based work items that remained after ConneCT start-up.
- Regularly scheduled meetings held weekly with Managers in each of the three Benefits Centers to better identify problem points, share best practices and consider how feedback can be used to improve service.
- This data is then being utilized in weekly meetings with system technicians to isolate and provide solutions to better inform and serve callers.
- The system message advising callers the wait time may exceed 20 minutes has been updated to 60 minutes. When system wait times are less than 60 minutes, callers will hear an automated message with the current wait time. This update will be especially helpful to callers with limited cell phone minutes.
- All system messages are being reviewed for accuracy and clarity.
- Alternate methods of call queuing and answering are being tested to reduce the number of longest waiting calls.

The agency will continue to employ strategies that will reduce Benefits Centers call volume, and overall wait times to include:

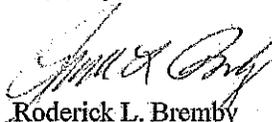
- Priority work (applications and redeterminations) has been targeted for completion in each field office with tight timeframes for completion. Since the beginning of the year, field staff have reduced the number of non-LTC (Long-Term Care) applications by over 1,500. Additionally, we have reduced the amount of QMB (Qualified Medicare Beneficiary) applications and redeterminations by nearly 90%.
- Overtime has been used to further complete priority work.
- An Escalation Unit is in the final stages of being developed to respond to high priority client concerns communicated through partner organizations.
- Strategies are being developed for the assignment of lengthy or complicated work as received via client calls to processing staff. This will allow Benefits Centers to cut call wait times, reduce processing times and increase the number of calls answered.
- Since the start of 2014, the agency has hired and is training nearly 50 new hires.

This data reflects and confirms the commitment our agency has made to upgrade obsolete systems, eliminate the need for many of our clients to travel and wait long periods of time in a DSS regional office, the changes in service now available to our clients, and to the dedication of our staff to fully service every call with an eye towards 'one-touch resolution'. Over the coming months we look forward to reducing pending work further, which will help decrease overall call volume and wait times in Benefits Centers. This process takes time and needs to consider a number of other changes that are on the way, such as

increased calls received from clients involving Access Health, and our implementation of a new integrated eligibility system, ImpaCT.

We further look forward to sharing all information as we improve access and service to our clients reliant on our programs.

Sincerely,



Roderick L. Bremby
Commissioner

cc: Katherine S. Yacovone, President/CEO, Southwest Community Health Center Inc.
Christine Bianchi, Director, Community Programs
Sheila Amdur, Co-chair, MAPOC Complex Care Committee
Ellen Andrews, Executive Director, CT Health Policy Project
Janel Simpson
George Chamberlin