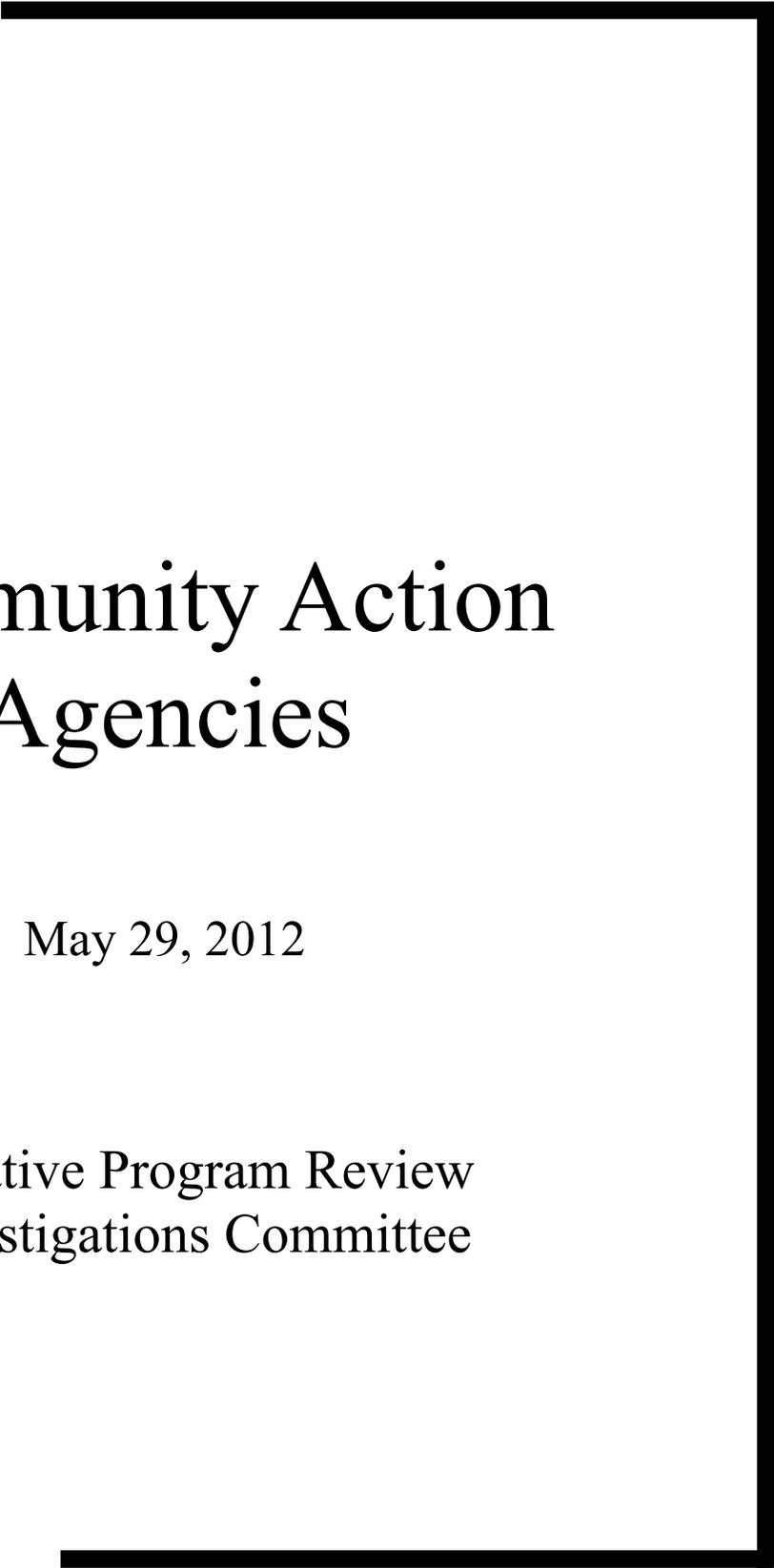


Staff Report



Community Action Agencies

May 29, 2012

Legislative Program Review
& Investigations Committee

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Executive Summary

Community Action Agencies

The Connecticut Department of Social Services (DSS) administers a variety of programs to assist citizens with various human service needs. During this recent economic downturn, Connecticut has experienced an increase in the need for social services. Questions have been raised about DSS' ability to process program applications for assistance in a timely manner. One suggested proposal is to allow Community Action Agencies (CAAs), federally-designated, independent anti-poverty agencies, to be more involved in the application and eligibility process for these programs.

To that end, the Legislative Program Review and Investigations Committee initiated a study in September 2011 to examine how CAAs assist clients in accessing certain state government services. Specifically, the purpose of the study was to evaluate the role of CAAs in supporting state agencies in expediting eligibility determinations for select social service programs, examine if there was any duplication of effort between CAAs and state agencies, and assess possible cost-savings opportunities.

For the purposes of this study, committee staff primarily focused on the larger social service programs administered by DSS, in terms of number of clients and funding: 1) Medicaid; 2) HUSKY B (Children's Health Insurance Program (CHIP)); 3) Supplemental Nutrition Assistance Program (SNAP); 4) State Supplement; 5) State Administered General Assistance (SAGA) cash; 6) and Temporary Family Assistance (TFA).

Connecticut's CAA network provides an important resource in assisting the state's low-income citizens to access vital programs and help them to achieve self-sufficiency. However, program review staff believes pursuing a more involved CAA role with DSS, the study focus, would not produce meaningful results for the following reasons:

- CAA pre-application assistance is not intended to replace DSS intake but rather provide support to ease DSS application processing;
- although the CAAs provide an invaluable resource for a broad and diverse customer base, their efforts yield few new referrals to DSS;
- there are federal restrictions on who can determine eligibility for two major DSS programs; and
- an ongoing technology and work process modernization initiative will impact application processing times that will address, in part, the application influx.

Below is a summary explanation of these major points along with a brief overview of CAAs. The rest of the report provides more detailed descriptions of: the trend in increasing caseloads and decreasing staff at DSS; the current role and functions of CAAs; the intake and eligibility processes at CAAs and DSS; federal restrictions on eligibility determinations; and the modernization initiative at DSS. The report also contains several appendices that provide: the

number of referrals to DSS by CAA; a summary profile of DSS major assistance programs; a listing of towns covered by CAAs; the types of services provided by each CAA; and a copy of the CAA pre-screening tool. A list of acronyms is also provided at the end of this Executive Summary.

CAAs ARE FEDERALLY-DESIGNATED INDEPENDENT NONPROFIT ANTI-POVERTY AGENCIES

Community action agencies were created as part of the federal 1964 Economic Opportunity Act that established several social programs to promote the health, education, and general welfare of the impoverished. The CAA concept is to develop programs at the local level so they are geared specifically for target population needs in geographically designated areas. Currently, there are twelve CAAs in Connecticut. CAAs have both state and federal designation in statute. As the federally-designated anti-poverty agencies they are the officially recognized partner in addressing poverty within the state.

Defined by federal statute, each CAA is a nonprofit agency that is governed by a tripartite board composed of at least one-third low-income community members, one-third public officials, and up to one-third private sector leaders. The major funding source for CAAs is the federal government, specifically the Community Service Block Grant (CSBG). The U.S. Department of Health and Human Services, through its Office of Community Services (OCS) within the Administration for Children and Families (ACF), administers the block grant. The state grantee, the Department of Social Services, is responsible for monitoring the CAAs' actual implementation of the block grant funds.

One way CAAs differ from other poverty-related organizations is that while many community-based entities focus on one specific area of need such as job training, health care, housing or economic development, CAAs address multiple needs in a comprehensive approach, develop partnerships with other community organizations, involve low-income people, and deliver a wide range of coordinated programs designed to have a measurable impact on reducing poverty.

Further detail on the general administration and operations of CAAs including governance structure, funding, and oversight is provided in Section II.

CAA PRE-APPLICATION ASSISTANCE IS NOT INTENDED TO REPLACE DSS INTAKE BUT RATHER PROVIDE SUPPORT TO EASE DSS APPLICATION PROCESSING

In 2003, DSS adopted the Human Services Infrastructure (HSI) initiative as a more efficient way of connecting people to the services they need. One of the HSI efforts include CAAs helping individuals with the application processing for DSS programs and getting clients to DSS better prepared to use services efficiently, thus easing DSS application processing. The basis of the initiative is a statewide common intake process that includes identifying people who may be eligible for DSS programs through a pre-screening questionnaire that is administered to every person during intake by CAA staff.

CAAs first perform a pre-assessment to assist prospective clients in identifying potential sources of help, regardless of whether it is a DSS or CAA program, or one run by another agency. It is important to note that the pre-assessment does not determine potential program eligibility; rather, it helps to identify the potential need for services.

After the CAA pre-assessment is completed, CAA staff will use or direct a person to the Automated Benefits Calculator (ABC) to determine potential program eligibility. The calculator provides a printable results report that has brief description of programs detailing why an applicant may or may not be eligible. The ABC calculator does not give dollar amounts for any of the cash or energy programs but does provide a benefit range for SNAP. The final report also provides a list of verifications required by many of the programs.

If the assessment concludes the client may benefit from DSS programs, CAAs are contractually required to provide pre-application assistance to customers to prepare them to apply for DSS services. Such assistance, as defined by the DSS contract, includes the provision of informational sheets about services offered by the department, applicable location(s), and the required documentation for eligibility including instructions on “how to obtain the necessary documentation.” It is the client’s responsibility to submit his or her completed application and required documentation to DSS for eligibility determination. Therefore, the CAA pre-application assistance supplements the DSS intake function but does not replace the DSS primary role of verifying and determining eligibility.

The degree to which CAAs may process applications and determine eligibility varies and is dictated by federal and state laws and regulations governing individual programs, administrative decisions, and fiscal constraints on individual CAAs.

Based on interviews conducted by program review staff, the meaning of pre-application assistance covers a variety of activities depending on the CAA, including up to assisting a customer in actually filling out and completing a DSS application for services. Discussions with various CAA and DSS staff indicate that the level of involvement and application assistance vary by CAA location. In some CAAs, staff will provide necessary and relevant information needed to apply to DSS; in other CAAs, staff may assist the individual to actually complete the application, obtain the needed documentation, set up the DSS appointment, and assist in follow-up if problems occur. In addition, DSS does not perform any quality assurance checks over the work performed by CAAs such as the completeness or accuracy of forms being filled out or information given.

Section III provides a more comprehensive description of the intake and eligibility process for DSS services.

THERE ARE FEDERAL RESTRICTIONS ON WHO CAN DETERMINE ELIGIBILITY FOR TWO MAJOR DSS PROGRAMS

As a condition of receiving certain federal funding, states and local agencies are required to adopt and use a merit personnel system.¹ These restrictions apply to two of the largest DSS programs, namely Medicaid and the Supplemental Nutrition Assistance Program (SNAP).

Federal rules for Medicaid and SNAP require that only an eligibility worker who is employed by the state or other government agency through a merit protection system make eligibility determinations. In the Medicaid program, individuals other than a state employee can perform initial application processing, including assisting families with applications or entering data from a written application into a computer, but the final eligibility decision must be made by a state employee. Under the SNAP program, a state merit employee must conduct the interviews, evaluate verification, and determine household eligibility. (An overview of these restrictions is provided in Section IV.)

Furthermore, DSS has invested much effort in streamlining its application process toward an integrated eligibility approach (e.g., one eligibility application for multiple programs). Separating or filtering out eligibility functions without two of its major programs seems to be counterintuitive to this approach.

ALTHOUGH THE CAAS PROVIDE AN INVALUABLE RESOURCE FOR A BROAD AND DIVERSE CUSTOMER BASE, ITS EFFORTS YIELD FEW NEW REFERRALS TO DSS

CAAs are often identified as agencies where customers can gather information regarding services that are available in the community. As such, they have been selected by DSS to provide an array of client services including outreach and pre-application assistance for DSS programs.

Based on data tracked by CAAs, only a small percentage of all CAA clients are actually referred to DSS. Program review staff obtained selected performance activity information from the Connecticut Association For Community Action (CAFCA) for all CAAs for 2011. Of the approximately 374,000 individuals who sought help from CAAs in 2011, about 12,000 (or 3 percent) were referred to a DSS program. Most referrals were for SNAP and TANF. No information was available from DSS or CAFCA on the number of referred clients who actually applied and qualified for DSS services.

See Appendix I for the number of referrals to DSS by CAAs.

¹ Merit personnel systems are in some cases required by specific federal grant statutes and in other cases are required by regulations of the federal grantor agencies. While each state has its own merit personnel system with unique characteristics, they are all guided by a set of six broad merit principles outlined in the federal Intergovernmental Personnel Act of 1970. The principles cover recruiting, compensation, training, retention, equal employment opportunity, and guidance on political activity.

TECHNOLOGY AND WORK PROCESS MODERNIZATION WILL IMPACT APPLICATION PROCESSING TIMES

The current processes and technology DSS uses to manage clients and program administration will be changing over the next 12 months. The department is beginning a phased modernization of its technology as well as implementing significant changes to how work will be managed. These planned modifications make further study of improvements to or potential outsourcing of the eligibility process problematic.

The modernization project is composed of three specific technologies that will improve the efficiency and effectiveness of the delivery of client services. These include: web services; an interactive voice response system and call center; and improved document management and workflow. These changes are intended to create a more efficient process and address, in part, the department's capacity to keep up with the influx of applications.

See Section V for further explanation of the technology improvements at DSS.

LIST OF ACRONYMS

ABC (Automated Benefits Calculator)
ABCD (Action for Bridgeport Community Development)
ACCESS (Access Community Action Agency)
ACF (Administration for Children and Families)
ARRA (American Recovery and Reinvestment Act)
BCO (Bristol Community Organization)
CAANH (Community Action Agency of New Haven)
CAAs (Community Action Agencies)
CACD (Community Action Committee of Danbury)
CAFCA (Connecticut Association for Community Action)
CHIP (Children's Health Insurance Program)
CRT (Community Renewal Team, INC)
CSBG (Community Services Block Grant)
CSBG-IS (CSBG-Information Survey)
CTE (CTE, Inc.)
DSS (Department of Social Services)
EBT (Electronic Benefits Transfer)
EMS (Eligibility Management System)
FNS (Food and Nutrition Service)
FPL (Federal Poverty Level)
HHS (Department of Health and Human Services)
HRA (Human Resources Agency of New Britain)
HSI (Human Services Infrastructure)
IEVS (Income Eligibility Verification System)
MLIA (Medicaid for Low Income Adults)
NEON (Norwalk Economic Opportunity NOW)
NIQCA (Northeast Institute for Quality Community Action)
NOI (New Opportunities, Inc)
OCS (Office of Community Services)
OIG (Office of the Inspector General)
OSD (Organizational and Skill Development)
ROMA (Results Oriented Management and Accountability)
SAGA (State Administered General Assistance)
SNAP (Supplemental Nutrition Assistance Program)
TANF (Temporary Assistance for Needy Families)
TEAM (TEAM, Inc)
TFA (Temporary Family Assistance)
TVCCA (Thames Valley Council for Community Action, Inc.)

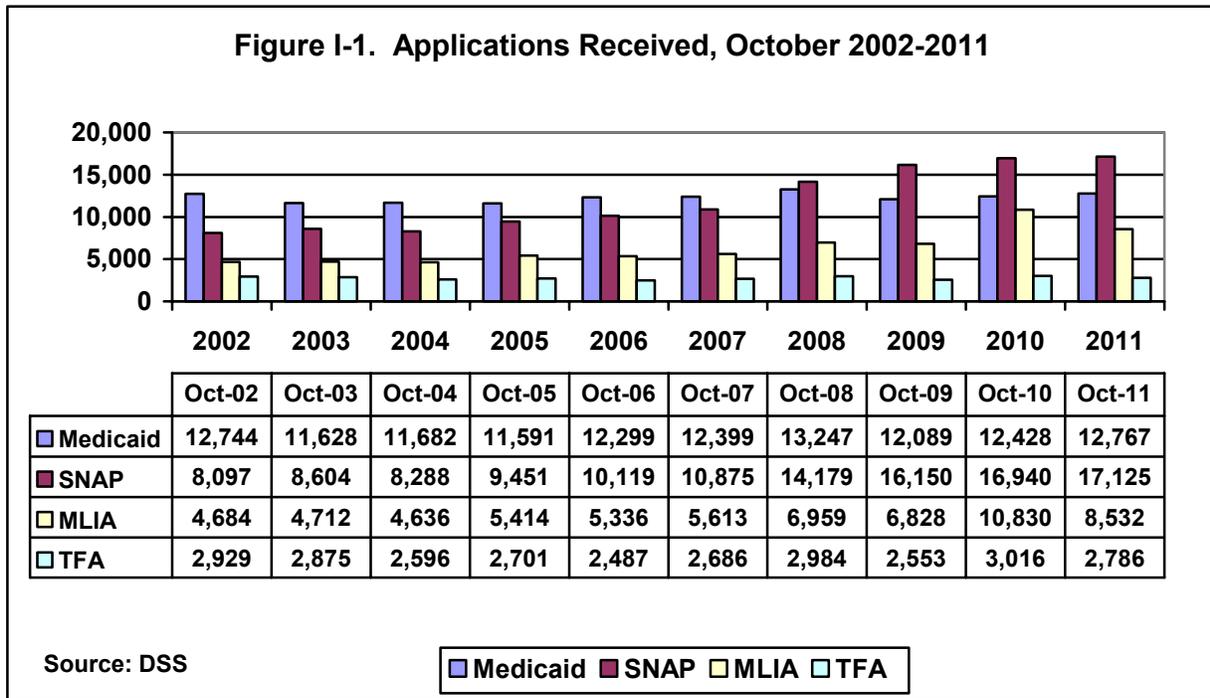
Section I: Enrollment and Staffing

DSS Program Enrollments Have Increased While Staffing Levels Have Declined

Program review staff examined trends in the number of applications, caseloads, and active recipients for selected DSS programs as well as the trend in eligibility worker staffing over a 10-year timeframe. The data indicate that for certain programs the number of applications, recipients, and caseloads has increased dramatically, while the number of eligibility workers has declined.

The downturn in the economy has impacted the activity in most of the larger DSS social service programs. The Supplemental Nutritional Assistance Program (SNAP) in particular has experienced triple-digit growth in all three trend areas of applications, caseloads, and recipients. This combination of growth in certain programs and decline in staffing has contributed to the increase in pending and overdue applications.

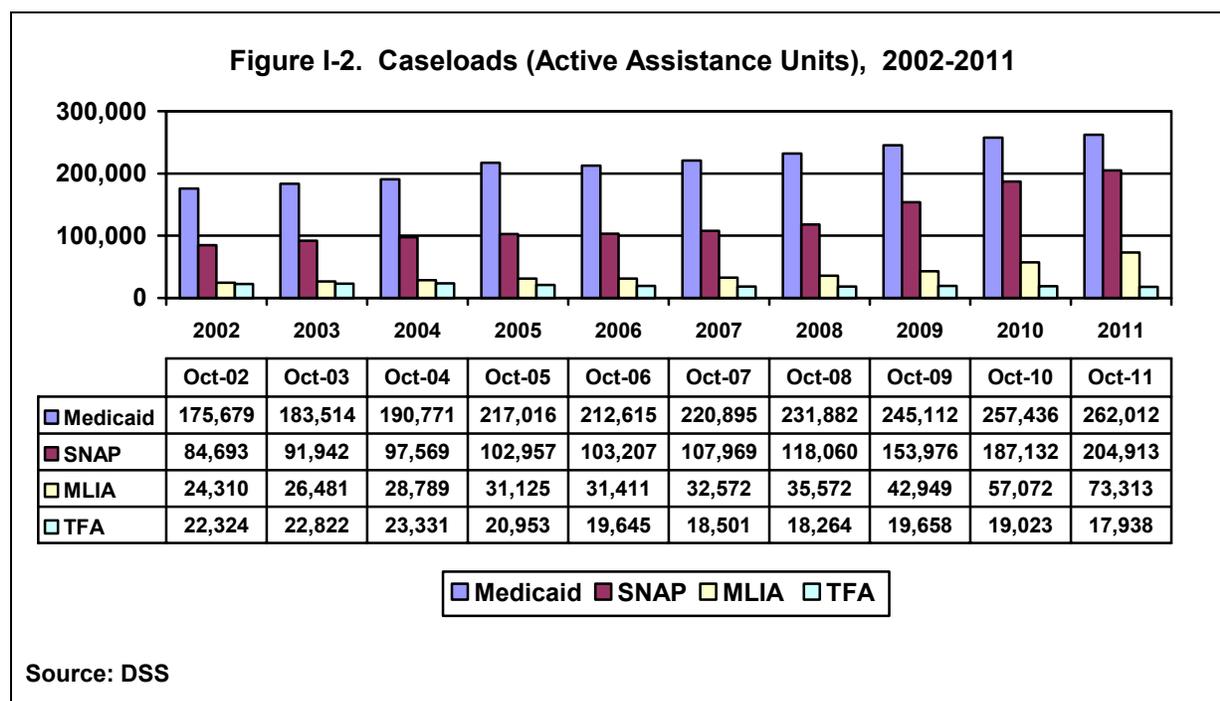
Applications received. PRI staff selected one month to measure the trend from year to year. The trend in the number of monthly applications received by DSS by program between October 2002 and October 2011 is mixed. As shown in Figure I-1, there has been a significant increase in SNAP applications received by DSS (increased by 111 percent) and Medicaid for Low Income Adults (MLIA) (increased by 82 percent). On the other hand, Medicaid application submissions remained flat, while Temporary Family Assistance applications declined by five percent. (Application information for the HUSKY B program was not available.)



As discussed in Appendix II, MLIA replaced the State Administered General Assistance (SAGA) medical program. It is an expanded form of Medicaid for low income adults who are not receiving Supplemental Security Income and are not pregnant.

Other small cash programs administered by DSS experienced varied trends. The State Supplement program for aged, blind, and disabled had a 24 percent increase in applications over that time period, while State Administered General Assistance (SAGA) program applications declined 31 percent.

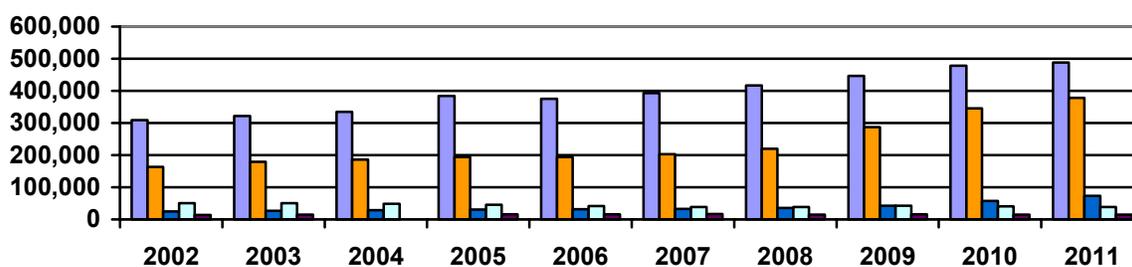
Caseloads. Figure I-2 shows the trend in caseloads (i.e., Active Assistance Units) for Medicaid, SNAP, MLIA, and TFA in each October between 2002 and 2011. In general, SNAP, MLIA, and Medicaid have shown the greatest percentage growth in caseloads of 140, 202, and 49 percent respectively. Temporary Family Assistance caseloads have declined over the same period. Similarly, State Supplement caseloads have declined by about 24 percent, while SAGA cash caseloads have increased slightly by about two percent. (Caseload information for the HUSKY B program was not available.)



Active recipients. Figure I-3 shows the trend in the number of active recipients each October for the last 10 years for Medicaid, SNAP, MLIA, TFA, and HUSKY B. Between October 2002 and October 2011, the number of recipients in HUSKY B increased 10 percent; Medicaid, 58 percent; SNAP, 131 percent; and MLIA, 201 percent.

The number of TFA recipients, though, has actually dropped by 24 percent over that time period. The number of SAGA recipients stayed about the same, while the number of State Supplement cash program recipients declined between 2002 and 2011.

Figure I-3. Active Recipients 2002-2011



	Oct-02	Oct-03	Oct-04	Oct-05	Oct-06	Oct-07	Oct-08	Oct-09	Oct-10	Oct-11
■ Medicaid	308,678	321,541	334,231	384,351	375,465	392,596	416,697	447,002	478,600	487,894
■ SNAP	163,625	178,849	186,279	194,134	194,235	203,016	219,532	286,957	345,746	378,441
■ MLIA	24,330	26,493	28,804	31,145	31,423	32,578	35,577	42,950	57,079	73,320
■ TFA	50,648	50,398	48,995	45,479	41,972	39,042	38,662	42,270	40,613	38,230
■ Husky B	13,572	15,243	14,687	15,373	16,064	16,775	14,660	15,632	14,891	14,954

Source: DSS

■ Medicaid ■ SNAP ■ MLIA ■ TFA ■ Husky B

Table I-1 summarizes the percent change in the number of applications, caseloads, and recipients for the selected DSS programs discussed above, between 2002 and 2011. In general, SNAP and MLIA have experienced the greatest increases in applications, caseloads, and recipients. While Medicaid, the largest DSS program, had virtually no growth in the number of applications, it did grow in terms of caseload and recipients by about 50 percent or more.

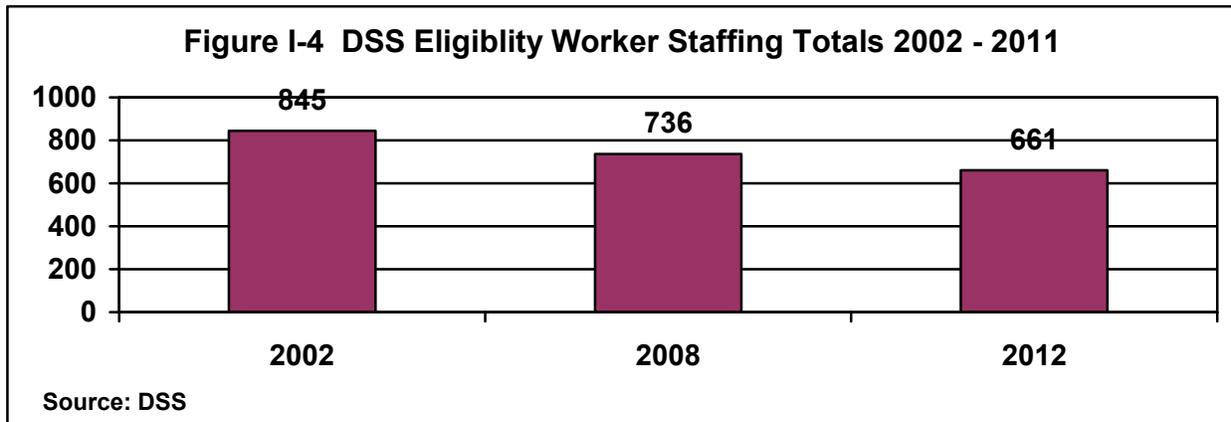
Table I-1. Percent Change in Applications, Caseloads, and Recipients for Selected Programs 2002 and 2011

	Applications	Caseloads	Recipients
Medicaid	0	49	58
SNAP	111	142	131
MLIA	82	202	201
TFA	(5)	(20)	(25)
HUSKY B	n/a	n/a	10
State Supplement	24	(24)	(24)
SAGA Cash	(31)	2	0

Source: DSS

Eligibility worker staffing. As program demand has increased in certain areas, the number of eligibility workers employed by DSS has declined over the last decade, as shown in Figure I-4. The number of DSS workers performing eligibility determinations for all programs has declined by about 22 percent from 845 to 661. The department estimates that eligibility workers are responsible for an average of 1,750 cases per month, which is a 65 percent increase

in the last two years. The department has recently been granted permission to refill 120 eligibility staff positions.



Pending/overdue applications. There are established time frames to determine eligibility for most DSS programs. (Appendix II contains profiles of specific programs including eligibility time frame information). Between November 2010 and November 2011, the total number of overdue applications for all DSS programs increased 16 percent from 18,067 to 20,982.

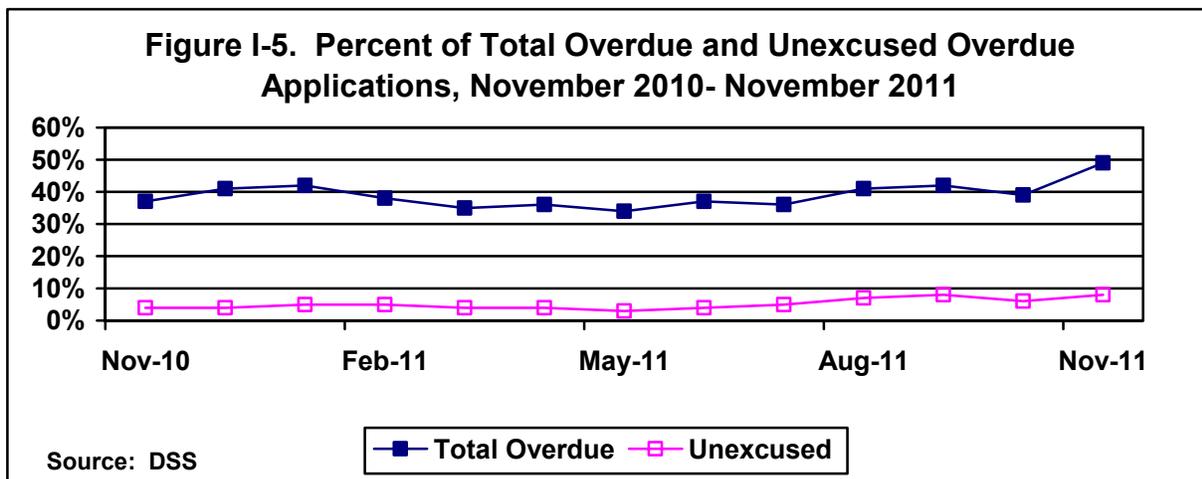


Figure I-5 shows total overdue and unexcused overdue applications as a percent of all pending applications for the same time period.² The figure shows the percent of total overdue

² Excused reasons are considered beyond the department’s control and include: 1) agency has had less than 10 days to secure information; 2) applicant does not currently meet eligibility requirements, but is expected to; 3) applicant has had less than 10 days to submit information; 4) only information is the physician report; 5) client has good cause; and 6) 3rd party delay (client pursuing verification). Unexcused reasons are considered within the department’s control and include: 1) awaiting DSS medical review team decision; 2) problems with Eligibility Management System; 3) reason not entered; or 4) case is ready but worker has not processed it.

applications increased from 39 percent to 49 percent of all pending applications. Similarly, the percentage of unexcused overdue applications as a portion of all pending applications has doubled from four percent to eight percent.

Overdue applications in individual programs have shown different rates of growth. Total overdue applications as a percent of all pending applications for SNAP, for example, has increased from 33 percent in November 2010 to 40 percent in November 2011, while the unexcused total has increased from five percent to 10 percent. For all medical assistance programs, including Medicaid, the percent of overdue unexcused applications as a percent of all overdue applications has increased from five to seven percent.

Concerns raised. The relationship between the volume of pending applications and staffing has brought about increased federal scrutiny for one program and a recent lawsuit for another program, as well as criticisms from the nursing home industry. Early in 2011, federal officials warned that the state could face sanctions of up to \$1 million if it did not improve its handling of SNAP applications. The federal criticisms involved payment accuracy, improper denials, and timeliness of application processing. For example, in FY 2010, Connecticut had the highest number of unexcused SNAP applications not processed in a timely manner among all the states.

The department is also the subject of a federal class action lawsuit filed in January 2012 alleging that DSS has not hired enough workers to process Medicaid applications in a timely manner, as required under law. The suit also alleges, among other things, that the department has programmed its automated eligibility system in such a way so as to circumvent timeliness guidelines by inappropriately sending out notices informing applicants that they have failed to provide required documentation. The suit claims that eligibility workers do not have the time to stop the automatic notices because of high caseloads.

Finally, the nursing home industry has raised concerns regarding processing of applications for Medicaid coverage for nursing home residents. Due to the more complex nature of these applications, the industry alleges that it is not uncommon for applications to be delayed for six months or more. By the time an eligibility determination is made, DSS may owe a nursing home over \$100,000. However, if the application is denied, the nursing home is expected to recover the funds from the resident but may not be successful and must suffer a financial loss.

Section II: Community Action Agencies

CAAs are Federally Designated Independent Nonprofit Anti-Poverty Agencies

The community action agency (CAA) concept is to develop social service programs at the local level so they can be geared specifically for target population needs in geographically designated areas. Currently, there are 12 CAAs in Connecticut. (A list of the CAAs and the towns served is provided in Appendix III.) CAAs have both state and federal designation in statute as the officially recognized agency in addressing poverty within states. This section provides a brief overview of the general administration and operations of CAAs including governance structure, funding, and oversight.

Governance structure. Defined by federal statute, each CAA is governed by a tripartite board designed to involve the community, including elected officials, private sector representatives, and low-income residents in assessing local needs and addressing the causes and condition of poverty. Each CAA must develop a strategic plan for the implementation of its social service programs. The conditions and needs within a CAA's service area are studied and measured on an annual basis and reported each year in its community action plan, described later in this section.

Funding. Although CAAs receive funding from federal, state, and local sources, the major funding source for CAAs is the federal government. The U.S. Department of Health and Human Services, through its Office of Community Services (OCS) within the Administration for Children and Families (ACF), administers the block grants provided to CAAs.

The core CAA operational funding comes from the federal Community Services Block Grant (CSBG). CSBG funds must be used to serve or improve the well-being of individuals with incomes at or below 125 percent of the federal poverty level. Similar to CSBG, the federal American Recovery and Reinvestment Act (ARRA) funds may be used to reduce poverty, to revitalize low-income communities, and to help low-income families become self-sufficient. The federal grants are made available to states that in turn may subcontract to community action agencies and locally based community organizations. As such, OCS is primarily responsible for overseeing the block grant administration, and the state grantee, the Department of Social Services (DSS), is responsible for monitoring the CAAs implementation of the funds.

In order to receive grant funds, a state must work collaboratively with the CAAs or the eligible entities to prepare and submit a state plan to OCS describing how the state will address employment, education, income management, housing, nutrition, health, and emergency services. The state's annual application submission must include: 1) a statement of goals and objectives; 2) information on the specific types of activities to be supported; 3) areas and categories of individuals to be served; and 4) criteria and methods for distributing funds to local agencies.

While funding is contingent upon federal appropriation, CSBG amounts are determined by a formula based on each state’s poverty population. Pursuant to federal law, DSS must pass through 90 percent of CSBG funds to eligible entities but may retain up to five percent for administrative costs. The funds to CAAs support direct services to low-income individuals as well as the management, infrastructure and operations of the CAAs. The administrative costs allotment is intended to provide DSS with the resources necessary to maintain oversight of CSBG through fiscal reporting, data collection analysis, mandated monitoring, and ongoing assessments of CAAs.

In addition, there are other discretionary funds made available directly to assist the community services network. Table II-1 provides a breakdown of funding sources for CAAs in 2010.

Table II-1. 2010 Funding Sources for Connecticut Community Action Agencies	
Funding Source	Amount
Federal (including CSBG & ARRA)	\$254,469,922
State	\$50,758,480
Local	\$4,374,487
Private	\$21,355,774
TOTAL	\$330,958,663
Source: CAFCA 2011 Annual Report	

Compared to other community-based organizations. One way CAAs differ from other poverty-related organizations is that while many community-based entities focus or specialize on one specific area of need such as job training, health care, housing, or economic development, CAAs address multiple needs in a comprehensive approach, developing partnerships with other community organizations, involve low-income people, and deliver a wide range of coordinated programs designed to have a measurable impact on poverty.

CAA programs and services. As federal grantees, CAAs are funded to deliver services targeting employment, education, income management assistance, housing, nutrition, health, and/or emergency services. Generally, CAAs provide a wide range of services (see Appendix IV) including:

- employment and training services to eliminate or reduce barriers to employment;
- financial and asset development to improve income management skills;
- early childhood programs that develop social and educational skills;
- housing and shelter services to assist individuals obtain, maintain or improve their housing arrangements;
- energy and weatherization assistance to avoid heat or utility termination or other fuel crisis;

- nutrition services to provide emergency or supplemental food;
- elderly support to assist seniors maintain active, independent living through specific services such as senior centers, home-delivered meals, or home care;
- youth development and after-school services to improve youth social and emotional development; and
- health services to ensure access to needed health care such as AIDS prevention and counseling.

Federal and State Monitoring of CAAs

The federal government requires both the federal OCS and DSS, as the state grant administrator, to have oversight responsibilities including onsite monitoring of grantees. The federal government issues guidance documents to assist auditors in determining whether grantees are carrying out their CSBG monitoring responsibilities. In addition, CAAs have a number of reporting requirements to both federal and state administrators to demonstrate performance.

Federal role. Federal law requires the U.S. Department of Health and Human Services (HHS) to visit several states each year to evaluate the states' use of CSBG funds. HHS is required to inform each state of the onsite compliance evaluation results and make recommendations for improvements. Upon receiving an evaluation report, a state must submit a plan of action that addresses the recommendations. HHS is required to annually report to Congress regarding the performance of the CSBG program, including the results of the state compliance evaluations.

The various grant programs have a number of oversight requirements including an annual review of state CSBG plans to assure compliance with statutory requirements and statutorily required state assessments and risk assessments. There is also ad hoc financial monitoring with review of audit results. A review of state correction plans is performed as needed. Federal law also requires states to report performance data to HHS annually including data on the number of people served by different programs (explained in more detail below.)

State role. Federal law requires each state to designate a lead agency to administer CSBG funds and to provide oversight of CAAs that receive funds. In Connecticut, DSS through its Office of Strategic Planning administers and monitors CAA compliance with the CSBG program. DSS must monitor the local agencies to determine whether they meet performance goals, administrative standards, financial management and other state requirements. DSS is required to perform this monitoring through a full onsite review of each CAA at least once every three-years, with follow-up reviews including return visits to local agencies that fail to meet the goals, standards, and requirements established by the state. The reviews and evaluation may include examination of customer records, service logs, other documents and reports, and a meeting(s) with CAA staff and/or customers and board members as well as site visits.

Furthermore, each eligible entity receiving ARRA funds must also answer a series of risk assessment questions. The goal is to ensure a review and assessment has been conducted on:

- past audit and monitoring findings ensuring corrective actions have been taken to resolve issues;
- internal controls protecting against fraud, waste, abuse, conflict of interest, and mismanagement of federal funds;
- fiscal and programmatic policies and procedures; and
- equipment and property policies.

DSS is mandated by federal law to review the risk assessments conducted by the grantees and provide them to OCS with the state's comments. DSS may either certify that it concurs with the risk assessment or may provide comments on additional areas of risk.

In 2010, the federal Office of the Inspector General (OIG)³ conducted a review of DSS internal controls of CSBG/ARRA funds. The OIG final report, issued in September 2010, found that DSS did not establish adequate internal controls of assessing and monitoring CSBG funds provided to CAAs. Specifically, DSS did not conduct full onsite reviews at each CAA within a three-year period. It also did not ensure that risk assessments performed by CAAs were accurate before they were submitted to the federal government.

OIG concluded that the deficiencies occurred because DSS did not have adequate written policies and procedures for its onsite reviews. In addition, DSS reported that it had a decrease in staff that limited its monitoring of CAAs. OIG concluded that without adequate internal controls, program funds may be at risk for fraud, waste, and abuse at eligible entities. In response, DSS stated it was in concurrence with the findings and would develop corrective action plans.

Reporting requirements. CAAs have a number of reporting requirements as a condition of federal funding. As noted earlier, each CAA must submit an annual community action plan to DSS that contains a community needs assessment, a description of the service delivery system for services by or coordinated with CSBG funds, a description of how they will partner with other local agencies to address gaps in services they provide, a description of how funds will be coordinated with other public and private resources, and a description of how funds will be used to support innovative community-based initiatives. The plan is used as a navigational tool upon which to decide what the agency should be doing to achieve its mission.

Another mandated annual report is the CSBG-Information Survey (CSBG-IS) required by OCS for each state agency to complete. In Connecticut, DSS has contracted with the Connecticut Association for Community Action (CAFCA) for the CSBG-IS. This information is compiled by CAFCA from each CAA and is provided to DSS for federal submission. The CSBG-IS report collects information on the funding level and uses of CSBG funds, the sources

³ The Office of Inspector General (OIG) conducts audits, investigations, and inspections to protect the integrity of HHS programs.

and uses of other funding administered by the CSBG local network, the program activities of the network, the results of these activities, and the number and demographics of participants served.

CAAs must also submit to DSS quarterly Results Oriented Management and Accountability (ROMA) reports generated from the data collected through the CAA information and case management system. Further, CAAs must provide DSS with six-month programmatic narrative reports to address programmatic issues.

Self-assessments and peer review. CAAs are each required to conduct an annual self-assessment. Each CAA board must annually monitor its programs to assess its goals, progress, and effectiveness and produce a report with recommendations to the CAA staff. The report must be made available to DSS for its onsite review.

In addition, CAAs are contractually required by DSS to participate in a peer review initiative provided by the Northeast Institute for Quality Community Action (NIQCA), in conjunction with CAFCA, on a three-year cycle. Each CAA must complete a six-part Quality Community Action System (QCAS) self-assessment and submit to a peer review process which evaluates the strength and weaknesses of the organization's management practices against "best practice" standards. Review teams are selected from NIQCA- associated CAAs in Rhode Island and Massachusetts to perform QCAS peer reviews. CAFCA works with NIQCA to analyze the results of the self-assessment and peer-to-peer review. CAFCA is to use information from NIQCA to identify training needs. An annual summary of the results is provided to DSS.

Performance Measures: Results Oriented Management and Accountability (ROMA)

Since 1994, federal law has required CSBG-funded agencies to participate in a Results Oriented Management and Accountability (ROMA) system for measuring their performance and results in promoting self-sufficiency, family stability, and community revitalization. Sponsored by the federal OCS, ROMA is administered by the National Association for State Community Services Program (NASCSPP).

Using ROMA information from the CAA network, CAFCA works with DSS to compile a comprehensive report of the data annually. CAAs must provide program information and statistics as required for data entry in ROMA. Each CAA provides CAFCA an annual profile of services survey describing services provided by the CAA including applicable funding sources.

As part of its submission, each CAA must complete the family agency community system (FACS) report. The report is a means to track outcomes and indicators for all CAA programming in relationship to CSBG and ROMA. The FACS report incorporates six national goals with corresponding outcomes and indicators. A discussion of these requirements is provided below.

The ROMA system is based on the following six national performance goals:

- Low-income people become more self sufficient.
- The conditions in which low-income people live are improved.

- Low-income people own a stake in their community.
- Partnerships among supporters and providers of services to low-income people are achieved.
- Agencies increase their capacity to achieve results.
- Low-income people achieve their potential by strengthening family and other supportive systems.

Financial audit. Federal law requires grantees of federal awards to implement written accounting policies and procedures and maintain financial systems that provide for accurate and complete reporting of grant-related financial data, effective control over grant funds, and allocation of program costs. Each CAA is audited by independent auditors according to federal standards. The audit furnishes information that assists DSS as the state monitor assess the overall financial condition of the CAA.

In addition, grantees must establish written procurement procedures. Grantees are also required to maintain inventory control systems and take periodic physical inventory of grant-related equipment. CAAs must submit quarterly fiscal reports to DSS. CAAs must maintain records sufficient to report the expenditures made under the contract and, if requested, provide them to DSS. CAAs must report expenditures in terms of direct program costs and administrative costs. When a DSS review of a financial report or onsite examination of a CAA's financial records indicates that under-utilization of funds is likely to occur, the department may alter payments.

Further, the State Auditors of Public Accounts have access to all records for the fiscal year in which an award is made. CAAs must provide for annual financial audits acceptable to DSS for any expenditure of state-awarded funds. CAAs must comply with federal and state single audit standards. All records must be made available for audit and inspection by the state including DSS, the state auditors, the attorney general, and the state's attorney. The state may request an audit or inspection at any time during the contract period.

Connecticut Association for Community Action (CAFCA). DSS contracts with CAFCA, the umbrella association for all Connecticut CAAs, to promote and enhance the overall delivery system of CAAs operating within the state.

Per the contract, CAFCA must provide comprehensive administrative and organizational support services to the CAAs, including but not limited to:

- providing training and technical assistance;
- convening work groups and conferences;
- maintaining a website that identifies the CAA missions, services, advocacy agenda, resource links, conferences, events, etc.;

- soliciting input from CAAs and responding on behalf of the CAA network to DSS on reporting requirements;
- assisting CAA executive directors with issues that arise within their agencies; and
- identifying appropriate applications for potential funding for CAAs to get CAA collaboration in making such applications and providing ongoing support to CAAs on issues related to the Connecticut Human Services Infrastructure (HSI) initiative.

Section III: Eligibility and Intake Process

CAA Pre-Application Assistance is Not Intended to Replace DSS Intake but Rather Provide Support to Ease DSS Application Processing

The Department of Social Services has the statutory authority and responsibility for administering a host of social service programs governed by both state and federal laws. Applicants often need and are eligible for multiple programs. As such, DSS aims to deliver an integrated program eligibility process that is built on the concept of “no wrong door” and “one-stop shopping”. The following section explains the eligibility and intake process for clients seeking DSS services.

Human Services Infrastructure (HSI): Community Action Agencies

In 2003, DSS adopted the Human Services Infrastructure (HSI) initiative as a more efficient way of connecting people to the services they need. The HSI concept is to provide a coordinated, statewide social service system that would better use existing resources, serve clients more efficiently, identify barriers and gaps in services, and track outcomes. HSI was also a strategy developed by DSS to lessen the impact of staff reductions and office closures at the time. This initiative is a collaborative effort between DSS, CAAs, and 2-1-1 InfoLine.

One of the HSI efforts includes CAAs helping clients with application processing and getting clients to DSS better prepared to use services efficiently, thus easing DSS application processing. The basis of the system is a statewide common client intake process that includes identifying clients who may be eligible for DSS programs. A pre-screening questionnaire is administered to every client during intake by CAA staff. The CAA pre-assessment helps triage clients and determine best services. A description of the CAA intake tools and methods is provided below.

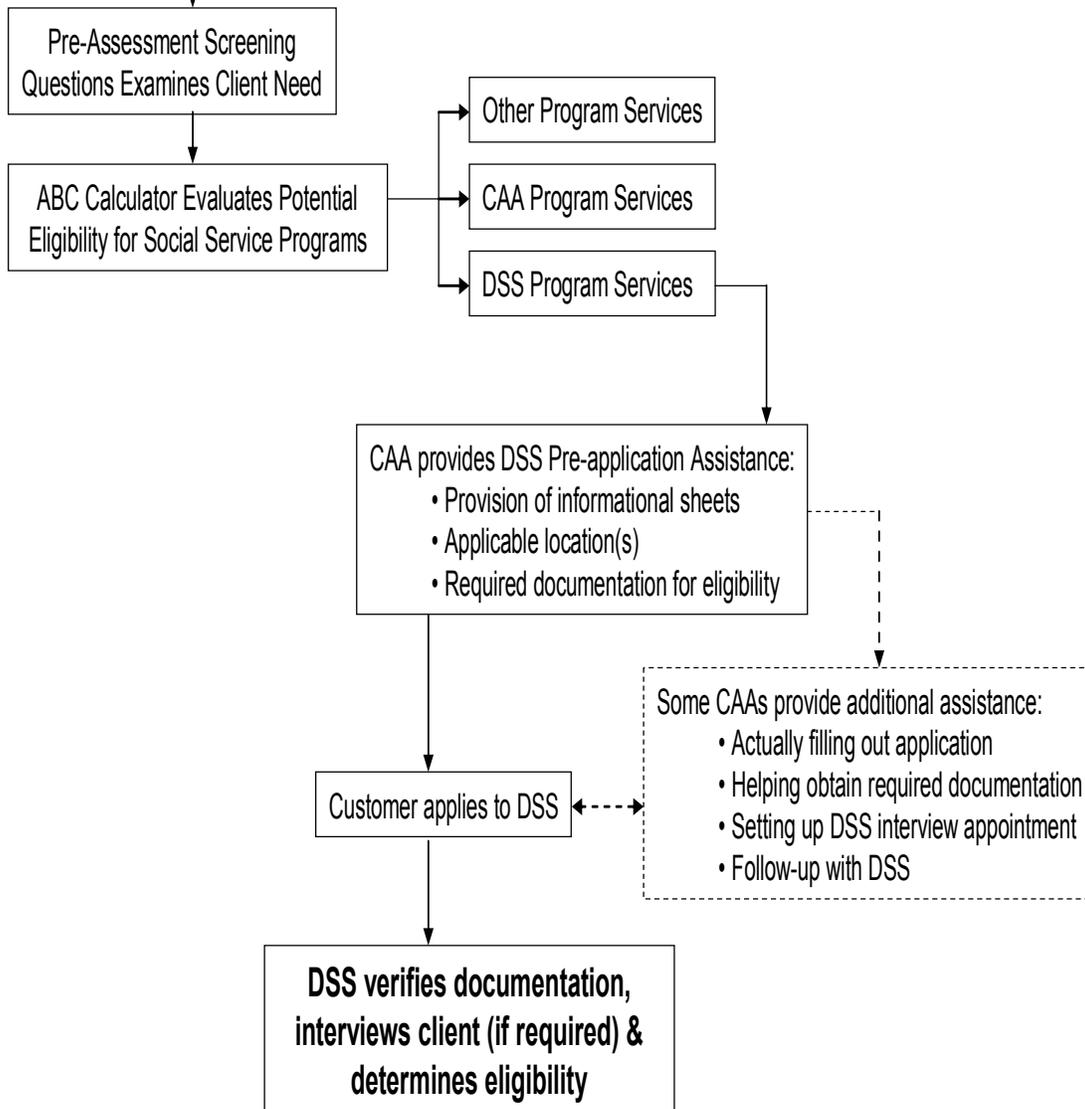
CAA training and tools. CAAs are often identified as agencies where individuals can learn about services that are available in the community. As such, DSS contracts with them to provide an array of client services including outreach and pre-application assistance. The DSS Office of Organizational and Skill Development (OSD), in conjunction with CAFCA, have developed a train-the-trainer module that prepares CAA staff with knowledge of eligibility requirements for DSS programs.

Persons often do not know that they may be eligible for other programs in addition to ones for which they are applying. Therefore, CAAs assess clients to identify potential sources of help, regardless of whether it is a DSS or CAA program, or one run by another agency. Figure III-1 illustrates the customer assistance process.

Pre-assessment tool. When a client visits a CAA, the client is met by a counselor who completes a pre-assessment. During the pre-assessment, the client answers a series of questions that help identify any areas where additional support services may be needed. It is important to note that the pre-assessment does not determine potential program eligibility, but helps to

Figure III-1. Customer Assistance Flow Chart

Customer presents for services at CAA



Source: PRI Staff

indicate a potential need for services. This pre-assessment may be completed by a specialist or, in some CAAs, by another staff member. If needs are identified on the pre-assessment, the customer is referred to CAA case management services. Through intake and assessment CAAs are able to identify and provide necessary referrals to agency programs and outside resources, including the Department of Social Services. The CAA pre-assessment screening tool is provided in Appendix V.

CAFCA's Automated Benefits Calculator (ABC). Another screening tool utilized by CAAs is the Automated Benefits Calculator (ABC). Developed with federal funding, ABC is a free, bilingual web-based questionnaire that screens for potential eligibility for many of the state and federal human service programs available to Connecticut residents. The ABC allows individuals to see, by answering a number of questions, whether they may be eligible for assistance for a variety of services. Additionally, the ABC connects to CAA energy assistance and case management software so CAA staff may provide customers with individualized eligibility reports and efficiently guide customers to assistance. Some examples of the ABC questions are shown in Table III-2.

Table III-2. ABC Questions	
Questions Regarding:	Sample Questions
Applicant	Are you a citizen? Do you live in Connecticut? What is your zip code? Age? Gender? Are you pregnant? Do you have a disability? Are you blind? Are you receiving Medicare? How many people live in your home?
Other(s) living with applicant	Name? Age? Gender? Is it a spouse? Parent? Step-parent? Child? Is she pregnant? Have a disability? Blind? Receiving Medicare? Does person purchase and prepare food with you?
Both	Are you able to work? How much do you make monthly before taxes, at work? How much do you receive from sources outside of work? How much money do you and other people in your home pay for rent/mortgage and property taxes per month? Is heat included in your rent? How much money do you and other people in your home pay for medical expenses? Child support? Child or adult day care?
Source: Automated Benefits Calculator	

Most of the CAAs use a case management system that allows the pre-assessment to be conducted electronically during intake. CAA staff can then transfer client assessment information to ABC where the data will be applied and a results report is printed. Table III-3 provides a list of the programs ABC screens for potential eligibility. The results report briefly describes the programs and why an applicant may or may not be eligible. The calculator does not give dollar amounts for any of the cash or energy programs but does provide a dollar benefit range for SNAP. The final report also provides a list of verifications required by many of the programs (i.e., required documentation).

Table III-3. Programs Screened For by Automatic Benefits Calculator (ABC)	
<i>Nutrition programs</i>	SNAP, School Breakfast/Lunch program, Summer Food, and WIC
<i>Cash assistance programs</i>	TFA for families, SAGA for individuals, and State Supplement for elders and people with disabilities
<i>Medical programs</i>	HUSKY, Medicaid, Charter Oak Healthy Start, ConnPace, and Medicare Savings Program
<i>Energy programs</i>	CEAP and Weatherization
<i>Education programs</i>	Head Start
Source: ABC	

CAA Pre-application Assistance for DSS

As noted above, through the HSI initiative, CAAs are required to provide service intake and assessment to all clients, even if a client appears to be asking about only one type of service. It is after the need for other services is determined that the CAAs work to connect clients to relevant services through information and referral and pre-application assistance.

If the assessment concludes the client may benefit from DSS programs, CAAs are contractually required to provide pre-application assistance to customers to prepare them to apply for DSS services. Such assistance, as defined by the DSS contract, includes “the provision of informational sheets about services offered by the department, applicable location(s), and the required documentation for eligibility including instructions on “how to” obtain the necessary documentation.” Therefore, the CAA pre-application assistance supplements the DSS intake function but does not replace the DSS primary role of verifying and determining eligibility.

The degree to which CAAs may process applications and determine eligibility varies and is dictated by federal and state laws and regulations relative to individual programs, administrative decisions, and fiscal constraints on individual CAAs. (Federal law restrictions on eligibility enrollment for various programs are discussed in the following section.)

Assistance programs have different criteria and methods for determining income, assets and household composition. Clients may find the variety of programs, different applications, and various forms of required documentation confusing. CAAs pre-application assistance can help clients better prepare when they interact with DSS. For example, CAA staff can explain to a client that a SNAP application requires an interview and documentation such as recent pay stubs, a birth certificate or other proof of identity, rent receipts or other proof of housing costs, and copies of utility bills. Presumably, each client who goes to DSS better prepared for an appointment will result in savings of time and workload for DSS staff as well as make for a smoother process for the client seeking benefits.

Based on interviews conducted by program review staff, the meaning of pre-application assistance covers many activities for different CAAs, including up to assisting a customer in actually filling out and completing a DSS application for services. Discussions with various

CAA and DSS staff indicate that the level of involvement and application assistance vary by CAA location. In some CAAs, staff will provide necessary and relevant information needed to apply to DSS; in other CAAs, staff may assist the individual to actually complete the application, obtain the needed documentation, set up the DSS appointment, and assist in follow-up if problems occur.

According to some CAAs, the level of assistance depends on the staff resources available. According to CAFCA, this is largely true in areas of the state that were impacted by the closing of DSS regional offices in 2002. CAFCA believes the current contract language does not call for the additional application assistance (i.e., actually filling out application for clients) and as such CAAs are not paid to do so. Any CAA staff offering extended application service does so as a courtesy to clients, according to CAFCA. Of particular concern to CAFCA is that DSS has recently agreed to pay other organizations for application assistance for SNAP (e.g., e-faxing SNAP applications to DSS). CAFCA has raised the issue with DSS, which maintains that CAAs are already paid to provide extended application assistance within the existing contract. The discussions between CAFCA and DSS regarding the interpretation of the contractual language continue.

DSS Intake

DSS administers its programs and services through three regions with twelve sub-offices. (See Table III-4.) Offices in each region provide direct client services, including processing client applications, determining eligibility (initial and renewal), and maintaining client data.

DSS Region	DSS Regional Office	Sub-Office(s)	CAAs
Northern	Hartford	New Britain, Manchester, Willimantic	Community Renewal Team, INC (CRT); Access Community Action Agency (ACCESS); Bristol Community Organization (BCO); Human Resources Agency of New Britain (HRA)
Western	Bridgeport	Stamford, Waterbury, Danbury, Torrington	Action for Bridgeport Community Development (ABCD); New Opportunities, Inc (NOI); Norwalk Economic Opportunity NOW (NEON); CTE, Inc. (CTE); Community Action Committee of Danbury (CACD)
Southern	New Haven	Norwich, Middletown	Community Action Agency of New Haven (CAANH); Thames Valley Council for Community Action, Inc. (TVCCA); TEAM, Inc (TEAM)
Source: DSS			

As stated earlier, the actual eligibility determination function for DSS programs rests with DSS. Processing applications is one of the main tasks of DSS eligibility workers, taking up a significant share of their time. The application process can be broken down into a few basic steps:

- **Complete an application form.** To apply for DSS services, applicants may walk into a local DSS office to pick up an application, get one online, or call to request one be mailed to them. Online applications can be printed but cannot be filled nor submitted electronically. (The DSS modernization project will allow the department to accept applications online.)

DSS uses the same eligibility determination document for all programs (Form W-1E).⁴ The application asks for basic demographic information, data regarding income and assets, information on household members, and who is applying for benefits. The applicant may authorize someone else to complete the application paperwork. All information must be completed, and the application signed, before eligibility can be determined and benefits issued.

The signed application may be dropped off, mailed, or faxed to any DSS office. Applications must be date-stamped when received by DSS and applicant information is entered into the Eligibility Management System (EMS). Functional since 1989, EMS is a mainframe system providing data processing support for the determination of client eligibility, benefit calculation and issuance of benefit amount, financial accounting, and management reporting.

It is important to note that HUSKY B is managed differently. First, DSS contracts with an enrollment broker, ACS (Affiliated Computer Services), to provide outreach, education, and certain enrollment services for HUSKY B (and A as well). More importantly, ACS also determines eligibility for HUSKY B applicants and provides case management services for the HUSKY B program.

- **Discuss application with a caseworker, if necessary.** Although DSS utilizes a single eligibility determination application for multiple programs, the eligibility criteria differs somewhat depending on the type of program for which an applicant is applying. Each program has different eligibility factors that must be applied to each household member. Some programs, such as SNAP, require an interview between the DSS eligibility worker and the client as part of the application process before certain benefits can be approved, while others do not. Similarly, some programs require clients to meet specific asset tests, while others do not.

In addition, in order to grant timely access to Medicaid, DSS allows children and pregnant women to obtain health care through a presumptive eligibility process.

⁴ A separate SNAP application is available if that is the only service being sought.

Presumptive eligibility allows certain providers (e.g., hospitals, physicians, local health departments, primary and secondary schools, and community and rural health centers) to grant immediate, temporary coverage for children and pregnant women, pending their formal HUSKY application. Rather than delaying care until a full eligibility determination is made or forgoing care all together, previously uninsured women can get needed prenatal care and children can see a doctor and maintain continuity of care.

Pursuant to federal law, only state merit personnel may conduct any required client interviews. After an application with such a requirement is received, an assigned DSS eligibility worker will arrange for an interview. An exception for the in-person interview may be allowed in certain situations (e.g. illness and other health concerns, being the primary caregiver of a household member, transportation difficulties, or work hours that make it difficult to get the face-to-face interview.) Telephone interviews may be allowed in these circumstances. According to DSS, most required interviews are now conducted by telephone.

- **Submit documentation to verify information on the application form.** Eligibility cannot be determined unless all necessary information is entered into EMS. Programs vary in the amount of documentation that must be provided. Table III-5 lists the types of information that must be documented and the acceptable forms of verification.

DSS verifies the identity and eligibility of applicants by using their social security numbers. (SNAP applicants must provide social security numbers for everyone living in the household.) DSS conducts a computer match of social security numbers against federal, state, and local government computer files. The department will request available applicant household information from the Income Eligibility Verification System (IEVS). This includes information from the federal Department of Labor, the Social Security Administration, and the Internal Revenue Service. The department may also request information as permitted by law from banks, employers, and other sources.

Based on the information collected, DSS staff matches clients to possible programs. EMS, the automated eligibility system, compares the client's application data (e.g., income, medical expenses, and child support) to eligibility criteria, and automatically calculates whether the person is eligible for benefits.

EMS automatically generates eligibility determination notices to be sent to clients once it determines eligibility. Applicants deemed eligible are maintained on EMS as active recipients for a set period of time until eligibility is re-determined, which is typically every 12 months. Applicants denied eligibility may appeal the decision using the department's fair hearing process.

After the application is complete and eligibility determined, a caseworker is assigned. The caseworker is the person the applicant-now-client contacts about any questions regarding the benefits. The client is required to notify the caseworker if any changes occur in the client's household.

Table III-5. DSS Required Information and Acceptable Forms of Verification	
What Needs to be Verified	Acceptable Forms of Verification
Identity	Birth certificate, baptismal or confirmation certification, military papers, INS papers, passport, voter registration card, driver's license, employee ID card, school records
Household Members	Birth certificate, baptismal records, other records that document birth dates and relationships, marriage and divorce papers, school attendance verification for children over age 16
Income	Pay stubs, tax returns or bookkeeping records for self employed household members, copies of checks from the source of income, an award letter or signed statement from the source of income, such as an award letter from Social Security
Assets	Bank books, bank statements, trust fund agreements, copies of stocks/bonds/U.S. Savings bonds, life insurance policies, a letter from the financial institution, a copy of car registration, deeds or legal agreements
Shelter & Utility Costs	Most recent rent receipt, copy of lease, copy of utility bill, a letter from landlord, or copy of mortgage bill
Medical Insurance & Expenses	Medical insurance policies, medical cards, and copies of medical bills
Child Support Payments	Copy of court order for legal obligation to pay and amount obligated to pay, proof of actual payment including cancelled checks, wage withholding statements, a statement from custodial parent as to amount paid.
Students	Signed school verification letter, a copy of report card that is less than 30 days old, or statement from a school official.
Source: DSS	

Processing timeframes. If application information is not complete, an extension may be issued notifying the client information is still missing. Eligibility may be denied at the end of an extension if the information is not complete and the applicant does not have good cause for another extension. Pending applications awaiting additional information may impact the department's compliance with federal standards of promptness.

DSS is required by federal regulation to make a determination of eligibility within certain time limits. After determining eligibility, DSS must issue cash payments or medical assistance under a public assistance program within 45 days unless the application is for a disability benefit. Disability benefits must be issued within 90 days.

For SNAP, DSS must decide if the applicant qualifies and if so, provide benefits within 30 days. DSS may determine expedited SNAP benefits for certain applicants within seven days. For State Administered General Assistance (SAGA), DSS decides if the applicant qualifies and if eligible, issues cash benefits within 10 days.

DSS redetermination. DSS periodically reviews cases to check if a client remains eligible. DSS notifies the client when redetermination is needed, typically every 12 months. Depending on the program, DSS may ask clients to come in for interviews or to fill out forms. As with an initial application requiring an interview, a client may ask to reschedule the interview or have a phone interview due to disability, lack of transportation, or a work schedule that conflicts with DSS hours. DSS will provide special help if needed.

Clients who do not complete redetermination or do not submit completed forms and required verification will have their cases discontinued. If discontinued, they will have to apply again. In addition, according to DSS materials, if the department mails something to the client and the post office returns it, the case is discontinued. The applicant must apply all over again.

Section IV: Federal Restrictions

There Are Federal Restrictions on Who Can Determine Eligibility for Two Major DSS Programs.

As a condition of receiving certain federal funding, states and local agencies are required to adopt and use a merit personnel system.⁵ These restrictions apply to two of the largest DSS programs, namely the Supplemental Nutrition Assistance Program (SNAP) and Medicaid.

There are federal rules related to who can make eligibility determinations in the SNAP and Medicaid programs. Federal SNAP and Medicaid rules require that an eligibility worker employed by the state through a merit protection system make eligibility determinations. In the Medicaid program, individuals other than a state employee can perform initial application processing, including assisting families with applications or entering data from a written application into a computer, but the final eligibility decision must be made by a state employee. Under the SNAP program, a state merit employee must conduct the interviews, evaluate verification, and determine household eligibility. The following provides an overview of these restrictions.

SNAP. Section 11(e)(6) of the Food and Nutrition Act of 2008 and 7 C.F.R. 272.4(a)(2) restricts SNAP certifications interviews and final decision on eligibility determination to state merit system personnel. (Table IV-1 provides an excerpt of the act.)

Table IV-1. Language of Section 11(e)(6) of the Food and Nutrition Act of 2008

“the State agency personnel utilized in undertaking such certification shall be employed in accordance with the current standards of a Merit System of Personnel Administration or any standard later prescribed by the Office of Personnel Management pursuant to section 208 of the Intergovernmental Personnel Act of 1970 [(42 U.S.C. 4728)] modifying or superseding such standards relating to the establishment and maintenance of personnel standards on a merit basis.”

On occasion, the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture has granted waivers of sections of the rules to state agencies to permit deviations from standard procedures to allow for temporary conditions, to support more effective and

⁵ Merit personnel systems are in some cases required by specific federal grant statutes and in other cases are required by regulations of the federal grantor agencies. While each state has its own merit personnel system with unique characteristics, they are all guided by a set of six broad merit principles outlined in the federal Intergovernmental Personnel Act of 1970. The principles cover recruiting, compensation, training, retention, equal employment opportunity and guidance on political activity.

efficient administration, or to accommodate unique conditions. Since 2005, FNS has approved a small number of waivers that allowed state agencies to use non-merit system employees, generally employees or volunteers of community-based organizations, to perform functions that are normally reserved for state merit system employees when serving a specific group of clients.

In these pilots, non-merit system employees received specialized training and were permitted generally to review each client's application, interview the client, and gather the client's verification documents. However, over time issues were raised that caused FNS to reconsider granting such waivers. In 2009, FNS issued a statement that outsourcing functions of the SNAP intake and application process had resulted in more complex and cumbersome enrollment procedures. Based upon the experience of the states that had utilized private workers in the certification process, FNS concluded that such outsourcing has "inherent flaws that result in an inefficient and ultimately ineffective operation of SNAP".⁶

In 2010, FNS issued additional guidance to further clarify the use of non-merit staff and staff funded with non-SNAP funds. This recent federal guidance further restricts tasks that involve any client contact to merit system personnel. An employee who is not classified as merit staff cannot perform tasks reserved for merit staff, such as interviews and certifications. States may seek approval from FNS to use vendor/private staff to interact with clients in a general capacity (see chart below). States who fail to receive FNS approval to use non-merit system personnel to interact with clients may risk losing federal funding to support state SNAP operations.

According to FNS, states do not need prior approval for (1) application assistance by community-based organizations that is approved as part of the SNAP outreach plan that facilitates rather than replaces the role of the State worker; (2) non-discretionary tasks such as data entry, typing, data matching, and document scanning; and (3) ancillary support services such as building security, maintenance, and technology support.

Although a state could request a waiver under section 17 of the Food and Nutrition Act to allow non-merit staff to perform tasks traditionally performed by merit staff such as interviews and certifications, the FNS memo states it is unlikely that such a waiver would be approved. According to DSS, the department informally inquired about a waiver in 2011 but was informed by FNS that a formal waiver request would likely be denied.

⁶ U.S.D.A., Food and Nutrition Service memo, Federal Support for Enrollment and Application Processing Costs Supplemental Nutrition Assistance Program (SNAP), January 22, 2010.

Figure IV-1. Allowable Functions by Merit and Non-Merit Personnel	
<p>Merit System Personnel Only The following functions are reserved for State merit system personnel only:</p>	<p>Vendor/Private Staff with Approval The following functions are reserved for merit system personnel but may be performed by vendor/private staff with prior FNS approval. Approval is on a case - by - case basis.</p>
<ul style="list-style-type: none"> • Interviews • Determining Eligibility • Screening for Eligibility • Handling Client Appeals Regarding Case Eligibility/Benefits • Handling Client Complaints Regarding Case Eligibility/Benefits • Providing Application Status • Providing Application Assistance • Providing Case Status • Pursuing Missing Information • Answer client questions about missing information • Recording Client Information or Accepting Reported Changes (that requires client contact) 	<ul style="list-style-type: none"> • Handling Complaints (Non - case specific) <ul style="list-style-type: none"> ○ “Wait time is too long” ○ “I want a new case worker” • Taking Requests to replace Forms or Letters • Providing General Information such as <ul style="list-style-type: none"> ○ Office Location ○ Contact Details ○ How to Receive an Application • Providing General Program Information • Provide Locations and Referrals • Responding to Requests for Blank Applications • Scheduling and Rescheduling of Appointments
<p>Vendor/Private Staff The following functions can be performed by non - merit system personnel and do not require FNS approval</p>	
<ul style="list-style-type: none"> • Data Entry (that does not require client contact) • Document Scanning • Data Matching (that does not include follow - up with clients) <p>Ancillary Support (i.e. building security, maintenance, technology support)</p>	
<p>Source: FNS</p>	

Medicaid

Federal law and regulations specifically prohibit non-merit employees from determining eligibility for Medicaid services.⁷ Federal law does allow “non-merit” staff (i.e., non-DSS employees in the case of Connecticut) to perform certain application activities such as taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, and assuring that the information contained on the application form is complete. CAAs already perform many of these functions. (Table IV-2 provides an excerpt of the Social Security Act.)

Table IV-2. Excerpt of Section 1902(a)(4)(A) of the Social Security Act

Sec. 1902. [42 U.S.C. 1396a] (a) A State plan for medical assistance must—...

(4) provide (A) such methods of administration (*including methods relating to the establishment and maintenance of personnel standards on a merit basis*, except that the Secretary shall exercise no authority with respect to the selection, tenure of office, and compensation of any individual employed in accordance with such methods, and including provision for utilization of professional medical personnel in the administration and, where administered locally, supervision of administration of the plan) as are found by the Secretary to be necessary for the proper and efficient operation of the plan,..(Italics added)

In addition, federal regulations limit what agency can determine final Medicaid eligibility. Specifically, Section 1905(a) of the Social Security Act and regulations at 42 CFR 431.10(c), stipulate that the final determination of Medicaid eligibility shall be made by the State or local agency administering the State plan, the agency administering the supplemental security income (SSI) program, or the agency administering the State plan approved under part A of title IV (TANF).

Temporary Family Assistance (TFA)

It is not as clear whether such personnel restrictions apply to other federal/state social service programs. Program review staff asked DSS whether there are any similar federal restrictions regarding the status of employees involved in determining eligibility for Temporary Family Assistance (TFA). DSS, in turn, asked the TFA program’s federal administrator for any specific statutory or regulatory language addressing such a restriction. The federal Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS) responded to the DSS inquiry with a December 2011 email stating:

⁷ See Section 1902(a)(4)(A) of the Social Security Act

“There is nothing in the federal TANF regulations prohibiting non-state employees or community action agencies from performing eligibility determinations. However, we would caution the use of third parties in eligibility determinations in relation to data, IEVS and general compliance with federal regulations. Eligibility determinations and data are of course open to the audit process.”

Section V: Modernization

Technology and Work Process Modernization will Impact Application Processing Times

The current processes and technology DSS uses to manage clients and program administration will be changing over the next 12 months. The department is beginning a phased modernization of its technology as well as implementing significant changes to how cases will be managed. These planned modifications make further study of improvements to or potential outsourcing of the eligibility process problematic. These changes are intended to create a more efficient process and address, in part, the department's capacity to keep up with the influx of applications.

The context. DSS manages over 90 programs that serve about 750,000 people annually. These include programs that meet basic food, shelter, economic support, and health care needs. The department's service delivery model includes the use of 12 regional offices and a variety of partnerships with nonprofits, community action agencies, hospitals and other state agencies.

The problem. The department has long recognized and previous studies have documented that DSS information technology systems and customer service practices have not kept pace with increasing demands. The agency's principal computer and phone systems are outdated, its web services are not interactive, and the electronic document management practices are essentially nonexistent.

DSS maintains several computer systems to help manage its programs. Chief among them is the Eligibility Management System (EMS). EMS is a mainframe computer system used by the department to determine initial and on-going eligibility for the state's Medicaid clients and for certain other public assistance programs.⁸ In addition, EMS also exchanges and matches data with other state and federal agencies, and other entities to monitor and verify information concerning clients and their eligibility. The system also automatically generates various notices to clients and to DSS staff regarding the application or eligibility status of applicants and clients. Most importantly, EMS determines eligibility and issues notices and benefits for hundreds of thousands of clients per month.

This system was initially developed in the 1980s. Because it was created as a mainframe computer, it does not provide eligibility workers with a "user-friendly" interface and is extremely limited in producing management reports for analytical purposes. Any policy or procedural changes to EMS tend to be costly and labor intensive. Replacement of the system has been discussed periodically. For example, in a 2004 study on Medicaid eligibility, the program

⁸ EMS also supports Temporary Family Assistance, Supplemental Nutrition Assistance Program, State Supplement for the Aged Blind and Disabled, and Refugee Cash and Medical Assistance.

review committee recommended the replacement of EMS and that DSS begin to offer online application options beginning with the HUSKY program.⁹

In addition, the overall eligibility work process relies heavily on paper applications and supporting documents. Generally, only one eligibility worker has access to a client's file at a time. This tends to slow the process down, create inefficiencies, and not allow clients real-time access to their case information.

The need for client service improvements, in particular, was also highlighted in the *Raymond v. Rowland* lawsuit. This lawsuit was brought in 2003 and settled in 2007. It was filed in response to the closure of several DSS offices and laying off staff in those offices due to the 2002-03 fiscal crisis. The plaintiffs alleged DSS violated the Americans with Disabilities Act by not making accommodations for people with disabilities to allow them meaningful access to DSS programs and by not having a proper grievance system for people with disabilities. Among other things, the settlement agreement required DSS implement various computer changes, add staff, improve its telephone system to provide automated answers to common questions, and improve its document management system.

The modernization initiative. In response to all these deficiencies, coupled with rising caseloads, the department has embarked on a major initiative to modernize the delivery of its client services by decreasing its reliance on paper and upgrading its customer service processes and technology. While this initiative, called ConneCT, is not a replacement of its eligibility management system, it does include a number of structural and technological improvements that will significantly alter how clients are served and applications are processed.¹⁰ In addition to allowing clients to access DSS services at any time from anywhere, the improvements will assist the department in achieving better quality outcomes, enhancing customer service, reducing costs, and providing a technological framework for the future.

The modernization project is composed of three specific technologies that will improve the efficiency and effectiveness of the delivery of client services. These include: web services; interactive voice response system and call center; and improved document management and workflow. These three components are intended to:

- *Manage high call volumes and improve customer service* by reducing the need to speak to a person through the use of: 1) an integrated voice response system that will allow callers to access general and specific information about programs and benefits; 2) the "MyAccount" feature that will allow clients to access case information via the DSS web portal; and 3) an online pre-screening feature that allows prospective applicants to independently screen themselves for services without having to call or visit DSS;

⁹ *Medicaid Eligibility Determination Process*, Legislative Program Review and Investigations Committee, Connecticut General Assembly, December 2004 pp. 94-100

¹⁰ In addition, the department has begun a separate initiative to replace EMS, though it is just in the beginning planning stages and will ultimately take years to complete.

- *Improve the DSS worker experience* by developing: 1) a centralized benefits call center to manage and respond to all phone inquiries; 2) a document management process that includes a document scanning system to enable state-wide access to case documents by authorized personnel; and 3) an automated workflow process that will better direct workloads to the regional offices through electronic assignment and monitoring; and
- *Create electronic submission options* for clients by developing online opportunities to submit applications, report any changes, and conduct benefit redeterminations.

The implementation phase of the ConneCT initiative officially began on November 28, 2011. Various changes will be rolled out in phases and are expected to be completed by March 2013. These improvements will cost about \$32.4 million in total, of which the federal share will be about \$9 million. The federal government provides reimbursement only for design, development, and implementation costs, which account for about \$21 million. The balance represents initial operating costs for which there is no federal reimbursement.

Appendix I

Number of Referrals to DSS by Community Action Agency, 2010

	ABCD	Access	BCO	CAANH	CACD	CRT	CTE	HRANB	NEON	NOI	TEAM	TVCCA	TOTAL
Number of Customers	36,186	17,912	12,546	32,890	14,417	118,356	8,481	21,581	9,347	67,792	10,173	24,205	373,886
Referrals to DSS by Program													
<i>TANF</i>	125	424	366	32	5	35	10	1,034	38	257	22	6	2,354
<i>SAGA-Cash</i>		131	44	22	5	81	9	40		123	31		486
<i>SAGA-Med</i>	95	336	152	159	40	349	52	14	112	53	69		1,431
<i>HUSKY</i>	77	392	454	278	40	60	15	144	54	34	18	11	1,577
<i>SNAP</i>	1,307	1,228	397	464	200	506	89	398	248	138	178	64	5,217
<i>State Sup</i>	4	79	44	216	4	72	0	40	3	123	6	2	593
Total Referrals	1,608	2,590	1,457	1,171	294	1,103	175	1,670	455	728	324	83	11,658
<i>Percent Referred</i>	<i>4%</i>	<i>14%</i>	<i>12%</i>	<i>4%</i>	<i>2%</i>	<i>1%</i>	<i>2%</i>	<i>8%</i>	<i>5%</i>	<i>1%</i>	<i>3%</i>	<i>0%</i>	<i>3%</i>
<i>Source: CAFCA</i>													

Appendix II

Summary Profiles of DSS Program

The following provides a brief overview of the DSS programs selected for this study - namely the Supplemental Nutrition Assistance Program (SNAP), Medicaid, HUSKY B, Temporary Family Assistance (TFA), State Supplement, and State Administered General Assistance (SAGA) cash. Each program has extensive rules and exemptions. As such, the program profiles presented below are not comprehensive guides, but rather broad summaries outlining information on program purpose, program description, general criteria, caseload, standards of promptness, and federal prohibitions on staffing, if applicable.

Supplemental Nutrition Assistance Program (SNAP)	
Purpose	Formerly known as Food Stamps, this federal nutrition program helps low-income individuals and families afford the cost of food at grocery stores and farmers' markets.
Program description	<ul style="list-style-type: none"> • Provides monthly benefits to help eligible low-income individuals and families afford food purchases. • Benefits are issued electronically through a plastic Electronic Benefits Transfer, a debit-type swipe card. • Can only be used to buy food, beverages, and food-producing seeds and plants. • Alcohol, tobacco, pet food, soap, toothpaste, toilet paper, non-prescription drugs, or any other non-food items cannot be purchased.
General criteria	<p>Applicants must:</p> <ul style="list-style-type: none"> • be a Connecticut resident • have general income limit of 185 percent of the federal poverty level unless the applicant is 60 or older or has a disability <p>Calculation for SNAP benefits:</p> <ul style="list-style-type: none"> • is set by federal regulations • includes a household's income, the amount of rent, the number of people in the household, child support obligations, and the amount of out-of-pocket medical and child care expenses • makes allowances for heating and utility costs • considers assets (savings, stocks, bonds, etc.) if the applicant household monthly income before deductions is more than 185 percent of the federal poverty level
Standards of promptness	DSS must provide benefits within 30 days or for certain applicants for expedited SNAP benefits within 7 days.
Caseload	<ul style="list-style-type: none"> • There were 186,948 households receiving SNAP as of November

	<p>2010. By November 2011, this figure had grown to 206,928, a 10.6 percent increase. These households represent 382,419 recipients.</p> <ul style="list-style-type: none"> • 16,940 applications were received as of October 2010 and 17,125 received as October 2011. This represents an increase of one percent. • In October 2011, DSS granted 11,895 SNAP applications and there were 2,340 pending overdue applications for regular SNAP and 1,053 for expedited SNAP in November 2011.
Enrollment and expenditures	In FY 2011, average annual program enrollment was 371,356 and expenditures totaled \$615,850,552.
Federal prohibition	<p>A merit state employee must conduct the interviews, evaluate verification, and determine household eligibility. Non-merit staff cannot perform activities involving client contact without prior approval. States can use non-merit staff to perform activities that do not require client contact such as data entry, typing, data matching, and document scanning. In addition, state agencies can use non-merit staff for ancillary support services such as building security, maintenance and technology support.</p> <p>If a state is not in compliance with federal law, it jeopardizes federal funds.</p>

Medicaid	
Purpose	Medicaid is a means-tested medical assistance program for the very poor, elderly, and disabled authorized under Title XIX of the Social Security Act of 1965.
Program description	<ul style="list-style-type: none"> • Jointly funded by federal and state governments, Medicaid is managed by the states. There is no requirement that a state participate but, if it does, Medicaid mandates that certain groups of individuals be covered (mandatory eligibility groups) and certain services be provided. These mandatory groups include low-income: <ul style="list-style-type: none"> – pregnant women; – children and their parents or caregivers; – non-elderly people with disabilities; and – seniors who also qualify for Medicare. • Several optional populations can be covered with federal matching funds. Generally, these optional groups are similar to the mandatory groups but have higher income levels. • Medicaid also has a broad array of mandatory services that include inpatient hospital services, physician visits, vaccines, lab tests, family planning, and

	<p>home health care. Optional services include prescription drugs, dentistry, case management, and rehabilitation services.</p> <ul style="list-style-type: none"> • States set individual eligibility criteria within federal minimum standards. States apply to the Centers for Medicare and Medicaid Services for waivers of federal law to expand health coverage beyond the mandatory minimum. Connecticut has several waivers in place that include providing home care services for the elderly, services for individual with an acquired brain injury, and several waivers that assist individuals with physical and mental illnesses. • Until recently, DSS funded its own medical program (called State Administered General Assistance (SAGA) Medical Assistance Program) for certain low-income persons who did not qualify for Medicaid. With the passage of the federal Affordable Care Act in 2010, Connecticut replaced SAGA Medical Assistance Program with Medicaid for Low Income Adults.
<p>General criteria</p>	<ul style="list-style-type: none"> • Applicants must: <ul style="list-style-type: none"> ▪ be a resident of the State of Connecticut, a US national, citizen, qualified non-citizens, depending on circumstance, in need of health care/insurance assistance, whose financial situation would be characterized as low income or very low income. ▪ be either pregnant, blind, have a disability or a family member in your household with a disability, be responsible for children under 19 years of age, or be 65 years of age or older. • The income qualifications vary by population according to Table 1 below. In addition, certain low income persons receiving Medicare may qualify for some type of assistance from Medicaid. There is no asset limits for most families with children. Certain asset limits apply for aged, blind, or disabled persons. There are special eligibility criteria for persons needing long-term care and for working disabled people.
<p>Standard of promptness</p>	<p>According to federal requirements, most determinations of eligibility under Medicaid must be made within 45 days of when a signed application is received. The major exception is for those applicants who are seeking to qualify for Medicaid on the basis of a disability. The federally required standard of promptness for this population is 90 days.</p>
<p>Caseloads</p>	<ul style="list-style-type: none"> • There were 257,432 households receiving Medicaid in October 2010. By October 2011, this figure rose to 262,012,335, a increase of two percent. • There were 12,717 applications received for Medicaid benefits in October 2011 and 12,744 received in October 2010, an increase of less than one percent.

	<ul style="list-style-type: none"> In October 2011, DSS granted 17,662 applications for Medicaid and there were 6,896 pending overdue applications for medical assistance¹¹ in November 2011.
Enrollment and expenditures	In FY 2011, average annual program enrollment was 557,500 and expenditures totaled about \$4.5 billion. The federal government reimbursement depends on the state per capita income but is at least half of the state's Medicaid expenditures. Connecticut's Federal Matching Assistance Percentage is 50 percent for Medicaid.
Federal prohibition	Federal law does allow "non-merit" staff (i.e., non-DSS employees in the case of Connecticut) to perform certain application activities such as taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, and assuring that the information contained on the application form is complete. CAAs are already allowed to perform most of these functions. However, federal law and regulations specially prohibit non-merit employees from determining eligibility for Medicaid services. ¹²

Table 1		
Program	Population	Income Level as % of Federal Poverty level
HUSKY A	Children (<19), Families with Minor Children, Pregnant Women	0 to 185% (0 to 250% for Pregnant Women)
HUSKY C	Aged, Blind, Disabled	0 to 56% (68% in Region A)*
HUSKY D	Medicaid Low Income Adults (MLIA)	0- 56% (68% in Region A) *
Source: DSS *Region A is mostly located in Southwest Connecticut		

¹¹ Medical Assistance includes both Medicaid and two non-Medicaid programs including HUSKY A, C and D; certain Medicare recipients who qualify for Medicaid; Refugee Medical; and State Funded Medical.

¹² See Section 1902(a)(4)(A) of the Social Security Act

HUSKY B (Children's Health Insurance Program)	
Purpose	HUSKY B provides free or low-cost medical insurance to uninsured children in families of all incomes.
Program description	Known as HUSKY B, the federal Children's Health Insurance Program (CHIP) is intended to expand health coverage to certain lower income children who may not qualify for Medicaid. HUSKY B is funded under Title XXI of the federal Social Security Act and is not an entitlement program. Participation by states in CHIP is voluntary. Federal law requires certain basic guidelines and eligibility standards be met, but states have flexibility in designing eligibility and benefits. In addition, HUSKY Plus is available as a supplemental insurance for HUSKY B children with special physical needs.
General criteria	<ul style="list-style-type: none"> • Applicants must be a resident of the State of Connecticut, a US national, citizen, permanent resident, or legal alien, and in need of health care/insurance assistance. • Children in households that earn between 186 to 300 percent of the federal poverty level are eligible for the subsidized portion of HUSKY B. • There are three income bands that require some co-pays and premiums (186-300% percent of FPL) or full unsubsidized premium payment (>300 percent of FPL).
Standards of promptness	While there is no federal timeliness standard for determining eligibility for HUSKY B applicants, the administrative service organization (ASO) selected by DSS as the single point of entry for HUSKY B is contractually required to make eligibility determinations for HUSKY B applications within 30 days of receipt of the application.
Caseload	In December 2011, there were 14,874 enrollees in HUSKY B, which is about a one percent decline from the previous year's enrollees of 15,076. DSS regularly publishes enrollee information about HUSKY B but because the program is managed by an ASO, it does not have readily accessible information on the number of households receiving HUSKY B, the number of applications received, or the number of pending overdue applications.
Enrollment and expenditures	In FY 2011, average annual program enrollment was 14,993 and expenditures totaled about \$36 million. States receive higher federal matching rates for CHIP than for Medicaid. Connecticut's match for CHIP is 64 percent.
Federal prohibition	Because HUSKY B is authorized under a different title of the Social Security Act, the state may allow an outside entity to enroll and make eligibility determinations for the program. The state has contract with a private company, ACS, to serve as an enrollment broker and clearinghouse for the program.

Temporary Family Assistance (TFA)	
Purpose	TFA is a time-limited cash assistance program for basic and special needs which are paid to recipients of Jobs First, a welfare reform initiative.
Program description	In Connecticut, the federal Temporary Assistance for Needy Families (TANF) funds a number of programs including the TFA program. Employment is the basis of TFA which replaced the former AFDC program. With few exemptions, adults are required to seek and retain employment if it available.
General criteria	<ul style="list-style-type: none"> • Households must be deemed as a needy family which is defined as a family with a gross income less than 75 percent of the state's median income level. The family must include a dependent child and caretaker relative. • There is a 21-month lifetime limit for the receipt of TFA for families with an employable adult. Six month extensions are allowed if they have good cause for being unemployed or underemployed (earning less than the TFA benefit) at the end of the 21-month period, or any extension. There is an over-all time federal limit of 60 months. • Working recipients are allowed to keep all earnings up to the federal poverty level (FPL) as well as the cash assistance benefit. However, if earnings exceed FPL, families become ineligible for assistance. Families may have up to \$3,000 in a bank account for emergencies. Life insurance policies and pension plans are excluded. The equity value of a car in excess of \$9,500 counts towards the asset limit. Up to \$50 per month of child support may be passed through to the family and excluded as income. • TFA benefit levels vary throughout the state based on the average cost of rent in each area. A family cap provision exists in which an increase in benefit for additional children conceived while the mother is on assistance is reduced by approximately one-half of what it otherwise would be. • Minor parents are required to live with a parent, stepparent, or legal guardian. If the minor parent cannot live with one of these, then the minor must reside with an adult relative or in an adult-supervised living arrangement. Emancipated minors may receive cash assistance
Standards of promptness	DSS has 45 days to determine whether a client appears eligible for TFA.
Caseload	<ul style="list-style-type: none"> • There were 19,086 households receiving TFA in November 2010. By November 2011, this had fallen to 17,879, a decrease of 6.3 percent. These households represent 38,145 recipients. • There were 3,016 applications received for TFA benefits as of October 2010 and 2,786 received as October 2011. This is a decrease of 7.6 percent. • In October 2011, DSS granted 1,238 TFA applications and there were 461 pending overdue applications for TFA in November 2011.

Enrollment and expenditures	In FY 2011, average annual program enrollment was 20,517 and expenditures totaled \$117,216,523.
Federal prohibition	<p>According to the federal Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS):</p> <p>“There is nothing in the federal TANF regulations prohibiting non-state employees or community action agencies from performing eligibility determinations. However, we would caution the use of third parties in eligibility determinations in relation to data, IEVS [income eligibility verification system] and general compliance with federal regulations. Eligibility determinations and data are of course open to the audit process.”</p>

State Supplement	
Purpose	State Supplement provides money to help people with disabilities and the elderly meet basic living costs.
Program description	The program gives cash assistance to the Aged, Blind, or Disabled to supplement their income and maintain them at a standard of living established by the state legislature. It operates under both state and federal law and regulation but is funded entirely by state funds. Incentives are available to encourage recipients to become as self-supporting as their age or disability will allow. Program payments also promote a higher degree of self-sufficiency by enabling recipients to remain in non-institutional living arrangements.
General criteria	<p>Individuals must:</p> <ul style="list-style-type: none"> • be <i>aged</i> (65 years of age or older), <i>disabled</i> (between the ages of 18 and 65 and meet the disability criteria of the federal Social Security Disability Insurance program), or <i>blind</i> (meet the criteria of the Social Security Disability program, or the State Board of Education and Services for the Blind). • be a U.S. citizen or eligible alien, • a Connecticut resident, • have another source of income such as Social Security, Supplemental Security Income, or Veteran’s benefits to receive benefits. <p>The monthly income limit is computed on an individual basis, with a maximum gross income of \$2,022 for an individual.</p> <p>Assets cannot exceed \$1,600 for a single person or \$2,400 for a couple. Assets</p>

	<p>may include bank accounts, cash, stocks, bonds, and life insurance. Applicants ineligible if they dispose of an asset within three years prior to application and did not receive fair market value for it.</p> <p>Individuals eligible for State Supplement are automatically eligible for Medicaid.</p>
Standards of promptness	Disability benefits must be issued within 90 days.
Caseload	<ul style="list-style-type: none"> • 15,273 individuals were receiving State Supplement benefits as of November 2010. As of November 2011, the total decreased to 15,209. • 1,060 applications were received for State Supplement as of October 2010 and 921 received as October 2011. This is a decrease of 13 percent. • In October 2011, DSS granted 362 State Supplement applications and there were 175 pending overdue applications for State Supplement in November 2011.
Enrollment and expenditures	In FY 2011, average annual program enrollment was 15,654 and expenditures totaled \$97,464,730.

State Administered General Assistance (SAGA) cash	
Purpose	SAGA cash provides money to help adults without children who are unable to work for medical reasons. It also assists families who are not eligible for other DSS programs.
Program description	Assistance is given to individuals who are unable to work for medical or other prescribed reasons, and to families that do not meet the blood-relationship requirements of the TFA program. Employable individuals are not eligible.
General criteria	<ul style="list-style-type: none"> • Colonial Cooperative Care (DSS contract) determines whether individuals have a physical and/or mental impairment that prevents employment for six months or more. • Medical impairment criteria are identical to those used in the federal SSI and Medicaid programs, adjusted for duration and severity. • Documentable non-medical reasons allowed for an unemployable determination include: <ul style="list-style-type: none"> – under age 16; over age 65; over age 55 and no work history in the previous five years; full-time high school student; needed in the home to care for incapacitated spouse or child; needed in the home to care for a child under age 2; or pending receipt of a state or federal means-tested program. • Adjusted income (gross minus certain exclusions and deductions) may not exceed \$53 or \$212 per month depending upon the individual's

	<p>unemployable or transitional status. The asset limit is \$250 per person or up to \$1,000 for a family of four or more. The equity of a car is not counted if it is less than \$4,500.</p> <ul style="list-style-type: none"> • Applicants must be citizens or qualified aliens. • Active substance abusers are required to participate in treatment. • An in-person interview is part of the application process.
Standards of promptness	If the applicant qualifies and if eligible, DSS issues cash benefits within 10 days.
Caseload	<ul style="list-style-type: none"> • 4,895 clients receiving SAGA cash as of November 2010. This decreased to 4,660 in November 2011. • 805 applications were received for SAGA benefits as of October 2010 and 574 received as October 2011. This is a decrease of 28.6 percent. • In October 2011, DSS granted 327 SAGA applications and there were 306 pending overdue applications for SAGA in November 2011.
Enrollment and expenditures	In FY 2011, program enrollment was 5,368 and expenditures totaled \$14,572,630.

Appendix III

Towns Served by Connecticut Community Action Agencies

Table 1. Community Action Agencies in Connecticut	
Name	Towns Served
Access Community Action Agency, Inc. (Access)	Andover, Ashford, Bolton, Brooklyn, Canterbury, Chaplin, Columbia, Coventry, Eastford, Ellington, Hampton, Hebron, Killingly, Mansfield, Plainfield, Pomfret, Putnam, Scotland, Somers, Stafford, Sterling, Thompson, Tolland, Union, Vernon, Willington, Windham, and Woodstock.
Action for Bridgeport Community Development, Inc. (ABCD)	Bridgeport, Easton, Fairfield, Monroe, Strafford, and Trumbull
Bristol Community Organization, Inc. (BCO)	Bristol, Burlington, Farmington, Plainville, and Plymouth
Community Action Agency of New Haven, Inc. (CAANH)	East Haven, Hamden, New Haven, North Haven, and West Haven. (Many contracts extend beyond these towns).
Community Action Committee of Danbury, Inc. (CACD)	Bethel, Bridgewater, Brookfield, Canaan, Cornwall, Danbury, Kent, New Fairfield, New Milford, Newtown, North Canaan, Redding, Ridgefield, Roxbury, Salisbury, Sharon, Sherman, Warren, Washington.
Community Renewal Team, Inc. (CRT)	Avon, Branford, Bloomfield, Canton, Chester, Clinton, Cromwell, Deep River, Durham, East Granby, East Haddam, East Hampton, East Hartford, East Windsor, Enfield, Essex, Glastonbury, Granby, Guilford, Haddam, Hartford, Killingworth, Madison, Manchester, Marlborough, Middlefield, Middletown, North Branford, Newington, Old Saybrook, Portland, Rocky Hill, Simsbury, South Windsor, Suffield, Westbrook, West Hartford, Wethersfield, Windsor, Windsor Locks. (Many contracts extend beyond these towns.)
CTE, Inc.	Stamford, Greenwich, Darien
Human Resources Agency of New Britain, Inc. (HRA)	New Britain
New Opportunities, Inc. (NOI)	Barkhamsted, Berlin, Bethlehem, Cheshire, Colebrook, Goshen, Hartland, Harwinton, Litchfield, Meriden, Middlebury, Morris, Naugatuck, New Hartford, Norfolk, Prospect, Southbury, Southington, Thomaston, Torrington, Wallingford, Waterbury, Watertown, Winchester, Wolcott, and Woodbury.
Norwalk Economic Opportunity Now, Inc. (NEON)	New Canaan, Norwalk, Weston, Westport, and Wilton.
TEAM, Inc. (TEAM)	Ansonia, Beacon Falls, Bethany, Derby, Milford, Orange, Oxford, Seymour, Shelton, and Woodbridge.
Thames Valley Council for Community Action, Inc. (TVCCA)	Bozrah, Colchester, East Lyme, Franklin, Griswold, Groton, Lebanon, Ledyard, Lisbon, Lyme, Montville, New London, North Stonington, Norwich, Old Lyme, Preston, Salem, Sprague, Stonington, Voluntown, and Waterford
Source: CAFCA	

CAA Prescreening Tool

Pre-Assessment Screen v1.1 for use by CT Community Action Self-Sufficiency Centers

Income*

1. Do you have income from employment? Yes No N/A
Answer only if employed. Check No if unemployed.
2. Do you have income from disability or SSI? Yes No N/A
3. Do you have income other than employment or disability? Yes No N/A
 - If yes, what is the source of income? _____
Other sources of income can include pension, child support, alimony, other.
4. Do you receive Food Stamps? Yes No N/A

Employment*

5. Do you have a job? Yes No N/A
6. If you have a job, is it a part-time job? Yes No N/A

Education*

7. What is your highest level of education? *(Check only 1)*
 - Post-secondary degree such as an: associates, bachelors, masters or doctorate degree. Yes N/A
 - Post high school vocational education, or non-college business, or technical or professional training, or some college credits. Yes N/A
 - High school diploma or G.E.D. Yes N/A
 - TABE (Adult Basic Education). Yes N/A
 - Did not complete High School or receive a G.E.D. Yes N/A
8. Is your primary language English? Yes No N/A
9. Are you able to read and write in English? Yes No N/A

Training*

10. Have you ever attended a training program or received a certificate? Yes No N/A
 - If no, do you have any skills that can get you a job? Yes No N/A

Housing*

11. What are your housing arrangements?
 - Are you homeless or in a shelter? Yes No N/A
 - Is your housing unaffordable or unsafe? Yes No N/A

Transportation

12. Do you have access to public transportation or a reliable car to take you where you want to go? Yes No N/A

Childcare

13. Do you need childcare? Yes No N/A
• If yes, do you need childcare but cannot afford it? Yes No N/A

Elder care

14. Do you need care for an elderly person? Yes No N/A
• If yes, do you need elder care but cannot afford it? Yes No N/A

Health Insurance

15. Do all adults in your family/household have health insurance? Yes No N/A
16. Do all children in your family/household have health insurance? Yes No N/A

Shaded responses indicate a need for services.

**Shaded responses in two or more of the Income, Employment, Education, Training, or Housing dimensions indicate a need for case-management and self-sufficiency services.*

