

Making a Difference



Connecticut General Assembly

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

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



Making a Difference

DSS Overview

• DSS Vision:

To become a world-class service organization

• DSS Mission:

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

DSS Values:

Communication, Service, Accountability, Respect, Innovation

^t DSS Overview

DSS currently serves over 950,000 individuals:

- Over 1 in 4 Connecticut residents
- Major DSS Program Areas include:

Medical Assistance		Cash Assistance	Food Assistance
 Medicaid / HUSKY Health Medicaid – Long- Term Services & Support Children's Health Insurance Program (CHIP) Medicare Savings Programs (MSP) 	 State-Funded Home Care Connecticut AIDS Drug Assistance Program (CADAP) 	 Temporary Family Assistance (TFA) State Supplement for Aged, Blind and Disabled Refugee Cash Assistance State-Administered General Assistance (SAGA) 	 Supplemental Nutritional Assistance Program (SNAP) The Emergency Food Assistance Program (TEFAP) Summer EBT for Children State-Funded SNAP



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DSS Program Enrollments by Major Program Area:





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Medical Assistance Recipients:





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Cash Assistance Recipients:



Connecticut Department of Social Services DSS Overview

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DSS Program Enrollment Trends:



- Pre-July 2013 Operations:
 - Service delivery inconsistent across the 12 Field Offices
 - Workers carrying high individual caseloads
 - Customers tied to one Field Office
 - Customers unable to independently check case status
 - 1989 mainframe system (EMS) reaching end of its capacity
 - SNAP timeliness among lowest in the nation
 - Low customer confidence in DSS operations

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

ConneCT Self Service: <u>connect.ct.gov</u>

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April 2015 ConneCT Public Dashboard:





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 Online Change Submissions

 2,000
 -1,830
 1,768

 1,600
 -1,830
 1,768

 1,400
 -1,000
 -1,000

 1,000
 -777
 -000

 600
 Jan-15
 Feb-15
 Mar-15

ConneCT online applications went live 06/14:

• 33.7% increase in Online Applications from June 2014 to March 2015

ConneCT online change reporting went live 01/15:

• 30 to 50 online changes submitted per day

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Decreasing unprocessed electronic work items among DSS Core Programs:

• Processing more work items than are incoming

• The SNAP pending work items in ConneCT have been significantly reduced



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DSS Centers Update

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Service Centers located in every office:

- Eligibility workers dedicated to seeing customer walk-ins Monday through Friday 8:00AM to 4:30PM
- Wait times and walk-in volumes tracked through Reception Log
- Provide direct assistance to customers in SNAP, TFA, State Supplement, Medical Assistance, and State-Administered General Assistance
- On-site Child Support, Social Work, and Quality Assurance Services
- Processing Centers located across the state:
 - Eligibility workers dedicated to processing work received via ConneCT document management, online, and through system interfaces
 - Hartford, Manchester, Willimantic, New Haven, Middletown, Norwich, Danbury, Stamford, and Torrington Offices



DSS Centers Update

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- Benefits Center Overview:
 - One statewide toll-free number: **1-855-6-CONNECT** TTD/TTY: **1-800-842-4524**
- Eligibility Workers answering calls in 3 Offices (Waterbury, New Britain, Bridgeport)
- "One Touch Resolution"
- Workers screen for callers with disabilities requiring special accommodations
- 24/7 IVR system for secure anytime access by phone through the use of a confidential PIN and DSS client authentication

- During 2014 received over 230,000 calls on average per month into the IVR:
 - 806,649 calls served by workers since inception
- Benefits Center not a traditional Call Center:
 - Staffed by DSS Eligibility Workers more than just customer service representatives
 - Operate through specialized program and policy knowledge; no prepared scripts
 - Able to serve all client needs across complex cases and numerous DSS Programs
 - Perform all functions, including determining eligibility, processing work items, and serving customers

Connecticut Department of Social Services DSS Centers Update

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March 2015 Benefits Center Average Wait Times (in Minutes):





DSS Centers Update

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Monthly Benefits Center Wait Time Trends:



Benefits Center Wait Time Factors:

- Notices lead to increased call volume
- Use of multiple systems
- Manual data entry
- Post customer contact processing time
- Underutilization of IVR and online options
- Complex cases (multiple programs)
- "One Touch Resolution"



- Upcoming Initiatives:
 - Lifeline program
 - Mobile applications
 - In-office scanning
 - Application kiosks
 - Service Center Queue Management System

DSS Centers Update

Teracore:

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

Objectives:

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



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Teracore Phased Approach:

We are Here Phase 1	 Current State Assessment Site visits & interviews Identify pain points and bottlenecks
Phase 2	 Identify and prioritize quick wins Develop Change Management Plan Develop Pilot Plan based on Federal metrics
Phase 3	 Support pilot implementation (one location) Develop Transition Plan for rollout of new processes to the Benefits Center
Phase 4	 Support State implementation of business process improvements Across all three Benefits Center locations



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Application and Renewal Processing



- Increased timeliness of processing SNAP applications;
- Decreased SNAP payment error rate:



- To date in FY 2015, Connecticut is the 4th most improved in the nation in payment error rates
- FY 2014 Connecticut was the 5th most improved in the nation in payment error rates

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- Long-term Services and Supports (LTSS) Processing:
 - 4 Offices are LTSS Application Hubs: Bridgeport, Waterbury, New Haven, and Hartford
 - Bridgeport, Waterbury and New Haven Offices process Nursing Facility cases
 - Hartford Office processes Waiver cases starting January 2015 (home and community-based services)
 - 5 Offices are LTSS Renewal Hubs: Manchester, Willimantic, Stamford, New Britain, and Danbury
 - Process applications and renewals for Rated Housing Facilities (e.g., Residential Care Homes and Group Homes for the **Developmentally Disabled**)
 - Process renewals and interim changes for all LTSS cases



Application and Renewal Processing

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Increased timeliness of Medicaid Application processing:

Medicaid (excluding LTSS):

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

LTSS:

• LTSS Medicaid timeliness continues an upward trend past 90% (includes excused delays)



Application and Renewal Processing

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Application Channels:



Four channels. Two are new:

- Phone Apps
- Web self service with real time determinations

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

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



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

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



MAGI Renewals Overview:





• HUSKY C and Medicare Savings Programs (MSP):



60 days before coverage ends, a household is notified and sent a redetermination form for HUSKY C or the Medicare Savings Program



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ImpaCT Update


ImpaCT Update

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Building on Incremental "Wins" for Connecticut





ImpaCT Update

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ImpaCT Progress:



Department of Social Services



ImpaCT Update



ImpaCT Benefits:

- Initial System Release:
 - Replacement of EMS legacy system
 - Cost reduction and containment
 - Improved operations and performance management
 - Enhanced integration with ConneCT online services
 - Facilitates work across channels
 - Simplified notices
 - More efficient renewal process
 - Reduced number of verification requests

- ImpaCT Benefits (Continued):
 - Future Enhancements:
 - Progression to a "No Wrong Door" system
 - End-to-end case management
 - Integrated solution for Health and Human Services (HHS) functions

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Federal Guideline Updates:

- Office of Management and Budget (OMB) Circular A87 Cost Allocation Waiver for integrated health and human services eligibility system development:
 - Allowed States to build integrated systems without having to allocate the costs of developing shared eligibility services to human services programs
 - In October 2014, CMS provided a three-year extension of the A87 waiver authority to enable states to complete their work on eligibility and enrollment systems integration through December 2018
 - 90/10 federal matching funds permanently extended



¹ ImpaCT Update





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ImpaCT System Overview and Features



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System Modernization

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CREENING AF	PLICANT NAME	AND ADDRESS - NAME	NAME	← EMS Syst	em
own DO 99 EW ID DH F Name ?	6135 Client MI L Name		ev DO	Technology: CO	BOL/IMS
rim Lang E Impairment	S			100 Alerts Recent John S	Smith
esidential Address Idress Line 1 creet Number Dir	Name	Impa		Cases Logout	Regional Office
??	ST CT	Inbox Application Reg	jistration Scheduling Dat	a Collection Eligibility Determinatio	on Others ^
ailing Address ddress Line 1 creet Number Dir SAME	Name	Questions	Person Household Inform		CASE INFO AL
ty	ST	+ ABAWD	PERSON INFORMATION		CASE #: 716311
essage 0013 0155 013 REQUIRED FIELDS ARE	TDENTTETED R	Insurance Policy Information Summary	Name:	John Smith 34M	CASE STATUS: Pending
IS REQUIRED FILLDS ARE	IDENTIFIED E	Details	PERSON HOUSEHOLD STATU	S	CASE ACTION:
		Employer/Union Address	Household Status:	In the Household	🥒 Case Notes
		Person Household Status	Household Verification: Absence Reason?	✓✓	Last Updated By
ImpoCT Suct	\sim	Coverage Details	Absence Verification:	V	Page Help
ImpaCT Syst		+ Casuality Information	Intend to return ?»	\checkmark	Q View Documents
Technology: Jav	va/DB2	+ SNAP Work Registration	Estimated Date of Return:	MM / DD / YYYY	WN SQ RS 40 CS
(Browser		+ Domestic Violence	Number of days in a month the individual resides in the household (average over the next 12 months):	30	SEARCH
(,		Is person living with someone who is not listed in the household?4	V	
			Relationship?	×	

Department of Social Services



System Consolidation





Client-Centric Features

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Current Challenges:

- Reliance on Business Process
- Use of Case Narratives
- Reliance on Prompts and Worker Experience

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





Correspondence (Legacy EMS Notices)

DSS SCANNING CENTER P.O. BOX 1320 MANCHESTER CT 06045-1320 MANCHESTER CT 06045-1320 MANCHESTER CT 06045-1320 MANCHESTER CT 06045-1320 MANCHESTER CT 06045-1320 MANCHESTER CT 06045-1320	STATE OF CONNECTICUT 05 01 2027 Client Number: Page 6 17-000001 000006
Date: 05 01 2027	1005 - Notice of Denial Qualified Medicare Beneficiaries - AU
Client ID: To contact us please call Nonday-Friday 7:30-4:00 DSS Benefit Center	 Your application for Medical assistance has been denied for the month of April 2027. Reason(s) for denial:
Phone: 1-855-6-ConneCT Toll Free: 1-855-626-6632	PLEASE CALL YOUR WORKER.
	 PLEASE CALL YOUR WORKER.
Dear PART 1. GENERAL INFORMATION ABOUT YOUR ELIGIBILITY	 If you are a non-pregnant female or male who are in need of family planning services, you may be eligible for the Family Planning Coverage-Limited Benefit. Some examples of Family Planning Services are: birth control, sterilization and treatment for sexually transmitted diseases (STD's). If you would like to apply for the Family Planning Coverage-Limited Benefit, please
We made a decision about your request for assistance. This two part notice explains our decisions. Part 1 has general information about your eligibility and benefits. Part 2 gives specific information about our decisions. It also tells you about each person you applied for. Please read both parts of the notice.	contact DSS at the telephone number listed above. You can request a hearing if you disagree with this decision. Please read the last two pages of this notice for more information about your hearing rights. The information listed below helped us make our decision:
Each program is discussed in a specific order. Cash assistance programs are first. These are programs like Aid to Families with Dependent Children, SAGA, and Aid to the Aged, Blind and Disabled. Information about the Food Stamp program is second. Medical assistance information is last. If a program you applied for is not listed, then we have not finished processing that part of your application. You will get another notice when we are done.	You requested medical help for 1 person(s). If you think the information we used is wrong, please call the Benefit Center at the number listed on the top of page 1. Thank you,
You may call your worker at the number listed at the top of the page if you have any questions. You can request a hearing if you disagree with this decision. Please read the last two pages of this notice for more information about your hearing rights.	Connecticut Department of Social Services
Community Medical Assistance	
You applied for medical assistance on April 1, 2027. Based on our records, we have determined that some or all the members of your household are eligible. Please read Part 2 to find out who is eligible and when your coverage begins.	
You will receive your medical eligibility card within the next few days. Use this card as long as you remain eligible for medical assistance. We will contact you before the end of April 2028 to review your benefits.	
PART 2. DETAILED INFORMATION ABOUT YOUR ELIGIBILITY	
5003 - Notice of Approval Qualified Medicare Beneficiaries - AU	



Correspondence

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Current Challenges:

- Length and Complexity of Notices Drives Traffic
- Inability to Barcode Notices
- Very Difficult to Change Legacy Notices
- ImpaCT Benefits:
 - Uses Externalized **Document Platform** (Adobe LiveCycle)
 - Integrated Notices
 - Use of Barcodes
 - Pre-Populated Renewals



This notice tells you about your benefits. Please read this entire notice. If you have any questions, call the Benefit Center, Monday-Friday 7:30 - 4:00, at 1-855-626-6632. You can check your benefits by creating a "MyAccount" at www.connect.ct.gov. It is easy to set up and you can access it from any computer or smartphone. After you set up your MyAccount, you can see what programs you are on and your benefit amount.

About Your Case

Program	Case Action		
Supplement Nutritional Assistance Program (SNAP)	You applied on October 9, 2014. Your application for SNAP benefits has been approved. You will get SNAP benefits starting November 1, 2014.		
	For the month of November, you will get \$145.		
	As of December, you will get your continued benefit, \$160.		
Medical Assistance	You applied for medical assistance on October 9, 2014. We hav determined that some or all members of your household are eligible.		
	For more information about your benefits, please read this entire notice.		
	ecision you may ask for a hearing. Please read the last two pages of lation about how to ask for a hearing and your hearing rights.		

Eligible for SNAD and facility

Vho is Eligible	Client ID	How Much	When
JOHN DOE	2343984	\$145.00	November 1, 2014 to
JANE DOE	2394823		November 30, 2014

Department of Social Services

Document #: 38237483742

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• Current Challenges:

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- Manual Requests for Verification
- Multiple Requests to Clients
- Inconsistencies Based on Programs and Workers
- ImpaCT Benefits:
 - Verification Requests are Automated and Consolidated
 - Outbound Requests are Barcoded

Items that are checked (\checkmark) are required for us to see if you are eligible. All other items may increase your benefits or may make you eligible, but they are not required for us to make a decision.

These are the proofs we need for MEDICAL by 05/15/2015.

Household Member(s)	Proof(s) Needed		Acceptable Proof(s)	
John Doe	Identification	~	 Driver's License Passport Birth certificate ID for health benefits Wage stubs Work/School ID Voter registration card Collateral contact U.S Military ID Certificate of Naturalization 	
John Doe	Monthly Rent or House payment	~	 Rent receipt Rental agreement Lease or mortgage papers Real estate property tax statemen Homeowner's insurance statemer 	
John Doe	Medical Expenses	\checkmark	 Bills from medical providers Receipts for prescriptions Medical Supplies or Equipment Co-payments Proof of premium payment Collateral contact Medical Transportation 	



Reporting

- Current Challenges:
 - Multiple Data Sources
 - Manual Action Required to "Join" Data
- ImpaCT Benefits:
 - Single Data Source
 - Automated and Integrated Reporting





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Thank You