

2013-2015 OPTION SUMMARY

DSS60000 - Department of Social Services  
11000 - General Fund



Roderick Tremby, Commissioner  
Date: 10-17-2012

Priority	Option Title	2014 Base	2014 Adjust	2014 Revised	2015 Base	2015 Adjust	2015 Revised
<b>REDUCTION</b>							
0	5% Reduce RSVP and Elderly Health Screening Programs by 5%	3,992,850	-199,643	3,793,207	3,992,850	-199,643	3,793,207
0	Children's Trust Fund 5% Reduction	13,198,738	-659,937	12,538,801	13,198,738	-659,937	12,538,801
0	Development of Step Therapy Protocols	720,949,616	-1,370,431	719,579,185	795,500,827	-1,397,840	794,102,987
0	Eliminate ASO Transition Supplemental Payments	2,607,393,191	-24,014,000	2,583,379,191	2,854,912,274	-24,014,000	2,830,898,274
0	Eliminate SFY 2014 and SFY 2015 ICF/MR Rate Adjustment	1,305,840,175	-1,291,100	1,304,549,075	1,310,518,609	-2,723,600	1,307,795,009
0	Eliminate SFY 2014 and SFY 2015 Nursing Home Rate Adjustment	1,305,840,175	-27,087,981	1,278,752,194	1,310,518,609	-57,143,511	1,253,375,098
0	Healthy Start 5% Reduction	1,505,196	-75,260	1,429,936	1,505,196	-75,260	1,429,936
0	Rebase Nursing Home Rates	1,305,840,175	-58,374,300	1,247,465,875	1,310,518,609	-63,681,100	1,246,837,509
0	Reduce CT Statewide Respite Care Program Funding by 5%	2,294,388	-114,719	2,179,669	2,294,388	-114,719	2,179,669
0	Reduce MEDS Fees	755,602,754	-2,677,625	752,925,129	832,380,935	-2,757,954	829,622,981
0	Remove Boarding Home & "Other" Rate Increases	105,233,107	-3,685,136	101,547,971	111,551,056	-7,770,791	103,780,265
0	Strengthen Department's In-House Actuarial Services	259,009,876	-250,000	258,759,876	270,295,079	-500,000	269,795,079
<b>REALLOCATION</b>							
0	Move Congregate Housing Support Program Funding to Aging Umbrella	1,789,886	0	1,789,886	1,789,886	0	1,789,886
0	Transfer After School Earmarks to SDE	3,783,325	0	3,783,325	3,783,325	0	3,783,325
0	Transfer Before and After School Funding to SDE	1,789,886	0	1,789,886	1,789,886	0	1,789,886
0	Transfer Transportation to Work Funding	3,187,240	0	3,187,240	3,187,240	0	3,187,240
<b>REVENUE</b>							
0	Coverage of Quiltline Services Under Medicaid	0	389,082	389,082	0	389,082	389,082
<b>OPTION TOTAL</b>		<b>8,397,250,578</b>	<b>-119,411,050</b>	<b>8,277,839,528</b>	<b>8,827,737,507</b>	<b>-160,649,273</b>	<b>8,667,088,234</b>



Revenue Options			
Coverage of Quitline Services Under Medicaid	\$	389,082	\$ 389,082
<b>Total Revenue Options</b>	<b>\$</b>	<b>389,082</b>	<b>\$ 389,082</b>

Reallocation Options		
Transfer After School Earmarks to SDE		
Transfer Before and After School Funding to SDE		
Transfer Transportation to Work Funding		
<b>Total Reallocation Options</b>	\$ -	\$ -

<b>TOTAL ALL DSS OPTIONS</b>	\$ (115,196,688)	\$ (146,216,192)
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Department on Aging Options		
REALLOCATION - Move Congregate Housing Support Program Funding to Aging Umbrella	(114,719)	(114,719)
REDUCTION - Reduce CT Statewide Respite Care Program Funding by 5%	(199,643)	(199,643)
REDUCTION - 5% Reduce RSVP and Elderly Health Screening Programs by 5%	(314,362)	(314,362)
<b>Total Department on Aging Options</b>	\$ (314,362)	\$ (314,362)

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title: Development of Step Therapy Protocols**

**Program: HUSKY A, C & D**

**SID(s):**

**Proposed Implementation Date:**

**Submitted by: Evelyn Dudley**

**Date: August 1, 2012**

**Does this Require Regulatory or Legislative Changes?      Yes      No**

**Is it required by State law or Federal Government Regulations?      Yes      No**

**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**

Currently, if a prescription is written for a non-preferred drug, the prescriber is required to request/obtain prior authorization in order to receive that product OR change to a preferred alternative. This would be a modification to this process for classes of drugs on the Preferred Drug List. In order for a client to receive a non-preferred product, documentation would be required to be provided to show that the client tried a preferred product (for at least 30 days). This will provide more market shift by shifting over to a preferred product and maximizing rebate dollars being provided to the Department. We would take a limited phase-in approach with the Proton Pump Inhibitors (PPIs) being the first class implemented.

We would work closely with HP/Provider Synergies, our P&T Committee and providers to educate and develop a streamlined approach prior to implementation.

**What is the impact on core functions and services to clients?**

Should have minimal to no impact on clients. Provider education/communication will be provided to prescribers prior to any change.

**Action Required:**

**Internal Partner:**

**External Partner:**

**Regional Changes:      Y / N**

**Legislative Changes:      Y / N**

**Regulation Changes:      Y / N**

**State Plan Amendment: Y / N**

**Waiver Application:      Y / N**

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

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**System/IT Changes - EMS/HP/Other – Yes, HP and Provider Synergies**

**Amend Contract:      Y / N      Contractor:**

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2013

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

<b>Budget Option Title:</b>	Reduce MEDS fees
<b>Program:</b>	Medicaid, CHIP, COAK
<b>SID(s):</b>	16020, 12239, 12494
<b>Proposed Implementation Date:</b>	7/1/13
<b>Submitted by:</b>	Robert Zavoski
<b>Date:</b>	August 16, 2012
<b>Does this Require Regulatory or Legislative Changes?</b>	No
<b>Is it required by State law or Federal Government Regulations?</b>	No

## Description of Option – What is the current program and describe the change suggested:

Reduce all MEDS fees by 5%

Reduce all manually priced fees to list minus 18%

Modify fee schedule pricing notes. Pay lowest of list minus 15%, Medicare price or actual acquisition cost plus a certain percent (30%, 50%, 75%)

## What is the impact on core functions and services to clients?

See above

Action Required:	Internal Partner:	External Partner:
Regional Changes: Y / N	N	
Legislative Changes: Y / N	N	
Regulation Changes: Y / N	N	
State Plan Amendment: Y / N	Y	
Waiver Application: Y / N	N	
System/IT Changes - EMS/HP/Other	N	
Amend Contract: Y / N	Contractor: UMASS (amend if funded full scope is funded)	

# DSS Budget Option Form for SFY 2013

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

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## Fiscal Impact

### SFY 2013

Costs:	SID	\$	
Savings:	SID	(\$	)

## Revenue Impact:

Potential Implementation Date: July 1, 2013

# DSS Budget Option Form for SFY 2014-15

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title:** 5% Reduction Option      **Children's Trust Fund**  
**Program:** Children's Trust Fund  
**SID(s):** 12042  
**Proposed Implementation Date:** SFY 2014 - 2015  
**Submitted by:** Karen Foley-Schain  
**Date:** August 24  
**Does this Require Regulatory or Legislative Changes?** No  
**Is it required by State law or Federal Government Regulations?** No  
**Attach copy of law or regulation if yes.**

## **Description of Option – What is the current program and describe the change suggested:**

The current program provides funds to support several initiatives to prevent child abuse and neglect and ensure the positive growth and development of children.

This budget option would decrease funds available for all programs funded by the Children's Trust Fund state SID account 12042 by 5%. The total general funds allocated to the account in SFY 2013 are \$13,133,084. The 5% budget reduction would be \$659,937.

This is the maximum cut that can be made to the Nurturing Families Network program without breaking a Maintenance of Effort Agreement the state made with the federal HHS to secure approximately \$28 million in federal funds for home visiting services.

**What is the impact on core functions and services to clients?** The programs funded by the Children's Trust Fund are currently serving families and children, have contracts in place and are employing staff utilizing these funds. It is unlikely that the sites can absorb these cuts by scaling back on administrative expenses or management staff. The program sites have already gone without COLA increases for the past 3 years and many have seen their administrative budgets eroded by cuts in other state or private funding. Further cuts to programs would lead to staffing reductions and fewer services. A few examples follow:

- A 5% cut to the Nurturing Families Network (NFN) or the Family School Connection (FSC) program would almost certainly mean a cut in program staffing. Roughly 85% of the state funds provided to the sites are used to cover staffing. On average the sites already contribute 20% of the budget to make ends meet.
  - A 5% cut would reduce funding to Nurturing Families Network (NFN) program by \$522,069.
  - A 5% cut would reduce funding to Family School Connection (FSC) program by \$46,733.

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- To absorb a 5% cut the NFN and FSC sites would need to reduce staff hours and possibly positions. This would lead to a reduction in the number of families receiving home visiting and group services.
- A 5% cut to a site equals one-third of the salary of one home visitor or half of the salary of a group facilitator (a part time position). This would mean a reduction of the home visiting work force by 15% or 15 FTEs in home visiting - which serve approximately 300 families.
- If the group facilitator positions were cut by 50% there would be 20 fewer groups. Group services would be provided to 400 fewer parents and their children.
- A 5% cut to the Family Empowerment Initiatives would certainly mean a cut in program staffing and services to high-risk groups of parents with children of varying ages in settings where they may be addressing other issues – schools, substance abuse treatment centers, prisons, domestic violence shelters, child guidance clinics, hospitals, community centers and public housing projects by \$10,623 or roughly 50 families.
- A 5% cut to the Kinship Fund and Respite Fund would reduce the number of grants to orphaned and abandoned children and their impoverished relative caregivers by \$52,763 or roughly 102 families.
- A 5% cut to the Children's Law Center of Connecticut would reduce the number children and families individuals who can call to receive legal advice, representation and services by \$7,553 or roughly 54 callers and 75 children.
- The Help Me Grow program call center – known as the *Child Development Info Line* – receives 20,000 calls and makes 40,000 calls to assist families with referrals each year. The call center is staffed by 5 care coordinators. A 5% cut would reduce funding to the call center by \$16,913. This is about half of the salary of care coordinator. The call center is already stretched to meet the volume of calls it receives. A cut would likely result in a staff reduction and in fewer calls being handled. It would also adversely impact the quality of the service provided.

Services to clients would be reduced. The services under these programs are provided to vulnerable populations of pregnant new mothers, high risk fathers, orphaned and abandoned children living in the care of relative guardians, indignant children, and children at risk for developmental delays. The programs also serve victims of domestic violence and adults addressing mental health and substance abuse issues. The services assist families to resolve problems, meet the demands of parenting without abusing or neglecting their child, foster

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positive development, identify developmental concerns before they become significant and costly problems. The program help parents follow through on choices to improve their lives – find jobs, return to school and reduce financial hardship.

<b>Action Required:</b>	<b>Internal Partner:</b>	<b>External Partner:</b>
<b>Regional Changes:</b> Y / N		
<b>Legislative Changes:</b> Y / N		
<b>Regulation Changes:</b> Y / N		
<b>State Plan Amendment:</b> Y / N		
<b>Waiver Application:</b> Y / N		
<b>System/IT Changes - EMS/HP/Other</b>		
<b>Amend Contract:</b> Yes	<b>Contractor:</b> The cuts would effect approximately 65 contractors	
<b>Fiscal Impact</b>		
	<u>SFY 2014</u>	<u>SFY 2015</u>
Costs: SID		
Savings: SID	\$ 659,937	\$ 659,937
<b>Revenue Impact:</b> None		
<b>Potential Implementation Date:</b> July 1, 2013		

# DSS Budget Option Form for SFY 2014-15

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title: 5% Reduction Option to Healthy Start**

**Program: Healthy Start**

**SID(s): 16105**

**Proposed Implementation Date: July 1, 2013**

**Submitted by: Karen Foley-Schain**

**Date: August 24**

**Does this Require Regulatory or Legislative Changes? No**

**Is it required by State law or Federal Government Regulations? No**

**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**

The budget reduction option would reduce for the Healthy Start programs by 5%.

The Healthy Start enrolls pregnant mothers and children in HUSKY. It is a service pregnant mothers can use to access HUSKY quickly through a presumptive eligibility process.

The program also provides referrals for medical care and other support.

**What is the impact on core functions and services to clients?**

The Healthy Starts program sites are currently serving families and children, have contracts in place and are employing staff utilizing these funds. It is unlikely that the sites can absorb these cuts by scaling back on administrative expenses or management staff. The program sites have already gone without COLA increases for the past 3 years and many have seen their administrative budgets eroded by cuts in other state or private funding. Further cuts to programs would lead to staffing reductions and fewer services. These reductions would result in lost capacity to process roughly 250 cases.

**Action Required:**

**Internal Partner:**

**External Partner:**

**Regional Changes: Y**

**More presumptive eligibility and other cases referred to Healthy Start by the DSS regional offices would have to handled internally.**

**Legislative Changes: N**

**Regulation Changes: N**

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# DSS Budget Option Form for SFY 2014-15

*Draft/Preliminary Recommendation*

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**State Plan Amendment:** N

**Waiver Application:** Y / N

**System/IT Changes - EMS/HP/Other**

**Amend Contract:** YES      **Contractor:** Five Healthy Start contractors

**Fiscal Impact**

		<u>SFY 2014</u>	<u>SFY 2015</u>
Costs:	SID		
Savings:	SID	\$ 75,260	\$ 75,260

**Revenue Impact:** none

**Potential Implementation Date:** July 1, 2013

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014-15

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

<b>Budget Option Title:</b>	<b>Eliminate Nursing Home Rebase Increase</b>
<b>Program:</b>	<b>Long Term Care</b>
<b>SID(s):</b>	<b>16224</b>
<b>Proposed Implementation Date:</b>	<b>July 1, 2013</b>
<b>Submitted by:</b>	<b>DFMA</b>
<b>Date:</b>	<b>October 2, 2012</b>
<b>Does this Require Regulatory or Legislative Changes?</b>	<b>Yes</b>
<b>Is it required by State law or Federal Government Regulations?</b>	<b>Yes</b>
<b>Attach copy of law or regulation if yes.</b>	<b><u>CHAPTER 319y* LONG-TERM CARE</u></b>

**Description of Option – What is the current program and describe the change suggested:**  
This proposal would eliminate the increase associated with the nursing home rebase. This statutorily required rebasing of the nursing home cost basis would be eliminated in the SFY 2014-2015 biennium.

**What is the impact on core functions and services to clients?**

<b>Action Required:</b>	<b>Internal Partner:</b>	<b>External Partner:</b>
<b>Regional Changes:</b>	<b>Y / <input type="checkbox"/> N</b>	
<b>Legislative Changes:</b>	<b><input checked="" type="checkbox"/> Y / N</b>	
<b>Regulation Changes:</b>	<b>Y / <input type="checkbox"/> N</b>	
<b>State Plan Amendment:</b>	<b>Y / <input type="checkbox"/> N</b>	
<b>Waiver Application:</b>	<b>Y / <input type="checkbox"/> N</b>	
<b>System/IT Changes - EMS/HP/Other</b>		

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014-15

*Draft/Preliminary Recommendation*

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**Amend Contract:**      Y / N      **Contractor:**

## **Fiscal Impact**

		<u>SFY 2014</u>	<u>SFY 2015</u>
Costs:	SID	\$	\$
Savings:	SID 16224	(\$58,374,300)	(\$ 63,681,100)
<b>Revenue Impact:</b>		50% FFP loss	
<b>Potential Implementation Date:</b>		<b>July 1, 2013</b>	

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014-15

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title:** Eliminate Nursing Home Rate Increases

**Program:** Long Term Care

**SID(s):** 16224

**Proposed Implementation Date:** 7-1-13

**Submitted by:** Lee Voghel

**Date:** 9-21-12

**Does this Require Regulatory or Legislative Changes?**       Yes     No

**Is it required by State law or Federal Government Regulations?**     Yes     No

**Attach copy of law or regulation if yes. CHAPTER 319v\* LONG-TERM CARE**

**Description of Option – What is the current program and describe the change suggested:**

Statute dictates that rates are revised yearly based on the annual cost reports. According to program staff, rate adjustments based on the cost reports are anticipated to increase rates by 2% in both SFY 2014 and SFY 2015. The 2% increase is estimated to cost \$27 million in SFY 2014 and \$57 million in SFY 2015. Freeze Rates to eliminate these rate increases.

**What is the impact on core functions and services to clients?**

**Action Required:**

**Internal Partner:**

**External Partner:**

**Regional Changes:**    Y /  N

**Legislative Changes:**     Y / N

**Regulation Changes:**    Y /  N

**State Plan Amendment:** Y /  N

**Waiver Application:**    Y /  N

**System/IT Changes - EMS/HP/Other**

**Amend Contract:**    Y / N

**Contractor:**

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014-15

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

## Fiscal Impact

		<u>SFY 2014</u>	<u>SFY 2015</u>
Costs:	SID	\$	\$
Savings:	SID 16224	(\$ 27,087,981)	(\$ 57,143,511)

## Revenue Impact:

## Potential Implementation Date:

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014-15

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title:** Eliminate ASO Transition Supplemental Payments  
**Program:**  
**SID(s):** 16220, 16221  
**Proposed Implementation Date:** July 1, 2013  
**Submitted by:** DFMA  
**Date:**  
**Does this Require Regulatory or Legislative Changes?** No  
**Is it required by State law or Federal Government Regulations?** No, if SPA is withdrawn  
**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**  
This proposal would eliminate the ASO transition supplemental payments for outpatient, physician and behavioral health services. In the process of converting from a MCO system to an ASO service delivery model, the Department developed rate melds to integrate the different rate structures that existed between the fee-for-service payment model and the discontinued MCO payment structure. Providers were to remain “whole” in the transition and the resulting rate meld. As expenses have increased significantly under the new ASO payment structure, efforts to mitigate these increases could include the elimination of supplemental payments.

**What is the impact on core functions and services to clients?**

Action Required:	Internal Partner:	External Partner:
Regional Changes:	Y/N	
Legislative Changes:	Y/N	
Regulation Changes:	Y/N	
State Plan Amendment:	Y/N	

DFMA Tracking Number:

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**Waiver Application:** Y / N

**System/IT Changes - EMS/HP/Other**

**Amend Contract:** Y / N      **Contractor:**

## **Fiscal Impact**

		<u>SFY 2014</u>	<u>SFY 2015</u>
Costs:	SID	\$	\$
Savings:	SID	(\$24,014,000)	(\$24,014,000)

**Revenue Impact:** 50% revenue loss

**Potential Implementation Date:**

## DSS Budget Option Form for SFY 2014-15

**Budget Option Title:** Strengthen Department's In-House Actuarial Services  
**Program:** Financial Management/Medical Assistance  
**SID(s):** 10010  
**Implementation Date:** December 1, 2013  
**Submitted by:** Lee Voghel  
**Date:** 9/17/2012  
**Does this Require Regulatory or Legislative Changes?** Yes  
**Is it required by State law or Federal Government Regulations?** No  
**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**

The Department has an established Actuarial Services group which is primarily responsible for actuarial and related analytical support of the Medical Assistance area (but is available for other Department programs as needed). This group has been established to significantly reduce the utilization of outside contractual consultant services. While successful in part, the group could benefit from access to an actuary possessing combined actuarial and managerial capabilities. The ability to access this unique combination of skills has been hampered by the existing salary range for this position. This option would allow for the expansion of the salary range and the hiring of an actuary. With such qualified staff, it is expected that the Department could better coordinate actuarial services and make additional reductions in the use of the contractual actuarial resources, thereby offsetting any additional costs.

**What is the impact on core functions and services to clients?**

No direct impact to clients is anticipated from this administrative change.

<b>Action Required:</b>	<b>Internal Partner:</b>	<b>External Partner:</b>
<b>Regional Changes:</b> N		
<b>Legislative Changes:</b> Y	Legal	
<b>Regulation Changes:</b> N		
<b>State Plan Amendment:</b> N		
<b>Waiver Application:</b> N		
<b>System/IT Changes - EMS/HP/Other</b>	None	
<b>Amend Contract:</b> Y <b>Contractor:</b> Actuarial Services Contract (currently Mercer)		

DFMA Tracking Number:

## DSS Budget Option Form for SFY 2014-15

### Fiscal Impact

		<u>SFY 2014</u>	<u>SFY 2015</u>
Costs:	SID 10010	\$75,000	\$150,000
	SID 10020	2,500	5,000
Savings:	SID 10020	<u>(327,500)</u>	<u>(655,000)</u>
Net Savings		(\$250,000)	(\$500,000)

Revenue Impact: n/a

Potential Implementation Date: December 2013

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014-15

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title:** Eliminate Rate Increases for Boarding Homes and Other Homes  
**Program:** AABD  
**SID(s):** 16061, 16071, 16077  
**Proposed Implementation Date:** 7/1/13  
**Submitted by:** Lee Voghel  
**Date:** 10/2/2012  
**Does this Require Regulatory or Legislative Changes?** Yes No  
**Is it required by State law or Federal Government Regulations?** Yes No  
**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**

Boarding Homes and Other types of homes receive a rate increase each year based on their cost report submitted to the Rate Setting Unit. Other homes are flat rate funded. This is required by CT statute (17b-340).

It is estimated that these homes will receive a 2% increase in each year of the biennium.

It is proposed that the Department not provide rate increases in the biennium. This change will affect approximately 4,800 clients each year of the biennium.

**What is the impact on core functions and services to clients?**

**Action Required:**

**Internal Partner:**

**External Partner:**

**Regional Changes:** Y / N

**Legislative Changes:** Y / N

**Regulation Changes:** Y / N

**State Plan Amendment:** Y / N

DFMA Tracking Number:

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Waiver Application: Y/N

System/IT Changes - EMS/HP/Other

Amend Contract: Y/N Contractor:

## Fiscal Impact

		<u>SFY 2014</u>	<u>SFY 2015</u>
Costs:	SID	\$	\$
Savings:	SID 16061	(\$ 758,831)	(\$ 1,599,666)
	16071	(\$ 18,369)	(\$ 38,767)
	16077	<u>(\$ 2,907,936)</u>	<u>(\$ 6,132,358)</u>
	Total	(\$ 3,685,136)	(\$ 7,770,791)

Revenue Impact:

Potential Implementation Date: 7/1/2013

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014-15

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title:** Eliminate ICF-MR Rate Inflation Update

**Program:**

**SID(s):** 16225

**Proposed Implementation Date:** July 1, 2013

**Submitted by:** DFMA

**Date:**

**Does this Require Regulatory or Legislative Changes?** Yes

**Is it required by State law or Federal Government Regulations?** Yes

**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**

This proposal would eliminate the ICF-MR inflation update factor from the rate update. A 2% increase was included in current services to account for the expected inflation update.

**What is the impact on core functions and services to clients?**

**Action Required:**

**Internal Partner:**

**External Partner:**

**Regional Changes:** Y/N

**Legislative Changes:** Y/N

**Regulation Changes:** Y/N

**State Plan Amendment:** Y/N

**Waiver Application:** Y/N

**System/IT Changes - EMS/HP/Other**

**Amend Contract:** Y/N

**Contractor:**

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014-15

*Draft/Preliminary Recommendation*

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## Fiscal Impact

		<u>SFY 2014</u>	<u>SFY 2015</u>
Costs:	SID	\$	\$
Savings:	SID	(\$1,291,100)	(\$2,723,600)
<b>Revenue Impact:</b>		50% revenue loss	

**Potential Implementation Date:**

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title:** Coverage of Quitline Services Under Medicaid

**Program:** HUSKY A, C & D

**SID(s):**

**Proposed Implementation Date:**

**Submitted by:** Robert Zavoski

**Date:** August 1, 2012

**Does this Require Regulatory or Legislative Changes?** Yes No

**Is it required by State law or Federal Government Regulations?** Yes No

**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**

The Department of Public Health contracts with Alere for quitline services to assist Connecticut resident cease smoking and other use of tobacco products. Currently, the state cost of the Quitline is covered with funds allocated from the Tobacco Settlement Fund. Quitline services are the largest allocation from the Settlement fund each year.

The June 24, 2011 State Medicaid Director letter from CMS Director Cindy Mann provides for coverage of evidence-based tobacco quitlines as an “allowable Medicaid administrative activity necessary for the ‘proper and efficient’ administration of the State plan under its authority under section 1903(a)(7) of the Act to the extent that the quitline provides support to Medicaid beneficiaries under the auspices of the State Medicaid agency.”

This budget option proposes to add tobacco quitline services to the State plan for the purpose of drawing down FPP for those services provided by the quitline to Medicaid beneficiaries, thereby saving part of the state’s Tobacco Settlement funds expended to support the tobacco quitline.

**What is the impact on core functions and services to clients?**

Should have minimal to no impact on clients, except by minimizing the use of state funds, the option will have the impact of potentially extending access to the quitline to all Connecticut residents including those covered under Medicaid.

**Action Required:**

**Internal Partner:**

**External Partner:**

**Regional Changes:** Y / N

**Legislative Changes:** Y / N

**Regulation Changes:** Y / N

**State Plan Amendment:** Y / N

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

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*Subject to Additional Modification or Alteration by Submitter*

Waiver Application: Y / N

System/IT Changes - EMS/HP/Other – Yes, HP

Amend Contract: Y / N Contractor: a Memorandum of Agreement would need to be executed with the Department of Public Health

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title:** Transfer After School Earmarks

**Program:** Family Services Unit

**SID(s):** 16158

**Proposed Implementation Date:** July 1, 2013

**Submitted by:** Peter Palermino

**Date:** Sep 18, 2012

**Does this Require Regulatory or Legislative Changes?** Yes No

**Is it required by State law or Federal Government Regulations?** Yes No

**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**

DSS currently contracts (\$300,000) with 5 community organizations as directed by legislative budget to offer after school activities for adolescents. These earmarks do not support the mission and priorities of DSS.

Transfer the \$300,000 to SDE which currently administers other after school programs.

**What is the impact on core functions and services to clients?**

The services are after school tutorial and/or recreational. The program outcomes are process only and do not, due to their "earmark" distinction, measure outcomes that may be detrimental to the organization.

**Action Required:**

**Internal Partner:**

**External Partner:**

**Regional Changes:**

Y / N (no)

Contract Admin

SDE, CT After

School Network, Inc

**Legislative Changes:** Y / N (no)

**Regulation Changes:** Y / N (no)

**State Plan Amendment:** Y / N (no)

**Waiver Application:** Y / N (no)

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**System/IT Changes - EMS/HP/Other:**

**Amend Contract:      Y / N (no) Contractor:**

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title:** Transfer Before and After School Funding

**Program:** Family Services Unit

**SID(s):** 16160

**Proposed Implementation Date:** July 1, 2013

**Submitted by:** Peter Palermino

**Date:** Sep 18, 2012

**Does this Require Regulatory or Legislative Changes?** Yes No

**Is it required by State law or Federal Government Regulations?** Yes No

**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**

DSS currently contracts (\$222,000) with 7 community organizations

Transfer the \$222,000 to SDE which currently administers other after school programs.

**What is the impact on core functions and services to clients?**

The funds supplement existing services offered by existing programs. Elimination of these funds will not close the existing programs, which are primarily funded by fees.

Action Required:	Internal Partner:	External Partner:
Regional Changes:	Y / N (no) Contract Admin School Network, Inc	SDE, CT After
Legislative Changes:	Y / N (no)	
Regulation Changes:	Y / N (no)	
State Plan Amendment:	Y / N (no)	
Waiver Application:	Y / N (no)	
System/IT Changes - EMS/HP/Other		
Amend Contract:	Y / N (no) Contractor:	

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title: Transfer Transportation to Work Funding**

**Program: Family Services Unit**

**SID(s): 16129**

**Proposed Implementation Date: July 1, 2013**

**Submitted by: Peter Palermino**

**Date: Sep 24, 2012**

**Does this Require Regulatory or Legislative Changes? Yes No x**

**Is it required by State law or Federal Government Regulations? Yes No x**

**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**

DSS currently contracts with 5 contractors (\$3,171,386) to provide transportation services to families receiving TFA and/or families working but earning less than 75% SMI. This option will eliminate the 5 contractors, which have contracts that expire on June 30, 2013 and transfer a portion of \$2M to the CT Department of Labor to use for only TFA clients and the remaining funds \$1.17M to the CT Department of Transportation to supplement funds used by DOT that support transit districts that operate buses.

**What is the impact on core functions and services to clients?**

The transferred funds would be targeted by DOL to only serve TFA clients who participate in the JFES program as operated by the 5 DOL contracted Workforce Investment Boards. The non-TFA clients who are working would continue to be assisted by the CT Department of Transportation through their contracted transit districts

**Action Required:**

**Internal Partner:**

**External Partner:**

**CT Department of Transportation**

**Regional Changes:**

**Y / N (no)**

**Contract Admin**

**Legislative Changes: Y / N (no)**

**Regulation Changes: Y / N (no)**

**State Plan Amendment: Y / N (no)**

**Waiver Application: Y / N (no)**

**System/IT Changes - No**

**DFMA Tracking Number:**

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Amend Contract:**      **Y/N (no) Contractor:**

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

**Budget Option Title:** Move Congregate Housing Support Program Funding from the Community Services Umbrella Account to the Aging Services Umbrella Account

**Program:** Congregate Housing Support Program for the Elderly (CHSP)

**SID(s):** 16160 & 16123

**Proposed Implementation Date:** January 1, 2013

**Submitted by:** Margaret Gerundo-Murkette

**Date:** August 23, 2012

**Does this Require Regulatory or Legislative Changes?** Yes No

**Is it required by State law or Federal Government Regulations?** Yes No

**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**

The purpose of the request is to move CHSP funds from the Community Services account to the Aging Services umbrella account in preparation for the new State Department on Aging.

The Congregate Housing Services Program (CHSP) is designed to provide meals and services to frail elderly individuals and to persons with disabilities. The purpose of the program is to prevent unnecessary institutionalization; improve management's capacity to assess service needs of its residents; coordinate the provision of supportive services to meet the needs of eligible residents and to ensure long-term provision of such services. The CHSP operates in certain housing communities located in rural areas and part of the U.S. Rural Housing Services' housing portfolio.

The Aging Services Division of the Department of Social Services receives federal funds from the U.S. Department of Housing and Urban Development (HUD) to provide CHSP services. CHSP services are available in selected housing communities in Eastern and Western Connecticut. The Senior Resources and Western Connecticut Area Agencies on Aging operate the CHSP in their respective regions.

The Aging Services Division also receives state funds from the Community Services Umbrella Account which are used to provide match to the two Area Agencies operating CHSP. Currently the state's annual appropriation for the Congregate Housing Support program for the Elderly is \$140,003 and it is allotted to the Community Services umbrella account SID 16160 project 10403. The change suggested requires transferring the full amount of the appropriation (\$140,003) from the Community Services SID 16120 and permanently allotting those funds to the Aging Services umbrella account SID 16123. The suggested change also includes creating a new project code of 10165, under the Aging Services umbrella.

Once moved to the Aging Services umbrella account, CHSP funds would be easily accessible under the new State Department on Aging.

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

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**What is the impact on core functions and services to clients?**

There is no impact on core functions and services to clients. This request is simply to move funds from one account to another.

**Action Required:**

**Internal Partner:**

**External Partner:**

Regional Changes: Y / N

Legislative Changes: Y / N

Regulation Changes: Y / N

State Plan Amendment: Y / N

Waiver Application: Y / N

System/IT Changes - EMS/HP/Other

Amend Contract: Y / N

Contractors: Senior Resources & Western Connecticut Area Agency on Aging

DFMA Tracking Number:

## DSS Budget Option Form for SFY 2014

**Budget Option Title:** Reduce Connecticut Statewide Respite Care Program Funding:  
5% Budget reduction proposal

**Program:** Connecticut Statewide Respite Care Program

**SID(s):** 16171, Project DSS NON\_PROJECT (\$114,719)

**Proposed Implementation Date:** July 1, 2013

**Submitted by:** Margaret Gerundo-Murkette

**Date:** August 31, 2012

**Does this Require Regulatory or Legislative Changes?** Yes No

**Is it required by State law or Federal Government Regulations?** Yes No

**Attach copy of law or regulation if yes.**

**Description of Option – What is the current program and describe the change suggested:**

The Connecticut Statewide Respite Care Program offers relief to stressed caregivers by providing information, support, the development of an appropriate plan of care, and services for the individual with Alzheimer's Disease or related dementias. This Program often acts as a bridge for clients who are in dire need of services and are awaiting approval for programs like the Connecticut Homecare Program for Elders. In addition, it allows impaired individuals to delay admission to long term care facilities by receiving care at home.

Currently, approximately 95% of funds are provided to the Area Agencies on Aging to arrange and fund direct services (such as adult day care and home health aide) for individuals with Alzheimer's Disease, and 5% of the funds are provided to the Alzheimer's Association for education and outreach to these families.

An anticipated 5% reduction in funds would equal \$114,719. To minimize the impact of this reduction on direct services, funding for education and outreach for the program would be reduced by 25%, or \$28,680, and funding for provision of direct services by 75%, or \$86,039.

**What is the impact on core functions and services to clients?**

This reduction would equal a reduction in direct services to approximately 30 clients, and would restrict the ability to further educate families caring for someone with Alzheimer's disease.

**Action Required:**

**Internal Partner:**

**External Partner:**

**Regional Changes:** Y/N

**Legislative Changes:** Y/N

**Regulation Changes:** Y/N

DFMA Tracking Number:

## DSS Budget Option Form for SFY 2014

State Plan Amendment: Y / N

Waiver Application: Y / N

System/IT Changes - EMS/HP/Other

Amend Contract: Y / N Contractor:

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

*Submitted for Discussion Purposes Only*

*Subject to Additional Modification or Alteration by Submitter*

<b>Budget Option Title:</b>	5% Reduction to Services to the Elderly Account		
<b>Program:</b>	Retired and Senior Volunteer Program (RSVP) and Elderly Health Screening Program		
<b>SID(s):</b>	16123- Project codes: 10154; 10157; 10158; 10164 and SID 17037- Project code 10301		
<b>Proposed Implementation Date:</b>	July 1, 2013		
<b>Submitted by:</b>	Margaret Gerundo-Murkette		
<b>Date:</b>	September 7, 2012		
<b>Does this Require Regulatory or Legislative Changes?</b>	Yes	<u>No</u>	
<b>Is it required by State law or Federal Government Regulations?</b>	Yes	<u>No</u>	
<b>Attach copy of law or regulation if yes.</b>			

## **Description of Option – What is the current program and describe the change suggested:**

As identified by the Division of Financial Management and Analysis, the 5% reduction to the Services for Elderly SID 16123 and SID 17037 is **\$199,643**. The breakout is as follows:

- \$18,538: 2013 COLA for SID 16123 and 17037 (\$18,314 and \$224 respectively);
- \$123,155 eliminates funding for all 12 RSVP programs; and
- \$57,950 reduction taken from the Elderly Health Screening program.

This proposal is to eliminate state funding for all the 12 RSVP programs. The funding totals \$122,539 annually. The impact to the 10 "referring" programs would mean that fewer volunteers would receive direction to other community organizations to provide services. For the 2 other programs, fewer volunteers would be available to provide direct services within those organizations.

RSVP provides opportunities for adults age 55 older to participate in their communities by sharing knowledge and skills through volunteer activities. DSS funds 12 programs through the Services for Elderly Account. 10 programs are RSVP programs which also receive funding from the federal Corporation for National Services (CNS) and local communities. These 10 programs link retirement-aged individuals with other community organizations in need of volunteers to provide services. These services are provided in day care centers, nursing homes, hospice programs, hospitals and home health agencies. In addition, there are 2 programs which receive state funding but do not receive federal CNS funding. These program volunteers provide direct services within the organization to program participants. With federal, state and local funding these twelve programs had 3,487 volunteers in SFY 2011.

The Elderly Health Screening funds total \$361,683 and this budget option is to also reduce these funds in SID 16123 and 17037 by an additional \$57,950 to meet the overall 5% reduction in the Services to the Elderly Account. The Elderly Health Screening program provides health screening services to older adults for the early detection of diseases. These services are provided to adults for the prevention of disease. With early detection of disease and linkages to community treatment services, older adults are able to remain in the home and community of their choice for as long as possible. Currently there are 5 programs funded for Elderly Health

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

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Screening. There is an RFP process underway for Elderly Health Promotion Services. This RFP is to provide service to address immediate medical needs and long-term solutions to improve overall life-function through evidence based programming. The reduction in the Services for the Elderly account for SID 16123 and 17037 will affect the number of individuals that will be served through the Elderly Health Promotion Services. Fewer individuals will be served and this reduction may affect the length of time an individual remains in the home and community of their choice.

The state grants for community services and programs for the elderly are found in State Statute Section 17b-425.

## **What is the impact on core functions and services to clients?**

The elimination of state funding for RSVP programs will have an impact on services provided. The coordination of volunteers and the use of volunteers to provide direct services will be limited and fewer consumers will receive the services that enable them to remain in the home and community of their choice. Other resources, such as town government based, churches and other religious organizations, local Area Agency on Aging, AARP and the Internet, will therefore be needed to connect with services.

A reduction in the funds received for Elderly Health Promotion Services will result in fewer adults receiving early detection of disease testing. The length of time that these individuals are able to remain in their homes may well decrease with the reduction of these funds.

**Action Required:**

**Internal Partner:**

**External Partner:**

**Regional Changes:**      Y / N

**12 RSVP type programs  
5 Elderly Health screening  
Providers**

**Legislative Changes:**    Y / N

**Regulation Changes:**   Y / N

**State Plan Amendment:** Y / N

**Waiver Application:**    Y / N

**System/IT Changes - EMS/HP/Other**      NONE

**Amend Contract:**      Y / N    **Contractor:** 12 contracts would end and 5 contracts would need to be reduced.

DFMA Tracking Number:

# DSS Budget Option Form for SFY 2014

*Draft/Preliminary Recommendation*

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<b>Services to the Elderly (16123)</b>			
	SFY 2013 Legislative Budget	Reductions/ Eliminations	2013 Adjusted Appropriation
10153 - Pilot Adult Foster Care	0		
10154 - Elderly Health Care at Bellá Vista	33,466	(5,333)	28,133
10155 - Elderly Nutrition	2,495,942		2,495,942
10156 - Protective Services for the Elderly *	266,293		266,293
10157 - Elderly Health Screening	230,573	(36,744)	193,829
10158 - Programs for Senior Citizens	122,539	(122,539)	0
10160 - Area Agencies on Aging	232,274		232,274
10161 - Medicare Legal Assistance	177,892		177,892
10162 - Day Care for Alzheimer Victims	234,604		234,604
10163 - AAA - Administration	64,547		64,547
10164 - Geriatric Assessment	53,239	(8,484)	44,755
1% COLA	18,314	(18,314)	
<b>TOTAL</b>	<b>3,929,683</b>	<b>(191,414)</b>	<b>3,738,269</b>
Protective Services for the Elderly did not receive a COLA			
<b>Services to the Elderly (17037)</b>			
	SFY 2013 Legislative Budget	Reductions/ Eliminations	2013 Adjusted Appropriation
10301 - Elderly Health Screening	44,405	(7076)	37,328.62
1% COLA	224	(224)	0
<b>TOTAL</b>	<b>44,629</b>	<b>(7300)</b>	<b>37,328.62</b>