



DEPARTMENT OF SOCIAL SERVICES

AGENCY PURPOSE

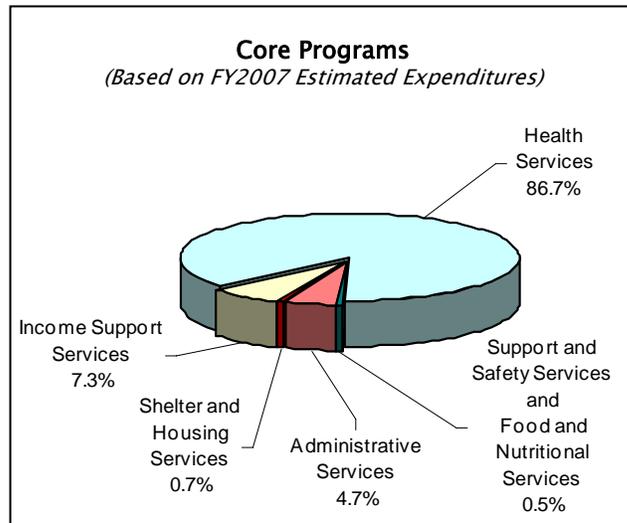
The Department of Social Services (DSS) serves families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living.

In support of this mission, the department provides a continuum of core programs and services to eligible residents of Connecticut.

DSS is responsible for administering a number of state and federal programs that provide health services, food and nutritional services, shelter and housing services, income support services, and support and safety services.

In cooperation with other state agencies, municipalities and community-based organizations, the department administers, coordinates, plans, delivers and funds more than ninety social service programs to support eligible children, youth, families, adults, elderly and persons with disabilities.

Services are provided through the department's central office in Hartford and 12 offices located in three regions across the state. In addition, the department's Bureau of Rehabilitation Services operates 16 offices with its central office in Hartford.



RECENT HIGHLIGHTS

- In January 2007, the department's application for the Money Follows the Person Rebalancing Demonstration Grant was approved by the federal government. This demonstration grant encourages states to reduce their reliance on institutional care for Medicaid recipients by transitioning individuals out of institutional settings and into community settings with appropriate supports. As a result of the grant, DSS will receive enhanced federal Medicaid reimbursement for the first year of an individual's transition. DSS plans to transition up to 700 individuals over a five-year period.
- The new Medicare Part D prescription drug benefit, also known as Medicare Rx, became effective on January 1, 2006. The department worked to coordinate existing state assistance programs with the Medicare Part D drug benefit and had over 110,000 dual eligible and ConnPACE beneficiaries enrolled in the new program by May 15, 2006.
- The department completed the second year of a two-year federal State Pharmacy Assistance Program transitional grant with over \$2.5 million in funding each year to provide Medicare Rx education and outreach. As part of this initiative, the CHOICES Program partnered with ConnPACE to provide education and counseling assistance to Connecticut's Medicare beneficiaries. CHOICES received special recognition from the Centers for Medicare and Medicaid Services for its exceptional achievement in serving Medicare beneficiaries.
- The department also entered into a contract with the University of Connecticut (UConn) School of Pharmacy to have advanced pharmacy students review drug regimens for ConnPACE enrollees. The UConn School of Pharmacy received a national award for this creative outreach effort which enhanced the students' knowledge of pharmacy issues and the complexity of Medicare Part D.
- Beginning in November 2005, the DSS Rx-Xpress bus became an effective, visible outreach tool, with 1,100

visitors served and 200 persons enrolled into Medicare Rx plans by June 2006. The bus is a customized vehicle that visits rural, urban and suburban communities throughout Connecticut, providing Medicare Rx assistance and eligibility screening for benefits to older adults and persons with disabilities.

- As of November 2006, the department funded health insurance coverage for over 219,000 children and 87,800 adult caregivers through the HUSKY program.
- During FY2006, a monthly average of approximately 16,000 low-income children participated in the Care 4 Kids program, while contracts to state-supported child care centers and school-age programs served another 9,500 children.
- As of December 2006, 21,243 families received cash benefits under the Temporary Family Assistance program.
- The department increased support payments collected for children to \$290.1 million for FY2006, an increase of \$6.8 million over FY2005. Paternity was established for 91.7% of the children born out of wedlock.
- New child support guidelines and an arrearage adjustment program, focusing especially on low-income obligors, were both implemented.
- In October 2006, the department was awarded a federal grant to conduct a Promoting Responsible Fatherhood Demonstration. The demonstration is funded for 5 years, at \$1 million per year. The department will coordinate a comprehensive statewide partnership of non-profit and government agencies to effect positive change targeting low-income fathers and couples to engender healthy marriage, promote responsible parenting and foster economic stability. Through aggressive statewide marketing and outreach, the demonstration will serve 500 fathers and 40 couples annually for the 60-month program period.

- As of December 2006, there were 4,345 participants in the federal "Ticket to Work" program. Since its inception in 2000, more than 9,788 participants have benefited from the comprehensive medical plan provided under this initiative for working persons with disabilities.
- As of October 2006, the Connecticut Home Care Program for Elders provided a continuum of home-based health care services to 15,765 seniors, assisting them with support and requisite services for them to remain in the community.
- In the past year, \$25 million in funds from the federal Older Americans Act, other federal sources, and the state provided a multitude of social services under the Aging Services Division to an estimated 135,300 seniors across the state.
- FY2006 marked the close of a two-year grant funded through the Aging Services Division with a drug settlement award of \$463,830. In the two year period, over 1,800 individuals with Alzheimer's disease benefited from a variety of services, including adult day care, assisted living, support groups, senior fitness, information and referral, counseling, and educational programming under the Mulberry Gardens grant award. Under the New England Cognitive Center's two year grant award, over 1,700 program contacts were made with individuals with Alzheimer's disease participating in the Brain G.Y.M.M. and Mind Aerobics programs, with preliminary results demonstrating a delay in cognitive decline.
- The department prevented the issuance of approximately \$4.4 million in ineligible benefits through the Fraud Early Detection and recovery programs during FY2006.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

	<u>2007-2008</u>	<u>2008-2009</u>
• Transfer Equipment to CEPP	-1,255,100	-993,850
• Remove or Limit Inflation	-2,773,713	-5,762,322
• Utilize FY2007 Surplus for One-time Expenditure	-4,152,735	0
<i>A one-time cost for leap year was budgeted in FY2008 in the Medicaid and Aid to the Aged, Blind and Disabled accounts. As these are one-time expenditures, surplus funds from FY2007 are being utilized for this purpose.</i>		
• Utilize FY2007 Carryforward for FY2008 Expenditure	-33,200,000	0
<i>Due to the anticipated Medicaid lapse in FY2007, funds are being carried forward into FY2008 to reduce Medicaid requirements.</i>		
• Remove Rate Add for Nursing Homes	-12,340,000	-13,460,000
<i>Under this proposal, the nursing home rate add of 1% assumed in Current Services for FY2008 is eliminated. The nursing homes will continue to receive fair rent adjustments projected at over \$12 million over the biennium.</i>		
• Defer Cost of Living Adjustments for Clients on Public Assistance	-6,085,058	-10,192,443
<i>Effective July 1, 2007 and July 1, 2008, recipients of Temporary Family Assistance, State Administered General Assistance, and the Aid to the Aged, Blind and Disabled programs are scheduled to receive a state-funded cost of living adjustment based on the percentage increase in the Consumer Price Index - Urban (CPI-U). This proposal eliminates the standards increases for the biennium.</i>		
• Update Medical Necessity and Appropriateness Definition under Medicaid	-4,000,000	-8,000,000
<i>This proposal allows DSS to replace the current outdated medical necessity definition under Medicaid with a definition used under both Medicare and private commercial health care plans. This definition was adopted as part of the restructuring of the State Administered General Assistance program. The proposed definition incorporates the principle of providing services which are "reasonable and necessary" or "appropriate" in light of clinical standards of practice.</i>		
• Implement a Premium Assistance Program for Clients Receiving HUSKY A Services	500,000	-4,900,000
<i>Under this proposal, DSS will seek waiver authority to require HUSKY A clients to enroll in health plans offered by their employer when available and when cost effective. DSS will cover any additional costs such as premiums, deductibles, and co-pays and will provide any wraparound coverage needed to ensure their medical coverage is similar to the existing Medicaid benefit package. It is anticipated that approximately 6,000 HUSKY A clients will participate in this initiative in FY2009. Although start-up costs will be required in FY2008, net savings of nearly \$5 million are anticipated in FY2009.</i>		
• Reduce Subsidy to Connecticut Children's Medical Center in FY2009	0	-4,000,000
<i>Since FY1999, the Connecticut Children's Medical Center (CCMC) has received a grant subsidy from DSS to help compensate the hospital for the cost of providing health care to Medicaid clients. Due to federal Medicaid rules, CCMC's costs are limited to certain caps based on Medicare cost principles and, as a result, the state receives no federal reimbursement for this state-funded grant. CCMC's base grant amount of \$7.0 million was increased to \$11 million for FY2007. Under this proposal, this increase of \$4 million will continue into FY2008, but will be discontinued in FY2009.</i>		
• Restructure Medicaid Eligibility Requirements in Response to Morenz Decision	-1,400,000	-3,600,000
<i>Federal Medicaid rules prohibit states from counting the assets of the community spouse if the institutionalized spouse assigns his or her support rights to the state. In Morenz v. Wilson-Coker, the Court determined that the state's statutes do not preclude institutionalized Medicaid applicants from voluntarily assigning their spousal support rights to DSS. As a result, the community spouse is able to retain assets that would otherwise have been spent on the spouse's long term care expenses, which hastens the onset of Medicaid eligibility for the institutionalized spouse. Under this proposal, DSS will</i>		

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limit the circumstances in which Medicaid applicants can assign their spousal support rights to DSS. Institutionalized Medicaid applicants will no longer be able to shelter assets in the name of the community spouse, in excess of those assets already protected under the law.

<ul style="list-style-type: none"> • Reduce Funding for Certain Non-Entitlement Programs 	-2,958,473	-2,958,473
<p><i>Under this proposal, funding that was added for FY2007 for a variety of non-entitlement programs within DSS will be reduced or eliminated. This will impact the following accounts: Children's Health Council, Human Resource Development-Hispanic Programs, Services to the Elderly, Housing/Homeless Services, School Readiness, Community Services and Human Services Infrastructure Community Action Program.</i></p>		
<ul style="list-style-type: none"> • Require Certification for Medication Administration in Residential Care Homes and Boarding Homes 	-1,445,903	-2,891,804
<p><i>Current statute allows unlicensed personnel to obtain certification for the administration of medication. Under this proposal, residential care homes and boarding homes will be required to have individual employees certified so that they can provide medication administration to their residents, resulting in savings under the Medicaid program. Nurses will still be required to administer all injections.</i></p>		
<ul style="list-style-type: none"> • Apply Annual Social Security Increases to Offset Costs under the Aid to the Aged, Blind and Disabled (AABD) Program 	-1,221,337	-2,262,516
<p><i>In past years, any cost of living adjustments (COLA) received as part of an AABD client's Social Security benefit were considered an increase in income and applied to the client's cost of care. Recent legislation, however, allows AABD clients to retain (by increasing the unearned income disregard) their Social Security COLA without a concurrent reduction in their state benefit. This proposal will revert back to the previous policy of applying any federal COLA to offset the cost per case.</i></p>		
<ul style="list-style-type: none"> • Revise Third Party Liability (TPL) and Fraud Provisions under Medicaid 	-2,000,000	-2,100,000
<p><i>The federal Deficit Reduction Act (DRA) requires states to amend their TPL statutes to ensure complete access to health insurers' TPL information and to make certain that Medicaid is the payer of last resort. The changes in the DRA will significantly improve recovery of Medicaid funds when TPL coverage was available and should have paid the claims, thus improving DSS' efforts in cost avoidance and claim recovery. The second part of this proposal, also provided for under the DRA, will authorize the state to bring a civil action against any individual or entity who engages in fraud against the state of Connecticut. This proposal includes 'qui tam' provisions allowing individuals to initiate claims and allowing the Attorney General to substitute the state of Connecticut for such individual's civil action. The federal government will provide financial incentives to states that adopt this qui tam law for purposes of recovering Medicaid funds in such actions.</i></p>		
<ul style="list-style-type: none"> • Eliminate Funding for Non-Emergency Medical Transportation under SAGA 	-1,400,000	-1,400,000
<p><i>Last session, the legislature provided funding for a limited non-emergency medical transportation program under SAGA. Under this proposal, this expanded benefit is eliminated. It is anticipated that DSS will continue to provide transportation for dialysis and cancer treatments.</i></p>		
<ul style="list-style-type: none"> • Eliminate Subsidy for LifeStar Helicopter 	-1,388,190	-1,388,190
<p><i>The LifeStar grant provides a subsidy for the operation and maintenance of the helicopter at Hartford Hospital. The grant was first introduced by the legislature at a cost of \$1.0 million in FY2002. Under this proposal, state support for Hartford Hospital's LifeStar helicopter is eliminated.</i></p>		
<ul style="list-style-type: none"> • Provide Step Down from Chronic Disease Hospital Level of Care under SAGA 	-500,000	-500,000
<p><i>This proposal will allow the department, when cost effective, to provide home health services or skilled nursing facility coverage for SAGA recipients who are at a chronic disease hospital, but could use a lower level of rehabilitation services. By providing limited home care and skilled nursing facility coverage, delays in hospital discharges and long acute rehab stays will be reduced.</i></p>		
<ul style="list-style-type: none"> • Eliminate Payment of SSI Attorneys Fees 	-419,724	-419,724
<p><i>The federal government sets reasonable caps on the amount an attorney may earn from representing a client in the appeal of a denial or termination of Supplemental Security Income (SSI) and/or Social Security (SSA) benefits. Although the Social Security Administration allows attorney fees to be deducted from an individual's successful appeal, DSS allows attorneys to be paid from the General Fund, rather than seek reimbursement from the client's retroactive benefit received from a successful appeal. This proposal will allow for an attorney representing a client appealing to the Social Security Administration to affirmatively seek an assignment from the individual's SSA/SSI benefit. Under this proposal, attorneys will need to avail themselves of the SSA program as DSS will no longer pay their fees.</i></p>		
<ul style="list-style-type: none"> • Defer SAGA Pilot over the Biennium 	-500,000	-250,000
<p><i>Under current statute, DSS is required to implement a two-year pilot program for 19-21 year olds with a mental health diagnosis and a chronic health condition, who are ineligible for SAGA due to parental income. The Current Services budget assumes the pilot will run for a two-year period through December 31, 2008. Under this proposal, the pilot will be deferred until July 1, 2009.</i></p>		
<p>Within Current Services</p>		
<ul style="list-style-type: none"> • Annualize the Supportive Housing Initiative 	1,945,750	1,945,750
<p><i>Funding has been added to the Rental Assistance Program to reflect the annualization of the Supportive Housing initiative in FY2008. This includes \$983,250 to cover the costs of subsidizing 250 units, as well as \$962,500 to fully fund the costs of service funding for 75 families.</i></p>		
<ul style="list-style-type: none"> • Annualize Funding for the Rental Assistance Program (RAP) 	1,800,000	1,800,000
<p><i>A total of \$1.8 million in FY2006 RAP funds that were expected to lapse were carried forward into FY2007 to fund additional RAP certificates. This funding has been fully annualized in FY2008.</i></p>		
<p>Reallocations or Transfers</p>		
<ul style="list-style-type: none"> • Transfer Funding for the Behavioral Health Partnership from the Department of Children and Families 	2,539,070	2,539,070
<p><i>Funds are transferred between DCF and DSS to properly align funding for the Behavioral Health Partnership.</i></p>		
<ul style="list-style-type: none"> • Reallocate Older Americans Act Funds 	-332,768	-346,639
<p><i>Under this proposal, payroll expenditures for nine staff currently charged to the federal Older Americans Act will be shifted to the General Fund while grant expenditures currently charged to the Elderly Services account will be shifted to federal funds. Since payroll and fringe costs continue to increase each year while the federal grant awards for administration remain fairly constant, this reallocation of funds will</i></p>		

help DSS meet future administrative needs as well as federal maintenance of effort requirements. Note: There are no net savings associated with this option as the Comptroller will be responsible for the fringe costs, which are estimated at \$332,768 in FY2008 and \$346,639 in FY2009.

• Transfer Funding for the State Department on Aging	-450,000	-450,000	
<i>Under this proposal, the \$450,000 in Current Services for the State Department on Aging is transferred to the new agency.</i>			
• Transfer Funding to DPH for Day Care Licensing Staff	-506,159	-506,159	
<i>Each year, DSS transfers funding from the School Readiness account to the Department of Public Health to help cover the costs of DPH's day care licensing staff. To simplify the funding process, funds will be reallocated to DPH's Personal Services account.</i>			
New or Expanded Services			
	2007-2008	2008-2009	2009-2010
• Governor's Health Care Initiative – Provide Assistance with Premium Costs under the Charter Oak Health Plan	18,860,100	36,084,300	44,900,000
<i>This proposal will offer health care for working uninsured adults of all income levels through the Charter Oak Health Plan, which will provide basic health insurance coverage, including a full prescription package, laboratory services and pre- and post-natal care, with an expected monthly premium of \$250. Under this proposal, financial assistance with premium costs will be provided on a sliding scale based on an individual's gross earnings, ranging from \$175 for individuals with income under 150% of the federal poverty level (FPL) to no assistance for clients with income over 300% FPL.</i>			
• Governor's Health Care Initiative – Increase HUSKY Enrollment in Schools	5,404,200	8,423,700	8,900,000
<i>Parents are currently required to inform schools about their children's health insurance coverage only at the beginning of kindergarten and sixth grade. Under this proposal, such notification will be required at the beginning of every school year, which will increase the number of families being referred to HUSKY for enrollment.</i>			
• Governor's Health Care Initiative – Increase HUSKY Enrollment at Birth	2,681,373	4,608,699	5,000,000
<i>Under this initiative, all uninsured newborns will be enrolled in HUSKY at birth. In addition, if a family's income is high enough to require a monthly premium for HUSKY coverage, the state will cover the costs of the premium for the first two months.</i>			
• Governor's Early Childhood Initiative – Implement Rate Equity for DSS State-Funded Centers	2,163,495	4,456,800	4,456,800
<i>Under this proposal, DSS' child day care center rates for non-municipal centers will be increased to the same level as the State Department of Education's School Readiness rates. This proposal incorporates the recommendations of the Early Childhood Research and Policy Council.</i>			
• Provide Funding for Anticipated Settlement of the Raymond Lawsuit	7,715,740	4,202,080	3,245,900
<i>Under this proposal, additional funding is provided to implement the provisions of the Raymond v. Rowland settlement agreement. This includes improvements to the twelve regional offices to facilitate program access for people with disabilities, installation of a document imaging system and a telephone voice response system to support eligibility operations along with the staff to support these new systems, updates to the DSS website and client forms to improve their comprehension by people with certain disabilities, additional DSS staff to assist clients in office reception areas, as well as staff to provide additional screening and employment-related services, and continuation of the Employment Success Program. In total, funds are provided for 19 additional staff in FY2008 and 35 staff in FY2009.</i>			
• Transition Additional Clients under the Money Follows the Person Initiative in FY2009	0	1,729,900	11,034,900
<i>The federal Money Follows the Person Rebalancing Demonstration Grant encourages states to reduce their reliance on institutional care for Medicaid recipients by transitioning individuals out of institutional settings and into community settings with appropriate supports. As a result of the grant, DSS will receive enhanced federal Medicaid reimbursement for the first year of an individual's transition. DSS plans to transition 225 clients into the community by the end of the biennium and an additional 175 clients by FY2010. Note: Expenditures reflect funds needed to transition 125 clients in FY2009; the Current Services budget already includes funding of \$2.7 million in FY2008 and \$3.7 million in FY2009 for the transitioning of 100 clients, as allowed under existing statute.</i>			
• Governor's Health Care Initiative – Implement a Disease Management Program	1,500,000	1,500,000	1,500,000
<i>A total of \$2.0 million is provided for a disease management initiative to improve health outcomes and prevent or manage chronic diseases such as hypertension, obesity, diabetes, and asthma. This effort includes \$500,000 in the Department of Public Health's budget for the statewide expansion of their "Easy Breathing" anti-asthma program.</i>			
• Increase Staffing in the Regional Offices	1,117,300	1,150,800	1,208,300
<i>To bolster the department's ability to serve clients effectively and in a timely manner, 24 additional eligibility services workers are proposed to increase staffing in the regional offices.</i>			
• Governor's Health Care Initiative – Expand HUSKY Outreach	1,000,000	1,000,000	1,000,000
<i>To accelerate enrollment in the HUSKY program, Governor Rell authorized an additional \$1 million in funding in FY2007 for HUSKY outreach. This proposal will annualize this funding level for future years.</i>			
• Provide Funding for Dedicated Data Match Staff	368,800	569,800	598,300
<i>Due to the sheer volume of matches, DSS is unable to follow through on many of the Income Eligibility Verification System matches with the Department of Labor, the Internal Revenue Service and the Social Security Administration, as well as the Department of Labor's New Hires system. Following up on wage hits to identify current employment will help increase the state's work participation rate and help the state comply with federal requirements under the Temporary Assistance for Needy Families (TANF) block grant. To assist with the processing of these data matches, 12 additional staff are provided.</i>			
• Increase Number of Eligibility Workers due to Citizenship and Identity Verification Requirements	186,200	287,700	302,100
<i>Effective July 1, 2006, the federal Deficit Reduction Act requires that the state verify the citizenship and identity of most Medicaid and HUSKY A applicants and recipients. Six additional staff are provided to address increases in workload resulting from the new federal requirements.</i>			

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- Governor's Health Care Initiative – Implement E-Prescribing System** 250,000 250,000 250,000

Connecticut has been awarded a \$5 million federal grant to increase the use of electronic health care records, improve quality of care and reduce the potential for medical errors. Funding is provided to assist with the implementation of an e-prescribing system, which will allow physicians to view medical history, as well as prescribing patterns, and make any necessary changes to prescriptions online. Linking physicians and health care providers with a patient's current medication list will help address drug allergies and adverse drug events, improving patient safety and providing for a better quality health system.
- Increase Medicaid Long-Term Care Income Deduction to Allow Individuals to Maintain Home in Community** 113,000 120,000 120,000

Currently, Medicaid eligible individuals admitted to a long-term care facility are allowed to divert a portion of their income to meet the cost of maintaining a home in the community if they state their intention to return to the community and their physician asserts that the long-term care stay is expected to last 6 months or less. Under this proposal, the diversion amount will be increased to \$650 per month (from the current threshold of \$460) for an individual who lives alone and \$400 per month (from the current threshold of \$250) for a person in a shared arrangement. The amount allowed for diversion was last increased in 1990.
- Provide Funding to Support the Homeless Management Information System** 70,000 70,000 70,000

The federal Department of Housing and Urban Development requires the use of a Homeless Management Information System for the purpose of obtaining an accurate count of homeless persons. Funds are provided to support this effort, which will lead to a better understanding of homelessness and its causes and strategies for breaking down the barriers that keep people from being housed.

AGENCY SUMMARY

Personnel Summary

	2006-2007 Total Authorized	2007-2008 Change From 2006-2007	2007-2008 Total Recommended	2008-2009 Change From 2007-2008	2008-2009 Total Recommended
<u>Permanent Full-Time Positions</u>					
General Fund	1,760	84	1,844	18	1,862
Federal Contributions	322	0	322	0	322
Private Funds	28	3	31	0	31

Financial Summary

	2006-2007 Estimated	2007-2008 Current Services	2007-2008 Total Recommended	2008-2009 Current Services	2008-2009 Total Recommended
Personal Services	110,311,817	112,359,737	115,836,366	116,198,071	120,645,591
Other Expenses	87,576,658	88,851,305	99,187,145	88,614,072	94,044,472
<u>Capital Outlay</u>					
Equipment	1,000	1,256,100	1,000	994,850	1,000
<u>Other Current Expenses</u>					
Children's Health Council	217,565	222,886	153,317	227,567	153,317
HUSKY Outreach	1,702,989	721,215	1,706,452	736,361	1,706,452
Genetic Tests in Paternity Actions	198,875	211,742	201,202	221,906	201,202
State Food Stamp Supplement	237,287	254,349	254,349	276,517	276,517
Day Care Projects	465,353	475,125	465,353	485,103	465,353
HUSKY Program	29,220,000	39,300,000	41,650,037	43,300,000	48,106,416
Department on Aging	450,000	450,000	0	450,000	0
Charter Oak Health Plan	0	0	16,720,000	0	33,440,000
TOTAL - Other Current Expenses	32,492,069	41,635,317	61,150,710	45,697,454	84,349,257
<u>Pmts to Other than Local Govts</u>					
Vocational Rehabilitation	7,349,563	7,540,109	7,385,768	7,698,451	7,385,768
Medicaid	3,197,505,128	3,436,400,000	3,384,563,597	3,582,800,000	3,557,732,227
Lifestar Helicopter	1,381,385	1,417,199	0	1,446,960	0
Old Age Assistance	30,488,730	32,671,731	31,857,500	34,196,742	32,820,213
Aid to the Blind	615,058	601,580	599,856	620,692	622,635
Aid to the Disabled	55,494,693	58,417,158	56,317,251	61,939,986	58,400,540
Temporary Assistance to Families - TANF	120,433,712	114,774,947	111,216,034	113,970,225	108,486,118
Emergency Assistance	500	500	500	500	500
Food Stamp Training Expenses	32,397	33,077	32,397	33,772	32,397

Conn Pharmaceutical Assist to Elderly	34,300,455	51,217,380	51,217,380	56,460,251	56,460,251
Healthy Start	1,434,131	1,471,313	1,441,196	1,502,211	1,441,196
DMHAS – Disproportionate Share	105,935,000	105,935,000	105,935,000	105,935,000	105,935,000
Connecticut Home Care Program	50,588,000	56,900,000	56,900,000	61,300,000	61,300,000
Human Resource Dev-Hispanic Programs	1,003,712	1,028,749	807,671	1,050,353	807,671
Services to the Elderly	5,954,856	6,145,581	5,017,599	6,336,578	5,040,455
Safety Net Services	1,541,653	1,581,622	1,549,247	1,614,836	1,549,247
Transportation for Employment Independence	3,194,011	3,276,819	3,209,745	3,345,632	3,209,745
Transitional Rental Assistance	1,180,863	1,211,478	1,186,680	1,236,919	1,186,680
Refunds of Collections	187,150	191,080	187,150	195,093	187,150
Services for Persons with Disabilities	736,855	755,959	740,485	771,834	740,485
Child Care Services - TANF/CCDBG	71,220,228	89,985,229	89,985,229	93,118,727	93,118,727
Nutrition Assistance	345,129	354,077	346,829	361,513	346,829
Housing/Homeless Services	29,227,182	33,758,258	32,291,687	34,467,181	32,291,687
Employment Opportunities	1,225,343	1,257,111	1,231,379	1,283,510	1,231,379
Human Resource Development	35,078	35,988	35,251	36,744	35,251
Child Day Care	5,699,579	5,847,347	7,891,151	5,970,141	10,184,456
Independent Living Centers	635,337	651,809	638,467	665,497	638,467
AIDS Drug Assistance	606,678	638,832	606,678	669,496	606,678
Disproportionate Share-Med Emer Assist	57,525,000	53,725,000	53,725,000	53,725,000	53,725,000
DSH-Urban Hospitals/Distressed	31,550,000	31,550,000	31,550,000	31,550,000	31,550,000
State Administered General Assistance	154,020,496	174,761,200	171,965,005	181,657,860	178,875,362
School Readiness	5,449,594	5,584,476	3,663,876	5,701,750	3,663,876
Connecticut Children's Medical Center	11,020,000	11,251,420	11,020,000	11,487,700	7,020,000
Community Services	1,979,450	1,927,437	2,549,496	1,967,913	2,549,496
Alzheimer Respite Care	1,288,043	1,321,437	1,294,388	1,349,187	1,294,388
Family Grants	467,795	479,923	470,099	490,001	470,099
Human Svcs Infrastructure Community Action	3,287,114	3,516,321	3,022,292	3,590,164	3,022,292
Teen Pregnancy Prevention	1,379,214	1,414,971	1,386,008	1,444,685	1,386,008
Medicare Part D Supplemental Needs Fund	24,716,735	5,000,000	5,000,000	5,000,000	5,000,000
TOTAL - Pmts to Other than Local Govts	4,021,035,847	4,304,632,118	4,238,837,891	4,476,993,104	4,430,348,273
<u><i>Pmts to Local Governments</i></u>					
Child Day Care	4,918,896	5,046,424	4,943,127	5,152,399	4,943,127
Human Resource Development	29,522	30,287	29,667	30,923	29,667
Human Resource Dev-Hispanic Programs	5,062	5,193	5,087	5,302	5,087
Teen Pregnancy Prevention	844,154	866,039	848,312	884,226	848,312
Services to the Elderly	42,907	44,019	43,118	44,943	43,118
Housing/Homeless Services	663,075	680,266	666,341	694,552	666,341
Community Services	85,080	87,286	85,499	89,119	85,499
TOTAL - Pmts to Local Governments	6,588,696	6,759,514	6,621,151	6,901,464	6,621,151
TOTAL - General Fund	4,258,006,087	4,555,494,091	4,521,634,263	4,735,399,015	4,736,009,744
<u><i>Additional Funds Available</i></u>					
Federal and Other Activities	361,531,635	370,941,413	370,941,413	378,204,994	378,204,994
Private Funds	5,071,916	2,095,387	2,095,387	2,099,287	2,099,287
TOTAL - All Funds Net	4,624,609,638	4,928,530,891	4,894,671,063	5,115,703,296	5,116,314,025

STATE DEPARTMENT ON AGING

AGENCY PURPOSE

Pursuant to Public Act 05-280, a 20-member task force was established to study the re-establishment of a department on aging and to make recommendations on revisions to the general statutes and other changes needed to establish the new department. As a result of their findings, the task force recommended that the General Assembly analyze the service needs of the state's elderly population by conducting a long-term

care needs assessment. This assessment, which is expected to be completed in the spring of 2007, will be used by the General Assembly to: (1) determine the structure of the new State Department on Aging; (2) formulate legislation; and (3) make budgetary decisions necessary to establish a new State Department on Aging effective July 1, 2007.

RECOMMENDED SIGNIFICANT CHANGES

Reallocations or Transfers

- Transfer Funding from the Department of Social Services

<u>2007-2008</u>	<u>2008-2009</u>
450,000	450,000

AGENCY SUMMARY

Financial Summary

Other Current Expenses

State Department on Aging
TOTAL - General Fund

2006-2007 Estimated	2007-2008 Current Services	2007-2008 Total Recommended	2008-2009 Current Services	2008-2009 Total Recommended
0		450,000		450,000
0	0	450,000	0	450,000



SOLDIERS', SAILORS' AND MARINES' FUND

AGENCY PURPOSE

To provide temporary assistance to needy Connecticut wartime veterans and their families during periods of financial crisis.

To provide counseling and guidance to veterans in helping to overcome the circumstances that give rise to the need for

assistance with the goal of restoring the veteran to financial self-sufficiency.

To provide information to veterans and referral as appropriate to local, state, and federal agencies or organizations in circumstances requiring long-term assistance.

<http://www.ct.gov/ssmf>

RECENT HIGHLIGHTS

ASSISTANCE FOR RETURNING VETERANS

The agency has focused considerable effort toward ensuring that servicemen and servicewomen returning to civilian life after wartime service are knowledgeable of the assistance available to them through the Soldiers', Sailors' and Marines' Fund. To this end, the agency participates fully in redeployment briefings of all returning Connecticut National Guard and Armed Forces Reserve

units. Comprehensive information is also available through the State of Connecticut web portal.

CENTRAL OFFICE RELOCATION

The main office of the agency has been relocated to quarters in Hartford, resulting in significant cost savings. The new facility also incorporates more modern telecommunications and messaging technology.

RECOMMENDED SIGNIFICANT CHANGES

Reductions to Current Services

- Remove or Limit Inflation

<u>2007-2008</u>	<u>2008-2009</u>
-1,241	-2,503

AGENCY SUMMARY

Personnel Summary

Permanent Full-Time Positions

Soldiers, Sailors and Marines Fund

2006-2007 Total Authorized	2007-2008 Change From 2006-2007	2007-2008 Total Recommended	2008-2009 Change From 2007-2008	2008-2009 Total Recommended
14	-2	12	0	12

Financial Summary

Personal Services

Other Expenses

Capital Outlay

Equipment

Other Current Expenses

Award Payments to Veterans

Fringe Benefits

TOTAL - Other Current Expenses

TOTAL - Soldiers, Sailors and Marines' Fund

2006-2007 Estimated	2007-2008 Current Services	2007-2008 Total Recommended	2008-2009 Current Services	2008-2009 Total Recommended
824,027	741,673	741,673	770,774	770,774
98,145	66,398	65,157	67,660	65,157
6,500	6,000	6,000	10,500	10,500
1,979,800	1,979,800	1,979,800	1,979,800	1,979,800
521,111	445,340	445,340	470,322	470,322
2,500,911	2,425,140	2,425,140	2,450,122	2,450,122
3,429,583	3,239,211	3,237,970	3,299,056	3,296,553