

Department of Social Services

State Appropriated Programs

SID	SID Description	SFY 2026 Appropriation	Program Description
10010	Personal Services	158,758,860	Personal services appropriations cover direct payroll costs, including salaries, wages, and specific fringe benefits like overtime.
10020	Other Expenses	165,050,000	Other Expenses (OE) appropriations are line-item, non-salary operating expenditures within agency budgets, covering costs like contractual services, repairs, and materials. Specific OE allocations often include IT, facility maintenance, and administrative supplies.
12197	Genetic Tests in Paternity Actions	81,906	Funds genetic testing primarily in two specific areas: paternity testing and medical diagnosis for infants. In Connecticut, genetic paternity testing is readily available through DSS for child support cases, often at reduced or no cost, especially for IV-D support cases.
12239	HUSKY B Program	31,550,000	HUSKY B is Connecticut's Children's Health Insurance Program (CHIP), which provides free or low-cost health coverage for uninsured children up to age 19 who are not eligible for Medicaid and whose family income is at or below 323% of the federal poverty level (FPL).
12644	Substance Use Disorder Waiver Reserve	18,370,000	The substance use disorder (SUD) 1115 demonstration waiver allows the state to receive federal reimbursement for residential SUD treatment services. Without this waiver, most residential treatment services would not be reimbursable under Medicaid because of the long-standing Medicaid prohibition of payment for "institutions for mental diseases." This waiver brings in new federal dollars and, from the very beginning of the waiver, the state committed to reinvesting any surplus dollars from this revenue back into the system. Reinvestment dollars that have not already been allocated are appropriated in the SUD Waiver Reserve account and are used for various SUD-related initiatives.
16020	Medicaid	3,702,380,000	Medicaid provides health care coverage to low-income residents. It is administered by the state under federal rules and serves as a critical safety net. Medicaid is separate from Medicare, which covers older adults and people with disabilities.
16061	Old Age Assistance	54,450,000	Old Age Assistance provides cash assistance to low-income residents aged 65 or older. It supplements federal Social Security or Supplemental Security Income (SSI), helping with basic needs like food and shelter for those with limited income and assets.
16071	Aid To The Blind	623,700	Aid to the Blind provides cash assistance to sight-impaired people to supplement their income. In addition, the individual must have a source of income such as Social Security or Supplemental Security Income (SSI) in order to qualify for assistance.

16077	Aid To The Disabled	53,820,000	Aid to the Disabled provides cash assistance to disabled people to supplement their income. In addition, the individual must have a source of income such as Social Security or Supplemental Security Income (SSI) in order to qualify for assistance.
16090	Temporary Family Assistance (TFA)	69,400,000	The TFA program provides cash assistance for low-income families with children, or pregnant women. It provides monthly support for food, housing, and clothing while encouraging self-sufficiency through employment services, with a 36-month time limit. Exemptions from and extensions to the time limit are available under certain circumstances.
16098	Food Stamp Training Expenses	9,341	This funding is the state match for the Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) participant reimbursement expenses. Connecticut SNAP recipients participating in approved federally-funded E&T activities can receive reimbursements for any reasonable and necessary costs like transportation (gas cards, bus passes), childcare, books, tools, uniforms, exams, and licensing fees. SNAP E&T coordinators at each training location help participants to obtain the items necessary to complete their training program.
16109	DMHAS Disproportionate Share	108,935,000	The Omnibus Budget Reconciliation Act of 1990 allows Medicaid to make disproportionate share hospital (DSH) payments for the care of uninsured low-income persons who receive care in state psychiatric hospitals. As a result, a portion of the cost of care in DMHAS hospitals is paid by DSS under the DSH program in order to maximize federal revenue.
16114	Connecticut Home Care Program	48,450,000	The Connecticut Home Care Program for Elders (CHCPE) helps individuals 65 and older who are at risk of nursing homes placement by providing in-home care. To be at risk of nursing home placement means that the applicant needs assistance with critical needs such as bathing, dressing, eating, taking medications, toileting. CHCPE helps eligible clients continue living at home instead of going to a nursing home.
16118	Human Resource Development Hispanic	1,070,348	Funds support limited English proficiency and addressing barriers to self-sufficiency services for eligible clients through the provision of education and training services and employment services based on the client's primary language and the level of services needed. Income eligibility is at or below 60% of the state median income.
16128	Safety Net Services	1,500,145	Safety net services are provided through the existing community service delivery network with additional DSS resources. It allows service provision in-kind or through vendor or voucher payment. Services include (1) food, shelter, clothing, and employment assistance; (2) eviction prevention; (3) intensive case management; (4) continuous monitoring for child abuse or neglect; and (5) for families at risk of losing benefits, individual performance contracts requiring job training and searching, volunteer work, participation in parent education programs or counseling, or any other requirements deemed necessary.
16146	Services For Persons With Disabilities	309,661	Provides support and services to individuals who have sustained a traumatic brain injury. The program aims to support individuals in regaining their independence and improving their quality of life through various rehabilitative services.
16148	Nutrition Assistance	3,020,994	The funding supports nutritional assistance and/or emergency food support services through the purchase of high protein and other nutritionally beneficial supplemental foods for participating food networks to distribute to eligible individuals throughout Connecticut.

16157	State Administered General Assistance (SAGA)	17,480,000	Under SAGA, individuals who do not have sufficient financial support from other sources are eligible for cash assistance provided they are either permanently or temporarily unable to work due to a documented medical condition and their income and assets are below program limits. This account also pays a funeral and burial allowance up to \$1,800 for indigent persons.
16159	CT Children's Medical Center	13,138,737	This account provides funding for a direct grant payment to the Connecticut Children's Medical Center. This support is provided in recognition of the extraordinary costs borne by the hospital related to the high proportion of Medicaid members it serves, its special equipment needs and its status as a teaching facility. Payments from this account receive federal matching funds under the federal Disproportionate Share Hospital program.
16160	Community Services	10,997,162	The Community Services account -supports a range of community-based social service programs and initiatives designed to help low-income, vulnerable, and at-risk residents access essential supports and services thru earmarked grants. Services are provided by different contractors (recipients) such as Roca, Catholic Charities, Spanish Community of Wallingford, Person to Person, Fair Haven Clinic, JFACT, Charter Oak Center, Connecticut Coalition Against Domestic Violence, etc.
16174	Human Services Infrastructure Community Action Program	4,274,240	Provides funds to community action agencies to support a coordinated, statewide social service system to help identify barriers and gaps in services, and track client outcomes with the goal of creating a more efficient system of connecting people to the services they need.
16177	Teen Pregnancy Prevention	1,394,639	Funds not-for profit organizations with the goal of reducing teen pregnancies in Connecticut communities with the highest incidence of births to teens by utilizing an evidence-based positive youth development program model that targets at-risk youth who are likely to parent early and need government assistance. The program utilizes a goal-specific curriculum and community service learning as its foundation and focuses on decreasing risky behaviors, improving academic outcomes including high school graduation, developing a positive sense of self, strengthening connections to others, and increasing and improving life skills.
16271	Domestic Violence Shelters	8,650,381	This program provides shelter services, including support staff, emergency food and living expenses and social services for victims of household abuse. It is also intended to reduce the incidence of household abuse through preventive education programs. The Department contracts with non-profit organization (CCADV) to provide these services.
16272	Hospital Supplemental Payments	568,300,000	This account funds hospital supplemental payments that are in addition to the regular reimbursement that hospitals receive under Medicaid for services provided. Funds currently support both a capped and uncapped inpatient pool, a mid-sized inpatient pool, an outpatient pool, and a small hospital pool.
16303	Regional Hospice of Western CT	1,000,000	Supports access to pediatric hospice services.

16309	Affordable Care Act Subsidies	25,380,000	This funding is designed to prevent sharp premium increases for over 100,000 Connecticut residents purchasing health insurance through Access Health CT. The subsidies are intended to help those impacted by the lapse of enhanced federal premium tax credits, which could have cost residents an average of \$2,380 more per year for individuals and \$10,000 for families of four.
17032	Teen Pregnancy Prevention	98,281	Funds municipal organizations with the goal of reducing teen pregnancies in Connecticut communities with the highest incidence of births to teens by utilizing an evidence-based positive youth development program model that targets at-risk youth who are likely to parent early and need government assistance. The program utilizes a goal-specific curriculum and community service learning as its foundation and focuses on decreasing risky behaviors, improving academic outcomes including high school graduation, developing a positive sense of self, strengthening connections to others, and increasing and improving life skills.

Program Outcome
N/A
Ensuring effective and efficient program operations without interruption Supporting quality of service delivery in core programs DSS remains agile, compliant, and capable of handling unexpected needs Supporting long-term improvements in statewide program efficiency
Establishing paternity: The genetic test results will either confirm or rule out the biological father. This determines whether the father will be required to provide child support. Child support orders: If paternity is established, child support can be ordered by the court, and payments will be tracked. Legal recognition: Once paternity is established through the test, the state may legally recognize the father's parental rights and responsibilities.

HUSKY B CAHPS survey results show strong member satisfaction. Among respondents, 32.5% rated their child's overall health as "Excellent/Very Good," representing the highest share of responses (76.2%). Similarly, child mental health received "Excellent/Very Good" ratings from 72.7% of respondents, also the highest response category.

Adding beds and funding for recovery houses, Cornell Sott therapeutic shelter expansion, and grants for SUD services for non-Medicaid members Added peer support specialists capacity and SBIRT expansion Grants for SUD providers, supporting justice-involved waiver costs, and recovery house funding Rate increases for SUD providers, and other SUD-related costs
Serves children, adults, working families, older adults and persons with disabilities in all 169 Connecticut cities and towns. Expanding provider networks and opportunities for client access Increasing routine care for clients Reducing utilization of hospital inpatient services Reducing the use of hospital emergency departments Stability of costs – expenditures
For SFY 2025, the State Supplement program, as a whole, served a total of 11,652 recipients. Currently, State Supplement for the Aged enrolls a total of 4,115 recipients with a breakdown of 1,643 recipients residing in a residential care home (RCH) and 2,472 recipients residing in other community living arrangements. The current average monthly benefit amount is \$2,601 for those residing in an RCH and \$159 for those in community living arrangements. RCHs provide essential services that ensure vulnerable adults meet their basic needs in a structured, supervised setting and support individuals who do not require nursing home level care but cannot live independently without assistance. Individuals in the community eligible for the benefit generally have income less than 20% of the state median, while couples receiving the community benefit generally have income less than 25% of the state median.
For SFY 2025, the State Supplement program, as a whole, served a total of 11,652 recipients. Currently, State Supplement to the Blind enrolls a total of 59 recipients with a breakdown of 38 recipients residing in an RCH and 21 recipients residing in other community living arrangements. The current average monthly benefit amount is \$1,676 for those residing in licensed boarding homes and \$112 for those in other living arrangements.

For SFY 2025, the State Supplement program, as a whole, served a total of 11,652 recipients. Currently, the State Supplement to the Disabled enrolls a total of 4,784 recipients with a breakdown of 2,308 recipients residing in a licensed boarding home and 2,476 recipients residing in other living arrangements. The current average monthly benefit amount is \$1,731 for those residing in licensed boarding homes and \$142 for those in other living arrangements.

In SFY 2025, the TFA program assisted a total of 24,381 unique individuals. Currently, TFA enrolls 5,708 families, with a total of 13,662 individuals, with an average monthly benefit of \$74. In an effort to reduce benefit cliffs, the TFA program now allows families to keep their benefit for up to 6 additional months if their earned income exceeds the program limits, up to a maximum of 230% FPL. On average, between 170-180 families benefit from this extension each month.

Participant reimbursements are vital to participant success and help to reduce financial barriers on E&T participation. In SFY 2025, 76% of participants that received state funds for participant reimbursements successfully completed their training program. The state funds helped to support about 25% of the total participant reimbursements provided in FFY 2025. For SFY 2026 we have seen a large increase in the request for participant reimbursements funds due to changes in provider programming and are on track to spend the entire allocated state budget before April 2026.

Eligibility for federal Medicaid matching funds

Supporting independent living
Reducing institutionalization
Coordinated care and better health outcomes
Cost-effective care
Enhanced quality of life

Increased economic self-sufficiency
Improved Language and literacy skills
Strengthened organizational capacity
Enhanced access to social services
Leadership and community representation

Preventing harm and hardship after benefits end - by providing support for up to 12 months, the program helps reduce risk of homelessness, food insecurity, and family stress.
Increasing access to supportive services - safety net case managers connect families to community resources, helping families address needs that otherwise might block their progress toward employment or stability.
Reducing barriers to employment - improving job-related outcomes is a central measurement of success.
Supporting family stability - families get connected with ongoing support before they experience crisis.
Promoting self-sufficiency - supports the state's broader welfare goals by helping participants regain independence from cash assistance.

Improve quality of life for individuals with TBI - improved daily functioning, better health outcomes, and a more fulfilling life for individuals with TBI.
Better access to support services - increased access to appropriate medical, social, and community services, ensuring that individuals can manage their recovery and live independently.
Greater social integration - increased social participation, engagement in community activities, and a reduction in isolation for people with TBI.
Support for family and caregivers - families and caregivers are better equipped to support individuals with TBI, leading to improved overall outcomes.
Prevention of long-term disability - fewer individuals with TBI face permanent disabilities or prolonged dependence on institutional care, and more individuals recover or regain functional independence.
Increase public awareness and advocacy - greater community awareness and improved policies or support mechanisms for individuals living with TBI.

Clients have access to nutritious food and resources to support food security.
Clients receive fresh, safe, and nutritious food that supports their dietary needs

Providing temporary financial support - recipients avoid homelessness or food insecurity and have the financial means to meet basic living standards during the period they are receiving assistance.
 Helping recipients move toward self-sufficiency - increased number of recipients who no longer need assistance and achieve economic independence.
 Reducing reliance on long-term assistance - fewer individuals remain on SAGA long-term and, instead, they transition to permanent assistance (e.g., SSI) or employment.
 Improving health and well-being - healthier individuals who can manage disabilities, mental health issues, or other health-related challenges that may prevent them from working, leading to greater independence.
 Supporting housing stability - fewer evictions, reduced homelessness, and better overall housing stability for low-income, single adults.

N/A

Reducing poverty and economic hardship - fewer individuals and families experience severe financial hardship or crisis.
 Increasing economic and social self-sufficiency - higher rates of employment and sustained self-sufficiency among service recipients.
 Strengthening local community capacity - more robust and responsive community-based service networks.
 Promoting integrated support and service access - residents experience smoother access to multiple supports through coordinated systems.
 Preventing institutionalization - more individuals live safely and stably in their communities.

Improve access to comprehensive services
 Better coordination and integration of help
 Increase in self-sufficiency
 Reduction in poverty
 Community impact and strengthening

Fewer teens (12 – 17 yrs old) experiencing pregnancy or early parenting.
 Teens understand risky behaviors and protect themselves from such behaviors.

Providing safe shelter and emergency housing - reduced homelessness among domestic violence survivors and increased immediate safety for individuals escaping abusive relationships.
 Reducing the cycle of abuse - lower rates of re-victimization for individuals who receive shelter and services, leading to healthier long-term outcomes for survivors and their families.
 Empowering survivors with resources and support - survivors can regain self-sufficiency and avoid returning to abusive situations due to financial, housing, or social dependence.
 Strengthening community response and awareness - increased community awareness and support for domestic violence prevention, helping to reduce stigma and increase willingness to seek help.
 Facilitating long-term stability for survivors and their families - increased housing stability and successful transitions from emergency shelter to permanent housing and employment.
 Enhanced access to legal protections and services - survivors experience greater legal protection and empowerment, which can prevent further abuse and increase overall safety.

The primary outcomes are intended to maintain hospital financial stability, ensure compliance with federal Medicaid upper payment limits, and support core healthcare services, though the specific impact varies significantly by hospital.
 To strengthen clinical capacity, streamline administrative functions, and improve outreach to families and providers across the State of Connecticut.

Coverage levels:

- Low-income (100%–200% FPL): Households in this range will have their federal subsidies completely replaced by the state, keeping costs near zero.
- Moderate-income (400%–500% FPL): These residents, who lost all federal assistance, will receive state aid covering approximately 50% of the lost federal subsidy.
- Coverage guarantee: The plan aims to keep healthcare costs unchanged for individuals earning up to \$56,000 and families of four earning up to \$128,000.

Reduction in teen pregnancies
Increased knowledge of sexual health
Teens understand risky behaviors and protect themselves from such behaviors
Improved access to health services
Family and community engagement

In the 2024-2025 program year, there were 734 active participants who attended an average of 39 curriculum meetings, participated in an average of 25 community service learning hours, and a 39% knowledge increase was achieved by the program.