



**DEPARTMENT of CHILDREN and FAMILIES**  
*Making a Difference for Children, Families and Communities*



Susan I. Hamilton, M.S.W., J.D.  
Commissioner

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Governor

**CCPA**  
**MAR 26 2009**  
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March 16, 2009

Terry Edelstein, President  
CT Community Providers Association  
35 Cold Spring Road - Suite 522  
Rocky Hill, CT 06067

Dear Ms. Edelstein:

Subsequent to our meeting on February 17, 2009 with you and representatives of the CCPA data sub-committee, a number of internal activities were conducted. As I'm sure you recall the basic question related to the ability and willingness of the Department to vary from its decision to collect personally identifiable information in the form of name, gender, date of birth, and race, as part of the PSDCRS reporting requirements. The alternative proposed was the development of an individual unique identifier.

After review of the reporting requirements of other state agencies, both within and outside of Connecticut, determination of what is legally allowable, and an analysis of the long term strategic plans for data usage within the Department, a number of internal meetings ensued. These included conversations with upper and middle managers, program leads, and assessments from the vendor responsible for the development of the PSDCRS.

As a result of all of this activity, DCF is affirming that the original method of data submission continues to be required. The client identification method will use elements of first name, last name, date of birth, and gender. This means that providers must submit these elements as part of the PSDCRS reporting. Reasons for the decision include:

1. A non-meaningful individual identifier is prone to data error and in the absence of the display of name, errors cannot be detected.
2. The PSDCRS will include online, front end functionality for the direct entering of client data. This front end interface performs probabilistic matching and presents a list of potential matches to the provider entering the client information. This matching will be done within provider to conform with HIPPA requirements, ensuring that names will not be shared across providers. Functionality will be lost if this ability is not available to providers. Our preliminary survey of providers indicated that roughly half will choose this method of data entry.

**STATE OF CONNECTICUT**

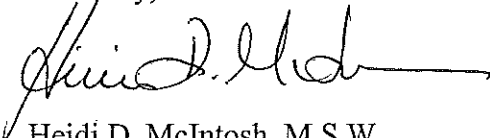
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3. The PSDCRS is a data system that spans mandates. Other mandates have already identified that they need and expect to have the name matching functionality. In those cases, substituting a key ID for the name ID is not acceptable.
4. An alternative approach proposed by the vendor is to create a functionality to use either key or name at the provider level. This was unacceptable because it created two separate reporting pools, providers could not switch methods, and it added significant development costs.
5. Regarding long term planning, we were asked to build an interface with the Administrative Service Organization so that client data can be submitted once and will be entered to the PSDCRS and the ASO data bases. This was part of the original RFP conceived as a future development to minimize provider response burden. This level of functionality requires that names be provided.
6. The use of names, birth date, and gender is a strategy that's consistent with state endorsed efforts to facilitate cross system accountability and is currently in use by multiple states systems and agencies.
7. The required strategy is consistent with information requirements of other program funding mechanisms as well as state laws concerning confidentiality.
8. The use of names allows for the service match across providers as required for federal reporting.

The Department shares CCPA's desire and intent to protect the confidentiality of data obtained during the course of service provision and will work collaboratively with the provider community to do so. It is also important to construct a data system that is built on a foundation of accurate data, that is easy to enter and to access, and that can be effectively used to improve the care provided to children and families. The department believes that the methods incorporated in the PSDCRS provide the greatest likelihood for achieving these goals.

If you should have any questions please contact Dr. Bert Plant at (860) 560-5035 or by e-mail at [robert.plant@ct.gov](mailto:robert.plant@ct.gov). Thank you.

Sincerely,



Heidi D. McIntosh, M.S.W.  
Deputy Commissioner

HM:LA:ma

cc: Susan I. Hamilton  
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