



Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc):

DDS101015B23datasharing

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency:

DDS

Liaison: Christine Pollio Cooney

Phone: 860.418.6066

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Lead agency division requesting this proposal: Birth to Three Program

Agency Analyst/Drafter of Proposal:

Linda Goodman

Title of Proposal

AAC Birth to Three Data Sharing with the State Department of Education

Statutory Reference

17a-248d

Proposal Summary

This bill would allow the Birth to Three Program to share information with the State Department of Education as required under federal laws. The deletion of USD#3 language last session inadvertently created a data sharing issue that this will fix.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

• Reason for Proposal

Please consider the following, if applicable:

- (1) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary? Yes, a legislative proposal last session eliminated Unified School District #3 references and inadvertently created a data sharing issue.*
- (2) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)? n/a*
- (3) *Have certain constituencies called for this action? SDE*
- (4) *What would happen if this was not enacted in law this session? The legislation clarifies our authority to share information for very specific purposes.*

• Origin of Proposal

New Proposal

Resubmission

If this is a resubmission, please share:

- (1) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?*
- (2) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*
- (3) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*
- (4) *What was the last action taken during the past legislative session?*



PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Dept of Ed

Agency Contact (name, title, phone): Martha Deeds

Date Contacted: 10/8/14

Approve of Proposal YES NO X Talks Ongoing

Summary of Affected Agency's Comments

SDE approached B23 after the last session to highlight the issue and request we fix it legislatively. I've asked SDE for confirmation that they want the LEA specifically mentioned vs. just giving B23 authority to share specific information for a specific reason. I'm told this (LEA) was the language originally agreed upon, so am submitting this awaiting any additional feedback to the contrary.

Will there need to be further negotiation? YES NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) none

State none

Federal none

Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Insert fully drafted bill here



An Act Concerning Birth to Three Data Sharing with the Department of Education

Be it enacted by the Senate and House of Representatives in the General Assembly Convened:

Section 17a-248d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2015*):

Sec. 17a-248d. Birth-to-three early intervention services. Data collection. Regulations. Notification to school boards. (a) The lead agency, in coordination with the participating agencies and in consultation with the council, shall establish and maintain a state-wide birth-to-three system of early intervention services pursuant to Part C of the Individuals with Disabilities Education Act, 20 USC 1431 et seq., for eligible children and families of such children.

(b) The state-wide system shall include a system for compiling data on the number of eligible children in the state in need of appropriate early intervention services, the number of such eligible children and their families served, the types of services provided and other information as deemed necessary by the lead agency.

(c) The state-wide system shall include a comprehensive child-find system and public awareness program to ensure that eligible children are identified, located, referred to the system and evaluated. The following persons and entities, as soon as possible but not later than seven calendar days after identifying a child from birth to three years of age suspected of having a developmental delay or of being at risk of having a developmental delay, shall refer the parent of such child to the early intervention system unless the person knows the child has already been referred: (1) Hospitals; (2) child health care providers; (3) local school districts; (4) public health facilities; (5) early intervention service providers; (6) participating agencies; and (7) such other social service and health care agencies and providers as the commissioner specifies in regulation.

(d) The commissioner, in coordination with the participating agencies and in consultation with the council, shall adopt regulations, pursuant to chapter 54, to carry out the provisions of section 17a-248 and sections 17a-248b to 17a-248g, inclusive, 38a-490a and 38a-516a.

(e) The state-wide system shall include a system for required notification to any local or regional school board of education no later than January first of each year of any child who resides in the local or regional school district, participates in the state-wide program and will attain the age of three during the next fiscal year. Such system of notification shall include provisions for preserving the confidentiality of such child and of the parent or guardian of such child. **The birth-to-three system will be considered a local education agency only for the purpose of compliance with the Individuals with Disabilities Act, Part C and reporting requirements under the Elementary and Secondary Education Act and the Individuals with Disabilities Act, Part B.**



Agency Legislative Proposal - 2015 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc):

DDS101015IntellectualDisabilitydefinition

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency:

DDS

Liaison: Christine Pollio Cooney

Phone: 860.418.6066

E-mail: Christine.pollo@ct.gov

Lead agency division requesting this proposal: Legislative Affairs

Agency Analyst/Drafter of Proposal:

Christine Cooney

Title of Proposal

AAC Use of the Term Intellectual Disability in place of the term Mental Retardation

Statutory Reference

1-1g

Proposal Summary

This bill would eliminate the term mental retardation in the definition section of the statute now that intellectual disability has replaced mental retardation through the CT General Statutes.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

- (5) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary? Yes, the clinical diagnosis of mental retardation was replaced in the DSM-5 by intellectual disability and DDS has replaced the term in statutory references to comply with the federal Rosa's law.*
- (6) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)? yes, we expect other states are making the same changes*
- (7) *Have certain constituencies called for this action? Self advocates/families and others.*
- (8) *What would happen if this was not enacted in law this session? The term mental retardation would remain in statute.*

- **Origin of Proposal**

New Proposal

Resubmission



If this is a resubmission, please share:

- (5) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
- (6) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
- (7) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
- (8) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: n/a

Agency Contact (name, title, phone):

Date Contacted:

Approve of Proposal ___ YES ___ NO ___ Talks Ongoing

Summary of Affected Agency's Comments

Will there need to be further negotiation? ___ YES ___ NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) none

State none

Federal none

Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

The term mental retardation is no longer used as an official diagnosis. Intellectual disability is the official diagnosis per the DSM-V and the federal government, through "Rosa's Law" has replaced the term mental retardation with intellectual disability in federal laws. Connecticut has done the same in recent years, but the definition still refers to mental retardation primarily and then indicates that ID has the same meaning as MR. Since MR is no longer used in statute other than in one reference to historical records, it is time to change and simplify the statute to reflect the terminology used throughout.



An Act Concerning Use of the Term Intellectual Disability in place of the Term Mental Retardation

Be it enacted by the Senate and House of Representatives in the General Assembly Convened:

Section 1-1g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

Sec. 1-1g. [“Mental retardation”, “intellectual disability”], “Intellectual disability”, defined.

(a) [For the purposes of sections 17a-210b and 38a-816, “mental retardation”] Except as otherwise provided for in statute, “intellectual disability” means a significant limitation in intellectual functioning and deficits in adaptive behavior that originated during the developmental period before eighteen years of age.

[(b) For the purposes of sections 4a-60, 4b-28, 4b-31, 8-2g, 8-3e, 8-119t, 9-159s, 10-91f, 12-81, 17a-210, 17a-210b, 17a-215c, 17a-217 to 17a-218a, inclusive, 17a-220, 17a-226 to 17a-227a, inclusive, 17a-228, 17a-231 to 17a-233, inclusive, 17a-247 to 17a-247b, inclusive, 17a-270, 17a-272 to 17a-274, inclusive, 17a-276, 17a-277, 17a-281, 17a-282, 17a-580, 17a-593, 17a-594, 17a-596, 17b-226, 19a-638, 45a-598, 45a-669, 45a-670, 45a-672, 45a-674, 45a-676, 45a-677, 45a-678, 45a-679, 45a-680, 45a-681, 45a-682, 45a-683, 46a-11a to 46a-11g, inclusive, 46a-51, 46a-60, 46a-64, 46a-64b, 46a-66, 46a-70, 46a-71, 46a-72, 46a-73, 46a-75, 46a-76, 46b-84, 52-146o, 53a-46a, 53a-59a, 53a-60b, 53a-60c, 53a-61a, 53a-181i, 53a-320, 53a-321, 53a-322, 53a-323, 54-56d and 54-250, “intellectual disability” has the same meaning as “mental retardation” as defined in subsection (a) of this section.]

[(c)] (b) As used in subsection (a) of this section, “significant limitation in intellectual functioning” means an intelligence quotient more than two standard deviations below the mean as measured by tests of general intellectual functioning that are individualized, standardized and clinically and culturally appropriate to the individual; and “adaptive behavior” means the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected for the individual’s age and cultural group as measured by tests that are individualized, standardized and clinically and culturally appropriate to the individual.



Subsection (f) of section 17a-228 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(f) Whenever the Department of Social Services is notified that a facility receiving payments from the Department of Developmental Services under the provisions of this section has been certified as an intermediate care facility for [persons with mental retardation,] individuals with intellectual disabilities as defined in [42 CFR 440.50,] 42 CFR 440.150, the Commissioner of Social Services shall notify the Governor and the Governor, with the approval of the Finance Advisory Committee, may transfer from the appropriation for the Department of Developmental Services to the Department of Social Services, sufficient funds to cover the cost of all services previously paid by the Department of Developmental Services that are reimbursable, at the rate established for services provided by such certified facilities. Subsequent budget requests from both departments shall reflect such transfer of responsibility.