

DDS Legislative Update – June 8, 2015

This legislative update is divided into three sections:

- [Bills Proposed by DDS](#)
- [2015 Bills Being Followed by DDS That Passed](#)
- [2015 Bills Being Followed by DDS That Did Not Pass](#)

Note: This update is not a comprehensive list of bills before the Connecticut General Assembly. DDS has tracked and assessed the bills listed below for their potential impact on DDS consumers, families and guardians, DDS employees and DDS providers. **This legislative update shows some of the bills that have been tracked by DDS this session.**

In this update, the last action taken on a bill will be in **bold**. For a bill to become law, both the House and the Senate must have voted favorably on it by **June 3, 2015 at midnight**, and the Governor must have signed the bill into law.

Note: Once a bill has been JF'd to the Senate or the House, it will be drafted as a File Copy with a File Number (File No.). The File Copy contains a plain language description of what the bill will do if enacted and a Fiscal Note which states the amount it will cost or save if the bill is passed. Links to each bill's File Copy can be accessed by selecting the File No. after the title of the bill. If there is no File No., the bill either had not received one or died in committee.

Key to Legislative Terminology:

Vote to Draft means a Proposed Bill will be drafted as a Committee Bill.

Reserved for Subject Matter Public Hearing means a bill will have a Public Hearing but the date of the Public Hearing is still to be determined.

Change of Reference means that the original committee is moving the bill to another committee without a Joint Favorable action.

JF means the committee reported the bill favorably to the House or Senate.

JF Change of Reference means the committee reported the bill favorably to another committee.

JFS means the committee reported the bill favorably to the House or Senate but with substitute language.

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A File Number (**File No.**) is a unique number given to a bill once it has reached the House or Senate Floor. A file copy of a bill with the file number has a plain-language description of what the bill's provisions do, written by the Office of Legislative Research and a fiscal note that explains what a bill would cost or save to implement, written by the Office of Fiscal Analysis.

A House or Senate Calendar Number (**House or Senate Cal. No.**) is also a unique number that is given to a bill once it reaches the House or Senate Floor. This number is used to hold the bill's place on either the House or Senate Calendar. If the bill is a House bill (H.B. 5000 or higher) or a Senate bill (S.B.1 to 4999) it first gets a Calendar Number from the chamber the bill originated in. Once a House bill is

passed in the House, it goes on to the Senate where it receives a Senate Calendar Number. Likewise once a Senate bill (with a Senate Calendar Number) passes the Senate, it goes to the House and receives a House Calendar Number.

- **Bills Proposed by the Department of Developmental Services**

[H.B. No. 6815](#) [Public Act 15-54](#) AN ACT CONCERNING THE DEFINITION AND USE OF THE TERM "INTELLECTUAL DISABILITY" [House File No. 525](#); House Cal. No. 331; [Senate File No. 785](#); Senate Cal. No. 450 [Public Hearing March 4, 2015](#) House passed as amended by House Amendment A. Senate passed as amended by House Amendment A in Concurrence.

The Senate passed, in concurrence with the House, [H.B. No. 6815](#) [Public Act 15-54](#) 'AN ACT CONCERNING THE DEFINITION AND USE OF THE TERM "INTELLECTUAL DISABILITY"' in the early morning hours of May 28th. [H.B. No. 6815](#) is the department's bill removing the last remaining references to the term "mental retardation" in state statute. The provisions of the bill will go into effect when the Governor signs it. Below is how section 1-1g of the Connecticut General Statutes will read as a result of the unanimous passage of [H.B. No. 6815](#) by the Connecticut General Assembly. **"Intellectual disability" is no longer defined in relation to the "R" word.**

"Sec. 1-1g. "Intellectual disability", defined. (a) Except as otherwise provided by statute, "intellectual disability" means a significant limitation in intellectual functioning existing concurrently with deficits in adaptive behavior that originated during the developmental period before eighteen years of age.

(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."

- **2015 Bills Being Followed by the Department of Developmental Services That Passed**

S.B. No. 811 AN ACT CONCERNING PARITY IN HOSPITAL SALES OVERSIGHT File No. 655; Senate Cal. No. 378; House Cal. No. 630; Public Hearing March 11, 2015 Senate passed as amended by Senate Amendments A and B. House passed as amended by Senate Amendments A and B and House Amendment A. Senate passed as amended by Senate Amendments A and B and House Amendment A in Concurrence. This bill includes numerous provisions affecting hospitals and health systems, health care providers, and health carriers (e.g., insurers and HMOs), including requirements that electronic health records, to the fullest extent practicable, must (1) follow and be accessible to the patient and (2) be shared and exchanged in a timely manner with providers of the patient's choice and creation of a 28-member State Health Information Technology Advisory Council with the Department of Developmental Services as a member. The council will advise the DSS commissioner on: 1. developing priorities and policy recommendations to advance the state's health information technology and health information exchange efforts and goals; 2. developing and implementing the statewide health information technology plan and standards and the Statewide Health Information Exchange; and 3. developing appropriate governance, oversight, and accountability measures to ensure success in achieving the state's health information technology and exchange goals.

S.B. No. 841 Public Act 15-27 AN ACT CONCERNING THE IMPLEMENTATION OF A COMPREHENSIVE CHILDREN'S MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH PLAN File No. 150; Senate Cal. No. 149; House Cal. No. 528; Public Hearing February 24, 2015 Senate passed as amended by Senate Amendment A. House passed as amended by Senate Amendment A in Concurrence. The bill establishes a Children's Mental, Emotional and Behavioral Health Plan Implementation Advisory Board that shall advise (1) the Departments of Children and Families, Developmental Services, Social Services, Public Health, Mental Health and Addiction Services, and Education, the Insurance Department, the Offices of Early Childhood, the Child Advocate and the Healthcare Advocate, the Court Support Services Division of the Judicial Branch and the Commission on Children, (2) providers of mental, emotional or behavioral health services for children and families, (3) advocates, and (4) others interested in the well-being of children and families in the state regarding: (A) The execution of the comprehensive implementation plan developed pursuant to section 17a-22bb of the general statutes; (B) cataloging the mental, emotional and behavioral health services offered for families with children in the state by agency, service type and funding allocation to reflect capacity and utilization of services; (C) adopting standard definitions and measurements for the services that are delivered, when applicable; and (D) the collaboration of such agencies, providers, advocates and other stakeholders enumerated in said section in order to prevent or reduce the long-term negative impact of mental, emotional and behavioral health issues on children.

S.B. No. 896 AN ACT CONCERNING PROTECTIVE SERVICES FOR SUSPECTED ELDERLY ABUSE VICTIMS File No. 294; Senate Cal. No. 223; House Cal. No. 615; Public Hearing February 19, 2015 Senate passed as amended by Senate Amendment A. House passed as amended by Senate Amendment A in Concurrence. This bill allows the Department of Social Services (DSS) to petition the probate court for an order to enter an elderly person's premises to conduct an assessment if (1) DSS has reasonable cause to believe the elderly person may need protective services and (2) the elderly person or another individual has refused DSS access to the premises. The bill also

changes several provisions on access to and disclosure of information during and after DSS investigations by: 1. broadening DSS' ability to issue subpoenas when investigating allegations of abuse, neglect, exploitation, or abandonment of an elderly person; 2. narrowing the circumstances under which DSS may disclose the name of the person reporting such abuse, neglect, exploitation, or abandonment; 3. establishing circumstances when DSS may disclose an elderly person's file, both with and without authorization from the elderly person or his or her legal representative; and 4. allowing an elderly person or his or her legal representative access to DSS records pertaining to the elderly person, with certain exceptions. The bill also alters the definition of neglect for purposes of DSS investigations and services. Under current law, neglect refers to an elderly person (1) living alone and not able to provide for himself or herself the services necessary to maintain physical and mental health or (2) not receiving such services from a responsible caretaker. The bill broadens the first definition by also including elderly people who do not live alone. The bill specifies in the second definition that neglect is the failure of a caretaker to provide or arrange to provide such services to an elderly person. Under the bill, services necessary to maintain physical and mental health include protection from abuse, neglect, exploitation, or abandonment, rather than protection from maltreatment generally.

S.B. No. 927 AN ACT CONCERNING SECLUSION AND RESTRAINT IN SCHOOLS File No. 72; Senate Cal. No. 96; House Cal. No. 653 Public Hearing February 24, 2015 Senate passed as amended by Senate Amendments A and B. House passed as amended by Senate Amendments A and B in Concurrence. Among its several provisions, this bill (1) explicitly extends laws on restraint and seclusion to most public school students in grades K through 12. Currently, these laws apply predominantly to students receiving special education services; (2) prohibits teachers, administrators, and other public school employees from using life-threatening physical restraints on any student, limits how long students can be kept in allowable physical restraints or seclusion, and specifies the types of locations in which a student may be secluded; (3) bars school employees from using physical restraints on students or placing students in seclusion, unless the employees have been properly trained, and requires school boards to develop policies and procedures to provide this training and establish monitoring and internal reporting of the use of physical restraints and seclusion; (4) requires school boards to notify parents and guardians no later than 24 hours after a child has been placed in physical restraint or in seclusion; and (5) requires school boards to take certain steps for students placed in physical restraint or seclusion four or more times in 20 school days. As under existing law, it limits when school employees may administer certain medication to students.

H.B. No. 6155 AN ACT CONCERNING NOTIFICATION OF MEDICAID WAIVER AND MEDICAID STATE PLAN AMENDMENT PROPOSALS, File No. 802; House Cal. No. 540; Senate Cal. No. 557; Public Hearing February 10, 2015 House passed. Senate passed in Concurrence. By law, whenever the Department of Social Services (DSS) applies to the federal government to waive certain federal program requirements, DSS must first submit the waiver application or proposed amendment to the Human Services and Appropriations committees. DSS must also do so if it intends to amend the state Medicaid plan to change program requirements that would have required a waiver but for the passage of the federal Affordable Care Act. Among its various provisions, this bill conforms law to current DSS practice by additionally requiring DSS to submit applications for waiver renewals to these committees. The bill also requires DSS to (1) provide a notice summarizing the waiver renewal's provisions and explain how individuals may submit comments in the *Connecticut Law Journal*; (2) post the same notice on the DSS website; (3) specifies that DSS must post any waiver, amendment, or waiver renewal notice 30 days before submitting the application or

proposal to the committees; and (4) extends the number of days, from 15 to 30, that DSS must allow individuals to submit written comments on the waiver application, proposed amendment, or waiver renewal.

H.B. No. 6579 AN ACT CONCERNING DEVELOPMENTAL SCREENINGS FOR CHILDREN, House File No. 464; House Cal. No. 293; Senate File No. 824; Senate Cal. No. 500; Public Hearing March 4, 2015 House passed as amended by House Amendment A. Senate passed as amended by House Amendment A in Concurrence. This bill requires a health care provider, when completing the state's (1) early childhood health assessment record form or (2) public school health assessment form for a child age five or younger, to indicate on the form whether he or she performed an AAP-recommended developmental screening during the related examination. Under the bill, a developmental screening means a screening that uses a method recommended by the American Academy of Pediatrics (AAP) to identify concerns with a child's physical and mental development, including the child's sensory, behavioral, motor, language, social, perceptual, or emotional skills.

H.B. No. 6737 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING TRANSITIONAL SERVICES FOR YOUTH AND YOUNG ADULTS WITH AUTISM SPECTRUM DISORDER File No. 562; File No. 867; House Cal. No. 346; Senate Cal. No. 615; Public Hearing February 27, 2015 House passed. Senate passed in Concurrence. This bill requires the State Board of Education (SBE) (1) to draft a bill of rights for parents of children receiving special education services to guarantee that the rights of these students and their parents are protected when receiving these and related services; (2) to annually distribute the bill of rights to local and regional boards of education and (3) provide the bill of rights to parents at planning and placement team (PPT) meetings for special education students in grades six through 12. The bill specifies that information related to transition resources and services for high school students be included in information provided in a PPT. The bill also requires the Department of Rehabilitative Services (DORS), in consultation with the Departments of Developmental Services (DDS), Education, Labor, and Mental Health and Addiction Services, to develop a proposed definition for "competitive employment" for each agency to use in relation to state matters. Finally, the bill requires DDS to begin reporting annually to the Public Health Committee on the activities of the department's Division of Autism Spectrum Disorder Services and Advisory Council.

H.B. No. 6738 Public Act 15-80 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE FEDERAL ACHIEVING A BETTER LIFE EXPERIENCE ACT File No. 817; House Cal. No. 545; Senate Cal. No. 563; Public Hearing February 27, 2015 House passed. Senate passed in Concurrence. This bill requires the state treasurer to (1) establish a qualified Achieving A Better Life Experience (ABLE) program, as permitted by federal law, and (2) administer individual ABLE accounts to encourage and help eligible individuals and families save private funds to pay for qualifying expenses related to disability or blindness. It establishes the Connecticut ABLE Trust, administered by the state treasurer, to receive and hold funds intended for ABLE accounts. It exempts money in the trust and interest earnings on it from state and local taxation while in the trust and requires the treasurer to ensure that funds are kept exempt from federal taxation pursuant to federal law. Under the bill, funds invested in, contributed to, or distributed from an ABLE account must be disregarded when determining an individual's eligibility for assistance under federally funded assistance or benefit programs, including the state's medical assistance program (i.e., HUSKY and Medicaid). The bill also prohibits the state's public

colleges and universities from considering funds invested in ABLE accounts when determining eligibility for need-based institutional aid.

[H.B. No. 6805 Public Act 15-81](#) AN ACT CONCERNING THE BIRTH-TO-THREE PROGRAM AND HEARING TESTS [File No. 41](#); [File No. 368](#); House Cal. No. 61; Senate Cal. No. 551; [Public Hearing February 24, 2015](#) House passed. Senate passed in Concurrence. This bill requires the Birth-to-Three program to notify parents and guardians of the availability of hearing tests for children who are exhibiting delayed speech, language, or hearing development and are receiving services under the program. The notice may include information about (1) the benefits of hearing tests for children, (2) the resources available to the parent or guardian for hearing tests and treatment, and (3) available financial assistance for the tests.

[H.B. No. 6815 Public Act 15-54](#) AN ACT CONCERNING THE DEFINITION AND USE OF THE TERM "INTELLECTUAL DISABILITY" [House File No. 525](#); House Cal. No. 331; [Senate File No. 785](#); Senate Cal. No. 450 [Public Hearing March 4, 2015](#) House passed as amended by House Amendment A. Senate passed as amended by House Amendment A in Concurrence. This Department of Developmental Services' bill makes conforming changes by: 1. replacing a reference to "mental retardation" with "intellectual disability" in section 1-1g of the Connecticut General Statutes that defines the term; 2. eliminating an obsolete provision that lists statutory references in which "intellectual disability" has the same meaning as "mental retardation;" and 3. expanding the definition's application to all uses of "intellectual disability" throughout the statutes except as otherwise provided. Current law defines "intellectual disability" as a significant limitation in intellectual functioning and deficits in adaptive behavior that began before a person turned 18. The bill specifies that the limitation must exist concurrently with the adaptive deficits.

[H.B. No. 6987](#) AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES [File No. 682](#); House Cal. No. 447; Senate Cal. No. 651; [Public Hearing March 18, 2015](#) House passed as amended by House Amendment A. Senate passed as amended by House Amendment A in Concurrence. Among its' various provisions, the bill in section 7 adds licensed or certified EMS providers to the list of mandated elder abuse reporters. Under the elder abuse mandated reporter law, various professionals must notify DSS when they reasonably suspect an elderly person (1) has been abused, neglected, abandoned, or exploited or (2) needs protective services. Also, in section 32, the bill requires the Department of Education (DOE), in consultation with the Department of Public Health (DPH), to study the potential advantages of licensing board certified behavior analysts and assistant behavior analyst and their inclusion in school special education and planning and placement teams.

[H.B. No. 7061](#) AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017, AND MAKING APPROPRIATIONS THEREFOR, AND OTHER PROVISIONS RELATED TO REVENUE, DEFICIENCY APPROPRIATIONS AND TAX FAIRNESS AND ECONOMIC DEVELOPMENT. House passed as amended by House Amendment A. Senate passed as amended by House Amendment A in Concurrence.

Please see the [OFA Fiscal Note](#) and the [OLR Bill Analysis](#) for details of the State's Budget for Fiscal Years 2016 and 2017. The following sections of the budget specifically impact the Department of Developmental Services.

Section 1 of [H.B. No. 7061](#) includes the following allocations to the various line items for the DDS FY16 and FY17 budget. **Note:** The Voluntary Services Program has been renamed the Behavioral Services Program.

T369	DEPARTMENT OF DEVELOPMENTAL SERVICES	Fiscal Year 2016	Fiscal Year 2017
T370	Personal Services	262,989,799	265,087,937
T371	Other Expenses	20,619,455	20,894,381
T372	Family Support Grants	3,738,222	3,738,222
T373	Cooperative Placements Program	24,544,841	24,477,566
T374	Clinical Services	3,440,085	3,493,844
T375	Workers' Compensation Claims	14,994,475	14,994,475
T376	Autism Services	2,802,272	3,098,961
T377	Behavioral Services Program	29,731,164	30,818,643
T378	Supplemental Payments for Medical Services	4,908,116	4,908,116
T379	Rent Subsidy Program	5,130,212	5,130,212
T380	Employment Opportunities and Day Services	227,626,162	237,650,362
T381	Community Residential Services	483,871,682	502,596,014
T382	AGENCY TOTAL	1,084,396,485	1,116,888,733

Section 28 reads: (*Effective July 1, 2015*) (a) For all allowable expenditures made pursuant to a contract subject to cost settlement with the Department of Developmental Services by an organization in compliance with performance requirements of such contract, one hundred per cent, or an alternative amount as identified by the Commissioner of Developmental Services and approved by the Secretary of the Office of Policy and Management, of the difference between actual expenditures incurred and the amount received by the organization from the Department of Developmental Services pursuant to such contract shall be reimbursed to the Department of Developmental Services during each of the fiscal years ending June 30, 2016, and June 30, 2017.

Section 39 reads: (*Effective July 1, 2015*) (b) Notwithstanding the provisions of section 4-28e of the general statutes, the sum of \$ 750,000 for the fiscal year ending June 30, 2016, and the sum of \$ 750,000 for the fiscal year ending June 30, 2017, shall be transferred from the Tobacco and Health Trust Fund to the Department of Developmental Services to implement recommendations resulting from a study conducted pursuant to section 27 of public act 11-6 to enhance and improve the services and supports for individuals with autism and their families.

Section 53 reads: *(Effective from passage)* The amounts appropriated to the following agencies in section 1 of public act 13-247, as amended by section 1 of public act 14-47, are reduced by the following amounts for the fiscal year ending June 30, 2015:

T1168	GENERAL FUND	2014-2015
T1169		
T1170	DEPARTMENT OF DEVELOPMENTAL SERVICES	
T1171	Personal Services	7,548,000

S.J. No. 57 RESOLUTION CONVENING THE GENERAL ASSEMBLY IN SPECIAL SESSION Senate passed. House passed in Concurrence. This resolution calls the General Assembly back into a special session to complete business on certain items that were not finished in the 2015 legislative session. The call of this special session is solely for considering and enacting: (1) bills needed to implement provisions of the state budget for the biennium beginning July 1, 2015, concerning (A) general government and education, and (B) public health and human services as provided in H.B. No. 7062 of the January 2015 Session; (2) bills concerning (A) state bond authorizations and their underlying programs and projects, and (B) school construction; (3) a bill replicating the provisions of substitute S.B. No.1109 of the January 2015 Session "An Act Concerning Excessive Use of Force", as passed by the Senate; and (4) a bill conveying certain parcels of state land.

- **2015 Bills Being Followed by the Department of Developmental Services That Did Not Pass**

S.B. No. 175 AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR PATIENT LIFTS File No. 43; Senate Cal. No. 89, Public Hearing February 17, 2015 S.B. No. 175 died in the Appropriations Committee. The bill would have required health insurance coverage for the purchase or rental of a patient lift that operates to lift an individual from a bed or a wheelchair by hydraulic operation, provided such individual's treating physician has certified, in writing, that the patient lift is medically necessary.

S.B. No. 203 AN ACT CONCERNING COMMUNITY RESIDENCES Public Hearing March 6, 2015 S.B. No. 203 died in the Planning and Development Committee. The bill would have allowed municipalities to designate an employee to serve as a liaison between the municipality and any state agency with respect to community residences located in such municipality.

S.B. No. 271 AN ACT CONCERNING MEDICAID REFORM TO PROMOTE AGING IN PLACE File No. 776; Senate Cal. No. 453; Public Hearing March 17, 2015 The Senate recommitted S.B. No. 271 to the Human Services Committee and the bill died. The bill would have required the Department of Social Services (DSS) to establish a one year pilot program for up to 50 individuals to receive services under the Connecticut Home Care Program for the Elderly (CHCPE), with presumptive eligibility. An individual granted presumptive eligibility would receive up to 90 days of care while their eligibility was determined, as well as retroactive coverage prior to the date the Medicaid application was completed, upon final determination.

S.B. No. 878 AN ACT REQUIRING COMMUNITY NOTIFICATION OF NEW RESIDENTIAL FACILITIES FOR OFFENDERS File No. 152; Senate Cal. No. 154; Public Hearing February 27, 2015 S.B. No. 878 died in the Senate. The bill would have required the Department of Correction (DOC) to notify certain municipal officials before placing a community residence for released inmates in the municipality. DOC would have been required to provide written notice, at least 30 days before DOC entered into an agreement with a facility's operator, to the municipality's chief elected official and chief executive officer about DOC's plans to place a community residence (e.g., halfway house) for released inmates in the municipality.

S.B. No. 888 AN ACT CONCERNING ADEQUATE AND SAFE HOUSING FOR THE ELDERLY AND YOUNGER PERSONS WITH DISABILITIES File No. 258; Senate Cal. No. 188; House Cal. No. 652; Public Hearing February 17, 2015 Senate passed as amended by Senate Amendment A. S.B. No. 888 died in the House. The bill would have required the Department of Housing, in consultation with the Departments of Mental Health and Addiction Services, Aging, Developmental Services, Rehabilitation Services and the Office of Protection and Advocacy for Persons with Disabilities, to conduct a study of public housing in the state that houses both elderly tenants and younger tenants with disabilities. The study would have included: (1) Recommendations concerning the feasibility and means of providing comparable housing to tenants who are displaced due to units being reserved in such housing primarily for either the elderly or younger tenants with disabilities, (2) recommendations for the provision of additional support services needed for both elderly tenants and younger tenants with disabilities, (3) an estimate of any additional state appropriations needed to

implement any recommendations, (4) an assessment of support services available to assist elderly tenants and younger tenants with disabilities and any gaps in such services, and (5) a summary of the number of negative incidents between elderly tenants and younger tenants with disabilities from calendar years 2010 to 2014, inclusive, and the number of evictions related to such incidents.

S.B. No. 918 AN ACT CONCERNING THE PROVISION OF SERVICES TO INDIVIDUALS WITH INTELLECTUAL DISABILITY Public Hearing March 4, 2015 S.B. No. 918 died in the Appropriations Committee. The bill would have required the Department of Developmental Services to develop a plan, in consultation with various stakeholders, to ensure that each individual with intellectual disability, who is eligible to receive services from the department, including an individual currently on a waiting list to receive services from the department, receives such services not later than July 1, 2017. The plan would have included: (A) A description of additional staffing and facilities that the department anticipates are likely to be required to provide the services described in this subsection; (B) the amount of the appropriation required to provide such services; (C) a description of any Medicaid waiver that is likely to be required to provide such services; (D) a description of additional resources that are likely to be required to provide such services; and (E) a timeline for implementing the plan.

S.B. No. 947 AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE FOR CAPITAL IMPROVEMENTS, TRANSPORTATION AND OTHER PURPOSES File No. 845; Senate Cal. No. 528; Public Hearing April 6, 2015 S.B. No. 947 died in the Senate. This bill would have authorized up to \$1.644 billion for FY16 and \$1.697 billion for FY17 in state general obligation bonds for state capital projects and grant programs, including school construction, economic development, municipal aid grants, and housing development and rehabilitation programs. In section 2 (m) and section 21 (m) it authorizes bonding of \$7.5 million per fiscal year for the Department of Developmental Services for the purposes of (1) Fire, safety, and environmental improvements to regional facilities and intermediate care facilities for client and staff needs, including improvements in compliance with current codes and (2) site improvements, handicapped access improvements, utilities, repair or replacement of roofs, air conditioning, and other interior and exterior building renovations and additions at all state-owned facilities. The provisions of S.B. No. 947 will be taken up in the Special Session, see S.J. No. 57 **RESOLUTION CONVENING THE GENERAL ASSEMBLY IN SPECIAL SESSION.**

S.B. No. 1024 AN ACT CONCERNING THE SECURITY OF CONSUMER DATA File No. 270; Senate Cal. No. 193; House Cal. No. 570; Public Hearing March 5, 2015; Senate passed as amended by Senate Amendment A. S.B. No. 1024 died in the House. This bill would have required each health insurer, HMO, and related company, by October 1, 2017, to implement and maintain a comprehensive information security program to safeguard the personal information the company compiles or maintains on insureds and enrollees. It specified program requirements and required the program to be updated as necessary and practicable at least annually.

S.B. No. 1088 AN ACT CONCERNING SERVICES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITY File No. 805; Senate Cal. No. 492; House Cal. No. 656; Public Hearing March 18, 2015 Senate passed as amended by Senate Amendment A. S.B. No. 1088 died in the House. The bill would have required the Department of Developmental Services (DDS), in consultation with stakeholders, to develop a plan to close or change the purpose of all state-operated intermediate care facilities for individuals with intellectual disabilities (ICF/ID) and report to the

General Assembly by December 15, 2015. The plan would have included: 1) a timeline for closure, 2) a description of the plan, and 3) a financial analysis of short-term and long-term costs and savings relating to implementing the plan.

S.B. No. 1089 AN ACT CONCERNING MENTAL HEALTH SERVICES **File No. 662**; **File No. 862**; **Senate Cal. No. 381**; **Public Hearing March 18, 2015 S.B. No. 1089** died in the Senate. This bill would have: 1. required the Departments of Social Services (DSS), Children and Families (DCF), and Mental Health and Addiction Services (DMHAS), in consultation with providers, to establish a program to improve the provision of behavioral health services to Medicaid recipients, improve service coordination, and reduce state costs; 2. established a grant program within DMHAS to provide funding to organizations that provide acute care and emergency behavioral health services; 3. required DCF and DMHAS to annually report to the Children's and Public Health Committees on the provision of behavioral health services; and 4. required DMHAS, in consultation with DCF, DSS, and others, to study the utilization of and need for hospital beds for acute psychiatric care.

H.B. No. 6483 AN ACT ESTABLISHING A TASK FORCE TO STUDY GROUP HOME DISTRIBUTION **File No. 462**; **House Cal. No. 291**; **Senate Cal. No. 547**; **Public Hearing February 13, 2015** Housed passed. Senate recommitted **H.B. No. 6483** to the Planning and Development Committee and the bill died. The bill would have established a task force to study the distribution of group homes throughout the state. The task force would have been required to submit a report on its findings and recommendations to the Planning and Development Committee by January 1, 2016.

H.B. No. 6490 AN ACT ESTABLISHING A PILOT PROGRAM FOR PERSONS DIAGNOSED WITH AUTISM SPECTRUM DISORDER **File No. 649**; **House Cal. No. 408**; **Public Hearing March 4, 2015 H.B. No. 6490** died in the Appropriations Committee. The bill would have required the Department of Developmental Services, in consultation with the Department of Children and Families, to establish a pilot program for persons with developmental disability and persons who have been diagnosed with autism spectrum disorder and who (1) require a high level of clinical services, (2) have been difficult for the Department of Developmental Services to place due to such persons' behavioral needs, and (3) are on said department's emergency list or have been served primarily in a hospital setting or out-of-state facility. The pilot program would provide a coordinated system of individualized services for such persons that includes integration into the community in a group setting. The pilot program would have been required to provide participating persons with (1) behavior management services through the use of behavior analysis, (2) training in development of coping skills, (3) on-site clinical oversight, including the availability of direct care personnel to address behavioral needs on a twenty-four-hour basis, and (4) other individualized services.

H.B. No. 6550 AN ACT CONCERNING MEDICAID PROVIDER AUDITS **File No. 523**; **House Cal. No. 329**; **Public Hearing February 11, 2015** House passed as amended by House Amendment A. **H.B. No. 6550** died in the Senate. This bill would have made several changes in the Department of Social Services' (DSS) Medicaid provider audit process.

H.B. No. 6714 AN ACT CONCERNING MEDICAID FUNDING TO PROVIDE OR EXPAND PHYSICAL ACTIVITY PROGRAMS FOR PERSONS WITH AUTISM SPECTRUM DISORDER **Public Hearing February 10, 2015 H.B. No. 6714** died in the Human Services Committee. The bill would have required the Commissioner of Social Services, in consultation with

the Commissioner of Developmental Services, to seek approval of (1) an amendment to the state Medicaid plan, (2) a waiver from federal law, or (3) programmatic changes within existing Medicaid waiver programs to provide or expand (A) physical activity programs to promote the physical health and well-being of persons diagnosed with autism spectrum disorder, and (B) transportation for such persons to and from such programs.

H.B. No. 6765 AN ACT CONCERNING INTERPRETER QUALIFICATIONS House File No. 411; House Cal. No. 269; Senate File No. 881; Senate Cal. No. 574 Public Hearing March 17, 2015 House passed as amended by House Amendment A. H.B. No. 6765 died in the Senate. This bill would have created credentialing requirements for interpreters in educational settings and updated existing requirements for interpreters in legal, medical, and all other settings. The bill specified credential requirements for legal, medical, and educational settings and created “community settings” as a new category to apply to all other settings that use interpreters. The law defines “interpreting” as the translating of English concepts to a language concept used by a person who is deaf or hard of hearing or translating the deaf or hard of hearing person's language concept to English concepts.

H.B. No. 6824 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH 2017, AND MAKING APPROPRIATIONS THEREFOR AND OTHER PROVISIONS RELATED TO REVENUE File No. 800; House Cal. No. 541; Public Hearings February 24, 25, 27, March 2, 3, 4, 5, 6, 2015 H.B. No. 6824 died in the House and was replaced by H.B. No. 7061 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017, AND MAKING APPROPRIATIONS THEREFOR, AND OTHER PROVISIONS RELATED TO REVENUE, DEFICIENCY APPROPRIATIONS AND TAX FAIRNESS AND ECONOMIC DEVELOPMENT.

H.B. No. 6847 AN ACT ENHANCING ACCESS TO BEHAVIORAL HEALTH SERVICES AND SERVICES FOR YOUTHS WITH AUTISM SPECTRUM DISORDER File No. 417; House Cal. No. 275; Public Hearing March 3, 2015 H.B. No. 6847 died in the House. This bill would have: 1. expanded certain individual and group health insurance policies' required coverage of autism spectrum disorder (ASD) services and treatment; 2. required the Department of Developmental Services (DDS) to designate demonstrated effective ASD services and interventions; 3. expanded existing law's group policy behavioral therapy coverage for individuals with ASD and also applied it to individual policies; 4. eliminated maximum coverage limits on the Birth-To-Three program; and 5. required the Connecticut Insurance Department to convene a working group to develop recommendations on behavioral health data collection.

H.B. No. 6860 AN ACT CONCERNING A PILOT PROJECT TO IMPROVE TRANSITIONAL SERVICES FOR EMPLOYABLE YOUNG ADULTS WITH AUTISM SPECTRUM DISORDER Public Hearing March 12, 2015 H.B. No. 6860 died in the Appropriations Committee. The bill would have required the Department of Rehabilitation Services (DORS), in consultation with the Department of Developmental Services (DDS) to establish a two-year pilot program in Hartford and New Haven counties to provide not more than one hundred employable young adults with autism spectrum disorder with vocational training and information designed to improve employment opportunities. The pilot program would have included (1) an informational campaign designed to increase awareness about (A) available vocational services and eligibility for such services; and (B) the impact, or lack thereof, of paid employment on public assistance benefits, (2) outreach to potential

employers, (3) identification of barriers to access to vocational services offered by DORS, (4) a strategy to break down such barriers, (5) family counseling to ensure participants in the pilot program can work scheduled hours, and (6) job coaches who would work through DDS.

[H.B. No. 6878](#) AN ACT CONCERNING WORKERS' COMPENSATION LIABILITY FOR INDIVIDUALS RECEIVING SERVICES FROM PERSONAL CARE ATTENDANTS [File No. 382](#); House Cal. No. 238; [Public Hearing March 5, 2015](#) [H.B. No. 6878](#) died in the Appropriations Committee. This bill would have required the state to provide workers' compensation coverage for personal care attendants (PCAs) who provide personal care assistance to a consumer under a state-funded program (e.g., the acquired brain injury Medicaid waiver program, personal care assistant Medicaid waiver program, or CT Home Care Program for Elders). Under the bill, PCAs providing personal care assistance to a consumer under a state-funded program would no longer be exempt from workers' compensation coverage and would have received workers' compensation coverage from the state regardless of how many hours they worked in a consumer's home. The costs for providing the benefits would have been required to be paid through a separate appropriation that would not reduce or affect a consumer's PCA services.

[H.B. No. 6932](#) AN ACT CONCERNING PAID FAMILY MEDICAL LEAVE [File No. 385](#); House Cal. No. 241; [Public Hearing March 5, 2015](#) [H.B. No. 6932](#) died in the House. This bill would have created the Family and Medical Leave Compensation (FMLC) program to provide wage replacement benefits to covered employees taking leave under the state's private-sector Family and Medical Leave Act (FMLA), the family violence leave law, or the state employee family medical leave law. It would have provided a covered employee with up to 12 weeks of weekly FMLC benefits in an amount that would be the lesser of (1) the employee's average weekly net earnings over the previous 52 weeks or (2) \$1,000. The program would have been funded by employee contributions.

[H.B. No. 6941](#) AN ACT CONCERNING STATE AGENCY INTERPRETER SERVICES [House File No. 386](#); House Cal. No. 242; [Senate File No. 829](#); Senate Cal. No. 506 [Public Hearing March 17, 2015](#) House passed as amended by House Amendment A. [H.B. No. 6941](#) died in the Senate. This bill would have required state agencies unable to meet a request for deaf or hard of hearing interpreter services with their own staff to ask the Department of Rehabilitation Services (DORS) to provide the services before requesting them from elsewhere. The bill would have allowed a state agency to seek interpreting services elsewhere if (1) DORS cannot fulfill the agency's request within two business days or (2) the agency shows good cause that it needs such services immediately. The bill's provisions would have no effect on preexisting state agency interpreting services contracts.

[H.B. No. 6947](#) AN ACT CONCERNING STATE CONTRACTS FOR HUMAN SERVICES [Public Hearing March 12, 2015](#) [H.B. No. 6947](#) died in the Appropriations Committee. The bill would have required the Office of Policy and Management (OPM) to establish uniform policies and procedures for state agency contracts for health and human services that required: (1) Uniform rates of reimbursement based on the actual cost of services provided; (2) review by OPM and agencies of rates and cost standards every two years to reflect changes in reasonable costs due to inflation or changes in the consumer price index for urban consumers; (3) the establishment of an appeal process for providers if rates do not reflect the actual costs of services; and (4) when establishing rates, consideration of (A) the reasonable cost to providers of any existing or new mandate by the state, (B) changes in the reasonable costs of goods and services, and (C) differences in wages, benefits, housing and real estate costs in each

metropolitan area of the state and in any municipality within such area if costs within the municipality are substantially higher than the average cost within the metropolitan area as a whole. The bill would have also required the Departments of Developmental Services, Children and Families, Mental Health and Addiction Services, Public Health and Social Services to set reimbursement rates for providers who enter into purchase of service contracts for the delivery of health and human services in accordance with section 4-70b of the general statutes, as amended.

H.B. No. 7015 AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS Public Hearing March 18, 2015 H.B. No. 7015 died in the Judiciary Committee. The bill would have allowed a physician to dispense or prescribe medication at the request of a mentally competent patient that has a terminal illness that the patient may self-administer to bring about his or her death.

H.B. No. 7016 AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE MORE COMMISSION SPECIAL EDUCATION SELECT WORKING GROUP File No. 685; House Cal. No. 450; Public Hearing March 19, 2015 H.B. No. 7016 died in the House. Among this bill's various provisions, it would have required the State Department of Education (SDE) to: 1. design a new, user-friendly Individualized Education Program (IEP) form with the help of a new IEP Advisory Council; 2. conduct a study of assistive technology (AT) equipment-sharing programs in Connecticut and other states; 3. have memoranda of understanding (MOUs) with various state agencies, including the Department of Developmental Services, regarding the provision of special education, health care, and transition services; and 4. conduct a study on the collection, assimilation, and reporting of longitudinal student data related to special education outcomes. The bill would have required the Department of Social Services (DSS) to report annually on the amount of federal funds received under Medicaid for special education services. The bill also would have: 1. required SDE to collaborate with other state agencies on special education transition services for students who are graduating from, or aging out of, the public school system; and 2. clarified and expanded parents' and guardians' rights during special education Planning and Placement Team (PPT) meetings at which their child's IEP is developed, reviewed, or revised.

H.B. No. 7062 AN ACT IMPLEMENTING THE PROVISIONS OF THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017, CONCERNING PUBLIC HEALTH AND HUMAN SERVICES. H.B. No. 7062 died in the House. Please see the [OLR Bill Analysis](#) and the [OFA Fiscal Note](#) for details of the Public Health and Human Services Implementer to the State's Budget for Fiscal Years 2016 and 2017. The following sections of the implementer would have specifically impacted the Department of Developmental Services.

Sections 6-9, 11, 13, and 14 of the bill would have: 1. expanded certain individual and group health insurance policies' required coverage of autism spectrum disorder (ASD) services and treatment; 2. expanded existing law's group policy behavioral therapy coverage requirements for people with ASD and also applies it to individual policies; and 3. eliminated maximum coverage limits on the Birth-To-Three program. The provisions in these sections and in sections 10 and 12 were contained in **H.B. No. 6847 AN ACT ENHANCING ACCESS TO BEHAVIORAL HEALTH SERVICES AND SERVICES FOR YOUTHS WITH AUTISM SPECTRUM DISORDER**

Section 10 would have required the Department of Developmental Services (DDS), in consultation with the Autism Spectrum Disorder Advisory Council, to designate services and interventions that

demonstrate, in accordance with medically established and research-based best practices, empirical effectiveness for treating ASD. DDS must update the designations (1) periodically and (2) whenever he deems it necessary to conform to changes recognized by the relevant medical community in evidence-based practices or research.

Section 12 would have required the Insurance Department to convene a working group to develop recommendations for uniformly collecting behavioral health utilization and quality measures data from: 1. state agencies that pay health care claims; 2. group hospitalization and medical and surgical plans established by the comptroller for state employees and certain other individuals; 3. the state medical assistance program; and 4. health insurance companies and HMOs that write health insurance policies and health care contracts in Connecticut.

Sections 18 and 19 would have renamed the Department of Developmental Services “Voluntary Services Program” as the “Behavioral Services Program” to reflect current practice. The program serves children and adolescents with intellectual disabilities and emotional, behavioral, or mental health needs.

Section 38 of the bill would have capped at FY 15 levels the Medicaid rates Department of Social Services (DSS) pays ICF-IIDs (group homes) in FY16 and FY17. But would have allowed for higher rates if (1) a capital improvement were made to the home during either year for the residents' health or safety and the Department of Developmental Services (DDS) approved it, in consultation with DSS, and (2) funding were available. Section 38 also would have extended DSS' authority for the next two years, to pay a fair rent increase to an ICF-IID that has (1) undergone a material change in circumstances related to fair rent and (2) an approved certificate of need (CON) for the change.

Section 52 would have allowed the Department of Social Services (DSS), at DSS's discretion, to revise the rate of a nursing home, RCH, or ICF-IID that is closing down. An interim rate during the facility's closure would be based on (1) a review of the facility costs, (2) the expected duration of the close-down period, (3) the anticipated impact on Medicaid costs, (4) available appropriations, and (5) the relationship of the rate requested by the facility to the average Medicaid rate for a close-down period.

The provisions in [H.B. No. 7062](#) are part of the call of the Special Session detailed in [S.J. No. 57](#)
RESOLUTION CONVENING THE GENERAL ASSEMBLY IN SPECIAL SESSION.