



# House of Representatives

General Assembly

**File No. 230**

February Session, 2000

Substitute House Bill No. 5651

*House of Representatives, March 27, 2000*

The Committee on Public Health reported through REP. EBERLE of the 15<sup>th</sup> Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## ***An Act Concerning The Department Of Mental Retardation Waiting List.***

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

1 Section 1. (NEW) (a) The Commissioner of Mental Retardation shall  
2 ensure that all programs and services administered or provided by the  
3 Department of Mental Retardation, including, but not limited to, case  
4 management and technical assistance, furnish supports to clients based  
5 on the principles of self-determination and follow a person-centered  
6 planning process.

7 (b) In carrying out the provisions of subsection (a) of this section,  
8 the commissioner shall conduct, or cause to be conducted, an ongoing  
9 assessment of services required by individuals both on, and not yet on,  
10 the waiting list. Any proposal or plan with respect to such assessment  
11 of services and meeting the needs of such individuals shall be  
12 formulated by the commissioner in accordance with the principles set  
13 forth in subsection (a) of this section.

14       Sec. 2. (NEW) The Commissioner of Mental Retardation shall  
15 provide the following services in each state mental retardation region  
16 operated by the Department of Mental Retardation: (1) Recreational  
17 therapists to provide recreational services to clients; (2) specialized  
18 services, including medical, dental, physical therapy and other forms  
19 of special therapy; and (3) outreach workers to contact the minority  
20 population within the region.

21       Sec. 3. Subsection (d) of section 17a-218 of the general statutes is  
22 repealed and the following is substituted in lieu thereof:

23       (d) The commissioner may provide, within available appropriations,  
24 respite care services which may be administered directly by the  
25 department, or through contracts for services with providers of such  
26 services, or by means of direct subsidy to parents of mentally retarded  
27 persons to enable them to purchase such services. Any respite care  
28 services provided under this subsection shall be furnished on a seven  
29 day per week basis.

**PH   Committee Vote:**   Yea   22   Nay   0   JFS

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

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**OFA Fiscal Note**

**State Impact:** Yes

**Affected Agencies:** Department of Mental Retardation

**Municipal Impact:** None

**Explanation**

**State Impact:**

The Department of Mental Retardation may incur additional cost, a workload increase and potential future cost-savings as a result of passage of this bill.

**Section 1** of the bill requires the commissioner to ensure that all programs and services administered or provided by the department including case management and technical assistance, furnish supports based upon principles of self-determination, and follow person centered planning. Self-Determination and person centered planning is a way for individuals to receive services and supports based on choice with an individualized approach. Currently, the department has a self-determination initiative that supports over 168 individuals abiding by person-centered principles and individualized supports. Like other department clients, the individuals in the self-determination program, have case managers assigned to them. Yet unlike other department clients, these case managers act as brokers by providing technical support such as individualized budget development,

securing of resources and supports, and providing monthly and quarterly updates.

The department has over 13,600 clients, therefore there would be an increased need for case managers serving individuals based on the principles of self-determination to the extent that the current model is used. Currently, case managers have on average 25 cases (clients), whereas other department case managers not working within the self-determination program have on average 60 cases. If the existing self-determination model of a 25 caseload were utilized, a significant cost to the department would result. The average step 1 salary for a case management position currently is \$42,685. However, if the current model were not used, the cost would vary depending on the intensity of case management and technical support required.

If by furnishing supports based on the principles of self-determination to clients that currently receive department funded services alters the cost of the services or supports then there would be a corresponding impact to the department. A future cost-savings may result due to the conversion of the traditional service system to a person-center individualized approach (self-determination), although the amount of savings is difficult to determine.

In addition, there would be a workload increase to the department as a result of performing ongoing assessments of services required by those individuals on (and not yet on) the waiting list and performed according to the person-centered planning. There are over 1,400 individuals on the wait list who do receive an assessment of their level of support needs, although an indeterminate number of those not yet on the wait list would be required to have an assessment.

**Section 2** requires the department to provide outreach workers to each region in order to contact the minority population. The House version of the FY 01 budget includes \$175,000 for five case managers (one in each region) to perform outreach work in order to enhance

multicultural access. The case managers will target minority population in order to provide full access of information about all features of the service system.

The bill directs the commissioner to provide in each region specialized services and recreational therapists. Currently, the department has 18 full-time and 53 part-time recreation and leisure positions assigned to individuals living in the community throughout the five regions in addition to regional access to specialized services.

**Section 3** of this bill requires that any respite care services provided by the department shall be furnished on a seven-day per week basis. Current law allows the commissioner, within available appropriations, to administer respite care services directly, through contract providers or through families. Currently, two regions operate a total of 26 respite beds in their regional centers on a five-day schedule. If resources are not re-allocated in order to maintain current respite capacity then the services currently provided on a five-day schedule would be spread over a seven-day period. The department also provides respite grants that are distributed directly to families. The respite grants are provided to over 2,700 families that are in need of a periodic break from care giving of a family member with mental retardation. As respite grants are currently provided to families on a quarterly basis depending on funding availability and the need of the family, it is indeterminate how the seven-day provision will impact the respite grant program.

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**OLR Bill Analysis**

sHB 5651

**AN ACT CONCERNING THE DEPARTMENT OF MENTAL  
RETARDATION WAITING LIST.**

**SUMMARY:**

This bill directs the Department of Mental Retardation (DMR) commissioner to ensure all programs and services administered or provided by DMR (1) include case management and technical assistance, (2) furnish supports to clients based on the principles of self-determination, and (3) follow a person-centered planning process. In so doing, the bill directs the commissioner to perform an ongoing assessment of services required by those on, and not yet on, DMR's waiting list. Any proposal or plan concerning assessment of services and individuals' needs must be done according to the above principles.

The bill directs the commissioner to provide in each mental retardation region (1) recreational therapists; (2) specialized services such as medical, dental, physical therapy, and other forms of specialized therapy; and (3) outreach workers to contact the minority population in the region.

By law, DMR can provide, within available appropriations, respite care services administered directly by DMR, through contracts with providers, or by direct subsidies to parents of mentally retarded individuals to purchase services. The bill requires that any respite care services provided must be furnished on a seven-day per week basis.

EFFECTIVE DATE: October 1, 2000

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute  
Yea 22 Nay 0