



General Assembly

Amendment

January Session, 2001

LCO No. 7755

Offered by:

REP. PRELLI, 63rd Dist.
REP. POWERS, 151st Dist.
REP. BELDEN, 113th Dist.
REP. CAFERO, 142nd Dist.
REP. CARSON, 108th Dist.
REP. COLLINS, 117th Dist.
REP. DELGOBBO, 70th Dist.
REP. FARR, 19th Dist.

REP. FLAHERTY, 68th Dist.
REP. HAMZY, 78th Dist.
REP. PISCOPO, 76th Dist.
REP. STRIPP, 135th Dist.
REP. SAN ANGELO, 131st Dist.
REP. SAWYER, 55th Dist.
REP. WARD, 86th Dist.
REP. WINKLER, 41st Dist.

To: Subst. Senate Bill No. 963

File No. 371

Cal. No. 576

(As Amended by Senate Amendment Schedule "A")

"AN ACT REQUIRING COORDINATION OF SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS."

1 Strike out everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "(a) As used in this section, "children with special health care needs"
4 means children under the age of eighteen who: (1) Have one or more
5 serious chronic medical conditions; (2) are children with disabilities, as
6 defined in section 17a-219a of the general statutes; and (3) have
7 ongoing significant health care services needs.

8 (b) The Commissioners of Mental Retardation, Social Services,
9 Children and Families, Education, Mental Health and Addiction
10 Services and Public Health, the Secretary of the Office of Policy and
11 Management and the Child Advocate shall develop a comprehensive
12 plan for the coordinated expenditure of funds and for the coordinated
13 delivery of services to children with special health care needs. The
14 Office of Policy and Management shall be responsible for the
15 coordination of the plan.

16 (c) The comprehensive plan for the coordinated expenditure of
17 funds and for the coordinated delivery of services to children with
18 special health care needs required by subsection (b) of this section shall
19 give priority to the following goals: (1) The establishment and
20 administration of an account that, to the greatest extent practicable
21 without the loss of federal funds, will contain any funds appropriated
22 by or available to the state for the delivery of services or resources to
23 children with special health care needs or their families; (2) the
24 determination of a lead agency responsible for the oversight and
25 administration of a comprehensive plan for the coordinated
26 expenditure of such funds and for the coordinated delivery of services
27 to children with special health care needs; (3) the development of a
28 single point of entry to the system of state-funded or state-
29 administered services or resources for children with special health care
30 needs; (4) the development of a system-of-care model in which service
31 planning is directed by the needs and preferences of the child and the
32 child's family and that places a greater emphasis on early
33 identification, prevention and early intervention to prevent the
34 escalation of special health care needs; (5) the development of a
35 comprehensive and flexible continuum of services with emphasis on
36 home-based and community-based support services that permit care of
37 the child to occur in the appropriate, least restrictive setting; (6) the
38 development of community-based care coordination and service
39 delivery; and (7) the identification of the need, if any, for additional
40 appropriate, least restrictive residential placements for children with
41 special health care needs and a plan for development of such

42 residential placements, if needed.

43 (d) Not later than April 1, 2002, the Commissioners of Mental
44 Retardation, Social Services, Children and Families, Education, Mental
45 Health and Addiction Services and Public Health, the Secretary of the
46 Office of Policy and Management and the Child Advocate, in
47 accordance with section 11-4a of the general statutes, shall submit to
48 the General Assembly the plans for coordinated expenditure and
49 delivery of services to children with special health care needs."