



Senate

General Assembly

File No. 391

January Session, 2007

Substitute Senate Bill No. 1220

Senate, April 10, 2007

The Committee on Public Health reported through SEN. HANDLEY of the 4th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE BIRTH-TO-THREE PROGRAM.

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

1 Section 1. Subdivision (4) of section 17a-248 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2007*):

4 (4) "Eligible children" means children from birth to thirty-six months
5 of age [] who are not eligible for special education and related services
6 pursuant to sections 10-76a to 10-76h, inclusive, and who need early
7 intervention services because such children; [are:]

8 (A) [Experiencing a significant developmental] Are experiencing
9 delay [as measured by standardized diagnostic instruments and
10 procedures, including informed clinical opinion, in one or more of the
11 following areas] in one or more areas of development including: (i)
12 Cognitive development; (ii) physical development, including vision or
13 hearing; (iii) communication development; (iv) social or emotional
14 development; or (v) adaptive skills; [or]

15 (B) [Diagnosed] Have been diagnosed as having a physical or
16 mental condition that has a high probability of resulting in
17 developmental delay; or

18 (C) Have four or more early life risk factors, as defined in
19 regulations adopted by the commissioner pursuant to section 17a-
20 248d, as amended by this act.

21 Sec. 2. Section 17a-248d of the general statutes is repealed and the
22 following is substituted in lieu thereof (*Effective from passage*):

23 (a) The lead agency, in coordination with the participating agencies
24 and in consultation with the council, shall establish and maintain a
25 state-wide birth-to-three system of early intervention services pursuant
26 to Part H of the Individuals with Disabilities Education Act, 20 USC
27 1471 et seq., for eligible children and families of such children.

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

33 (c) The state-wide system shall include a comprehensive child-find
34 system and public awareness program to ensure that eligible children
35 are identified, located, referred to the system and evaluated. The
36 following persons and entities, within two working days of identifying
37 a child from birth to three years of age suspected of having a
38 developmental delay or of being at risk of having a developmental
39 delay, shall refer the parent of such child to the early intervention
40 system unless the person knows the child has already been referred:
41 (1) Hospitals; (2) child health care providers; (3) local school districts;
42 (4) public health facilities; (5) early intervention service providers; (6)
43 participating agencies; and (7) such other social service and health care
44 agencies and providers as the commissioner specifies in regulation.

45 (d) The commissioner, in coordination with the participating

46 agencies and in consultation with the council, shall adopt regulations,
 47 pursuant to chapter 54, to carry out the provisions of section 17a-248,
 48 as amended by this act, and sections 17a-248b to 17a-248g, inclusive,
 49 38a-490a and 38a-516a.

50 (e) The commissioner, in coordination with the participating
 51 agencies and in consultation with the councils, shall adopt regulations
 52 pursuant to chapter 54, to define early life risk factors for purposes of
 53 determining eligibility for services under the birth-to-three program.
 54 Such risk factors may include, but need not be limited to, the
 55 following: (1) Low birthweight; (2) reduced gestation; (3) maternal age
 56 at the time of the child's birth; (4) family violence; (5) family substance
 57 abuse; (6) a history of being in the care or custody of the Commissioner
 58 of Children and Families; or (7) prolonged hospital admissions.

59 [(e)] (f) The state-wide system shall include a system for required
 60 notification to any local or regional school board of education no later
 61 than January first of each year of any child who resides in the local or
 62 regional school district, participates in the state-wide program and will
 63 attain the age of three during the next fiscal year. Such system of
 64 notification shall include provisions for preserving the confidentiality
 65 of such child and of the parent or guardian of such child.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2007	17a-248(4)
Sec. 2	from passage	17a-248d

PH *Joint Favorable Subst.*

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 chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 08 \$	FY 09 \$
Department of Mental Retardation	GF - Cost	Potential	Significant

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill expands eligibility for services under the Birth-to-Three program and will significant increase program enrollment. The bill eliminates the requirement that a delay be significant (currently defined in regulations) and expands eligibility to children with four or more early life risk factors. The Department of Mental Retardation is required to define early life risk factors in regulations. The increase in enrollment is not anticipated to occur until the regulations are adopted (anticipated impact in FY 09).

In FY 09, the phase-in of enrollment would result in an estimated cost of \$8 million. This would annualize to \$18 million. The expansion of the Birth-to-Three system could result in an estimated additional 2,300 - 2,500 children being served. To the extent that any of the infrastructure changes would have to occur in FY 08 in order to implement program expansion upon adoption of the regulations, costs may be incurred in FY 08.

Various factors may impact the estimated cost over the biennium, such as: timing of the adoption of regulations; actual enrollment each month; and provider capacity. Although the program serves infants and toddlers from birth to age three, their duration in the program does vary depending on age of entry and length of services needed (the average annual net cost per child is \$7,300).

There are other costs not included in the above estimates that would result due to significant program expansion such as: administrative costs; training new personnel; data system expansion, and provider start-up costs for new programs.

It should be noted that the state does bill Medicaid for eligible children enrolled in the Birth-to-Three program which is reimbursed at 50% and results in General Fund revenue.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 1220*****AN ACT CONCERNING THE BIRTH-TO-THREE PROGRAM.*****SUMMARY:**

This bill expands eligibility for services under the Birth-to-Three program to children who have early-life risk factors. It requires the Department of Mental Retardation (DMR) commissioner to define these factors in regulation. They may include (1) a child's low birth weight, premature birth, prolonged hospital admissions, or having been in the care or custody of the Department of Children and Families; (2) maternal age when the child is born; or (3) family violence or substance abuse. To be eligible a child must have four or more of these risk factors. The current eligibility criteria for Birth-to-Three services are a child:

1. experiencing significant developmental delay in cognitive, physical, communication, social, or emotional development or adaptive skills or
2. being diagnosed with a physical or mental condition that has a high probability of resulting in developmental delay.

The bill retains these criteria but eliminates requirements that the developmental delay be significant and that it be measured by standard diagnostic tools and procedures, including clinical opinion.

EFFECTIVE DATE: October 1, 2007, except for the regulation requirement, which is effective upon passage.

REGULATION ADOPTION

DMR must adopt the risk factor regulations in coordination with the

Education, Social Services, Public Health, Children and Families, and Insurance departments; the Board of Education and Services for the Blind; the Commission on the Deaf and Hearing Impaired; and the Office of Protection and Advocacy for Persons with Disabilities. And it must consult with the State Interagency Birth-to-Three Coordinating Council and regional coordinating councils.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 22 Nay 4 (03/21/2007)