



# House of Representatives

General Assembly

**File No. 330**

February Session, 2010

Substitute House Bill No. 5448

*House of Representatives, April 6, 2010*

The Committee on Public Health reported through REP. RITTER of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## **AN ACT CONCERNING THE ADMINISTRATION OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES.**

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

1 Section 1. Section 17a-248 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2010*):

3 As used in this section and sections 17a-248b to 17a-248g, inclusive,  
4 as amended by this act, 38a-490a and 38a-516a, unless the context  
5 otherwise requires:

6 (1) "Commissioner" means the Commissioner of Developmental  
7 Services.

8 (2) "Council" means the State Interagency Birth-to-Three  
9 Coordinating Council established pursuant to section 17a-248b.

10 (3) "Early intervention services" means early intervention services,  
11 as defined in 34 CFR Part 303.12, as from time to time amended.

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

16 (A) Experiencing a significant developmental delay as measured by  
17 standardized diagnostic instruments and procedures, including  
18 informed clinical opinion, in one or more of the following areas: (i)  
19 Cognitive development; (ii) physical development, including vision or  
20 hearing; (iii) communication development; (iv) social or emotional  
21 development; or (v) adaptive skills; or

22 (B) Diagnosed as having a physical or mental condition that has a  
23 high probability of resulting in developmental delay.

24 (5) "Evaluation" means a multidisciplinary professional, objective  
25 assessment conducted by appropriately qualified personnel in order to  
26 determine a child's eligibility for early intervention services.

27 (6) "Individualized family service plan" means a written plan for  
28 providing early intervention services to an eligible child and the child's  
29 family.

30 (7) "Lead agency" means the Department of Developmental  
31 Services, the public agency responsible for the administration of the  
32 birth-to-three system in collaboration with the participating agencies.

33 (8) "Parent" means [the child's parent or a person in a parental  
34 relationship to the child. With respect to a child who has no parent or  
35 person in a parental relationship, "parent" means the person  
36 designated to serve in a parental relationship for the purposes of this  
37 section and sections 17a-248b to 17a-248g, inclusive, 38a-490a and 38a-  
38 516a, pursuant to regulations of the Department of Developmental  
39 Services, adopted in accordance with chapter 54 in consultation with  
40 the Department of Children and Families, for children in foster care]  
41 (A) a natural, adoptive or foster parent of a child; (B) a guardian,  
42 except for the Commissioner of Children and Families; (C) an

43 individual acting in the place of a natural or adoptive parent,  
44 including, but not limited to, a grandparent, stepparent, or other  
45 relative with whom the child lives; (D) an individual who is legally  
46 responsible for the child's welfare; or (E) an individual appointed to be  
47 a surrogate parent.

48 (9) "Participating agencies" includes, but is not limited to, the  
49 Departments of Education, Social Services, Public Health, Children  
50 and Families and Developmental Services, the Insurance Department,  
51 the Board of Education and Services for the Blind, the Commission on  
52 the Deaf and Hearing Impaired and the Office of Protection and  
53 Advocacy for Persons with Disabilities.

54 (10) "Qualified personnel" means persons who meet the standards  
55 specified in 34 CFR Part 303.12(e), as from time to time amended, and  
56 who are licensed physicians or psychologists or persons holding a  
57 state-approved or recognized license, certificate or registration in one  
58 or more of the following fields: (A) Special education, including  
59 teaching of the blind and the deaf; (B) speech and language pathology  
60 and audiology; (C) occupational therapy; (D) physical therapy; (E)  
61 social work; (F) nursing; (G) dietary or nutritional counseling; and (H)  
62 other fields designated by the commissioner that meet requirements  
63 that apply to the area in which the person is providing early  
64 intervention services, provided there is no conflict with existing  
65 professional licensing, certification and registration requirements.

66 [(11) "Region" means a region within the Department of  
67 Developmental Services.]

68 [(12)] (11) "Service coordinator" means a person carrying out service  
69 coordination, as defined in 34 CFR Part 303.22, as from time to time  
70 amended.

71 [(13)] (12) "Primary care provider" means physicians and advanced  
72 practice registered nurses, licensed by the Department of Public  
73 Health, who are responsible for performing or directly supervising the  
74 primary care services for children enrolled in the birth-to-three

75 program.

76 Sec. 2. Section 17a-248c of the general statutes is repealed and the  
77 following is substituted in lieu thereof (*Effective October 1, 2010*):

78 (a) The commissioner [shall] may establish [at least] one local  
79 interagency coordinating council in each region of the state. Each  
80 council shall consist of five or more individuals interested in the  
81 welfare of children ages birth to three years with disabilities or  
82 developmental delays.

83 (b) Each local interagency coordinating council established pursuant  
84 to subsection (a) of this section shall meet at least four times a year and  
85 shall advise and assist the [regional birth-to-three managers] lead  
86 agency regarding any matter relating to early intervention policies and  
87 procedures within the towns served by that council that is brought to  
88 its attention by parents, providers, public agencies or others, including  
89 the transition from early intervention services to services and  
90 programs under sections 10-76a to 10-76g, inclusive, and other early  
91 childhood programs.

92 (c) Council members who are parents of children with disabilities  
93 shall be reimbursed for reasonable and necessary expenses incurred in  
94 the performance of their duties.

95 Sec. 3. Subsection (a) of section 17a-248d of the general statutes is  
96 repealed and the following is substituted in lieu thereof (*Effective*  
97 *October 1, 2010*):

98 (a) The lead agency, in coordination with the participating agencies  
99 and in consultation with the council, shall establish and maintain a  
100 state-wide birth-to-three system of early intervention services pursuant  
101 to Part [H] C of the Individuals with Disabilities Education Act, 20  
102 USC [1471] 1431 et seq., for eligible children and families of such  
103 children.

104 Sec. 4. Section 17a-248e of the general statutes is repealed and the  
105 following is substituted in lieu thereof (*Effective October 1, 2010*):

106 (a) Each eligible child and his family shall receive (1) a  
107 multidisciplinary assessment of the child's unique needs and the  
108 identification of services appropriate to meet such needs, (2) a written  
109 individualized family service plan developed by a multidisciplinary  
110 team, including the parent, within forty-five days after the referral, and  
111 (3) review of the individualized family service plan with the family at  
112 least every six months, with evaluation of the individualized family  
113 service plan at least annually.

114 (b) The individualized family service plan shall be in writing and  
115 contain: (1) A statement of the child's present level of physical  
116 development, cognitive development, language and speech  
117 development and self-help skills, based on acceptable objective criteria;  
118 (2) a statement of the family's priority, resources and concerns relating  
119 to enhancing the development of the eligible child; (3) a statement of  
120 the major outcomes expected to be achieved for the child and the  
121 family and the criteria, procedures and timelines used to determine the  
122 degree to which progress toward achieving the outcomes are being  
123 made, and whether modifications or revisions of the outcomes are  
124 necessary; (4) a statement of specific early intervention services  
125 necessary to meet the unique needs of the eligible child and the family,  
126 including the frequency, intensity and the method of delivering  
127 services; (5) a statement of the natural environments in which the  
128 services shall be provided; (6) the projected dates for initiation of  
129 services and the anticipated duration of such services; (7) the name of  
130 the approved comprehensive service provider that will provide or  
131 procure the services specified in the individualized family service plan;  
132 (8) the name of the individual service coordinator from the profession  
133 most immediately relevant to the eligible child's or the family's needs  
134 who will be responsible for the implementation of the plan and  
135 coordination with the other agencies and providers or an otherwise  
136 qualified provider selected by a parent; and (9) the steps to be taken to  
137 support the transition of the child who is eligible for participation in  
138 preschool programs under Part B of the Individuals with Disabilities  
139 Act, 20 USC 1471 et seq., as appropriate.

140 (c) The individualized family service plan shall be developed in  
141 consultation with the child's pediatrician or primary care physician.

142 [(d) On and after July 1, 1996, the parent of any child who received  
143 early intervention services, other than service coordination, from a  
144 provider prior to said date and remains eligible for such services may  
145 choose to have his child continue to receive the services from such  
146 provider.]

147 [(e)] (d) The lead agency may provide early intervention services,  
148 arrange for the delivery of early intervention services by participating  
149 agencies or contract with providers to deliver early intervention  
150 services to eligible children and the families of such children. [,  
151 provided during the period from July 1, 1996, to June 30, 1997,  
152 inclusive, the agency shall, in cases where substantially equivalent  
153 proposals are submitted, give preferential consideration to contracting  
154 with regional educational service centers and local and regional boards  
155 of education that provided such services, including service  
156 coordination, prior to July 1, 1996.] The lead agency in providing,  
157 arranging or contracting for early intervention services shall monitor  
158 [the expenditures for administrative services, excluding evaluation  
159 assessments, and shall justify in writing, on or before September 1,  
160 1997, and annually thereafter, to the Secretary of the Office of Policy  
161 and Management and the committees of the General Assembly having  
162 cognizance of matters relating to appropriations and to public health,  
163 if such expenditure levels exceed twenty per cent of the contracted  
164 amount] all birth-to-three service providers for quality and  
165 accountability in accordance with Section 616 of the Individuals with  
166 Disabilities Education Act, 20 USC 1416 and establish state-wide rates  
167 for such services.

168 Sec. 5. Section 17a-248f of the general statutes is repealed and the  
169 following is substituted in lieu thereof (*Effective October 1, 2010*):

170 Procedural safeguards shall be the same as required under Part [H]  
171 C of the Individuals with Disabilities Education Act, 20 USC [1471]  
172 1431 et seq.

173 Sec. 6. Section 17a-248g of the 2010 supplement to the general  
174 statutes is repealed and the following is substituted in lieu thereof  
175 (*Effective October 1, 2010*):

176 (a) Subject to the provisions of this section, funds appropriated to  
177 the lead agency for purposes of section 17a-248, as amended by this  
178 act, sections 17a-248b to 17a-248f, as amended by this act, inclusive,  
179 this section and sections 38a-490a and 38a-516a shall not be used to  
180 satisfy a financial commitment for services that would have been paid  
181 from another public or private source but for the enactment of said  
182 sections, except for federal funds available pursuant to Part [H] C of  
183 the Individuals with Disabilities Education Act, 20 USC [1471] 1431 et  
184 seq., except that whenever considered necessary to prevent the delay  
185 in the receipt of appropriate early intervention services by the eligible  
186 child or family in a timely fashion, funds provided under said sections  
187 may be used to pay the service provider pending reimbursement from  
188 the public or private source that has ultimate responsibility for the  
189 payment.

190 (b) Nothing in section 17a-248, as amended by this act, sections 17a-  
191 248b to 17a-248f, inclusive, as amended by this act, this section and  
192 sections 38a-490a and 38a-516a shall be construed to permit the  
193 Department of Social Services or any other state agency to reduce  
194 medical assistance pursuant to this chapter or other assistance or  
195 services available to eligible children. Notwithstanding any provision  
196 of the general statutes, costs incurred for early intervention services  
197 that otherwise qualify as medical assistance that are furnished to an  
198 eligible child who is also eligible for benefits pursuant to this chapter  
199 shall be considered medical assistance for purposes of payments to  
200 providers and state reimbursement to the extent that federal financial  
201 participation is available for such services.

202 (c) Providers of early intervention services shall, in the first instance  
203 and where applicable, seek payment from all third-party payers prior  
204 to claiming payment from the birth-to-three system for services  
205 rendered to eligible children, provided, for the purpose of seeking

206 payment from the Medicaid program or from other third-party payers  
207 as agreed upon by the provider, the obligation to seek payment shall  
208 not apply to a payment from a third-party payer who is not prohibited  
209 from applying such payment, and who will apply such payment, to an  
210 annual or lifetime limit specified in the third-party payer's policy or  
211 contract.

212 (d) The commissioner, in consultation with the Office of Policy and  
213 Management and the Insurance Commissioner, shall adopt  
214 regulations, pursuant to chapter 54, providing public reimbursement  
215 for deductibles and copayments imposed under an insurance policy or  
216 health benefit plan to the extent that such deductibles and copayments  
217 are applicable to early intervention services.

218 (e) The commissioner shall establish and periodically revise, in  
219 accordance with this section, a schedule of fees based on a sliding scale  
220 for early intervention services. The schedule of fees shall consider the  
221 cost of such services relative to the financial resources of the state and  
222 the parents or legal guardians of eligible children, provided that on  
223 and after October 6, 2009, the commissioner shall (1) charge fees to  
224 such parents or legal guardians that are sixty per cent greater than the  
225 amount of the fees charged on the date prior to October 6, 2009; and (2)  
226 charge fees for all services provided, including those services provided  
227 in the first two months following the enrollment of a child in the  
228 program. Fees may be charged to any such parent or guardian,  
229 regardless of income, and shall be charged to any such parent or  
230 guardian with a gross annual family income of forty-five thousand  
231 dollars or more, except that no fee may be charged to the parent or  
232 guardian of a child who is eligible for Medicaid. Notwithstanding the  
233 provisions of subdivision (8) of subsection 17a-248, as amended by this  
234 act, as used in this subsection, "parent" means the natural or adoptive  
235 parent or legal guardian of any child receiving early intervention  
236 services. The Department of Developmental Services may assign its  
237 right to collect fees to a designee or provider participating in the early  
238 intervention program and providing services to a recipient in order to  
239 assist the provider in obtaining payment for such services. The

240 commissioner may implement procedures for the collection of the  
241 schedule of fees while in the process of adopting or amending such  
242 criteria in regulation, provided the commissioner prints notice of  
243 intention to adopt or amend the regulations in the Connecticut Law  
244 Journal within twenty days of implementing the policy. Such collection  
245 procedures and schedule of fees shall be valid until the time the final  
246 regulations or amendments are effective.

247 (f) The commissioner shall develop and implement procedures to  
248 hold a recipient harmless for the impact of pursuit of payment for  
249 early intervention services against lifetime insurance limits.

250 (g) Notwithstanding any provision of title 38a relating to the  
251 permissible exclusion of payments for services under governmental  
252 programs, no such exclusion shall apply with respect to payments  
253 made pursuant to section 17a-248, as amended by this act, sections 17a-  
254 248b to 17a-248f, inclusive, as amended by this act, this section and  
255 sections 38a-490a and 38a-516a. Except as provided in this subsection,  
256 nothing in this section shall increase or enhance coverages provided  
257 for within an insurance contract subject to the provisions of section 10-  
258 94f, subsection (a) of section 10-94g, subsection (a) of section 17a-219b,  
259 subsection (a) of section 17a-219c, as amended by this act, sections 17a-  
260 248, as amended by this act, 17a-248b to 17a-248f, inclusive, as  
261 amended by this act, this section, and sections 38a-490a and 38a-516a.

262 (h) Notwithstanding any provision of the general statutes or the  
263 regulations of Connecticut state agencies, the signature on an  
264 individualized family service plan of an advanced practice registered  
265 nurse, working within said nurse's scope of practice in collaboration  
266 with a physician licensed to practice medicine in this state, in  
267 accordance with section 20-87a, and performing or directly supervising  
268 the primary care services for children enrolled in the birth-to-three  
269 program, shall be deemed sufficient to order all such services included  
270 in the individualized family service plan and shall be deemed  
271 sufficient by the Department of Social Services to substantiate a claim  
272 for federal financial participation.

273 Sec. 7. Subsection (a) of section 17a-270 of the general statutes is  
274 repealed and the following is substituted in lieu thereof (*Effective*  
275 *October 1, 2010*):

276 (a) There is established a Council on Developmental Services which  
277 shall consist of thirteen members appointed as follows: Eight shall be  
278 appointed by the Governor, one of whom shall be a doctor of  
279 medicine, one of whom shall be a person with mental retardation who  
280 is receiving services from the Department of Developmental Services  
281 and at least two of whom shall be parents or guardians of persons with  
282 mental retardation, to serve for terms of two years each; four shall be  
283 appointed by members of the General Assembly for two-year terms,  
284 one [who] of whom shall be a parent or guardian of a person with  
285 mental retardation, appointed by the speaker of the House, one  
286 appointed by the minority leader of the House, one appointed by the  
287 president pro tempore of the Senate and one [who] of whom shall be a  
288 parent or guardian of a person with mental retardation, appointed by  
289 the minority leader of the Senate; and one [who] of whom shall be a  
290 member of the board of trustees of the Southbury Training School,  
291 appointed by said board for a term of one year. No member of the  
292 council may serve more than [six consecutive years] three consecutive  
293 terms, except that a member may continue to serve until a successor is  
294 appointed. The members of the council shall serve without  
295 compensation except for necessary expenses incurred in performing  
296 their duties. The Commissioner of Developmental Services or the  
297 commissioner's designee shall be an ex-officio member of the Council  
298 on Developmental Services without vote and shall attend its meetings.  
299 No employee of any state agency [or institution] engaged in the care or  
300 training of persons with mental retardation shall be eligible for  
301 appointment to the council. The council shall appoint annually, from  
302 among its members, a chairperson, vice chairperson and secretary. The  
303 council may make rules for the conduct of its affairs. The council shall  
304 meet at least bimonthly and at other times upon the call of the chair or  
305 the written request of any two members.

306 Sec. 8. Subsection (a) of section 17a-217a of the general statutes is

307 repealed and the following is substituted in lieu thereof (*Effective*  
308 *October 1, 2010*):

309 (a) There shall be a Camp Harkness Advisory Committee to advise  
310 the Commissioner of Developmental Services with respect to issues  
311 concerning the health and safety of persons who attend and utilize the  
312 facilities at Camp Harkness. The advisory committee shall be  
313 composed of twelve members as follows: (1) The director of Camp  
314 Harkness, who shall serve ex-officio, one member representing the  
315 Southeastern Connecticut Association for Developmental Disabilities,  
316 one member representing the Southbury Training School, one member  
317 representing the [Association for Retarded Citizens] Arc of New  
318 London County, one consumer representing persons who use the  
319 camp on a residential basis and one member representing parents or  
320 guardians of persons who use the camp, all of whom shall be  
321 appointed by the Governor; (2) one member representing parents or  
322 guardians of persons who use the camp, who shall be appointed by the  
323 president pro tempore of the Senate; (3) one consumer from the Family  
324 Support Council established pursuant to section 17a-219c, as amended  
325 by this act, representing persons who use the camp on a day basis,  
326 who shall be appointed by the speaker of the House of  
327 Representatives; (4) one member representing the board of selectmen  
328 of the town of Waterford, who shall be appointed by the majority  
329 leader of the House of Representatives; (5) one member representing  
330 [the Camp Harkness Booster Club] a private nonprofit corporation that  
331 is: (A) Tax exempt under Section 501(c)(3) of the Internal Revenue  
332 Code of 1986, or any subsequent internal revenue code of the United  
333 States, as amended from time to time, and (B) established to promote  
334 and support Camp Harkness and its camping programs, who shall be  
335 appointed by the majority leader of the Senate; (6) one member  
336 representing the Connecticut Institute for the Blind and the Oak Hill  
337 School, who shall be appointed by the minority leader of the House of  
338 Representatives; and (7) one member representing the United Cerebral  
339 Palsy Association, who shall be appointed by the minority leader of  
340 the Senate.

341 Sec. 9. Subsection (a) of section 17a-219c of the 2010 supplement to  
342 the general statutes is repealed and the following is substituted in lieu  
343 thereof (*Effective October 1, 2010*):

344 (a) There is established a Family Support Council to assist the  
345 Department of Developmental Services and other state agencies that  
346 administer or fund family support services to act in concert and,  
347 within available appropriations, to (1) establish a comprehensive,  
348 coordinated system of family support services, (2) use existing state  
349 and other resources efficiently and effectively as appropriate for such  
350 services, (3) identify and address services that are needed for families  
351 of children with disabilities, and (4) promote state-wide availability of  
352 such services. The council shall consist of twenty-seven voting  
353 members including the Commissioners of Public Health,  
354 Developmental Services, Children and Families, Education and Social  
355 Services, or their designees, the Child Advocate or the Child  
356 Advocate's designee, the executive director of the Office of Protection  
357 and Advocacy for Persons with Disabilities or the executive director's  
358 designee, the chairperson of the State Interagency Birth-to-Three  
359 Coordinating Council, [as] established pursuant to section 17a-248b, or  
360 the chairperson's designee, the executive director of the Commission  
361 on Children or the executive director's designee, and family members  
362 of, or individuals who advocate for, children with disabilities. The  
363 family members or individuals who advocate for children with  
364 disabilities shall comprise two-thirds of the council and shall be  
365 appointed as follows: Six by the Governor, three by the president pro  
366 tempore of the Senate, two by the majority leader of the Senate, one by  
367 the minority leader of the Senate, three by the speaker of the House of  
368 Representatives, two by the majority leader of the House of  
369 Representatives and one by the minority leader of the House of  
370 Representatives. All appointed members serving on or after October 5,  
371 2009, including members appointed prior to October 5, 2009, shall  
372 serve in accordance with the provisions of section 4-1a. Members  
373 serving on or after October 5, 2009, including members appointed  
374 prior to October 5, 2009, shall serve no more than eight consecutive  
375 years on the council. The council shall meet at least quarterly and shall

376 select its own chairperson. Council members shall serve without  
377 compensation but shall be reimbursed for necessary expenses  
378 incurred. The costs of administering the council shall be within  
379 available appropriations in accordance with this section and sections  
380 17a-219a to 17a-219b, inclusive.

381 Sec. 10. Section 17a-273 of the general statutes is repealed and the  
382 following is substituted in lieu thereof (*Effective October 1, 2010*):

383 (a) The Commissioner of Developmental Services shall appoint at  
384 least one advisory and planning council for each state developmental  
385 services region operated by the Department of Developmental  
386 Services, which council shall have the responsibility of consulting with  
387 and advising the director of the region on the needs of persons with  
388 mental retardation in the region, the annual plan and budget of the  
389 region and other matters deemed appropriate by the council.

390 (b) Each such council shall consist of at least ten members appointed  
391 from the state developmental services region. No employee of any  
392 state agency [or institution] engaged in the care or training of persons  
393 with mental retardation shall be eligible for appointment. At least one  
394 member shall be designated by [the incorporated local association for  
395 mentally retarded citizens in the region. In cases where a state  
396 developmental services region serves an area with more than one such  
397 association, at least two members of the council shall be designated by  
398 such associations. At least one member of each council shall be an  
399 attorney practicing law in the state of Connecticut who is familiar with  
400 issues in the field of mental retardation] a local chapter of the Arc of  
401 Connecticut in the region. At least one member shall be an individual  
402 who is eligible for and receives services from the Department of  
403 Developmental Services. At least two members shall be parents of  
404 persons with mental retardation. Members shall be appointed for  
405 terms of three years. No member may serve more than two  
406 consecutive terms. Each council shall appoint annually, from among its  
407 members, a chairperson, vice-chairperson and secretary. The council  
408 may make rules for the conduct of its affairs. The director of the region

409 shall be an ex-officio member of the council without vote and shall  
410 attend its meetings.

411 (c) The council shall meet at least six times a year and at other times  
412 upon the call of the chair or the director of the state developmental  
413 services region or on the written request of any two members. A  
414 majority of the council members in office shall constitute a quorum.  
415 Any member who fails to attend three consecutive meetings or who  
416 fails to attend fifty per cent of all meetings held during any calendar  
417 year shall be deemed to have resigned from office.

418 Sec. 11. Subsection (g) of section 17a-28 of the 2010 supplement to  
419 the general statutes is repealed and the following is substituted in lieu  
420 thereof (*Effective October 1, 2010*):

421 (g) When the commissioner or his designee determines it to be in a  
422 person's best interest, the commissioner or his designee may disclose  
423 records, whether or not created by the department and not otherwise  
424 privileged or confidential communications under state or federal law,  
425 without the consent of a person to:

426 (1) Multidisciplinary teams which are formed to assist the  
427 department in investigation, evaluation or treatment of child abuse  
428 and neglect cases or a multidisciplinary provider of professional  
429 treatment services under contract with the department for a child  
430 referred to the provider;

431 (2) Any agency in another state which is responsible for  
432 investigating or protecting against child abuse or neglect for the  
433 purpose of investigating a child abuse case;

434 (3) An individual, including a physician, authorized pursuant to  
435 section 17a-101f to place a child in protective custody if such  
436 individual has before him a child whom he reasonably suspects may  
437 be a victim of abuse or neglect and such individual requires the  
438 information in a record in order to determine whether to place the  
439 child in protective custody;

440 (4) An individual or public or private agency responsible for a  
441 person's care or custody and authorized by the department to  
442 diagnose, care for, treat or supervise a child who is the subject of a  
443 record of child abuse or neglect or a public or private agency  
444 responsible for a person's education for a purpose related to the  
445 individual's or agency's responsibilities;

446 (5) The Attorney General or any assistant attorney general  
447 providing legal counsel for the department;

448 (6) Individuals or public or private agencies engaged in medical,  
449 psychological or psychiatric diagnosis or treatment of a person  
450 perpetrating the abuse or who is unwilling or unable to protect the  
451 child from abuse or neglect when the commissioner or his designee  
452 determines that the disclosure is needed to accomplish the objectives  
453 of diagnosis or treatment;

454 (7) A person who reports child abuse pursuant to sections 17a-101a  
455 to 17a-101c, inclusive, and section 17a-103, who made a report of abuse  
456 involving the subject child, provided the information disclosed is  
457 limited to (A) the status of the investigation, and (B) in general terms,  
458 any action taken by the department;

459 (8) An individual conducting bona fide research, provided no  
460 information identifying the subjects of records shall be disclosed  
461 unless (A) such information is essential to the purpose of the research;  
462 (B) each person identified in a record or his authorized representative  
463 has authorized such disclosure in writing; and (C) the department has  
464 given written approval;

465 (9) The Auditors of Public Accounts or their representative,  
466 provided no information identifying the subjects of the records shall be  
467 disclosed unless such information is essential to an audit conducted  
468 pursuant to section 2-90;

469 (10) The Department of Social Services, provided the information  
470 disclosed is necessary to promote the health, safety and welfare of the

471 child;

472 (11) A judge of the Superior Court for purposes of determining the  
473 appropriate disposition of a child convicted as delinquent or a child  
474 who is a member of a family with service needs;

475 (12) The superintendents, or their designees, of state-operated  
476 facilities within the department; and

477 (13) The Department of Developmental Services, to allow said  
478 department to determine eligibility, facilitate enrollment and plan for  
479 the provision of services to a child, who is a client of said department  
480 [but who is not yet participating] and who is applying for participation  
481 in said department's voluntary services program or enrolled in said  
482 program. Records provided pursuant to this subdivision shall be  
483 limited to a written summary of any investigation conducted by the  
484 Department of Children and Families pursuant to section 17a-101g. At  
485 the time that a parent or guardian completes an application for  
486 enrollment of a child in the Department of Developmental Services  
487 voluntary services program or at the time that a child's annual  
488 individualized plan of care is updated, said department shall notify  
489 such parent or guardian that records specified in this subdivision may  
490 be provided by the Department of Children and Families to the  
491 Department of Developmental Services without the consent of such  
492 parent or guardian.

493 Sec. 12. Subdivision (31) of subsection (a) of section 2c-2b of the 2010  
494 supplement to the general statutes is repealed. (*Effective October 1,*  
495 *2010*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2010	17a-248
Sec. 2	October 1, 2010	17a-248c
Sec. 3	October 1, 2010	17a-248d(a)
Sec. 4	October 1, 2010	17a-248e
Sec. 5	October 1, 2010	17a-248f

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Sec. 6	<i>October 1, 2010</i>	17a-248g
Sec. 7	<i>October 1, 2010</i>	17a-270(a)
Sec. 8	<i>October 1, 2010</i>	17a-217a(a)
Sec. 9	<i>October 1, 2010</i>	17a-219c(a)
Sec. 10	<i>October 1, 2010</i>	17a-273
Sec. 11	<i>October 1, 2010</i>	17a-28(g)
Sec. 12	<i>October 1, 2010</i>	Repealer section

**PH**      *Joint Favorable Subst.*

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The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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***OFA Fiscal Note***

***State Impact:*** None

***Municipal Impact:*** None

***Explanation***

The bill which makes several changes to the statutes regarding the Department of Developmental Services' (DDS) Birth to Three Program in order to conform to the federal Individuals with Disabilities Education Act, has no fiscal impact. The bill also makes clarifying and technical changes that have no fiscal impact.

***The Out Years***

***State Impact:*** None

***Municipal Impact:*** None

**OLR Bill Analysis****sHB 5448*****AN ACT CONCERNING THE ADMINISTRATION OF THE DEPARTMENT OF DEVELOPMENTAL SERVICES.*****SUMMARY:**

This bill makes minor changes to the Department of Developmental Services' (DDS) Birth-to-Three program and several departmental advisory bodies. It also removes from the sunset review process the DDS abuse and neglect registry, which is scheduled to terminate on July 1, 2012 unless reestablished.

The bill allows the Department of Children and Families (DCF) to provide DDS with limited abuse and neglect investigation records of children (who are already DDS clients) enrolled in the DDS Voluntary Services Program. Current law allows this only for program applicants.

The bill also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2010

**BIRTH-TO-THREE*****Definitions***

The bill expands the definition of "parent" under the Birth-to-Three Program to conform to the federal Individuals With Disabilities Education Act. Under the bill, parent means a (1) natural, adoptive, or foster parent of a child; (2) a guardian, except the DCF commissioner; (3) an individual acting in the place of a natural or adoptive parent, including a grandparent, stepparent, or other relative with whom the child lives; (4) an individual legally responsible for the child's welfare; or (5) an appointed surrogate parent.

The bill also specifies, that for the purposes of fees charged by the DDS commissioner for Birth-to-Three services, “parent” includes only the child’s natural or adoptive parent or legal guardian. By law, the commissioner may charge fees to any parent or guardian, regardless of income, and must do so for any parent or guardian with a family income of \$45,000 or more unless the child is Medicaid-eligible.

### ***Service Provision and Rate Setting***

The bill permits DDS to arrange for Birth-to-Three services through means other than contract, including providing them directly or arranging them with other state agencies. It requires DDS to establish statewide rates for paying the Birth-to-Three service providers with which it contracts or otherwise arranges for early intervention services. (DDS has already set statewide rates.)

The bill removes a requirement for DDS to monitor contractors' administrative spending and annually justify to the Appropriations and Public Health committees and Office of Policy and Management secretary expenditures over 20% of the contracted amount. It instead requires DDS to monitor all Birth-to-Three service providers for quality and accountability in accordance with the federal Individuals with Disabilities Education Act.

### ***Interagency Coordinating Councils***

The bill allows DDS to establish a local interagency coordinating council in each region of the state; under current law, DDS must establish at least one council per region. But the bill removes the definition of region, which currently ties these councils to DDS' three regions. Consequently, it is not clear where the councils could be located under the bill. Lastly, the bill requires these councils to advise DDS rather than the regional Birth-to-Three managers.

The bill also corrects references to federal laws governing the Birth-to-Three program and repeals several obsolete statutes.

## **ADVISORY COMMITTEES**

The bill allows an appointed member of the Council on

Developmental Services who has served the maximum six-years to continue to serve until a successor is chosen. The council advises the DDS commissioner on state programs and can recommend legislation to the governor and General Assembly.

The bill allows the Office of Protection and Advocacy and Children's Commission executive directors and the child advocate to appoint designees to the Family Support Council. The council helps DDS and other state agencies identify and promote needed services and coordinate their activities.

The bill removes from the membership of DDS' regional planning and advisory councils, one practicing attorney in Connecticut familiar with mental retardation issues. Instead, it adds one member who is eligible for and receiving DDS services. It also deletes obsolete language referring to the ARC of Connecticut.

Finally, the bill removes the Camp Harkness Booster Club representative from the Camp Harkness Advisory Committee. Instead, it adds a representative of a tax-exempt, nonprofit corporation that promotes and supports the camp and its camping programs. It also deletes obsolete language referring to the ARC of New London County.

### **DDS VOLUNTARY SERVICES PROGRAM**

Current law allows limited disclosure of DCF records to DDS without the consent of the person named in the records. The bill allows DCF to disclose a written summary of any child abuse or neglect investigation it conducted for any child enrolled in DDS's Voluntary Services Program, not just those applying for the program (an applicant must already be a DDS client).

It requires DDS to notify parents and guardians at the time a child's annual service plan is updated that it may obtain these records from DCF without their consent. Current law requires DDS to do this only when parents and guardians apply to enroll a child in the program.

By law, DCF can disclose records, it or someone else created, without consent, in a variety of other situations. As with these disclosures, before releasing a record under the bill, DCF must determine disclosure is in a person's best interest and that the records are not privileged or confidential under state or federal law.

**BACKGROUND**

***Sunset Review***

Under the sunset review law, licensing, regulatory, and other state agencies and programs terminate on set dates unless the General Assembly reestablishes them after the Legislative Program Review and Investigations Committee Conducts a performance audit of each. The committee must review the public need for each entity or program according to established criteria and report its recommendations to the legislature for the entity's or program's abolition, reestablishment, modification, or consolidation (CGS § 2c-2b).

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 30 Nay 0 (03/19/2010)