



# House of Representatives

**File No. 764**

General Assembly

February Session, 2016

**(Reprint of File No. 301)**

Substitute House Bill No. 5587  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
April 29, 2016

**AN ACT CONCERNING RECOMMENDATIONS FOR SERVICES  
PROVIDED TO CHILDREN AND YOUNG ADULTS WITH  
DEVELOPMENTAL DISABILITIES.**

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

1 Section 1. Section 17b-28 of the 2016 supplement to the general  
2 statutes is amended by adding subsection (k) as follows (*Effective July*  
3 *1, 2016*):

4 (NEW) (k) There is established, within the Council on Medical  
5 Assistance Program Oversight, a standing subcommittee to study and  
6 make recommendations to the council on children and adults who  
7 have complex health care needs. The subcommittee shall consist of  
8 council members appointed by the chairpersons of the council and  
9 other individuals who shall serve for terms prescribed by the  
10 cochairpersons to advise the council on specific needs of children and  
11 adults with complex health care needs. For the purposes of completing  
12 the reports required pursuant to subparagraphs (A) and (B) of this  
13 subsection, such individuals shall include, but need not be limited to:  
14 (1) The Child Advocate, or the Child Advocate's designee; (2) a family

15 or child advocate; (3) the executive director of the Council on  
16 Developmental Disabilities, or the executive director's designee; (4) the  
17 executive director of the Connecticut Association of Public School  
18 Superintendents, or the executive director's designee; (5) an expert in  
19 the diagnosis, evaluation, education and treatment of children and  
20 young adults with developmental disabilities; and (6) the Healthcare  
21 Advocate, or the Healthcare Advocate's designee. The subcommittee  
22 shall submit the following reports, in accordance with section 11-4a to  
23 the council, the Governor and the joint standing committees of the  
24 General Assembly having cognizance of matters relating to children,  
25 human services and public health regarding the efficacy of support  
26 systems for children and young adults, not older than twenty-one  
27 years of age, with developmental disabilities and with or without co-  
28 occurring mental health conditions:

29 (A) Not later than July 1, 2017, recommendations including, but not  
30 limited to: (i) Metrics for evaluating the quality of state-funded  
31 services to such children and young adults that can be utilized by state  
32 agencies that fund such services; (ii) statutory changes needed to  
33 promote effective service delivery for such children and young adults  
34 and their families; and (iii) any other changes needed to address gaps  
35 in services identified by the subcommittee or council with respect to  
36 such children, young adults and their families; and

37 (B) Not later than January 1, 2018, an assessment of: (i) Early  
38 intervention services available to such children and young adults in  
39 this state; (ii) the system of community-based services for such  
40 children and young adults; (iii) the treatment provided by congregate  
41 care settings that are operated privately or by the state and provide  
42 residential supports and services to such children and young adults  
43 and how the quality of care is measured; and (iv) how the state  
44 Department of Education, local boards of education, the Department of  
45 Children and Families, the Department of Developmental Services and  
46 other appropriate agencies can work collaboratively to improve  
47 educational, developmental, medical and behavioral health outcomes  
48 for such children and young adults and reduce the number at risk of

49 entering institutional care. As used in this subsection, "developmental  
50 disability" means a severe, chronic disability of an individual, as  
51 defined in 42 USC 15002, as amended from time to time.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2016</i>	17b-28

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.

**OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

**Explanation**

The bill establishes a standing subcommittee within the Council on Medical Assistance Program Oversight, which has no fiscal impact.

House "A" strikes the language in the underlying bill and results in the fiscal impact described above.

**The Out Years**

**State Impact:** None

**Municipal Impact:** None

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**OLR Bill Analysis****sHB 5587 (as amended by House "A")\******AN ACT ESTABLISHING A COUNCIL TO MAKE RECOMMENDATIONS CONCERNING SERVICES FOR CHILDREN AND YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES.*****SUMMARY:**

This bill establishes, within the Council on Medical Assistance Program Oversight (MAPOC), a standing subcommittee to study and make recommendations on children and adults with complex health needs. It requires the subcommittee to consist of MAPOC members appointed by the council's chairpersons and other individuals to advise the council on the specific needs of these children and adults. The non-MAPOC members must serve terms set by the chairpersons.

Under the bill, the subcommittee must submit reports to the governor, MAPOC, and the Children's, Human Services, and Public Health committees on the efficacy of support systems for children and young adults age 21 or younger with developmental disabilities, with or without co-occurring mental health conditions. The first report is due by July 1, 2017; the second is due by January 1, 2018.

For purposes of completing the two required reports, the bill requires the following individuals to be on the subcommittee:

1. the child and healthcare advocates, or their designees;
2. a family or child advocate;
3. the executive directors of the Council on Developmental Disabilities and the Connecticut Association of Public School Superintendents, or their designees; and

4. an expert in diagnosing, evaluating, educating, and treating children and young adults with developmental disabilities.

For the bill's purposes, "developmental disability" means an individual's severe, chronic disability as defined by federal law (see BACKGROUND).

\*House Amendment "A" replaces the underlying bill (File 301), which established a 44-member advisory council to make recommendations on the efficacy of support systems for children and young adults age 21 or younger with developmental disabilities.

EFFECTIVE DATE: July 1, 2016

## **REPORT REQUIREMENTS**

### ***First Report***

The report the subcommittee must submit by July 1, 2017 must include:

1. metrics to evaluate the quality of state-funded services to children and young adults age 21 or younger with developmental disabilities, with or without co-occurring mental health conditions, that can be used by state agencies that fund the services;
2. statutory changes needed to promote effective service delivery for such children and young adults and their families; and
3. any other changes needed to address gaps in services for the children, young adults, or their families identified by the subcommittee or council.

### ***Second Report***

The report the subcommittee must complete by January 1, 2018 must assess:

1. available early intervention services for those children and young adults;

2. the system of community-based services for them;
3. the treatment provided by congregate care settings that provide residential supports and services and how the quality of care is measured; and
4. how the State Department of Education, local school boards, Department of Children and Families, Department of Developmental Services, and other appropriate agencies can collaborate to improve educational, developmental, medical, and behavioral health outcomes for such children and young adults and reduce the number at risk of entering institutional care.

## **BACKGROUND**

### ***Developmental Disability***

Under federal law, a “developmental disability” is a severe, chronic disability that:

1. is attributable to a mental or physical impairment or combination of impairments;
2. manifests before age 22;
3. is likely to continue indefinitely;
4. results in substantial functional limitations in at least three areas of major life activity, including self-care, receptive and expressive language, learning, mobility, self-direction, independent living capacity, or economic self-sufficiency; and
5. reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other assistance that is (a) of lifelong or extended duration and (b) individually planned and coordinated (42 U.S.C. § 15002(8)).

## **COMMITTEE ACTION**

Human Services Committee

Joint Favorable

Yea 18 Nay 0 (03/15/2016)