2016 LEGISLATION AFFECTING DDS AND DMHAS SERVICES

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ISSUE
Summarize 2016 public acts affecting services by the Department of Developmental Services (DDS) and Department of Mental Health and Addiction Services (DMHAS).

SUMMARY
This report provides brief summaries of 2016 public acts affecting DDS or DMHAS services. It also includes other acts that most directly affect health care and related services for DDS or DMHAS clients (for example, there were changes to opioid prescribing laws and other provisions on drug addiction prevention that impact some DMHAS clients). Please note that not all provisions of the acts are included; complete summaries are available on OLR’s website.

This report does not include provisions that are (1) budgetary or (2) minor or technical. It also does not include provisions that may impact some DDS or DMHAS clients but that are less directly related to these agencies’ services or related health care services (such as changes to conservator or guardianship laws). For information on such provisions, see OLR’s Acts Affecting People with Disabilities Report, 2016-R-0102.

DDS SERVICES

*Autism Spectrum Disorder (ASD) Services*
A new law makes the Department of Social Services (DSS), rather than DDS, the lead agency responsible for (1) coordinating functions of state agencies that provide ASD services and (2) applying for funding associated with ASD responsibilities under federal law.
The law also moves the Division of ASD Services from DDS to DSS, but the DDS commissioner retains the authority to investigate reports alleging abuse or neglect of anyone receiving division services (PA 16-3, May Special Session, §§ 47-60, effective July 1, 2016).

**DDS Information for Clients**

A new law allows an individual determined by DDS to be eligible for DDS funding or services, or his or her legal guardian or representative, to request from DDS a copy of (1) the individual’s priority status for residential services, (2) the request for funding or services submitted to the regional planning and resource allocation team, and (3) any decision the team makes on the request.

Additionally, if the individual receives annual funding or services from DDS, he or she, or his or her guardian or representative, may request a copy of his or her individualized service plan and level of need assessment. DDS must furnish any copies requested under the new law.

By law, the DDS commissioner must appoint at least one regional advisory council for each state developmental services region it operates. The new law requires the DDS commissioner, at least annually, to provide to individuals who receive annual DDS funding or services or their guardians or representatives, information about (1) the respective regional advisory council’s statutory responsibilities and (2) how to access information about the council’s meetings (PA 16-60, effective upon passage).

**Property Exchange**

A new law allows the DDS commissioner to enter into an agreement with the Carpionato Group, LLC under which Carpionato constructs or obtains a fully accessible, code-compliant community living arrangement for six or fewer individuals with intellectual disability. Carpionato must convey the living arrangement to DDS upon the commissioner’s written affirmation that the arrangement complies with the agreement and the act.

Under the act, DDS may, in return, convey to Carpionato a .75-acre parcel in Glastonbury, and the structures on it, by July 1, 2019. The exchange is subject to approval by the State Properties Review Board.

The act also repeals an obsolete provision that allowed DDS to enter into a similar agreement with a different private entity concerning the same parcel of land (PA 16-1, May Special Session, §§ 3 & 13, effective upon passage).
DMHAS SERVICES

DMHAS Acute Care and Emergency Behavioral Health Services Grant Program

A 2015 law created a program in DMHAS to provide grants to organizations providing acute care and emergency behavioral health services. A new law requires DMHAS to establish the program within available appropriations. It also allows, rather than requires, the grants to be used for providing specified community-based behavioral health services (PA 16-3, May Special Session, § 65, effective July 1, 2016).

DRUG ADDICTION SERVICES

Drug Abuse

A new law includes various provisions intended to reduce opioid drug abuse and misuse. The act, among other things:

1. prohibits, with certain exceptions, a prescribing practitioner from issuing a prescription for more than a seven-day supply of an opioid to (a) an adult for the first time for outpatient use or (b) a minor;

2. requires municipalities to update their local emergency medical services (EMS) plans to ensure that certain first responders are equipped with an opioid antagonist (e.g., Narcan) and trained to administer it;

3. prohibits certain health insurance policies that provide prescription drug coverage for opioid antagonists from requiring prior authorization for these drugs;

4. expands existing immunity by allowing any licensed health care professional to administer an opioid antagonist to treat or prevent a drug overdose without civil or criminal liability;

5. makes various changes to the electronic prescription drug monitoring program, such as (a) expanding who may serve as a prescriber’s authorized agent and (b) allowing veterinarians to report less frequently than other dispensers of controlled substances; and

6. requires the Public Health Committee chairpersons to establish a working group to study the issuance of opioid drug prescriptions.

It also makes changes affecting the (1) practice of auricular acupuncture, (2) scope of practice of alcohol and drug counseling, and (3) Alcohol and Drug Policy Council (PA 16-43, various effective dates).
Methadone Treatment in Nursing Homes

Previously, nursing home patients receiving methadone treatment for opioid addiction generally had to receive that treatment at a separate substance abuse treatment facility rather than in the nursing home. A new law allows these facilities to provide this treatment directly at nursing homes, subject to the public health commissioner’s approval. He may grant the request if he determines that allowing this would not endanger the health, safety, or welfare of any patient (PA 16-66, § 4, effective October 1, 2016).

Needle and Syringe Exchange Programs

This year, a new law (1) requires DPH to establish needle and syringe exchange programs in any community impacted by HIV or hepatitis C, not just the three cities with the most HIV cases among injection drug users, but requires the programs only within available appropriations; (2) expands these programs’ service components; and (3) deletes certain obsolete provisions in the HIV statutes (PA 16-87, effective October 1, 2016).

MISCELLANEOUS

Council on Medical Assistance Program Oversight (MAPOC)
Subcommittee on Children and Adults with Complex Health Needs

A new law establishes a standing subcommittee within MAPOC to (1) study and make recommendations to the council on children and adults who have complex health needs and (2) advise the council on the specific needs of these children and adults. The subcommittee must report 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 (PA 16-142, effective July 1, 2016).

Office of Protection and Advocacy For Persons With Disabilities (OPA)

A recent federal report raised concerns about OPA functioning as a state agency instead of an independent entity. To address these concerns, a new law eliminates OPA and the Board of Advocacy and Protection for Persons with Disabilities within the executive branch. It instead establishes the Connecticut protection and advocacy system, a nonprofit entity that the governor must designate by July 1, 2017 to serve as the state’s protection and advocacy system and client assistance program (PA 16-66, §§ 47-50, effective upon passage, except that the provision eliminating OPA and the board takes effect July 1, 2017).

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