
OLR Bill Analysis

SB 328

AN ACT CONCERNING THE PROVISION OF DEVELOPMENTAL AND SOCIAL SERVICES IN THE STATE.

SUMMARY

This bill makes various changes related to the provision of social services and services to individuals with intellectual disability. Principally, it:

1. requires the Department of Developmental Services (DDS) commissioner to develop a strategic plan to reduce the wait time for DDS services and report the plan and any legislative recommendations to the Public Health Committee by January 1, 2022 (§1);
2. requires the Office of Policy and Management (OPM) secretary, notwithstanding existing law and starting October 1, 2021, to consult with all relevant stakeholders before implementing any plan to close a DDS facility (§2);
3. requires the DDS commissioner, notwithstanding existing law, to provide notice to each person with intellectual disability, or his or her legal representative, before the person's eligibility for state services ends (§3);
4. authorizes the Department of Social Services (DSS) to contract with hospitals and nonprofit organizations to provide social services and referrals for these services to frequent users of hospital services (e.g., emergency department services) (§4); and
5. establishes a nine-member task force to study DDS's level of need assessment system and requires the task force to report its findings and recommendations to the Public Health Committee by January 1, 2022 (§5).

EFFECTIVE DATE: October 1, 2021, except the strategic plan and task force provisions take effect upon passage.

§ 4 – DSS CONTRACTS

The bill authorizes the DSS commissioner to contract with hospitals and nonprofit organizations to provide social services and referrals for these services to frequent users of hospital services, including emergency department services.

When providing these services and referrals, DSS must use the contracted hospital's or organization's provider network and billing system, subject to federal approval.

The bill also authorizes the DSS commissioner to establish social service provider payment rates if required to ensure that such contracts (1) are cost neutral to the providers in the aggregate (considering utilization as a factor) and (2) ensure patient access.

§ 5 – TASK FORCE ON DDS LEVEL OF NEED ASSESSMENT

Purpose

The bill establishes a task force to study DDS's level of need assessment system. The study must:

1. examine the instrument, policies, procedures, training, and education materials related to DDS's level of need assessment system and the behavioral and medical issues the system assesses and
2. develop recommendations for improving and creating greater consistency in the system's administration and results.

Membership

Under the bill, the task force consists of nine members: (1) two appointees each by the House speaker and Senate president pro tempore, (2) one appointee each by the House and Senate majority and minority leaders, and (3) the DDS commissioner or his designee. Appointing authorities must make their initial appointments within 30 days after the bill's passage and fill any vacancies. Members appointed

by legislative leaders may be legislators.

The bill requires the House speaker and Senate president pro tempore to select the task force's chairpersons from among its members. The chairpersons must schedule the task force's first meeting, which must be held within 60 days after the bill's passage. The Public Health Committee's administrative staff must serve as the task force's administrative staff.

Report

The task force must report its findings and recommendations to the Public Health Committee by January 1, 2022. It terminates on this date or the date it submits its report, whichever is later.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 33 Nay 0 (03/31/2021)