



Senate

General Assembly

File No. 554

January Session, 2021

Senate Bill No. 328

Senate, April 21, 2021

The Committee on Public Health reported through SEN. DAUGHERTY ABRAMS of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

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

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

1 Section 1. (NEW) (*Effective from passage*) The Commissioner of
2 Developmental Services shall develop a strategic plan to reduce the wait
3 time for services provided by the Department of Developmental
4 Services to persons with intellectual disability. Not later than January 1,
5 2022, the Commissioner of Developmental Services shall submit such
6 plan and any recommendations for legislation necessary to implement
7 such plan, in accordance with the provisions of section 11-4a of the
8 general statutes, to the joint standing committee of the General
9 Assembly having cognizance of matters relating to public health.

10 Sec. 2. (NEW) (*Effective October 1, 2021*) Notwithstanding any
11 provision of the general statutes, on and after October 1, 2021, the
12 Secretary of the Office of Policy and Management shall consult with all
13 relevant stakeholders before implementing any plan to close a facility
14 operated by the Department of Developmental Services.

15 Sec. 3. (NEW) (*Effective October 1, 2021*) Notwithstanding any
16 provision of the general statutes, the Commissioner of Developmental
17 Services shall provide notice to each person with intellectual disability
18 or such person's legal representative, before such person's eligibility to
19 receive state-assisted care ends. As used in this section, "legal
20 representative" has the same meaning as provided in section 17b-450 of
21 the general statutes.

22 Sec. 4. (NEW) (*Effective October 1, 2021*) The Commissioner of Social
23 Services may contract with one or more hospital and one or more
24 nonprofit organization to provide social services and referrals for social
25 services to frequent users of hospital services, including, but not limited
26 to, emergency department services. Subject to approval by applicable
27 federal authority, the Department of Social Services shall utilize the
28 provider network and billing system of the contracted hospitals and
29 nonprofit organizations in the provision of such services and referrals.
30 In order to implement the provisions of this section, the commissioner
31 may establish rates of payment to providers of social services under this
32 section if the establishment of such rates is required to ensure that any
33 contract entered into with a hospital or nonprofit organization pursuant
34 to this section is cost neutral to such providers in the aggregate and
35 ensures patient access. Utilization may be a factor in determining cost
36 neutrality. As used in this section, "hospital" means an establishment
37 licensed pursuant to chapter 368v of the general statutes for lodging,
38 care and treatment of persons suffering from disease or other abnormal
39 physical or mental conditions.

40 Sec. 5. (*Effective from passage*) (a) There is established a task force to
41 study the Department of Developmental Services' level of need
42 assessment system. Such study shall include, but need not be limited to,
43 (1) an examination of the instrument, policies, procedures, training and
44 education materials related to the department's level of need assessment
45 system and the diverse behavioral and medical issues assessed by such
46 system, and (2) the development of recommendations for improvement
47 and greater consistency in the administration and results of such
48 system.

- 49 (b) The task force shall consist of the following members:
- 50 (1) Two appointed by the speaker of the House of Representatives;
- 51 (2) Two appointed by the president pro tempore of the Senate;
- 52 (3) One appointed by the majority leader of the House of
53 Representatives;
- 54 (4) One appointed by the majority leader of the Senate;
- 55 (5) One appointed by the minority leader of the House of
56 Representatives;
- 57 (6) One appointed by the minority leader of the Senate; and
- 58 (7) The Commissioner of Developmental Services, or the
59 commissioner's designee.
- 60 (c) Any member of the task force appointed under subdivision (1),
61 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
62 of the General Assembly.
- 63 (d) All initial appointments to the task force shall be made not later
64 than thirty days after the effective date of this section. Any vacancy shall
65 be filled by the appointing authority.
- 66 (e) The speaker of the House of Representatives and the president pro
67 tempore of the Senate shall select the chairpersons of the task force from
68 among the members of the task force. Such chairpersons shall schedule
69 the first meeting of the task force, which shall be held not later than sixty
70 days after the effective date of this section.
- 71 (f) The administrative staff of the joint standing committee of the
72 General Assembly having cognizance of matters relating to public
73 health shall serve as administrative staff of the task force.
- 74 (g) Not later than January 1, 2022, the task force shall submit a report
75 on its findings and recommendations to the joint standing committee of

76 the General Assembly having cognizance of matters relating to public
77 health, in accordance with the provisions of section 11-4a of the general
78 statutes. The task force shall terminate on the date that it submits such
79 report or January 1, 2022, whichever is later.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>October 1, 2021</i>	New section
Sec. 3	<i>October 1, 2021</i>	New section
Sec. 4	<i>October 1, 2021</i>	New section
Sec. 5	<i>from passage</i>	New section

PH *Joint Favorable*

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 adds various requirements related to services to individuals with intellectual disability which do not result in a fiscal impact as the agency has the expertise to comply with these provisions.

The bill also allows but does not require the Department of Social Services (DSS) to contract for services for frequent users of emergency department services and establishes a task force to study the Department of Developmental Services (DDS's) level of need assessment system both of which do not result in a fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

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)