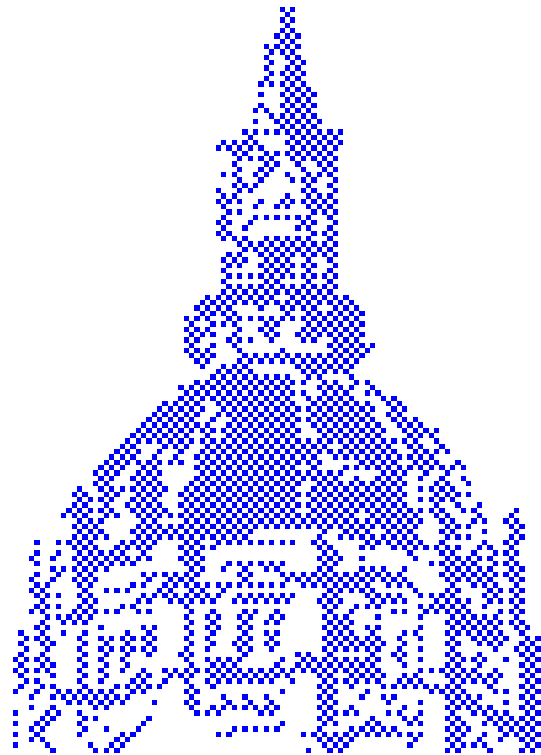




## ACTS AFFECTING PEOPLE WITH DISABILITIES



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## **NOTICE TO READERS**

This report summarizes new laws affecting people of all ages with disabilities passed during the 2014 regular session.

Not all provisions of the acts are included here. Complete summaries of all 2014 public acts are or will be available on OLR's webpage:

<http://www.cga.ct.gov/olr/OLRPASums.asp>.

We encourage readers to obtain the full text of acts that interest them from the Connecticut State Library, the House Clerk's Office, or the General Assembly's website: <http://www.cga.ct.gov/>.

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## **ABUSE AND NEGLECT**

### ***Department of Developmental Services (DDS) Abuse and Neglect Registry***

This act expands DDS' abuse and neglect registry definition of abuse to include (1) financial exploitation and (2) psychological, verbal, and sexual abuse. By law, DDS maintains a registry of anyone who was (1) employed by DDS or an organization or individual who DDS licenses or funds and (2) fired from his or her job because of a substantiated complaint of abuse or neglect ([PA 14-165](#), effective October 1, 2014).

### ***Reporting of Abuse of People with Autism Spectrum Disorder***

By law, DDS has general authority to conduct investigations into allegations of abuse and neglect of a person with intellectual disability. This act grants specific authority to the department to investigate reports of abuse of individuals ages 18 to 60 with autism spectrum disorder receiving services from DDS's Division of Autism Spectrum Disorder Services (the "division"). It also establishes a process for DDS to follow when conducting such investigations.

By law, certain people, by virtue of their job titles, must report suspected abuse to the Office of Protection and Advocacy for Persons with Disabilities (OPA). The act (1) requires any such person to report suspected abuse of a

person receiving division services or funding to OPA and (2) makes conforming changes that require these reporters to follow the same procedures as when reporting other suspected cases of abuse ([PA 14-165](#), effective October 1, 2014).

## **CARE PROVIDERS**

### ***Approval of Personal Care Attendants (PCA) and Childcare Providers Collective Bargaining Agreement***

The law allows certain family child care providers and PCAs to collectively bargain with the state over reimbursement rates and other benefits. Any provision in a resulting contract that would supersede a law or regulation must be affirmatively approved by the General Assembly before the contract can become effective.

This act approves such provisions in the contracts between (1) the Office of Early Childhood and the Connecticut State Employees Association (CSEA-SEIU, Local 2001) and (2) the Personal Care Attendant Workforce Council and the New England Health Care Employees Union (District 1199, SEIU) ([PA 14-217 § 159](#), effective upon passage).

### ***Homecare Workers' Overtime Pay Exception***

This act allows a "sleep-time" exclusion from overtime pay requirements for certain employees employed by third-party providers (e.g., home care agencies) to provide "companionship services" as defined by federal regulations. In general, these regulations define "companionship services" to mean fellowship, protection, and limited care for an elderly person or person with an illness, injury, or disability. The act's sleep-time exclusion aligns state law with changes in federal regulations.

Specifically, the act allows such an employee and provider to agree to exclude a regularly scheduled sleep period of up to eight hours from the work hours used to determine overtime pay if (1) the employee is required to be present at a worksite for at least 24 consecutive hours, (2) adequate on-site sleeping facilities are provided, and (3) the employee receives at least five hours of sleep-time ([PA 14-159](#), effective January 1, 2015).

### ***PCA Union Dues***

Prior law limited the deduction of a PCA's union dues and fees to payments from the waiver program in which the PCA's consumer was participating. Thus, PCAs in non-waiver programs, such as the Connecticut Home Care Program for Elders, could not have union dues or fees deducted from their payments. This act removes this restriction and instead allows the dues and fees to be deducted

from any program covered by their collective bargaining agreement ([PA 14-217 § 227](#), effective upon passage).

### ***Staff Serving People with Down Syndrome***

This act requires the DDS commissioner's regulations to mandate that all residential facilities serving people age 50 or older with Down Syndrome have at least one employee trained in Alzheimer's disease and dementia symptoms and care ([PA 14-194 § 3](#), effective October 1, 2014).

## **EDUCATION**

### ***Dyslexia Instruction In Teacher Preparation Programs***

This act requires that, beginning July 1, 2015, all teacher preparation programs that lead to professional teacher certification include instruction on detection and recognition of, and evidence-based interventions for, students with dyslexia. By law, these teacher preparation programs must already include instruction on literacy skills and best practices in the field of literacy training ([PA 14-39 § 2](#), effective July 1, 2014).

### ***Dyslexia on the Individualized Education Plan (IEP)***

This act requires the State Department of Education (SDE) to add dyslexia to the standard IEP form that planning and placement teams must use to describe the special education and related services that a special

education student needs. Specifically, by January 1, 2015, SDE must add “SLD – Dyslexia” under the “specific learning disabilities” heading in the “primary disability” section of the IEP form. Dyslexia was already covered by the state and federal special education laws but did not appear on the IEP form ([PA 14-39 § 1](#), effective upon passage).

### ***Kindergarten Enrollment of Special Education Students***

By law, a local or regional board of education must, whenever a child has been identified as requiring special education, immediately inform parents or guardians of (1) the laws relating to special education and (2) their rights under those laws. This act requires the information to include explicit notice of a parent’s or guardian’s right, under existing law, to withhold a child age (1) five from enrolling in kindergarten until age six and (2) six from enrolling until age seven ([PA 14-39 § 3](#), effective upon passage).

## **HEALTH**

### ***Behavioral Health Information and Referral Service***

This act requires the Office of the Healthcare Advocate, by January 1, 2015, to establish an information and referral service to help residents and providers get information, timely referrals, and access to behavioral health care providers.

The act requires the office, by February 1, 2016, and annually

thereafter, to report to the Children’s, Human Services, Insurance, and Public Health committees. The report must identify gaps in services and the resources needed to improve behavioral health care options for state residents ([PA 14-115](#), effective July 1, 2014).

### ***Chronic Disease Care***

This act requires the public health (DPH) commissioner to develop and implement a plan to (1) reduce the incidence of chronic disease, (2) improve chronic disease care coordination in the state, (3) reduce the incidence and effects of chronic disease, and (4) improve outcomes for conditions associated with chronic disease. She must develop the plan (1) within available resources and (2) in consultation with the lieutenant governor or her designee and local and regional health departments.

The plan must address cardiovascular disease, cancer, lupus, stroke, chronic lung disease, diabetes, arthritis or another metabolic disease, and the effects of behavioral health disorders. It must be consistent with (1) DPH’s Healthy Connecticut 2020 health improvement plan and (2) the state healthcare innovation plan.

The act also requires the commissioner to report biennially on chronic diseases and the plan’s implementation ([PA 14-148](#), effective October 1, 2014).

### ***Connecticut Home Care Program for Adults with Disabilities (CHCPD) Expansion***

This act increases, from 50 to 100, the number of people who may receive services through CHCPD. CHCPD, a state-funded pilot program administered by the Department of Social Services (DSS), provides home- and community-based services to certain people with disabilities as an alternative to nursing home care ([PA 14-217 § 73](#), effective July 1, 2014).

### ***Mental Health Services***

This act codifies existing practice by (1) allowing DMHAS clients to receive services outside the designated mental health region where they live and (2) requiring DMHAS, within available appropriations, to assess certain people charged with felonies to determine whether they should be referred for community-based mental health services. It also increases information sharing concerning such arrestees and others in the criminal justice system who may need treatment ([PA 14-138](#), effective October 1, 2014).

### ***Multi-Care Institution Behavioral Health Services***

This act allows a multi-care institution to provide behavioral health services or substance use disorder treatment services on the premises of more than one facility, at a satellite unit, or at another location outside of its facilities or satellite units that is

acceptable to the patient and consistent with his or her treatment plan ([PA 14-211](#), effective October 1, 2014).

## **HOUSING**

### ***Permanent Supportive Housing Initiative***

Prior law permitted the DMHAS commissioner, within available appropriations, to provide subsidies to people who receive DMHAS services and require supervised living arrangements. This act specifies that such subsidies are for people who qualify for supportive housing under the state's permanent supportive housing initiative (i.e., the "initiative"), which the department operates in collaboration with several other state agencies.

The act also gives the DMHAS commissioner the authority to permit agencies who distribute these subsidies on the department's behalf to use any unspent money for the same purpose in the following fiscal year ([PA 14-217 § 71](#), effective upon passage. An identical provision ([PA 14-138 § 2](#)) is effective October 1, 2014).

Another act adds the departments of Developmental Services and Veterans' Affairs to the entities with whom DMHAS must collaborate in administering the initiative.

It gives the entities administering the initiative more discretion in determining eligibility. It also specifies that all homeless individuals and families are eligible for the initiative. By law, individuals and families who are



at-risk of becoming homeless or who have special needs are also eligible ([PA 14-46](#), effective July 1, 2014).

### ***Rental Rebate Program***

This act restores the state's rental rebate program for the elderly and people with total and permanent disabilities to its status prior to July 1, 2013 by (1) returning administration of the rental rebate program from the Department of Housing to the Office of Policy and Management (OPM), (2) eliminating the requirement that eligible rebate applicants must have received a rebate in calendar year 2011, and (3) making numerous conforming changes.

Additionally, under the act, if the OPM secretary determines a renter was overpaid, he may reduce the amount of subsequent rebates to recoup the amount of the overpayment. Aggrieved claimants have the right to appeal the secretary's decision ([PA 14-217 §§ 48-54 & 258](#), effective upon passage and applicable to rebate applications made on or after April 1, 2014).

## **INSURANCE**

### ***Adverse Determination Evaluators***

By law, health carriers must contract with clinical peers (specified health professionals) to evaluate the clinical appropriateness of adverse determinations (e.g., claims denials). For cases when an urgent care request involves a substance use or mental disorder, the clinical peer must be a

psychiatrist or psychologist with specified qualifications. In such cases involving psychologists, this act requires the psychologist to hold a doctoral level psychology degree. It also requires the psychologist to have both, rather than either, training and relevant experience in the relevant field ([PA 14-40](#), effective upon passage).

### ***Long-Term Care (LTC) Insurance Premium Increases***

This act requires LTC insurance policy issuers (carriers) to spread premium rate increases of 20% or more over at least three years. It also requires LTC carriers to notify individual policyholders and group certificate holders of (1) a premium rate increase and (2) the option of reducing benefits to reduce the premium rate ([PA 14-10](#), effective October 1, 2014).

### ***LTC Insurance Policy Disclosures***

This act principally expands disclosure requirements for individual and group long-term care insurance policies. It also extends existing and new disclosure requirements to group policies delivered or issued for delivery (1) to one or more employers or labor organizations or a trust established by any of them or the fund's trustees and (2) for employees or former employees, members or former members, or labor organizations.

The act requires an applicant for an individual or group policy to sign an acknowledgment when applying that the insurer has provided the required

disclosure to him or her. If the application method does not allow for a signature at that time, the applicant must sign the acknowledgment by the time the policy is delivered.

The act applies to policies delivered or issued for delivery by insurance companies, fraternal benefit societies, hospital and medical service corporations, and health care centers (i.e., HMOs). By law, disclosure requirements do not apply to group plans that require no contributions from members ([PA 14-8](#), effective January 1, 2015).

## **MEDICAID**

### ***DSS Report on Complex Rehabilitative Technology (CRT)***

This act requires the DSS commissioner to report, by January 1, 2015, to the Human Services Committee on the impact of:

1. designating certain products and services as CRT;
2. setting minimum standards for CRT suppliers to be qualified and eligible for Medicaid reimbursement;
3. preserving the option for CRT to be billed and paid for as a purchase, allowing for single payments for devices needed for at least one year, and excluding crossover claims for clients enrolled in both Medicare and Medicaid; and

4. requiring an evaluation for Medicaid recipients receiving a CRT wheelchair or seating component by a (a) qualified health care professional and (b) qualified CRT professional to qualify for reimbursement.

CRT includes:

1. complex rehabilitation manual and power wheelchairs and accessories;
2. adaptive seating and positioning items and accessories; and
3. other specialized equipment and accessories, including standing frames and gait trainers ([PA 14-217 § 135](#), effective upon passage).

### ***Medicaid State Plan Provider Expansion***

This act requires the DSS commissioner, by October 1, 2014, to amend the Medicaid state plan to include services provided to Medicaid recipients age 21 or older by the following licensed behavioral health clinicians: (1) psychologists, (2) clinical social workers, (3) alcohol and drug counselors, (4) professional counselors, and (5) marriage and family therapists. Under the act, the commissioner must provide direct reimbursement to clinicians who (1) are enrolled as Medicaid providers and (2) treat Medicaid recipients in independent practice settings ([PA 14-217 § 220](#), effective July 1, 2014).

### ***Rate Increase for Private Psychiatric Residential Treatment Facilities***

This act requires the DSS commissioner to submit to the federal Centers for Medicare and Medicaid Services a state plan amendment to increase the Medicaid rate for private psychiatric residential treatment facilities. The increase must be within available state appropriations.

Under the act, a "private psychiatric residential treatment facility" is a nonhospital facility with an agreement with a state Medicaid agency to provide inpatient services to people who are (1) Medicaid-eligible and (2) younger than age 21 ([PA 14-217 § 136](#), effective upon passage).

### **MISCELLANEOUS**

#### ***Council on Developmental Services and Autism Spectrum Advisory Council Membership***

The act increases, from 13 to 15, the membership of the Council on Developmental Services. One of the additional members, appointed by the House majority leader, must be a person with autism spectrum disorder who is receiving, or has received, services from DDS' Division of Autism Spectrum Disorder Services. The other new member is appointed by the Senate majority leader. It expands those eligible to serve in certain positions on the council to include other relatives, not just parents or guardians, of individuals with an intellectual disability.

The act increases, from 23 to 24, the membership of the Autism Spectrum Disorder Advisory Council. The additional member must be a physician who treats or diagnoses persons with autism spectrum disorder, appointed by the governor ([PA 14-143](#), effective October 1, 2014).

#### ***Immunity for a Person Who Administers An Opioid Antagonist***

This act authorizes anyone to administer an opioid antagonist (such as Narcan) to a person he or she believes, in good faith, is experiencing an opioid-related drug overdose. The act gives civil and criminal immunity to such a person who acts with reasonable care in administering the opioid antagonist, unless he or she is a licensed health care professional acting in the ordinary course of employment.

Existing law allows licensed health care practitioners authorized to prescribe an opioid antagonist, if acting with reasonable care, to prescribe, dispense, or administer it to treat or prevent a drug overdose without being civilly or criminally liable for the action or for its subsequent use. Thus, these practitioners can prescribe opioid antagonists to people who are not their patients to assist a person experiencing a drug overdose ([PA 14-61](#), effective October 1, 2014).

### ***Janitorial Work Program***

This act allows the administrative services commissioner to expand the janitorial work program for people with a disability or disadvantage to include services he deems appropriate. Such services include laundry and cleaning services, mail supply room staffing, data entry, call center staffing, and other services specified by the commissioner. The commissioner must post on the department's website a list of the services he deems appropriate to include in the program ([PA 14-188 §§ 11-14](#), effective October 1, 2014).

By law, the program must create and expand work opportunities, specifically full-time jobs or full-time equivalents at standard wage rates, for people with a disability (excluding blindness) or disadvantage.

### ***Monetary Gifts to the Department of Rehabilitative Services (DORS)***

This act allows DORS to accept a bequest or gift of money and use or hold it for any purpose specified with the bequest or gift. By law, the department can already accept a bequest or gift of personal property and, in certain cases, a gift or devise of real property (e.g., land) ([PA 14-217 § 161](#), effective upon passage).

### ***Notification to Handicapped Drivers of Self-Service Pump Refueling Services***

This act codifies current Department of Consumer Protection regulations requiring all gasoline dealers to post a sign on or near each self-serve pump, in a location and manner clearly visible to handicapped drivers, with instructions on how to contact or notify the dealer or cashier for refueling assistance.

By law, gasoline dealers must provide, upon request, refueling assistance to handicapped drivers with a special international symbol of access license plate at the self-service price for the fuel. These requirements do not apply to retail dealers (stations) that (1) use remotely controlled pumps or (2) have a single cashier.

Under the act, violators of the handicap notice provision are subject to a fine between \$50 and \$200 ([PA 14-16](#), effective October 1, 2014).

## **PROBATE COURT**

### ***Civil Commitment and Conservatorship***

This act makes various revisions to probate statutes, some of which affect people with disabilities.

It allows probate courts, when appointing a conservator, to designate a successor. It also allows people to designate their own successor conservators.

Among other changes affecting civil commitment, it shifts jurisdiction over civil commitment review hearings from

the probate court that ordered the commitment to the court where the hospital is located. For court actions involving someone committed to a psychiatric hospital, it eliminates the requirement that process or other documents be served on the administrative services commissioner.

The act also requires the probate court, before approving a transfer of jurisdiction over a conserved person who has moved, to determine that the person prefers the transfer ([PA 14-103](#), most provisions effective October 1, 2014).

### ***Conservators for Individuals With Intellectual Disabilities***

This act allows psychological evidence from a psychologist to be introduced in place of medical evidence from a physician at a probate court hearing or review concerning involuntary conservatorship for a person with intellectual disability ([PA 14-121](#), effective October 1, 2014).

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