



House of Representatives

General Assembly

File No. 470

January Session, 2025

Substitute House Bill No. 7108

House of Representatives, April 2, 2025

The Committee on Human Services reported through REP. GILCHREST of the 18th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING AUTISM AND INTELLECTUAL DISABILITY SERVICES AND ABUSE AND NEGLECT INVESTIGATIONS.

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

1 Section 1. (NEW) (*Effective from passage*) (a) As used in this section,
2 "general intellectual functioning or adaptive behavior" means the
3 effectiveness or degree with which an individual meets the standards of
4 personal independence and social responsibility expected for the
5 individual's age and cultural group as measured by assessments that are
6 individualized, standardized and clinically and culturally appropriate.

7 (b) The Secretary of the Office of Policy and Management, in
8 consultation with the Commissioners of Social Services, Developmental
9 Services, Aging and Disability Services and Public Health, the Council
10 on Developmental Disabilities, the Autism Spectrum Disorder Advisory
11 Council and the Rare Disease Advisory Council, shall implement the
12 first two recommendations of a November 15, 2024, report
13 commissioned by the Office of Policy and Management entitled "The
14 Evaluation of Statutory Definitions and Regulations: Intellectual

15 Disability and Related Programs".

16 (c) In implementing the provisions of subsection (b) of this section,
17 the secretary shall (1) explore changes in eligibility to remove
18 intelligence quotient scores as a component of eligibility for state
19 services for persons with intellectual disability, (2) consider state
20 adoption of a broader definition of developmental disability that
21 includes intellectual disability, autism and any other condition that
22 results in impairment of general intellectual functioning or adaptive
23 behavior, (3) assess the level of need assessment tool used by the
24 Department of Developmental Services and the universal assessment
25 tool used by the Department of Social Services to determine eligibility
26 for services, and (4) analyze the impact of extending eligibility for the
27 home and community-based Medicaid waiver programs administered
28 by the Department of Developmental Services to individuals with an
29 intelligence quotient greater than sixty-nine and a level of need
30 assessment score of eight.

31 (d) Not later than January 1, 2026, the secretary shall file a report, in
32 accordance with the provisions of section 11-4a of the general statutes,
33 with the joint standing committees of the General Assembly having
34 cognizance of matters relating to human services and public health. The
35 report shall include recommendations concerning (1) the advisability of
36 changes in eligibility criteria to remove intelligence quotient scores, (2)
37 the utility of the level of need assessment tool used by the Department
38 of Developmental Services and the universal assessment tool used by
39 the Department of Social Services, (3) the impact of expanding eligibility
40 for the home and community-based Medicaid waiver programs
41 administered by the Department of Developmental Services, (4) the total
42 number of people waiting for autism services versus receiving autism
43 services and their associated levels of need, and (5) a plan for addressing
44 those with autism who have significant care needs. The secretary, in
45 consultation with the Commissioner of Developmental Services, shall
46 report twice annually to said committees on the number of persons with
47 intellectual disability who are denied either day program care or
48 residential services because of their level of need.

49 Sec. 2. (NEW) (*Effective from passage*) (a) As used in this section,
50 "individual with profound autism" means an individual who (1) has an
51 intelligence quotient of less than fifty, (2) is nonverbal or minimally
52 verbal, (3) needs help with tasks of daily living, such as dressing,
53 bathing and preparing meals, or (4) may have medical issues, including,
54 but not limited to, epilepsy and behaviors such as self-injury and
55 aggression that interfere with safety and well-being.

56 (b) The Commissioner of Developmental Services, in consultation
57 with the Commissioner of Social Services and the Secretary of the Office
58 of Policy and Management, shall evaluate services for persons with (1)
59 profound autism, and (2) autism spectrum disorder in addition to
60 intellectual disability.

61 (c) Not later than October 1, 2025, the commissioner shall file a report,
62 in accordance with the provisions of section 11-4a of the general statutes,
63 with the joint standing committees of the General Assembly having
64 cognizance of matters relating to appropriations and the budgets of state
65 agencies, human services and public health. The report shall include,
66 but need not be limited to: (1) The efficacy of services for (A) persons
67 with profound autism, and (B) persons with autism spectrum disorder
68 in addition to intellectual disability by the levels of need of such persons,
69 (2) numbers of such persons on emergency waiting lists for Medicaid
70 waiver programs or other programs, (3) numbers of such persons on
71 urgent waiting lists for such programs, (4) recommendations to expand
72 and improve services offered in such programs, and (5) state
73 appropriations needed to expand and improve such services.

74 Sec. 3. Section 4-67bb of the general statutes is repealed and the
75 following is substituted in lieu thereof (*Effective July 1, 2025*):

76 (a) Not later than October 1, 2023, the Secretary of the Office of Policy
77 and Management shall establish two new staff positions, (1) one of
78 whom shall serve as state-wide coordinator of programs and services
79 provided by state agencies for individuals with autism spectrum
80 disorder, and (2) one of whom shall (A) identify programs and services
81 provided by state agencies for individuals who have an intellectual or

82 developmental disability other than autism spectrum disorder; and (B)
83 help commissioners of such agencies to coordinate such programs and
84 services. On and after July 1, 2025, the state-wide autism services
85 coordinator, in consultation with the staff member assisting agencies
86 that serve persons with an intellectual or developmental disability other
87 than autism spectrum disorder, shall serve as a liaison to hospitals in the
88 state caring for such persons.

89 (b) The secretary shall establish an interagency coalition, which shall
90 include, but need not be limited to, representatives from the Department
91 of Developmental Services, in its capacity as the lead agency for persons
92 with an intellectual or developmental disability pursuant to section 17a-
93 210, and the Department of Social Services, in its capacity as the lead
94 agency for persons with autism spectrum disorder pursuant to section
95 17a-215c. The coalition shall meet not less than quarterly and work on
96 strategies to reduce silos in the provision of state agency services for
97 such persons.

98 (c) Not later than July 1, 2025, the secretary shall submit a report, in
99 accordance with the provisions of section 11-4a, on the progress of the
100 interagency coalition in reducing silos of services with the joint standing
101 committees of the General Assembly having cognizance of matters
102 relating to human services and public health. Not later than July 1, 2026,
103 the secretary shall file a report with said committees on the efforts of the
104 liaison to hospitals, pursuant to subsection (a) of this section, to provide
105 information and assistance to hospitals on state programs and services
106 that may provide an alternative to hospitalization for certain persons
107 with autism spectrum disorder, intellectual disability or a
108 developmental disability other than autism spectrum disorder.

109 Sec. 4. Section 17a-247b of the general statutes is amended by adding
110 subsection (h) as follows (*Effective July 1, 2025*):

111 (NEW) (h) Notwithstanding the provisions of subsection (c) of this
112 section, the Commissioner of Developmental Services shall file a report
113 not later than January 15, 2026, and annually thereafter, identifying (1)
114 the number of abuse and neglect complaints against former employees

115 received in the previous calendar year, (2) the disposition of such
116 complaints, and (3) any backlog of investigations relating to such
117 complaints. The commissioner shall post the report on the department's
118 Internet web site and file the report, in accordance with the provisions
119 of section 11-4a, with the joint standing committees of the General
120 Assembly having cognizance of matters relating to human services and
121 public health.

122 Sec. 5. Section 17a-247f of the general statutes is amended by adding
123 subsection (c) as follows (*Effective July 1, 2025*):

124 (NEW) (c) Notwithstanding the provisions of subsection (b) of this
125 section, the Commissioner of Developmental Services shall file a report
126 not later than January 15, 2026, and annually thereafter, identifying (1)
127 the number of abuse and neglect complaints received and investigated
128 pursuant to this section in the previous calendar year, (2) the number of
129 complaints that were investigated by a contracted provider and the
130 number of complaints investigated by the Department of
131 Developmental Services and the dispositions of complaints investigated
132 by a contracted provider and the department in each category of
133 complaint investigations, (3) the median length of time for completion
134 of the investigations, (4) the number of programmatic neglect findings
135 arising from the abuse or neglect investigations, (5) the number of
136 investigations that led to a directive for corrective action, (6) the steps
137 the department took to address programmatic neglect findings and
138 ensure corrective actions were implemented, (7) the percentage of cases
139 in which a directive for corrective action was issued and the department
140 revisited the provider to review implementation of the corrective action
141 categorized by department response times of (A) not more than thirty
142 days, (B) not more than sixty days, and (C) in excess of sixty days from
143 the date the corrective action directive was issued, (8) the processes and
144 timelines by which guardians and parents of individuals with
145 disabilities were informed of the results of investigations and directives
146 for corrective action, and (9) any backlog of investigations relating to
147 such complaints. The commissioner shall post the report on the
148 department's Internet web site and file the report, in accordance with

149 the provisions of section 11-4a, with the joint standing committees of the
150 General Assembly having cognizance of matters relating to human
151 services and public health.

152 Sec. 6. Section 46a-11c of the general statutes is amended by adding
153 subsection (f) as follows (*Effective July 1, 2025*):

154 (NEW) (f) Notwithstanding the provisions of subsection (e) of this
155 section, the Commissioner of Developmental Services shall file a report
156 not later than January 15, 2026, and annually thereafter, identifying (1)
157 the number of abuse and neglect complaints received and investigated
158 pursuant to this section in the previous calendar year, including deaths
159 investigated pursuant to subsection (c) of this section, (2) the number of
160 complaints that were investigated by a contracted provider and the
161 number of complaints investigated by the Department of
162 Developmental Services and the dispositions of complaints investigated
163 by a contracted provider and the department in each category of
164 complaint investigations, (3) the median length of time for completion
165 of the investigations, (4) the number of programmatic neglect findings
166 arising from the abuse or neglect investigations, (5) the number of
167 investigations that led to a directive for corrective action, (6) the steps
168 the department took to address programmatic neglect findings and
169 ensure corrective actions were implemented, (7) the percentage of cases
170 in which a directive for corrective action was issued and the department
171 revisited the provider to review implementation of the corrective action
172 categorized by department response times of (A) not more than thirty
173 days, (B) not more than sixty days, and (C) in excess of sixty days from
174 the date the corrective action directive was issued, (8) the processes and
175 timelines by which guardians and parents of individuals with
176 disabilities were informed of the results of investigations and directives
177 for corrective action, and (9) any backlog of investigations relating to
178 such complaints. The commissioner shall post the report on the
179 department's Internet web site and file the report, in accordance with
180 the provisions of section 11-4a, with the joint standing committees of the
181 General Assembly having cognizance of matters relating to human
182 services and public health.

183 Sec. 7. (NEW) (*Effective July 1, 2025*) Not later than September 30, 2025,
 184 and quarterly thereafter, the Commissioner of Developmental Services
 185 shall file a report describing (1) progress in expending funds
 186 appropriated for programs administered by the Department of
 187 Developmental Services, (2) what services they were spent on, (3)
 188 whether lapsed funds are anticipated at the end of the fiscal year ending
 189 on June thirtieth, (4) if applicable, reasons appropriated funds were not
 190 expended, and (5) waiting lists for services provided by the department.
 191 The commissioner shall file the report, in accordance with the provisions
 192 of section 11-4a of the general statutes, with the joint standing
 193 committees of the General Assembly having cognizance of matters
 194 relating to human services and public health and post the report on the
 195 Internet web site of the Department of Developmental Services.

196 Sec. 8. (NEW) (*Effective July 1, 2025*) The joint standing committees of
 197 the General Assembly having cognizance of matters relating to public
 198 health, human services and appropriations and the budgets of state
 199 agencies shall annually hold a joint informational hearing to review the
 200 status of efforts by the Department of Developmental Services and the
 201 Department of Social Services to ensure the safety and quality of care
 202 for individuals with disabilities receiving services funded by federal
 203 Medicaid waiver programs. The hearings shall address matters
 204 including, but not limited to, how the agencies are addressing audit
 205 findings and recommendations made by the Office of the Inspector
 206 General for the United States Department of Health and Human
 207 Services and the state Auditors of Public Accounts concerning
 208 prevention, timely reporting and corrective action related to complaints
 209 of abuse and neglect of such individuals.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>July 1, 2025</i>	4-67bb
Sec. 4	<i>July 1, 2025</i>	17a-247b(h)
Sec. 5	<i>July 1, 2025</i>	17a-247f(c)

Sec. 6	July 1, 2025	46a-11c(f)
Sec. 7	July 1, 2025	New section
Sec. 8	July 1, 2025	New section

Statement of Legislative Commissioners:

The title was changed; in Section 1(d)(5), "with high" was changed to "who have significant" for clarity; in Section 2(c), subdivisions (1)(B) and (2) were redrafted and "need" was inserted before "not be limited" for clarity; the second reference to "Sec. 4" was changed to "Sec. 5" for accuracy; in newly designated Section 5(c)(2) and Section 6(f)(2), "investigated by a contracted provider and the department" was inserted before "in each category" for clarity; in Section 5(c)(7) and Section 6(f)(7), "department" was inserted before "response times" for clarity; and in Sections (5)(a)(7)(B) and 6(f)(7)(B), "sixty days" was changed to "not more than sixty days" for internal consistency.

HS *Joint Favorable Subst.*

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:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Policy & Mgmt., Off.	GF - Cost	502,000	500,000
State Comptroller - Fringe Benefits ¹	GF - Cost	40,000	40,000

Note: GF=General Fund

Municipal Impact: None

Explanation

Sections 1-3 of the bill result in a cost of \$502,000 in FY 26 and \$500,000 in FY 27 to the Office of Policy and Management (OPM).

OPM will incur costs of \$400,000 in FY 26 and FY 27 for a consultant to conduct research and analysis and produce a report on changes to definitions and eligibility criteria for various services offered by the Department of Developmental Services (DDS).

OPM will also require a State Program Manager to liaise with hospitals regarding the provision of care for patients with autism and intellectual and developmental disabilities. This results in an annual cost of approximately \$99,000 to OPM beginning in FY 26 and a one-time cost of \$2,000 in FY 26 for equipment. There is also a corresponding annual cost of \$40,000 to OSC beginning in FY 26 for fringe benefits.

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 40.71% of payroll in FY 26.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sHB 7108*****AN ACT CONCERNING AUTISM AND INTELLECTUAL DISABILITY SERVICES AND ABUSE AND NEGLECT INVESTIGATIONS.***

TABLE OF CONTENTS:

[SUMMARY](#)[§ 1 — DEFINING INTELLECTUAL DISABILITY](#)

Requires OPM to (1) revisit the statutory definition of “intellectual disability,” assessment tools, and eligibility criteria for related programs and report recommendations to the Human Services and Public Health committees by January 1, 2026, and (2) report twice annually on the number of people with intellectual disabilities who are denied services because of their level of need

[§ 2 — PROFOUND AUTISM EVALUATION AND REPORT](#)

Requires DDS to evaluate services for people with profound autism and people with autism spectrum disorder in addition to an intellectual disability and report by October 1, 2025, to the Appropriations, Human Services, and Public Health committees

[§ 3 — HOSPITAL LIAISON FOR PEOPLE WITH AUTISM OR INTELLECTUAL DISABILITIES](#)

Requires OPM’s state-wide autism services coordinator to serve as a liaison to hospitals and requires OPM to report to the Human Services and Public Health committees by July 1, 2026, on the liaison’s efforts

[§§ 4-6 — DDS ABUSE AND NEGLECT REPORTS](#)

Requires DDS to report on abuse and neglect allegations and investigations concerning former DDS employees, people who receive services from DSS’s Division of Autism Spectrum Disorder Services, and people with intellectual disabilities

[§ 7 — DDS SPENDING AND WAITLIST QUARTERLY REPORT](#)

Requires DDS to report quarterly on department spending, anticipated lapsed funds, and waiting lists to the Human Services and Public Health committees

§ 8 — ANNUAL HEARINGS ON ABUSE AND NEGLECT

Requires legislative committees to hold annual joint information hearings on DDS and DSS efforts to ensure safety and quality of care for people with disabilities

SUMMARY

This bill adds reporting and other requirements in laws on intellectual disabilities, autism, and other disabilities, as described in the section-by-section analysis below.

EFFECTIVE DATE: July 1, 2025, unless otherwise noted below.

§ 1 — DEFINING INTELLECTUAL DISABILITY

Requires OPM to (1) revisit the statutory definition of “intellectual disability,” assessment tools, and eligibility criteria for related programs and report recommendations to the Human Services and Public Health committees by January 1, 2026, and (2) report twice annually on the number of people with intellectual disabilities who are denied services because of their level of need

The bill requires the Office of Policy and Management (OPM) secretary to implement the first two recommendations in the Altarum Institute’s 2024 report, “The Evaluation of Statutory Definitions and Regulations: Intellectual Disability and Related Programs,” which OPM recently commissioned. These two recommendations are to (1) conduct additional research and analysis on the impact of changes in intellectual disability programs and policies on people receiving services and their families and (2) revisit the statutory definition of intellectual disability.

When implementing these recommendations, the bill requires the OPM secretary to:

1. consult with the commissioners of the departments of aging and disability services, developmental services (DDS), social services (DSS), and public health; the Autism Spectrum Disorder Advisory Council; and the Rare Disease Advisory Council;
2. explore changes in eligibility to remove intelligence quotient (IQ) scores as a component of eligibility for state services for people with intellectual disability;

3. assess DDS's level of need assessment tool and DSS's universal assessment tool used to determine service eligibility;
4. analyze the impact of extending eligibility for DDS's home- and community-based Medicaid waiver programs for people with IQs over 69 and a level of need assessment score of eight; and
5. consider state adoption of a broader definition of developmental disability that includes intellectual disability, autism, and any other condition that results in impaired general intellectual functioning or adaptive behavior.

Under the bill, "general intellectual functioning or adaptive behavior" is the effectiveness or degree with which a person meets the standards of personal independence and social responsibility expected for their age and cultural group as measured by individualized, standardized, and clinically and culturally appropriate assessments.

Additionally, the bill requires the OPM secretary to report by January 1, 2026, to the Human Services and Public Health committees on recommendations on the following topics:

1. the advisability of changing eligibility criteria to remove IQ scores;
2. the utility of DDS's level of need assessment tool and DSS's universal assessment tool;
3. the impact of expanding eligibility for DDS's home- and community-based Medicaid waiver programs;
4. the total number of people waiting for autism services and receiving autism services and their associated levels of need; and
5. a plan for addressing those with autism with significant care needs.

The bill also requires the OPM secretary to consult with the DDS commissioner and report twice annually to the Human Services and

Public Health committees on the number of people with intellectual disabilities who are denied day program care or residential services because of their level of need.

EFFECTIVE DATE: Upon passage

§ 2 — PROFOUND AUTISM EVALUATION AND REPORT

Requires DDS to evaluate services for people with profound autism and people with autism spectrum disorder in addition to an intellectual disability and report by October 1, 2025, to the Appropriations, Human Services, and Public Health committees

The bill requires the DDS commissioner, in consultation with the DSS commissioner and the OPM secretary, to evaluate services for people with (1) profound autism and (2) autism spectrum disorder in addition to intellectual disability.

Under the bill, a person with profound autism is someone who (1) has an IQ under 50; (2) is nonverbal or minimally verbal; (3) needs help with tasks of daily living (e.g., dressing, bathing, and preparing meals); or (4) may have medical issues and behaviors that interfere with safety and well-being (e.g., epilepsy, self-injury, or aggression).

The bill requires the DDS commissioner to report by October 1, 2025, to the Appropriations, Human Services, and Public Health committees, on:

1. the efficacy of services for people with profound autism and people with autism spectrum disorder in addition to intellectual disability by their levels of need,
2. the number of people with these conditions on emergency or urgent waiting lists for Medicaid waiver and other state programs,
3. recommendations to expand and improve services these programs offer, and
4. appropriations needed to expand and improve these services.

EFFECTIVE DATE: Upon passage

§ 3 — HOSPITAL LIAISON FOR PEOPLE WITH AUTISM OR INTELLECTUAL DISABILITIES

Requires OPM's state-wide autism services coordinator to serve as a liaison to hospitals and requires OPM to report to the Human Services and Public Health committees by July 1, 2026, on the liaison's efforts

Starting July 1, 2025, the bill requires OPM's statewide autism services coordinator to serve as a liaison to Connecticut hospitals that care for people with intellectual or developmental disability (IDD) other than autism. The coordinator must do this in consultation with the OPM staff member helping agencies that serve this population.

Under the bill, the OPM secretary must report to the Human Services and Public Health committees by July 1, 2026, on the liaison's efforts to give hospitals information and help on state programs and services that may provide an alternative to hospitalization for some people with autism spectrum disorder or IDD other than autism spectrum disorder.

§§ 4-6 — DDS ABUSE AND NEGLECT REPORTS

Requires DDS to report on abuse and neglect allegations and investigations concerning former DDS employees, people who receive services from DSS's Division of Autism Spectrum Disorder Services, and people with intellectual disabilities

Complaints Against Former DDS Employees

Existing law requires DDS to maintain a registry of certain former employees who were fired from or left their jobs due to substantiated abuse or neglect, and make the registry available to specified agencies and employers. The bill additionally requires DDS, starting by January 15, 2026, to annually report the following information to the Human Services and Public Health committees:

1. the number and disposition of abuse and neglect complaints against former employees received in the previous calendar year and
2. any backlog of investigations related to these complaints.

People Who Receive Services From DSS Division and People With Intellectual Disabilities

Existing law authorizes the DDS commissioner, or his designee, to

investigate alleged abuse or neglect of someone who receives services from DSS's Division of Autism Spectrum Disorder Services and prepare written findings on his determination of whether abuse or neglect occurred.

For any report alleging the abuse or neglect of someone with an intellectual disability, existing law also requires the DDS commissioner to make an initial determination of whether the (1) person has an intellectual disability and (2) report warrants investigation. If warranted, the commissioner must cause a prompt, thorough evaluation to be made to determine whether the person has an intellectual disability and was abused or neglected.

The bill requires the DDS commissioner, starting by January 15, 2026, to report annually to the Human Services and Public Health committees on the following information for both complaints concerning people served by DSS's division and those concerning people with intellectual disabilities:

1. the number of complaints received and investigated in the previous calendar year;
2. the number of complaints investigated by a contracted provider and by DDS, and the dispositions of complaints in each category;
3. the median length of time to complete investigations;
4. the number of programmatic neglect findings (the bill does not define this term) arising from these investigations;
5. the number of investigations that led to a directive for corrective action;
6. the steps DDS took to address programmatic neglect findings and ensure corrective actions were implemented;
7. the percentage of cases in which a directive for corrective action was issued and DDS revisited the provider to review its

implementation, sorted by response times (30 days or less, 60 days or less, or more than 60 days after the directive was issued);

8. the processes and timelines by which guardians and parents of people with disabilities were informed about investigation results and directives for corrective action; and
9. any backlog of investigations.

Investigations in the reports above include any DDS investigation of cases in which someone with an intellectual disability dies. By law, if there is reasonable cause to believe that the person's death may have been due to abuse or neglect, the DDS commissioner must conduct an investigation unless a court order requires otherwise.

The bill requires the DDS commissioner to post the annual reports described above on the department's website. Under existing law, unchanged by the bill, reports of alleged abuse or neglect and subsequent evaluations or investigations are not public records under the state's Freedom of Information Act.

§ 7 — DDS SPENDING AND WAITLIST QUARTERLY REPORT

Requires DDS to report quarterly on department spending, anticipated lapsed funds, and waiting lists to the Human Services and Public Health committees

The bill requires the DDS commissioner, beginning by September 30, 2025, to report quarterly on the following topics to the Human Services and Public Health committees:

1. progress spending funds appropriated for DDS programs and what services these funds were spent on;
2. whether lapsed funds are anticipated at the end of the fiscal year;
3. if applicable, reasons appropriated funds were not spent; and
4. waiting lists for DDS services.

The bill requires the commissioner to publish the report on the department's website.

§ 8 — ANNUAL HEARINGS ON ABUSE AND NEGLECT

Requires legislative committees to hold annual joint information hearings on DDS and DSS efforts to ensure safety and quality of care for people with disabilities

The bill requires the Appropriations, Human Services, and Public Health committees to hold annual joint informational hearings to review DDS and DSS efforts to ensure the safety and quality of care for people with disabilities who receive federal Medicaid waiver program services. Under the bill, the hearings must address how the agencies are addressing state and federal audit findings on prevention, timely reporting, and corrective action on abuse and neglect complaints.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 22 Nay 0 (03/18/2025)