
OLR Bill Analysis

sHB 7108

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

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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)