
OLR Bill Analysis

HB 5557 (File 441, as amended by House "A")*

AN ACT CONCERNING ELIGIBILITY DETERMINATIONS BY THE DEPARTMENT OF DEVELOPMENTAL SERVICES.

SUMMARY

This bill requires the Department of Developmental Services (DDS) commissioner to produce a plan with recommendations on developing a standard definition of "intellectual disability" that meets certain requirements and report the plan to the Appropriations, Human Services, and Public Health committees by July 1, 2027.

The bill also requires the education commissioner to create an American Sign Language (ASL) working group. The working group must report annually on its work, starting by July 1, 2028, to the Education and Human Services committees.

Lastly, the bill requires the Department of Social Services (DSS) to study Medicaid nonemergency medical transportation (NEMT) reimbursement rates and service availability. The DSS commissioner must report her findings to the Human Services and Public Health committees by February 1, 2027.

*House Amendment "A" replaces the underlying bill, which would have changed the statutory definition of "intellectual disability" and required DDS to review eligibility criteria for people with intellectual disability in order to receive state-administered services.

EFFECTIVE DATE: Upon passage, except the ASL working group is effective January 1, 2027.

§ 1 — PLAN ON INTELLECTUAL DISABILITY DEFINITION

Under current law, "intellectual disability" generally means a significant limitation in intellectual functioning that exists alongside deficits in adaptive behavior that started during a person's

developmental period before age 18. A “significant limitation in intellectual functioning” means an IQ more than two standard deviations below the mean as measured by tests of general intellectual functioning that are individualized, standardized, and clinically and culturally appropriate to the person (CGS § 1-1g).

The bill requires the DDS commissioner to produce a plan with recommendations on developing a standard definition for intellectual disability that originates before age 18 and is characterized by significant limitations in both intellectual functioning and adaptive behavior, including conceptual, social, and practical skills. The definition must be consistent with generally acceptable standards, including those recognized by the American Association on Intellectual and Developmental Disabilities.

As part of the plan, the DDS commissioner must ensure that no single test score or single measure would determine intellectual disability and that the definition is based on the totality of relevant clinical, educational, and functional evidence, including:

1. standardized assessments when valid and appropriate,
2. adaptive behavior measures,
3. developmental history,
4. medical evidence, and
5. other reliable information.

The plan must include:

1. a recommended timeline to transition to a new intellectual disability definition;
2. any required federal approvals; and
3. estimates of one-time costs to transition and recurring costs of using the new definition for DDS, other state agencies, and school districts impacted by the change.

§ 2 — ASL WORKING GROUP

Membership

The working group includes at least four members appointed by the education commissioner:

1. a Connecticut Council on Language Teachers representative,
2. an American School for the Deaf representative,
3. a Connecticut Association of the Deaf representative, and
4. at least one ASL instructor who teaches in a public school in the state.

The working group also includes:

1. representatives from the State Department of Education (SDE), the Department of Aging and Disability Services, the Labor Department, and the Office of Higher Education;
2. one member appointed by each legislative leader;
3. the Education and Human Services committees' chairpersons and ranking members; and
4. two members appointed by the governor.

Duties

The working group must provide recommendations to SDE on:

1. curriculum guidance for ASL instruction that includes aligning the curriculum with nationally recognized proficiency frameworks;
2. guidance to educator preparation programs in the state on expanding ASL and interpretation education programs, creating educational incentives like tuition support, credit enhancement, or alternative programs, and creating a bridge, endorsement, or alternative programs for native ASL users and certified interpreters seeking teacher certification; and

3. teacher certification standards based on those established by the American Sign Language Teachers Association and the American Sign Language Proficiency Interview.

The teacher certification standards must establish a proficiency benchmark, recognize an alternative certification pathway for native ASL users and interpreters, and include reciprocity with ASL teacher certifications for other states.

§ 3 — NEMT STUDY

The bill requires DSS to study access to, and Medicaid reimbursement for, NEMT. The study must:

1. evaluate the adequacy of current Medicaid NEMT reimbursement rates;
2. examine the availability of NEMT across the state, including geographic disparities in access and service gaps;
3. evaluate options to allow home care providers, such as home health aides, to provide transportation to or from medical appointments for Medicaid beneficiaries;
4. assess appropriate qualifications, licensing requirements, and insurance standards for any home care worker providing these services;
5. review other states' practices on NEMT reimbursement rates and provider eligibility; and
6. identify any other issues the DSS commissioner deems relevant to improve access to Medicaid NEMT.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 23 Nay 0 (03/19/2026)

Appropriations Committee

Joint Favorable

Yea 46 Nay 7 (04/17/2026)