Dannel P. Malloy
Governor

State of Connecticut
Department of Developmental Services

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Commissioner

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July 1, 2015

To: **DDS Stakeholders**

From: DDS Legislative Affairs Division

Re: **DDS Budget Update**

The Connecticut General Assembly held a Special Session on June 29, 2015 to take up legislation to implement and adjust the budget for fiscal years 2016 and 2017 that had passed on the last day of the regular session. The FY16/FY17 budget bill is **H.B. No. 7061 Public Act 15-244 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017, AND MAKING APPROPRIATIONS THEREFOR, AND OTHER PROVISIONS RELATED TO REVENUE, DEFICIENCY APPROPRIATIONS AND TAX FAIRNESS AND ECONOMIC DEVELOPMENT**. For more information about **H.B. No. 7061** and its impact on the Department of Developmental Services, please see the **DDS Budget Update – June 16, 2015**. The Governor signed the budget bill on June 30, 2015.

S.B. No. 1502 AN ACT IMPLEMENTING PROVISIONS OF THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017 CONCERNING GENERAL GOVERNMENT, EDUCATION AND HEALTH AND HUMAN SERVICES implements and adjusts the FY16/FY17 state budget as described below. Each of the bills taken up in the Special Session was an Emergency Certified bill that did not require the usual committee action or public hearing process. Some bills that died during the regular session were included in the legislation passed during the June Special Session. Below is a description of each of these bills' provisions.

S.B. No. 1501 AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE FOR CAPITAL IMPROVEMENTS, TRANSPORTATION AND OTHER PURPOSES. Among its various state bonding provisions, **S.B. No. 1501**, in sections 2(l) and 21(k), allows bonding of up to $7.5 million in FY16 and $7.5 million in FY17 for fire, safety and environmental improvements to regional facilities and intermediate care facilities run by DDS. Section 32(i) of the bill allows for bonding of up to $20 million in FY17 for DDS grants-in-aid to private nonprofit organizations for supportive housing. And, in section 117, the bill removes the remaining bond authorization amount from a 2005 bond authorization for grants-in-aid to private, nonprofit organizations for alterations and improvements to nonresidential facilities. The bill was signed by the Governor on June 30, 2015.

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S.B. No. 1502 AN ACT IMPLEMENTING PROVISIONS OF THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017 CONCERNING GENERAL GOVERNMENT, EDUCATION AND HEALTH AND HUMAN SERVICES. **S.B. No. 1502** was passed in the Senate 19 to 17 and in the House 78 to 65. This implementer originally had 532 sections before it was amended by Senate Amendments A, B and C that removed certain sections in the original bill and added other sections. Several of this bill's provisions will impact DDS and its budget for fiscal years 2016 and 2017. **Senate Amendment A** amended the bill with the Finance, Revenue and Bonding Committee's revised FY16 and FY17 revenue estimates. **Senate Amendment B** establishes a Commission on Economic Competitiveness to analyze the implications of state tax policy on state business and industry and to develop policies that promote economic growth. **Senate Amendment C** revises, adds and removes certain sections of the underlying bill. Following are descriptions of various sections of the bill that will impact DDS. The bill was signed by the Governor on June 30, 2015.

Among its hundreds of provisions, **S.B. No. 1502** has many sections that will have a potential or an actual impact on individuals receiving funding and services from DDS, their families and guardians, DDS employees and DDS providers. Below are summaries of certain sections of the bill.

Section 73 adds "mental disability" to the list of discriminatory practices that deprive someone of rights, privileges, or immunities secured or protected by state or federal laws or constitutions based on certain factors such as the person's race, sex, or physical disability.

Section 87 allows the Commission on Human Rights and Opportunities' (CHRO) legal counsel to intervene as a matter of right in hearings or appeal concerning alleged retaliatory action related to whistleblowing against an employee of the state, a quasi-public agency, large state contractor, or appointing authority without permission from the parties, hearing officer, or court.

Sections 99 through 101 generally require the Joint Committee on Legislative Management, in any of its contracts for contractual services or personal service agreements entered into, executed, or extended on or after July 1, 2015, to require a contractor and its subcontractors to pay at least $15 per hour to any of their employees providing services under the contract or agreement. The requirement does not apply to any employee providing services under a contract who receives services from the Department of Developmental Services.

Section 156 reduces the state's General Fund appropriations by $14 million in FY16 and $27 million in FY17. It reduces (1) Medicaid by $1.5 million in each fiscal year, (2) the Reserve for Salary Adjustment account by $13 million in FY 17, and (3) creates a new Targeted Savings lapse of $12.5 million in each fiscal year. The amounts appropriated from the General Fund to the following accounts in section 1 of **Public Act 15-244**, are reduced by the following amounts for the fiscal years indicated:

T1		2015-2016	2016-2017
T2	DEPARTMENT OF SOCIAL SERVICES		
T3	Medicaid	1,500,000	1,500,000
T4			
T5	RESERVE FOR SALARY ADJUSTMENTS		
T6	Reserve for Salary Adjustments		13,000,000

The following reductions from Total - General Fund appropriations in section 1 of **Public Act 15-244**, are included for the fiscal years indicated:

T7		2015-2016	2016-2017
T8	Targeted Savings	-12,500,000	-12,500,000

The Net – General Fund appropriations in section 1 of **Public Act 15-244**, are reduced by the following amounts for the fiscal years indicated:

T9		2015-2016	2016-2017
T10	NET – GENERAL FUND	-14,000,000	-27,000,000

Section 157 identifies the General Fund accounts that the Office of Policy and Management may recommend reductions in allotments in order to achieve the Targeted Savings lapse of $12.5 million in each fiscal year.

T178	DEPARTMENT OF DEVELOPMENTAL SERVICES		
T179	Other Expenses	309,291	313,415
T188	DEPARTMENT OF SOCIAL SERVICES		
T189	Other Expenses	2,226,527	2,334,290
T190	Refunds Of Collections	1,659	1,687

Section 226 prohibits a private parking area owner or lessee or his or her agent from dumping or placing, or allowing someone else to dump or place, accumulated snow in a handicapped parking spot. Violators face a $150 fine for a first violation, and a $250 fine for each subsequent violation.

Section 227 expands the current requirement that gasoline retailers, upon request and for no additional cost, help individuals with a handicapped symbol on their license plate to refuel their vehicles at self-service pumps to include those individuals with removable handicapped windshield placards.

Section 229 requires each local and regional board of education to review the transportation arrangements for their special needs students, both in and out of district, and make appropriate changes to ensure the students' safe transportation. The changes may involve placing school bus monitors or cameras on the vehicles used to transport the students.

Sections 262 through 264 make the Office of Early Childhood (OEC), in place of DDS, the lead agency for the Birth-to-Three program, which provides early intervention services to families with infants and toddlers who have developmental delays or disabilities.

Section 265 establishes an October 1, 2015 deadline for the OEC to require, as part of the Birth-to-Three program, that notice of the availability of hearing tests be given to parents and guardians of children receiving program services who are exhibiting delayed speech, language, or hearing development. **Section 530** of the bill repeals **Public Act 15-81**, which (1) imposed the same deadline for DDS to require the notice and (2) contained similar notice and regulatory provisions. The notice required under section 265 may include information on the

benefits of, and available financial assistance for, hearing tests for children, as well as available hearing test and treatment resources.

Section 285 requires the State Department of Education (SDE) to enter into a Memoranda of Understanding (MOUs) with the Department of Rehabilitation Services (DORS), Office of Early Childhood (OEC), Department of Developmental Services (DDS), Department of Children and Families (DCF), Department of Social Services (DSS), and Department of Correction (DOC) about providing special education, health care, and transition services. These MOUs must (1) account for current programs and services, (2) utilize best practices, and (3) be updated or renewed at least every five years. It also allows these agencies, other than SDE, to enter into MOUs with each other as necessary for the same purpose. These MOUs must meet the same criteria.

Section 326 exempts the Office of Early Childhood's (OEC) professional and managerial employees, including Birth-to-Three employees, from the state employee classified service. By law, positions exempt from the classified service are not subject to civil service exams and other hiring and promotion procedures that apply to classified service positions.

Section 349 increases, from $56 to $98, the fee that the Department of Public health (DPH) charges hospitals for administering its newborn screening program. Existing law requires all health care institutions that care for newborn infants to test newborns for over 40 genetic and metabolic diseases and conditions, such as phenylketonuria, HIV, and sickle cell disease. The law requires DPH to set a fee that covers all program expenses, including initial testing, tracking of infants, and treatment.

Sections 350 through 353: (1) expand certain individual and group health insurance policies' required coverage of autism spectrum disorder (ASD) services and treatment; (2) expand existing law's group policy behavioral therapy coverage requirements for people with ASD and also applies it to individual policies; and (3) eliminate maximum coverage limits on the Birth-to-Three program. These coverage provisions apply to health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, or (4) hospital or medical services, including those provided through an HMO. Due to the federal Employee Retirement Income Security Act, state insurance benefit mandates do not apply to self-insured plans.

Sections 350 through 353, also, require individual policies to conform to several coverage and limitation provisions that existing law requires of group policies in regard to ASD-related services. Current law requires individual health insurance policies to cover physical therapy, speech therapy, and occupational therapy services for individuals with ASD to the extent that such services are covered for other diseases and conditions under the policy. Under the provisions of the bill, individual policies are required instead to cover ASD diagnosis and treatment including: (1) behavioral therapy; (2) prescription drugs prescribed by a licensed physician, physician assistant, or advanced practice registered nurse to treat ASD symptoms and comorbidities, to the extent they are covered for other conditions under the policy; (3) direct (a) psychiatric or consultative services provided by a licensed psychiatrist and (b) psychological or consultative services provided by a licensed psychologist; and (4) physical therapy, speech and language pathology services, and occupational therapy provided by a licensed physical therapist, speech and language pathologist, or occupational therapist, respectively.

Individual policies must cover treatments for individuals with ASD that are: (1) medically necessary; (2) identified and ordered by a licensed physician, psychologist, or clinical social worker; and (3) in accordance with a treatment plan developed by a licensed (a) behavior analyst certified by the Behavior Analyst Certification Board, (b) physician, (c) psychologist, or (d) clinical social worker, pursuant to a comprehensive

evaluation or reevaluation. The bill also specifies ASD constitutes an illness for the purposes of applying the medical necessity definition.

Sections 350 through 353 of the bill, also, prohibit individual policies from: (1) limiting the number of visits an insured may make to an ASD provider pursuant to a treatment plan on any basis other than lack of medical necessity and (2) requiring coinsurance, copayments, deductibles, or other out-of-pocket expenses that place a greater financial burden on access to ASD diagnosis and treatment than the diagnosis and treatment of any other covered medical, surgical, or physical health condition. These sections prohibit insurers, HMOs, hospital or medical service corporations, and fraternal benefit societies from reviewing a treatment plan, in accordance with its utilization review requirements, more than once every six months unless the insured's licensed physician, psychologist, or clinical social worker agrees a more frequent review is necessary or changes the insured's treatment plan. The bill exempts inpatient treatments and services from this provision.

Sections 350 through 353 require diagnoses be valid for at least one year, unless the insured's licensed physician, psychologist, or clinical social worker determines a shorter period is appropriate or changes an insured's diagnosis. The bill specifies that coverage is subject to other general exclusions and limitations of individual health insurance policies, including coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, and case management provisions.

In addition, **sections 350 through 353** specify coverage must not be construed to: (1) limit or affect any other covered benefits available (a) under the policy, (b) specific to mental and nervous conditions, or (c) through the Birth-To-Three program; (2) limit or affect any obligation (a) to provide services under an individualized education plan or (b) imposed on a public school by the federal Individuals With Disabilities Education Act; and (3) provide reimbursement for special education and related services, unless required by state or federal law.

Sections 350 through 353 of the bill make the following changes to the behavioral therapy coverage requirements under group policies: (1) requires therapy be provided to children up to age 21 instead of only children under 15; (2) repeals any yearly coverage limits; and (3) requires therapy be consistent with the services and interventions designated by the Commissioner of Developmental Services (see section 354). Current law defines behavioral therapy under group policies as any interactive behavioral therapy derived from evidence-based research, including "applied behavior analysis" and cognitive behavioral therapy. Behavioral therapy also includes other therapies, supported by empirical evidence of their effectiveness in treating individuals with ASD. By law, "applied behavior analysis" is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, including direct observation, measurement, and functional analysis of the relationship between environment and behavior to produce socially significant improvement in human behavior.

In Connecticut, group policies must cover treatments for individuals with ASD that are medically necessary; identified and ordered by a licensed physician, psychologist, or clinical social worker; and in accordance with a treatment plan developed by certain licensed professionals. **Sections 350 through 353** allow behavior analysts certified by the Behavior Analyst Certification Board to develop treatment plans. These sections also require individual health insurance policies to cover behavioral therapy subject to the same terms as group policies.

Finally, **sections 350 through 353** repeal coverage limits for services through the Birth-to-Three program. Birth-to-Three provides services to families with infants and toddlers who have developmental delays or disabilities. By law, individual and group health insurance policies must cover medically necessary early intervention services for a child from birth until age three that are part of an individualized family service plan. Current law limits this coverage to $6,400 per year per child, up to $19,200 for the three years, except that

coverage under a group plan for a child with ASD who is receiving early intervention services is limited to $50,000 per year and $150,000 in total.

Section 354 requires the Commissioner of Developmental Services, in consultation with the Autism Spectrum Disorder Advisory Council, to designate services and interventions that demonstrate, in accordance with medically established and research-based best practices, empirical effectiveness for treating ASD. The commissioner is required to update the designations (1) periodically and (2) whenever he deems it necessary to conform to changes recognized by the relevant medical community in evidence-based practices or research.

Sections 360 and 361 rename the Department of Developmental Services "Voluntary Services Program" as the "Behavioral Services Program" to reflect current practice. The program serves children and adolescents with intellectual disabilities and emotional, behavioral, or mental health needs.

Section 380 requires the Department of Social Services (DSS), within available appropriations, to adjust facility rates in accordance with standard accounting principles prescribed by the DSS commissioner, for each nursing home, residential care home (RCH), and intermediate care facility for individuals with intellectual disabilities (ICF-IID). The adjustment must provide a pro-rate increase based on direct and indirect employee salaries reported in the facility's 2014 annual cost report, and adjusted to reflect (1) subsequent salary increases and (2) reasonable costs (a) mandated by collective bargaining agreements with certified collective bargaining agents or (b) otherwise provided by the facility to its employees. **Section 380** allows the DSS commissioner to establish an upper limit for reasonable costs associated with salary adjustments beyond which the adjustment does not apply. A facility that receives the adjustment but does not provide the required salary increases by July 31, 2015 may have its rate decreased by the adjusted amount. Of the total amount appropriated for these increases, a maximum of $9 million may go to increases based on reasonable costs mandated by collective bargaining agreements.

Section 381 caps at FY15 levels the Medicaid rates the Department of Social Services (DSS) pays ICF-IIDs (group homes) in FY16 and FY17. But it allows for higher rates if (1) a capital improvement is made to the home during either year for the residents' health or safety and the Department of Developmental Services (DDS) has approved it, in consultation with DSS, and (2) funding is available. Under current law, homes that would have received lower rates in FY15 due to having an interim rate status or some other agreement with DSS must receive a lower rate. This section extends this requirement indefinitely. **Section 381** also extends DSS' authority for the next two years, to pay a fair rent increase to an ICF-IID that has (1) undergone a material change in circumstances related to fair rent and (2) an approved certificate of need (CON) for the change.

Section 382 freezes FY16 and FY17 rates at FY15 levels for private residential facilities and similar facilities operated by regional educational service centers that provide vocational or functional services for individuals with severe handicaps. Such facilities are not certified as ICF-IIDs. Within available appropriations, **section 382** allows rates to exceed the FY15 level only for capital improvements (1) made in FY16 or FY17 for the health and safety of residents and (2) approved by DDS in consultation with DSS. The bill also requires DSS to issue lower rates due to an interim rate status, a change in allowable fair rent, or an agreement between DSS and the facility.

Section 389 eliminates the Department of Social Services' (DSS) obligation to pay any Part D prescription co-payments for those who are eligible for full Medicaid assistance and have Medicare Part D coverage. Under current law, full benefit dually eligible Medicare Part D beneficiaries must pay Part D prescription co-payments of up to $15 per month, and DSS must pay any co-payments in excess of that amount.

Section 390 Connecticut law permits a registered nurse (RN) to delegate the administration of medications that are not injected into patients to homemaker-home health aides who obtain certification for medication

administration. Under this law, administration may not be delegated when the prescribing physician specifies that a nurse must administer the medication. **Section 390** requires the Department of Social Services (DSS) commissioner to monitor Medicaid home health savings that have been achieved since the law's implementation three years ago (section 11 of **Public Act 12-1 JSS**, effective July 1, 2012). If, by January 1, 2016, the DSS commissioner determines that the savings are less than the amount assumed in the 2016-17 biennial budget, DSS may reduce home health care Medicaid rates for medication administration to the amount necessary to achieve the assumed savings. Before reducing the rate, **section 390** requires the DSS commissioner to report to the Appropriations and Human Services Committees provider-specific cost and utilization trend data for patients receiving medication administration in their homes. If DSS determines it is necessary to reduce the medication administration rates, it is required to examine the possibility of establishing a separate Medicaid supplemental rate or a pay-for-performance program for the providers, as determined by the commissioner, who have successfully delegated medication administration to homemaker-home health aides.

Section 403 makes several changes in the Department of Social Services (DSS) Medicaid provider audit process. Principally, it: (1) modifies the circumstances in which DSS can make findings of over- or under-payment using extrapolation of audited provider claims; (2) prohibits DSS from extrapolating an overpayment or attempting to recover an extrapolated overpayment beyond the payment's original dollar amount if the provider presents credible evidence that a DSS error caused the overpayment; (3) allows providers aggrieved by an audit finding to request a contested case hearing under the Uniform Administrative Procedures Act (UAPA), instead of a review by a DSS designee as under current law; (4) prohibits DSS from recouping a contested provider overpayment based on extrapolation until a final decision is issued after the hearing; (5) requires DSS to give providers (a) that are going to be audited written notification of the statistically valid sampling and extrapolation methodology (SVSEM) the auditors will use and (b) additional information at the start of the audit; (6) eliminates a requirement that DSS adopt regulations pertaining to its provider audit practices; and (7) requires DSS, by January 1, 2016, to establish audit protocols for homemaker companion services. The law already requires DSS to adopt such protocols for various other providers and services.

Section 413 requires a nursing facility to notify a resident or the resident's representative and the Department of Social Services (DSS), if the nursing facility has reason to know that the resident is likely to become financially eligible for Medicaid within 180 days. DSS may (1) assess the resident to determine if he or she prefers and is able to live appropriately at home or in some other community-based setting and (2) develop a care plan and help the resident transition to the community.

Section 422 requires the Commissioner of Labor, in consultation with the State Treasurer, State Comptroller, and Commissioner of Administrative Services, to establish the procedures needed to implement a paid family and medical leave (FML) program. The Labor Commissioner must contract with a consultant to create an implementation plan for the program by October 1, 2015. At minimum, the plan must: (1) include a process to evaluate and establish mechanisms, through consultation with the above officials and the Department of Revenue Services, by which employees must contribute a portion of their salary or wages to a paid FML program by possibly using existing technology and payroll deduction systems; (2) identify mechanisms for timely claim acceptance; claims processing; fraud prevention; and any staffing, infrastructure and capital needs associated with administering the program; (3) identify mechanisms for timely distributing employee compensation and any associated staffing, infrastructure, and capital needs; and (4) identify funding opportunities to assist with start-up costs and program administration, including federal funds. **Section 422** also requires the Labor Commissioner, by October 1, 2015 and in consultation with the State Treasurer, to contract with a consultant to perform an actuarial analysis and report on the employee contribution level needed to ensure sustainable funding and administration for a paid FML compensation program. The Labor Commissioner must submit a report on the implementation plan and actuarial analysis to the Labor and Appropriations Committees by February 1, 2016.

Section 433 exempts the following positions, as classified within the Executive Branch, from the state employee classified service: (1) Director of Communications 1; (2) Director of Communications 1 (Rc); (3) Director of Communications 2; (4) Director of Communications 2 (Rc); (5) Legislative Program Manager; (6) Communications and Legislative Program Manager; (7) Director of Legislation, Regulation, and Communication; (8) Legislative and Administrative Advisor 1; and (9) Legislative and Administrative Advisor 2. Positions exempt from the classified service are not subject to civil service exams and other hiring and promotion procedures that apply to classified service positions.

Section 434 requires state agencies unable to meet a request for interpreter services for persons who are deaf or hard-of-hearing with their own agency staff to ask the Department of Rehabilitation Services (DORS) to provide these services before requesting them from other sources. **Section 434** allows a state agency to seek interpreting services elsewhere if (1) DORS cannot fulfill the agency's request within two business days or (2) the agency shows good cause that it needs such services immediately. These provisions apply to any office, department, board, council, commission, institution, or other executive or legislative branch agency. The bill exempts DORS from its requirements if the department needs interpreting services related to an internal matter and the use of department interpreters may raise confidentiality issues. The provisions of **section 434** also do not affect preexisting interpreting services contracts.

By state law, anyone who receives compensation for providing interpreting services or provides the services as part of his or her job duties must be registered with DORS and meet certain qualification requirements (CGS § 46a-33a). **Section 434** specifies that interpreting services provided by state agencies must comply with this law. DORS must provide interpreting services, to the extent providers of interpreting services are available, if requested by any person or public or private entity. Service recipients must reimburse DORS through rates set by the Commissioner of Rehabilitation Services (CGS § 46a-33b).

Section 482 allows the state and the union representing state-funded personal care attendants (PCAs) to contract directly with a non-profit labor management trust to provide PCA training and related services to the PCAs at cost. The training contract must be authorized under the collective bargaining agreement between the state and the PCA union and the trust providing the training services is required to be authorized to receive payments from an employer under federal labor law.

Section 497 establishes the 13-member Connecticut Low Wage Employer Advisory Board within the Department of Labor (DOL) for administrative purposes only. The board must advise the labor commissioner, Department of Social Services (DDS), Department of Developmental Services (DDS), and Office of Early Childhood (OEC) on matters related to: (1) the causes and effects of businesses paying low wages to state residents; (2) public assistance usage among working state residents; (3) minimum wage rates needed to ensure working state residents can achieve an economically stable living standard; (4) improving the quality of public assistance programs that affect working state residents: (5) the wages and working conditions of the workforce that delivers services to low-wage working families; and (6) business reliance on state-funded public assistance programs.

In advising the Labor Commissioner and the agencies, the Connecticut Low Wage Employer Advisory Board is required to: (1) consider, suggest, and review legislative agency proposals and actions regarding the above matters; (2) study and monitor the (a) causes and effects of large businesses paying low wages to state residents, including the impact of such practices on workers' need for public assistance, (b) minimum wage rates needed to enable working state residents to meet basic needs, such as food, housing, health care, and child care, without state-funded public assistance programs, and (c) benefits that employers receive from public assistance benefits provided to the state workforce and solutions to associated problems; (3) foster communication between state residents who provide or receive public assistance and employers and state agencies to improve the quality of state public assistance programs serving lower-income residents; and (4) advise the labor commissioner and

other interested state agencies or officials on policies and procedures related to the board's study areas, including (a) policies and procedures related to public assistance use among lower-income working residents, (b) public assistance programs' impact on workforce quality and stability, and (c) the wages and benefits needed to maintain a stable and qualified workforce to administer and provide services connected with public assistance programs.

By December 1, 2015, the board is required annually report its findings and recommendations to the DOL, DSS and OEC Commissioners and the Labor, Human Services, and Education Committees. The 13-member board's membership consists of the Labor Commissioner and Secretary of the Office of Policy and Management, or their designees, and 11 members appointed by the Governor and legislative leadership. Each of the appointed members must have certain required qualifications.

Sections 508 through 521 made various changes to the medical marijuana program administered by the Department of Consumer Protection including expanding the list of conditions that would allow for the use of medical marijuana. These added conditions included Cerebral Palsy in adults and various seizure disorders in children. **Senate Amendment C** struck **sections 508 through 521** and their provisions from the final bill.

Section 529 eliminates a provision allowing DSS to spend up to $250,000 annually to provide chiropractic services to Medicaid recipients.

H. B. No. 7101 AN ACT CONCERNING THE CONVEYANCE OF CERTAIN PARCELS OF STATE LAND AND AMENDING THE CHARTERS OF THE BOROUGH OF FENWICK AND THE GIANTS NECK BEACH ASSOCIATION. The bill made additional land conveyances from the state to municipalities; revised certain terms of previous conveyances; and amended the charters of the Borough of Fenwick and the Giants Neck Beach Association. None of the bill's conveyances or revisions would impact DDS.

H. B. No. 7102 AN ACT CONCERNING AUTHORIZATION OF STATE GRANT COMMITMENTS FOR SCHOOL BUILDING PROJECTS AND CONCERNING CHANGES TO THE STATUTES CONCERNING SCHOOL BUILDING PROJECTS. Among this bill's various provisions, it authorizes the Department of Administrative Services (DAS) to enter into state grant commitments for 18 new school construction projects totaling $181.2 million related to total project costs of $296.5 million. It also reauthorizes and changes grant commitments, due to cost and scope changes, for: (1) six previously authorized local projects with a total increased grant commitment of $50.2 million and (2) three previously authorized technical high school projects with a total increased grant commitment of $248 million. The bill also requires DAS to (1) develop a standard checklist for school construction projects that includes testing for two common carcinogens and (2) establish a school building project clearinghouse to publicly share DAS-approved school project designs, plans, and specifications.

H. B. No. 7103 AN ACT CONCERNING EXCESSIVE USE OF FORCE. This bill makes a number of changes regarding law enforcement training, procedures, equipment, use of force, hiring, and lawsuits. Among its several provisions regarding training, procedures, and equipment, the bill: 1. requires police basic and review training programs conducted by the State Police, Police Officer Standards and Training Council (POST), and municipal police departments to include training on (a) using physical force; (b) using body-worn recording equipment and retaining the records it creates; and (c) cultural competency, sensitivity, and bias-free policing; and 2. creates new grants from the Office of Policy and Management (OPM) for municipal police departments to purchase body-worn equipment that records audio and video (body cameras).

Among **H. B. No. 7103**'s provisions regarding use of force, it: 1. expands the circumstances when the Division of Criminal Justice must investigate a death involving a peace officer to include cases involving any use of

physical force, not just deadly force; and 2. requires law enforcement units to record information about incidents in which a police officer discharges a firearm or uses physical force that is likely to cause serious physical injury or death. And the bill's provisions regarding hiring: 1. require law enforcement units, by January 1, 2016, to develop and implement guidelines to recruit, retain, and promote minority police officers; and 2. prohibit a law enforcement unit from hiring an officer who was previously dismissed from a unit for malfeasance or serious misconduct or resigned or retired during an investigation for such conduct.

H. B. No. 7104 AN ACT IMPLEMENTING PROVISIONS OF THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017 CONCERNING GENERAL GOVERNMENT PROVISIONS RELATING TO CRIMINAL JUSTICE. This bill replaces the current penalty structure for drug possession crimes, which punishes possession of most types of illegal drug as felonies. It creates a new structure that punishes possession of .5 ounces or more of marijuana or any amount of another illegal drug as a class A misdemeanor but allows the court to (1) suspend prosecution for a second offense and order treatment for a drug dependent person and (2) punish third-time or subsequent offenders as persistent offenders, which subjects them to the penalties for a class E felony. It reduces the enhanced penalty for drug possession near schools or day care centers from a two-year mandatory prison sentence to a class A misdemeanor with a required prison and probation sentence. Also among its provisions the bill requires the Judicial Branch's Office of Victim Services to notify victims registered with the board about parole hearings, notify victims and the public about how victims can register for hearing notices, and provide notice or seek to locate certain victims. The bill was signed by the Governor on June 30, 2015.

In summary, now that the state budget for fiscal years 2016 and 2017 has been passed by the legislature and signed by Governor Malloy, and the Office of Policy and Management has assigned reductions in executive branch agency expenditures pursuant to sections 10 and 11 of **H.B. No. 7061**, DDS is in the process of determining what services can be funded in FY16 within our department's available appropriations.

For example, the final DDS budget includes funding for approximately eight months of services for high school graduates. DDS is in the process of determining prioritization of individuals who may have a need to start a day program earlier than November 1, 2015. DDS plans to have this guidance ready to share with our regions and the families of high school graduates shortly. Individuals and their families should be in touch with regional staff for the most up-to-date information.

Below is the final DDS budget that is effective July 1, 2015 in comparison to previous versions of the budget proposed or passed during the regular session. Note: The DDS Voluntary Services Program (VSP) has been renamed the DDS Behavioral Services Program (BSP).

Account	Actual	Governor Estimated	Governor Recommended		Appropriations Committee		Legislative HB 7061* as amended by SB 1502		Legislative HB 7061* as amended by SB 1502 JSS – Appropriations (difference)		Legislative HB 7061* as amended by SB 1502 JSS – Governor (difference)	
	FY14	FY 15	FY 16	FY 17	FY 16	FY 17	FY 16	FY 17	FY 16	FY 17	FY 16	FY 17
Personal Services	241,314,311	261,124,459	267,209,799	269,307,937	262,675,719	264,773,857	255,903,720	265,087,937	(6,771,999)	314,080	(11,306,079)	(4,220,000)
Other Expenses	21,944,496	21,994,085	20,894,381	20,894,381	20,894,381	20,894,381	20,248,421	20,580,966	(645,960)	(313,415)	(645,960)	(313,415)
Equipment	0	1	0	0	0	0	0	0	0	0	0	0
Human Resource Development	198,361	198,361	0	0	0	0	0	0	0	0	0	0
Family Support Grants	3,609,767	3,460,287	3,738,222	3,738,222	3,738,222	3,738,222	3,738,222	3,738,222	0	0	0	0
Cooperative Placements Program	22,991,677	23,982,113	24,544,841	24,477,566	24,544,841	24,477,566	24,471,344	24,477,566	(73,497)	0	(73,497)	0
Clinical Services	3,934,413	4,300,720	3,493,844	3,493,844	3,493,844	3,493,844	3,440,085	3,493,844	(53,759)	0	(53,759)	0
Early Intervention	39,511,737	39,186,804	0	0	0	0	0	0	0	0	0	0
Community Temporary Support Services	60,753	60,753	0	0	0	0	0	0	0	0	0	0
Community Respite Care Programs	527,828	558,137	0	0	0	0	0	0	0	0	0	0
Workers' Compensation Claims	15,317,509	15,246,035	15,246,035	15,246,035	0	0	14,994,475	14,994,475	14,994,475	14,994,475	(251,560)	(251,560)
Autism Services	1,394,704	2,637,528	2,552,272	2,848,961	3,552,272	3,848,961	2,802,272	3,098,961	(750,000)	(750,000)	250,000	250,000
Voluntary Services (renamed Behavioral Services Program in legislative)	32,376,861	32,719,305	12,986,713	18,889,987	29,731,164	30,818,643	29,731,164	30,818,643	0	0	16,744,451	11,928,656
Supplemental Payments for Medical Services	5,278,480	5,278,116	5,108,116	5,108,116	5,108,116	5,108,116	4,908,116	4,908,116	(200,000)	(200,000)	(200,000)	(200,000)
Rent Subsidy Program	5,026,227	5,150,212	5,130,212	5,130,212	5,130,212	5,130,212	5,130,212	5,130,212	0	0	0	0
Family Reunion Program	78,800	82,349	0	0	0	0	0	0	0	0	0	0
Employment Opportunities and Day Services	212,127,956	223,293,347	222,545,262	225,053,762	228,126,162	237,900,362	227,626,162	237,650,362	(500,000)	(250,000)	5,080,900	12,596,600
Community Residential Services	440,306,474	458,629,020	480,961,682	493,447,748	484,371,682	503,096,014	483,871,682	502,596,014	(500,000)	(500,000)	2,910,000	9,148,266
Agency Total - General Fund	**1,054,596,885**	**1,100,665,799**	**1,064,411,379**	**1,087,636,771**	**1,071,366,615**	**1,103,280,178**	**1,076,865,875**	**1,116,575,318**	**5,499,260**	**13,295,140**	**12,454,496**	**29,938,547**

***Please note: This comparison includes additional reductions for FY16 made pursuant to sections 10 and 11 of H.B. No. 7061 and section 157 of S.B. No. 1502.**