



House of Representatives

General Assembly

File No. 440

February Session, 2026

Substitute House Bill No. 5556

House of Representatives, April 7, 2026

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 COMPLEX CARE SERVICE DELIVERY FOR YOUNG PERSONS WITH CO-OCCURRING MENTAL HEALTH AND INTELLECTUAL DISABILITY OR AUTISM DIAGNOSES.

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

1 Section 1. (NEW) (*Effective July 1, 2026*) (a) The Commissioners of
2 Children and Families, Developmental Services, Education, Social
3 Services and Mental Health and Addiction Services shall design and
4 implement a system to close service gaps for young persons ages
5 seventeen to twenty-two, inclusive, with intellectual or developmental
6 disabilities, including, but not limited to, autism spectrum disorder,
7 who (1) have co-occurring behavioral health needs, (2) are in urgent
8 need of community placement or state agency services, and (3) may
9 qualify for support from more than one state agency.

10 (b) The system designed pursuant to subsection (a) of this section
11 shall include, but need not be limited to:

12 (1) Memoranda of understanding signed by each commissioner
13 concerning identification of such young persons who may be eligible for
14 services administered by each state agency;

15 (2) Calculation of any additional resources needed by each state

16 agency to provide services for such young persons;

17 (3) An inventory of residential behavioral health options for such
18 young persons who receive special education services but are not in the
19 custody of the Commissioner of Children and Families; and

20 (4) Psychiatric residential treatment options, including, but not
21 limited to, (A) a request for proposals by the Commissioner of Social
22 Services for a facility of not more than ten beds that may be eligible for
23 federal Medicaid reimbursement, and (B) an inventory of available state
24 property that may be suitable for such a facility.

25 (c) Not later than October 1, 2026, the commissioners shall file a joint
26 report, in accordance with the provisions of section 11-4a of the general
27 statutes, with the joint standing committees of the General Assembly
28 having cognizance of matters relating to appropriations and the budgets
29 of state agencies, children, education, human services and public health
30 and the Transforming Children's Behavioral Health Policy and Planning
31 Committee established pursuant to section 2-137 of the general statutes.
32 The report shall include, but need not be limited to, (1) any state
33 appropriations needed to implement the provisions of this section, (2)
34 an update on progress made by each state agency to close service gaps
35 for such young persons, and (3) recommendations for ways to close such
36 gaps in the future.

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| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | July 1, 2026 | New section |

Statement of Legislative Commissioners:

"(NEW)" was inserted, references to "young adults" were changed to "young persons" and "agency" was changed to "state agency" throughout for accuracy and consistency.

HS *Joint Favorable Subst. -LCO*

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:** None**Municipal Impact:** None**Explanation**

The bill requires the Departments of Children and Families, Developmental Services, Education, Social Services, and Mental Health and Addiction Services to design and implement a system to close service gaps for certain youth with intellectual or developmental disabilities, resulting in no fiscal impact. The agencies have the necessary expertise to meet the requirements of the bill.

OLR Bill Analysis

sHB 5556

AN ACT CONCERNING COMPLEX CARE SERVICE DELIVERY FOR YOUNG PERSONS WITH CO-OCCURRING MENTAL HEALTH AND INTELLECTUAL DISABILITY OR AUTISM DIAGNOSES.

SUMMARY

This bill requires commissioners of four state agencies (Department of Children and Families (DCF), State Department of Education, Department of Social Services (DSS), and Department of Mental Health and Addiction Services) to design and implement a system to close service gaps for young people ages 17 to 22 who:

1. have intellectual and developmental disabilities, including autism spectrum disorder;
2. have co-occurring behavioral health needs;
3. urgently need community placement or state agency services; and
4. may qualify for support from more than one state agency.

The bill sets certain requirements for the system and requires the commissioners to report by October 1, 2026, to the Appropriations, Children, Education, Human Services, and Public Health committees and the Transforming Children’s Behavioral Health Policy and Planning Committee. The report must include any state appropriations needed to implement the bill’s provisions, a progress update on closing service gaps, and recommendations for ways to close gaps in the future.

EFFECTIVE DATE: July 1, 2026

SYSTEM REQUIREMENTS

The system the state agencies implement must include:

1. memoranda of understanding signed by each commissioner on the identification of young people described above who may be eligible for agency services;
2. calculation of additional resources each agency needs to serve this population;
3. an inventory of residential behavioral health options for young people who receive special education services but are not in DCF custody; and
4. psychiatric residential treatment options, including a DSS request for proposals for a facility with up to 10 beds that may be eligible for Medicaid reimbursement, and an inventory of state property suitable for this facility.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 23 Nay 0 (03/19/2026)