

# Human Services Committee

## JOINT FAVORABLE REPORT

**Bill No:** HB-5557 / [Bill Status](#) / [Public Hearing Testimony](#)

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

**Vote Date:** 3/19/2026

**Vote Action:** Joint Favorable

**PH Date:** 3/17/2026

**File No.:**

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### SPONSORS OF BILL:

Human Services Committee

### REASONS FOR BILL:

The bill seeks to modify eligibility criteria for assistance programs administered by the Connecticut Department of Developmental Services. Specifically, scrutinizing over intelligence quotient (IQ) levels, proponents recommend alternative methods for classifying disorders and determining who receives Medicaid services, promoting the DSM-5. Public opinion brings up ample evidence of this requirement sponsoring adverse effects, which has stirred calls for capturing the “full picture,” connecting services to those dependent on it, and updating the definition of “intellectual disability.”

### RESPONSE FROM ADMINISTRATION/AGENCY:

[Connecticut Department of Social Services, Commissioner, Andrea Barton Reeves:](#)

Requests clarification on the bill as it relates to the goals/intent behind the legislation. The Department makes clear that any changes to the definition would directly impact waiver programs managed by DDS in conjunction with DSS.

[Connecticut Council on Developmental Disabilities, Executive Director, Walter Glomb:](#)

States that most Medicaid programs in the U.S. use the DSM-5 as a standard reference. Mr. Glomb questions why the state has its “own definition of ‘intellectual disability.’” He closes by noting that an updated definition makes room in statute for changes to state regulations and Medicaid waivers.

[Commission on Women, Children, Seniors, Equity & Opportunity, Executive Director, Melvette Hill:](#)

Supports the intent of the bill to align eligibility standards with current clinical/diagnostic frameworks. The Commission shares that relying solely on IQ scores can be problematic and lead to lapses in support.

[Connecticut Department of Developmental Services, Commissioner, Jordan Scheff:](#)

Clarifies that Section 1 revises the definition of “intellectual disability” and that reports from years past suggest that accomplishing this would require intentional planning and a multi-year implementation approach. DDS notes its services are subject to available appropriations and have never been an entitlement.

## **NATURE AND SOURCES OF SUPPORT:**

[Disability Rights Connecticut, Executive Director, Tobey Davies:](#)

[Senate Democrats Office, Senate President Pro Tempore, Martin Looney:](#)

[Disability Rights Connecticut, Equal Justice Works Fellow, Megan Phillips:](#)

[Koskoff, Koskoff and Bieder, Attorney, Luke Reynolds:](#)

[Carolyn St. Jean:](#)

Support the bill, revealing anyone with an IQ above 69-70 is ineligible for Medicaid HCBS services, leaving them without long-term support needs. They hold that IQ measurements aren't accurate representations of someone's adaptive behavioral levels and needs. It's said that without support, families inherit the burden of caregiving and greater out-of-pocket expenses. Considered a long-overdue need and holistic approach, they favor redefining “intellectual disability” as outlined in DSM-5.

[Center for Children's Advocacy, Executive Director, Sarah Eagan:](#)

[Special Education Equity for Kids in Connecticut, Legislative Chair, Andrew Feinstein:](#)

[Center for Children's Advocacy, Staff Attorney, Jennier Wheeler:](#)

[CT ADAPT, Disability Advocate, Carol Scully:](#)

Support the bill, calling Connecticut a member of the minority, as one of six states that still utilizes IQ-based tests. They believe in a step that would leave no person isolated, alone, and behind in the 21st century without the help they need, and think DSM-5 fittingly defines “intellectual disability.”

[FOCUS Center for Autism, Licensed Master of Social Work, Lauren Gardner:](#)

[The Arc Connecticut, Director of Advocacy and Public Policy, Danielle Middlebrooks:](#)

[Connecticut Community Nonprofit Alliance, Senior Public Policy and Division Advisor, Julia Wilcox:](#)

Believe in making essential changes that would relieve families from their reliance on developmental services, strengthen offerings, and protect neighbors across the state. They deem current editions of the DSM-5 favorable, which reflects modern, clinically accepted standards and a commitment to inclusion/dignity.

[The Social Chase, Founder & President, Helen Taylor:](#)

[Autism Speaks, Advocate, Elizabeth Bauch:](#)

[Carol Adducci:](#)

[Christian Allyn:](#)

[Lisa Allyn:](#)

[Joanne Beazalovich, East Granby:](#)

[Rebecca Caffrey:](#)

[Karen DePinna:](#)

[Janne Gallagher:](#)

[Mary Hardy:](#)

[Tracy Hunter, Meriden:](#)

[Rachel Jasiczek:](#)

[Mary-Ann Langton, West Hartford:](#)

[Susan Lucek, Tolland:](#)

[Kyriaki Manesiotis:](#)

[Melissa Mills:](#)

[Kara Nelson:](#)

[Jaime Polatsek, Trumbull:](#)

[Bonnie Potocki:](#)

[Suzi Schell, Gales Ferry:](#)

[Phillip Shenkman, Simsbury:](#)

[Noreen Simmons:](#)

[Kathryn Strout:](#)

[Patrick Strout:](#)

[Delia Thomas, New Hartford:](#)

[Francis Traceski, Canton:](#)

[Joanne Trocchi:](#)

[Anonymous 16:](#)

Predominantly, parents, siblings, assistants, and self-advocates share how few services they and their loved ones receive through the state. They find that the “only determining factor,” IQ eligibility criteria, are inherently restrictive, unfair, and antiquated, limiting the supports necessary for delivering care and maintaining stability. The group notes that aligning this criteria with DSM-5 would allow for individuals with significant medical needs to continue living safely in their communities and suitably enter adulthood. Others comment on the difficult process of acquiring an Autism Waiver, which often came with long wait lists and minimal services.

[FOCUS Center for Autism, Executive Director, Donna Swanson:](#)

Suggests that a continuum of care be based on individuals’ needs, arguing that IQs don’t make determinations any more appropriate.

[Child and Adolescent Health Care, Pediatrician, Joseph Singer:](#)

Writes in strong support of HB 5557, finding that Connecticut’s current definition is out of step with clinical science, and there comes a human cost with rigid definitions. Two additional provisions Mr. Singer supports include (1) protecting services from being deprived or reduced and (2) tasking the DDS commissioner to review eligibility criteria.

[Unitarian Universalist Society East, Reverend, Josh Pawelek:](#)

Practices engaging with people “in the fullness of their humanity,” emphasizing the need to turn away from a restrictive definition of “intellectual disability.”

[Anonymous 15:](#)

Advocates for the bill, hoping that individuals with “severe limitations” may receive supports and services that enable them to live their lives “equal to their non disabled peers.”

[Cornelia Fortier:](#)

[People First of Connecticut, President, Josh Mears:](#)

Offers general comments, supporting legislation that redefines eligibility and assists families with their needs.

#### **NATURE AND SOURCES OF OPPOSITION:**

[Connecticut Rare Disease Advisory Council, Co-Chair, Lesley Bennett:](#)

RDAC is concerned that modernizing eligibility standards could unintentionally reduce access to services for individuals living with rare genetic disorders known to cause intellectual disability. Their members urge the Committee to amend the legislation to use a flexible IQ cutoff of 70-75 or table the bill, giving DDS time to complete its study.

**Reported by: Zachary Robinson**

**Date: April 1, 2026**