» Special Education Home
» Technical Assistance
Educator Evaluation
Training
Documents
Grants
IDEA 2004
» Early Childhood
» MA Tiered System of Supports
» IEP Process, Forms & Notices
IEP Improvement Project
» Policy and Guidance
MA SPP and APR
» Parent Information
» Complaints & Compliance
» Special Education Appeals
» MCAS
» MCAS Alternate Assessment
» Laws and Related Documents
» General Information
» Links and Resources
» Contact Us

# Special Education

## Transition from School to Adult Life

information | links and resources

Realizing successful post-secondary outcomes is a goal we have for all students. Depending on the disability and the support services required in adult life, successful transition from high school to adult life may require that planning activities begin in elementary school with students exploring their interests in middle school. Starting the process early prepares students with disabilities to think about what they want to be able to do in adult life. High school transition planning includes exploring post-secondary opportunities and employment options and may include connecting with the adult service agencies that may provide the student with services when he or she graduates or turn 22 years of age.

**Statement of Needed Transition Services** - *beginning no later than the first IEP developed when the eligible student is 14.*

Recognizing the need for students with disabilities to engage in effective transition planning, the Individuals with Disabilities Education Act (IDEA) requires that transition planning be part of the Individualized Education Program (IEP). Beginning no later than the first IEP developed when the eligible student is 14, the Team considers the student's need for transition services and documents this discussion. If appropriate, the IEP includes a statement of needed transition services. The school district understands that it must maintain documentation of a full discussion of the student's transition needs, whether or not such discussion identifies needed transition services for the IEP. Such documentation must be reviewed and updated annually thereafter. Students must be invited to all educational meetings and allowed to participate actively when transition planning is discussed.

**Linkages to Post School Options** - *beginning no later than the first IEP developed when the eligible student is 14 and update annually.*

Beginning no later than the first IEP developed when the eligible student is 14, the IEP's of students should include a post school vision statement as well as identify the transition services necessary to support the vision. IDEA 2004 defines transition services as a coordinated set of activities for a student with a disability that -

A. Is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the student with a disability to facilitate the student's movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation;
B. Is based on individual strengths, preferences and interest; and
C. Includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and when appropriate, acquisition of daily living skills and functional vocational evaluation. (P.L. 108-446, Sec 603 (34))

**Transition Planning Form**

Use the Transition Planning Form (TPF) 28M/9 for all students with IEPs who are 14-22 years of age. The TPF (28M/9) is a mandated form that is maintained with the IEP in the student's file but is not part of the IEP. The TPF is a flexible discussion guide that

encourages the entire IEP Team to work together to assist the student in making a smooth transition to adult life.

Although the Department mandates that the TPF must be used by the Team to guide the transition planning discussion, what is written on the TPF itself does not spell out specific responsibilities for what will occur; the TPF is a planning tool and not the transition plan itself. Once the TPF is complete, the Team uses the TPF to create the transition plan that is formally documented in the IEP, specifying the services that the school will provide.

This inclusive planning process does not require that all identified actions will be the responsibility of the school's special education program. Instead, the entire Team - parents, the student, general education services, other agencies, community partners, and special education services - all work together to provide opportunities that will help the student to gain skills and move closer toward achieving the student's postsecondary goals (i.e., the student's vision for life after high school).

The Team should discuss and complete the TPF before completing the IEP form.

The students' postsecondary goals should be recorded on page one of the TPF in the "Post-Secondary Vision" box. Once the TPF is complete, the IEP Team transfers the postsecondary goals to the Vision Statement on IEP 1.

Also on page one of the TPF, the Team documents the student's disability-related skills that may require annual IEP goals and/or related services. There is no requirement that every disability-related need have a corresponding annual IEP goal. One year's IEP should contain only those annual IEP goals that a student can reasonably be expected to accomplish in one year's time. The TPF and IEP must be updated every year.

Discussing and mapping out the Action Plan on page two of the TPF can help the team to fully understand and articulate the intersection between the student's postsecondary goals, the student's skills and disability-related needs, and the supports and services that the student requires in order to achieve his/her desired postsecondary outcomes.

For a more comprehensive discussion of the TPF and IEP, please see Technical Assistance Advisory SPED 2013-1 and Technical Assistance Advisory SPED 2014-4.

**Age of Majority** - *transfer of parental rights to student at age 18*

In Massachusetts, regardless of the severity of their disability, students are considered adults and competent to make their own decisions at age 18 (Age of Majority). Unless there is a court appointed guardian or the student has chosen to share decision making with his or her parent, the school district must seek the consent of the student to continue the special education program. Students at age 18 have the right to make their own educational and medical decisions and must sign all consent forms. Parents and students must be notified about the transfer of parental rights to the student at least 1 year before the student turns 18 years of age.

**Interagency Collaboration** - *develop supports and services necessary for adult life*

The adult service system is complex and understanding it is essential for effective transition planning. When students with disabilities graduate from school or turn 22 years of age, they move from an entitlement to a non-entitlement system. While in school students receive services and supports mandated by federal and state law. As adults, while they may be eligible for services from adult service agencies, these services are not an entitlement which means they are not guaranteed. Consequently, it is essential that educators, parents and students understand the adult service system years before adult services need to be accessed. It is a sound practice to invite adult service agencies to speak to groups of students and individuals who live with and work with students with disabilities in order to understand the eligibility processes specific to each agency as well as the services that are available to adults with disabilities.

**Adult Services** - *make Chapter 688 Referrals and general referrals*

For students with severe disabilities, a Chapter 688 referral should be made to ensure that students who will require ongoing supports and services from one or more public agency are part of the eligibility process for receiving services and supports as adults. For other students who require fewer supports and services and may not meet the eligibility requirements for Chapter 688, a general referral for services can be made to adult service agencies.

**Chapter 688**

**Appeals**

Appeals can be made to the Bureau of Transitional Planning (BTP) relative to decisions about eligibility and the ITP. For more information call BTP at 617-573-1722.

**Transition Links And Resources**

### Council for Exceptional Children (Division on Career Development and Transition)

DCDT focuses on the career development of children, youth and adults of all ages and exceptionalities, including transitions and career development of exceptional children.

### The National Center on Secondary Education and Transition (NCSET)

The National Center on Secondary Education and Transition (NCSET) coordinates national resources, offers technical assistance, and disseminates information related to secondary education and transition for youth with disabilities in order to create opportunities for youth to achieve successful futures.

### National Collaborative on Workforce and Disability for Youth (NCWD/Youth)

The National Collaborative on Workforce and Disability for Youth (NCWD/Youth) assists state and local workforce development systems to better serve youth with disabilities. The NCWD/Youth is composed of partners with expertise in disability, education, employment, and workforce development issues. NCWD/Youth is funded by a grant from the U.S. Department of Labor's Office of Disability Employment Policy (ODEP).

### Office of Disability Employment Policy (ODEP)

Through the Department of Labor (DOL) The Office of Disability Employment Policy (ODEP) provides national leadership by developing and influencing disability-related employment policy as well as practice affecting the employment of people with disabilities.

### Students with Disabilities Preparing for Postsecondary Education: Know Your Rights and Responsibilities

The Office for Civil Rights (OCR) in the U.S. Department of Education is providing the information in this pamphlet to explain the rights and responsibilities of students with disabilities who are preparing to attend postsecondary schools.

### National Secondary Transition Technical Assistance Center (NSTTAC)

NSTTAC assists states in building capacity to support and improve transition planning, services, and outcomes for youth with disabilities.

**information | links and resources**

Last Updated: March 12, 2015

# Autism Insurance Resource Center

at New England INDEX

www.disabilityinfo.org 781-642-0248 info@disabilityinfo.org


## The Massachusetts Autism Insurance Law (aka ARICA)
## Frequently Asked Questions

**What does ARICA do?**
ARICA requires health insurers in Massachusetts to provide coverage for the diagnosis and treatment of Autism Spectrum Disorder, which currently affe cts 1 in every 110 individuals. The text of the law can be found at http://www.mass.gov/legis/laws/seslaw10/sl100207.htm

**When does ARICA go into effect?**
ARICA went into effect January 1, 2011, but implementation is based on each policy's specific renewal date. If you have insurance under a policy that is subject to ARICA (see below), the coverage must be provided when the policy renews on or after January 1, 2011, meaning it will go into effect the date that your company's insurance plan renews annually.

**What types of policies does ARICA cover?**
Massachusetts legislation can only affect certain types of health care policies, so coverage under ARICA will depend on the type of policy you ha ve. Private insurers, employees and retirees under the state plan, hospital service plans and HMOs would all be required to comply with the mandate. Self-funded plans are regulated by ERISA – which is federal law. This includes many of the State's largest employers. ERISA plans are not subject to State laws and not required to provide coverage under ARICA.

**How can I find out if I have coverage under ARICA?** Contact your employer to verify that your policy is subject to the new law, and if so, what annual date your group policy renews. Even if your company is regulated by ERISA, they may as practice comply with State laws. In addition, there is language in the recently enacted federal health care reform that will eventually cover autis m treatment. If you are covered by an ERISA plan, please contact us for additional information and assistance in advocating for coverage with your company.

**Are individuals or family members covered for services under MassHealth or CommonHealth?**
These programs are not subject to the new law, but consumers should know the following:

- MassHealth may cover co-pays and deductibles for ARICA mandated treatment covered by private insurance.
- The Premium Assistance Program can help subsidize purchase of private insurance policies and policies through Commonwealth Choice that will cover ARICA. Note - Commonwealth Choice has an enrollment window of July 1-August 15, 2011
- Families covered by MassHealth or CommonHealth with children under age 9, can also apply for the Massachusetts Children's Autism Medicaid Waiver through DDS. Note – this is a limited program with specific application windows, check with DDS for more information.

- In certain cases, consumers may be able to access some treatments through EPSDT.

**Is there a limit to the amount of the coverage?**
No. The diagnosis and treatment of Autism Spectrum Disorders will not be subject to any annual or lifetime dollar or unit of service limitation on coverage which is less than any annual or lifetime dollar or unit of service limitation imposed on coverage for the diagnosis and treatment of physical conditions.

**Is there an age limit to this coverage?**
There is no age limit.

**What treatments are covered under ARICA?**
The law covers the following care prescribed, provided, or ordered for an individual diagnosed with one of the Autism Spectrum Disorders by a licensed physician or a licensed psychologist who determines the care to be medically necessary:

- *Habilitative or Rehabilitative Care* – this includes professional, counseling and guidance services and treatment programs, including but not limited to, applied behavior analysis supervised by a board certified behavior analyst, that are necessary to develop, maintain and restore, to the maximum extent practicable, the functioning of an individual .

- *Pharmacy care* -medications prescribed by a licensed physician and health -related services deemed medically necessary to determine the need or effectiveness of the medications, to the same extent that pharmacy care is provided by the insurance policy for other medical conditions.

- *Psychiatric care* - direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

- *Psychological care* -direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

- *Therapeutic care* - services provided by licensed or certified speech therapists, occupational therapists, physical therapists or social workers.

**How are education services affected?**
ARICA does not affect educational services provided under an IFSP, IEP or ISP. Insurers are not required to pay for in-school services. Conversely, under IDEA, schools may not require parents to access private insurance for services that are part of FAPE.

For further information, contact an information specialist at 781-642-0248 or e-mail us at info@disabilityinfo.org

Last updated May 13, 2011

For the most current version, please check our website http://www.disabilityinfo.org/arica/

---

The Autism Insurance Resource Center is a division of New England INDEX/UMass Medical School Shriver Center. New England INDEX is a state-wide information and referral service for people with disabilities. Online access to comprehensive resources is available at www.disabilityinfo.org.

New England INDEX, The Shriver Center, 200 Trapelo Road, Waltham MA 02452

**Under Massachusetts Law c.71B, sec. 3, the IEP Team shall consider and shall specifically address the following:** *(Team is required to address ALL of these areas)*

1, the verbal and nonverbal **communication needs** of the child;

2.the need to develop **social interaction skills** and proficiencies;

3.the needs resulting from the child's unusual responses to **sensory** experiences;

4.the needs resulting from resistance to **environmental change or change in daily routines;**

5. the needs resulting from engagement in **repetitive activities and stereotyped movements;**

6.the need for any positive **behavioral interventions, strategies, and supports to address any behavioral difficulties** resulting from autism spectrum disorder;

7. and **other needs** resulting from the child's disability that impact progress in the general curriculum, including **social and emotional development.**

# Information for Individuals Covered by MassHealth

The recently enacted autism insurance legislation, also known as ARICA , requires some private insurance policies and the Group Insurance Commission (GIC) to provide coverage for the diagnosis and treatment of Autism Spectrum Disorder. Information about the law and which insurances must comply with the law can be found at http://www.disabilityinfo.org/arica and www.mass.gov/doi. Additional information can also be obtained by contacting the Autism Insurance Resource Center at INDEX/UMASS Medical School Shriver Center - 1-800-642-0249.

## MassHealth

MassHealth programs are not subject to the new Autism law but it may be helpful to know the following.

MassHealth can pay for co-pays and deductibles for ARICA mandated treatment covered by private insurance only if the treatment is a service covered by MassHealth.

The Premium Assistance program may enable families to obtain CommonHealth for a child who does not have MassHealth in place.

Children under 21 with MassHealth with Autism Spectrum Disorders who also have a co-existing psychiatric disorder may be eligible for a range of home-based services through the Children's Behavioral Health Initiative (CBHI). For more information, see: http://www.masspartnership.com/provider/index.aspx?lnkID=CBHI.ascx or http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/. This may present an option for children who do not have access to a private insurance that complies with the ARICA mandate.

MassHealth Enrollment: 888-665-9993 or www.mass.gov/masshealth. One can also apply for MassHealth by contacting the Health Care for All Helpline: 1-800-272-4232. (See also www.hcfama.org/helpline.) Information about specific MassHealth programs can be found at www.massresources.org.

## MassHealth Standard and CommonHealth Premium Assistance Program (MSCPA)

Massachusetts has a premium assistance program. Seven types of MassHealth provide premium assistance toward the cost of an individual or family's private insurance plan when the plan meets the state standard for minimal creditable coverage. Premium Assistance may make it cost effective for families to apply for CommonHealth for their individual with an Autism Spectrum Disorder if they are not eligible for MassHealth Standard Disabled. Premium assistance from each family member's MassHealth can contribute to the cost of the family's private insurance

premium. This program also enables many families who do not have have private insurance to obtain it. (See FY11 Premium Assistance Rates below.)

**Premium Assistance Rates**

| | FY11 |
|---|---|
| Partnership (adults) | $150 |
| Family Assistance (children) | $279 |
| Standard | $349 |
| Essential | $409 |
| CommonHealth | $960 |
| HIV | $1,392 |
| Standard Disabled | $1,173 |

Premium assistance can reimburse families toward the cost of employer-sponsored insurance, private insurance, and Commonwealth Choice.

If someone is trying to access employer-sponsored insurance outside an enrollment period, the premium assistance program may be able to create a "qualifying event" which would enable this to happen. (The premium assistance program cannot create a "qualifying event" for insurance options with Commonwealth Choice.

Most families will want to contact the premium assistance program to find out how much CommonHealth will cost before they decide to apply. The CommonHealth program does not save every family money - this must be evaluated on a case by case basis by looking at the cost of CommonHealth, how much the private insurance premium is, the family's out-of-pocket medical costs, and the services that CommonHealth will pay for. For more information about the program and to request an application, contact 1-800-862-4840, x7.

## Commonwealth Choice

Commonwealth Choice offers private insurance options for individuals, families, and employers who do not have access to employer-sponsored insurance. Insurance programs through Commonwealth Choice meet the state standard for "minimum creditable coverage" and are eligible for reimbursement through the Premium Assistance Program. All Commonwealth Choice options are also fully insured. Commonwealth Choice helps you to compare plans and prices. ***It is important to know that the enrollment period for this is between July 1st and August 15th, unless you meet specific conditions.*** For more information, see: www.mahealthconnector.org or contact at 1-877-623-6765.

## Autism Waiver Program

The Massachusetts Children's Autism Medicaid Waiver serves a limited number of children under age 9 who have MassHealth Standard. This program has specific application windows. Contact DDS for more information.

## Other Useful Information

Many private insurance options have statutes or policies that enable them to cover disabled adults as part of their family's plan beyond the age of 26. Doing so enables the parents to receive premium assistance from their son or daughter's MassHealth. More information about this can be obtained by calling the Division of Insurance Consumer Service Helpline: 617-521-7794; www.mass.gov/doi.

Individuals with MassHealth who also have Medicare may or may not be eligible for premium assistance. For more information about this, contact the premium assistance program.

The Commonwealth of Massachusetts
Executive Office of Health & Human Services
Department of Developmental Services
500 Harrison Avenue
Boston, MA 02118

Deval L. Patrick
Governor

Timothy P. Murray
Lieutenant Governor

JudyAnn Bigby, M.D.
Secretary

Elin M. Howe
Commissioner

Area Code (617) 727-5608
TTY: (617) 624-7590

## Chapter 688 and DDS Adult Eligibility

Eligibility determination from an adult agency, such as DDS, is part of the Chapter 688 process. Since adult eligibility for DDS is at 18 years of age, it is always best to be as prepared as possible. Having the required documentation available when applying is an important step in this process.

The applicant or guardian is responsible for obtaining all relevant information needed to determine eligibility and must make every reasonable effort to ensure that the information is received by DDS in a timely manner. When all information is gathered and assessments completed, the Regional Eligibility Team Psychologist conducts a review and makes the determination decision after conferring with members of the Eligibility Team.

Attached you will find a list of information that is will be helpful in order to process the application for eligibility. Your child may not have had all these assessments, but collect what you have and have copies ready when applying. Please remember that assessments before the age of 18 are critical for determination.

As your child turns 17, their 18th birthday happens very quickly, so it is best to begin collecting the copies of the information as early as possible.

For more information, please go to the DDS website (www.mass.gov/DDS) → Spectrum of Services → For Adults → How to Apply for Services

Testing
- Psychological/IQ tests (all)
- Adaptive Behavior assessments (Vineland ABS, ABAS, etc.)
- Early Intervention assessments

Medical History
- Doctor's reports

- Medication
- Assessments: hearing, vision, behavior, neurologist, geneticist, etc.
- Developmental Evaluations
- Statement of diagnosis/diagnoses
- Admission/discharge summaries from hospitalizations (medical or psychiatric)
- Counseling/Therapists records

Educational history
- IEP (current and most recent 3-year re-evaluation)
- Assessments
- Progress reports

Legal documents
- Guardianship
- Rogers (if over 18)

Copy of Social Security card

Copy of Health Insurance card
- Private (both sides)
- Medicaid
- Medicare

Copy of birth certificate

Names and addresses of current providers

# FREQUENTLY ASKED QUESTION ABOUT *MASSCAP* FOR FAMILIES AND CAREGIVERS

## Introduction

### WHAT IS DDS?

The Department of Developmental Services (DDS or Department) serves over 32,000 individuals with intellectual disabilities in the Commonwealth of Massachusetts. These individuals have varying degrees of disability and support needs. DDS offers a range of specialized services that includes employment / day supports, residential and family supports, respite and transportation. DDS is dedicated to creating, in partnership with others, innovative and genuine opportunities for individuals with intellectual disabilities to participate in their communities as valued members.

### HOW DOES AN INDIVIDUAL RECEIVE SUPPORTS FROM DDS?

In order to qualify for supports from DDS, an individual must complete an intake process and be determined eligible for services from the Department. Adults must be domiciled in Massachusetts and have a diagnosis of mental retardation as defined in Department regulations. Mental retardation means significantly subaverage intellectual functioning existing concurrently and related to significant limitations in adaptive functioning. Mental retardation manifests before age 18.

### HOW CAN AN INDIVIDUAL APPLY FOR ELIGIBILITY?

Applications for DDS eligibility can be submitted to any DDS Offices or through the Executive Office of Health and Human services Virtual Gateway at www.mass.gov/EOHHS). Applications will be forwarded to a Department Regional Eligibility Team (RET), an Eligibility Specialist will be assigned and will contact the applicant or designated party (such as the person's legal guardian.) The Specialist will interview the applicant, conduct Department assessments and gather relevant information (IQ testing, diagnostic reports and other documents). The information will be reviewed by a licensed doctoral level psychologist on the RET who provides clinical direction and makes the determination regarding whether the applicant is a person with mental retardation as defined by Department regulations. If an applicant is found ineligible, he or she has the right to appeal the determination. If the individual is found eligible, the information is forwarded to the appropriate Area Office to determine the individual's prioritization for available supports.

## WHAT IS *MASSCAP*?

*MASSCAP* stands for the Massachusetts Comprehensive Assessment Profile. It was designed to assess what services an individual needs and how urgently those services are needed. *MASSCAP* assists DDS to evaluate individual needs and capabilities along with the strengths and needs of the individual's caregivers. The *MASSCAP* consists of three parts:

1. The ICAP (Inventory of Client and Agency Planning). This is a tool that assesses the individual's adaptive functioning and the level of support and supervision that the person needs.

2. The CCA (Consumer and Caregiver Assessment). This is a tool that assesses the resources and supports that currently are in place for the individual and provides information to assist in evaluating the capacities of the caregivers.

3. Professional Judgment – The information provided by the ICAP and the CCA, as well as the direct observation of the individual and interviews with family members, are reviewed by individuals with training and experience in the field of intellectual disabilities that make a decision based upon professional judgment.

The M*ASSCAP* process will typically provide the information necessary for the Department to determine whether an individual has an assessed need for a requested service. In certain circumstances, the Department may request supplemental functional or targeted assessments in order to provide additional information in making the determination of and individual's need for supports.

## WHAT IS THE NEED FOR *MASSCAP*?

**MASSCAP distinguishes between requested services and assessed needs.** DDS staff recognize that most eligible individuals want assistance from the Department. The Department offers an array of services ranging from day and transportation supports, to supports that allow individuals to live independently in the community. The MASSCAP provides consistent and clear guidelines to determine who needs what type of services. Through the *MASSCAP* process DDS will be able to differentiate between a *request* for a particular service and a demonstrated *need* for that service. The needs for specific services are assessed through the *MASSCAP*. The *MASSCAP* identifies the individuals with the greatest needs for the most intensive services.

The following Frequently Asked Questions (FAQs) are intended to provide guidance and assistance to families about the process of applying for and receiving services from the Department.

## 1. WHAT SERVICES DOES DDS PROVIDE?

DDS provides a wide array of services ranging from day and transportation supports, to supports that allow individuals to live independently in the community. In addition to DDS-funded services, individuals who are eligible for Medicaid benefits can access "state plan" services that include personal care attendant services, adult foster care services, day habilitation services, and others. Even though these services are provided through another state agency, DDS staff can assist individuals to obtain the services. A description of services available through DDS is found as an Appendix to these FAQs.

The services that the DDS offers are grouped into three categories:

a. **Supportive Services-** These services include: family support, individual support, employment support, center- based work services, home and community based day services and other DDS-funded day services.

b. **Community Living Services-** These services include intensive family support and more intensive individual supports (over 15 hours per week).

c. **Residential Services-** These services include 24-hour services such as provider-operated group homes, state-operated group homes, and shared living services.

## 2. HOW CAN AN INDIVIDUAL / GUARDIAN REQUEST A SERVICE FROM DDS?

An individual may request services from DDS at the time of application for DDS eligibility determination process, or with his or her assigned Service Coordinator, at the individual's yearly Individual Support Plan (ISP) meeting, or at any planning meeting. An individual can also request services to meet a changing need. At the time of application for adult services, the DDS Eligibility Specialist provides a brief overview of DDS supports and asks the family or guardian what services they are requesting. If the individual is determined eligible, the discussion about service requests, individual needs and service options continues with a DDS Service Coordinator or other staff from the DDS Area Office.

## 3. HOW DOES AN INDIVIDUAL / GUARDIAN KNOW WHAT SERVICES HE OR SHE NEEDS?

Newly eligible adults and individuals whose support needs are changing (and their guardians and /or families) can learn more about what services may be available by talking to their DDS Service Coordinator and other staff at the Area Office. The Service Coordinator can assist the individual to visit programs or meet with people who are receiving services that might be of interest to the individual.

## 4. HOW DOES DDS ADMINISTER THE ICAP?

The ICAP is an automated, standardized and validated assessment tool that assesses an individual's adaptive functioning and need for supervision. It assesses motor skills, social and communication skills, personal living skills and community living skills. The assessment is completed by an Intake and Eligibility Specialist at time of application for Department eligibility or a trained member of an Area Office's *MASSCAP* Team.

## 5. WHO PROVIDES INFORMATION ABOUT THE INDIVIDUAL FOR THE ICAP?

The ICAP is completed with an informant who knows the individual well and sees the person regularly, and is typically conducted in a face-to-face interview. The informant for the ICAP is often the family member who is the primary caretaker. In some cases, if the individual is living away from the family home, the informant may be a service provider. The ICAP is scored electronically and yields a numeric score between 0 and 100. Lower scores suggest that the individual has fewer skills and requires more assistance.

## 6. WHAT IS THE CCA ?

The CCA provides a structured mechanism for caregivers to provide information about individual's capacity and about caregiver strengths and weaknesses. The three broad areas that the CCA assesses are the clinical functioning of the individual (e.g., medical, psychiatric, behavioral, mobility); the "demographic" characteristics of the caregiving system (e.g., age of primary caregivers, single or two parent caregivers, other dependents in home); and finally, the needs and capacities of the caregiver's themselves (e.g., medical/physical or mental health challenges; skills and capabilities in organizing and supervising support for the individual). The CCA does not result in a numeric score but does result in a *MASSCAP* Profile report. This profile documents the person's ICAP score and provides a summary of the specialized needs of the individual and characteristics of the caregiver. This information along with professional judgment of Area and Regional Office staff comprise the basis for decisions about what services the person needs and how urgently those services need to be delivered.

## 7. WHO CONDUCTS THE CCA?

The CCA is conducted in a face-to-face interview with the informant who is typically a family member who is the primary caretaker. In situations where no caregiver exists, only the sections that apply directly to the individual are completed. The

assessor can modify the information obtained from the informant based on additional information that is available to them.

**8. WHAT OTHER ASSESSMENTS MAY BE REQUESTED BY THE DEPARTMENT?**

Other assessments may be requested by the Department if additional information will assist in making the determination of whether the individual's needs meet the criteria for Department supports. The decision regarding whether additional assessments are necessary rests exclusively with the Department since the *MASSCAP* activity will routinely provide the information necessary for the Department to determine whether an individual meets the criteria for a requested service.

**9. WHEN IS THE *MASSCAP* COMPLETED?**

AT TIME OF ELIGIBILITY DETERMINATION: When an individual or family first applies for adult services from DDS, a determination of general eligibility is made based on the DDS regulations. During this intake process, an Eligibility Specialist, who is part of the DDS Regional Eligibility Team, completes the ICAP, the first part of the *MASSCAP* with the caregiver. If the applicant is determined to be eligible for DDS services, the information collected during the intake process is transferred to the assigned Area Office where the Area Office *MASSCAP* Team will complete the CCA and arrange for other assessments, if necessary. The assessments (*MASSCAP*) will be used to determine what specific services the person qualifies for and how urgently the services are needed. The urgency of service need is reflected in the assigned priority level. DDS will use this information to make prioritization decisions.

PRIOR TO TRANSITION TO ADULT SERVICES: The *MASSCAP* may also be completed upon the transition from Chapter 766 services to adult services: Most individuals approach DDS at age 18 to apply for adult services from DDS. During the adult eligibility determination process, the Regional Eligibility Team and the Area Office *MASSCAP* Team complete the *MASSCAP*. Approximately 18 months prior to graduation, the *MASSCAP* is reviewed and updated and a prioritization for services is made that is **effective upon completion of school services.** This ensures that the information is accurate and reflects the current functioning of the individual and the caregiver and enables the Individual Transition Team and Area Office staff to plan for adult services for the individual.

CHANGING NEEDS/ NEW REQUEST FOR SERVICES: Individuals who are already DDS eligible, and who often are receiving some services from DDS, may request additional or different services. These requests may result from a change in the individual's needs or the caregiver's circumstances. In response to a request for services based on changing needs, the Area *MASSCAP* Team will complete a new *MASSCAP*.

## 10. CAN THE INDIVIDUAL / GUARDIAN GET A COPY OF THE *MASSCAP*?

The ICAP summary report can be shared with the individual/court appointed guardian upon request. ICAP booklets containing test questions are confidential to protect the integrity of the tool; they are also exempt from disclosure under the Massachusetts Public Records Law. M.G.L. c.4, §7, cl. 26.

The CCA tool/form and the summary report – the *MASSCAP* Profile- can be shared with the individual / guardian upon request. The CCA template, a blank copy of the CCA tool, is available on DDS's website.

With a signed Release from the individual / guardian, DDS can share *MASSCAP* information (ICAP summary and copy of the CCA) with other parties upon request.

## 11. WHAT ARE THE POSSIBLE OUTCOMES OF THE *MASSCAP* ASSESSMENT?

a. Qualification for a Requested Service

Upon completion of the *MASSCAP*, the Department will first determine if an individual qualifies for a particular requested service, and then determine what level of priority they have to receive the service.

For example, to determine if an individual qualifies for residential services, the Area Office will consider the *MASSCAP*: the MASSCAP indicates whether the level of supervision required on a continuous basis is intense enough to require 24-hour residential supports. On the basis of the ICAP alone, which measures the level of needed supervision, individuals with scores below 40 usually will be eligible for residential supports with 24-hour supervision and individuals with ICAP scores above 70 typically do not qualify for this level of supports. Individuals with ICAP scores 40-70 may or may not qualify for residential services, depending on the existence of assessed extenuating factors and the unavailability of less intensive service options that can safely meet the individual's assessed needs. Requests for other types of services, such as Community Living Supports or Basic Supports, will also be assessed using the *MASSCAP*.

b. Prioritization for a Requested Service

If the person qualifies for a requested service, the next question focuses on their priority to receive the service; that is, what is the urgency of need for that service?

A **Priority 1** for a service means that the provision, purchase, or arrangement of the support is necessary to protect the health or safety of the individual or others. For most Priority 1s, service planning should be initiated and services should be arranged or provided within 90 days.

A **Priority 2** for a service means that the provision, purchase, or arrangement of the support is necessary to meet one or more of the individual's assessed needs or to achieve one or more of the assessed needs identified in his or her Individual Support Plan. The needs for specific services are assessed through the MASSCAP. For most Priority 2s DDS will engage in active planning with the family or individual, exploring other services and supports that can benefit the individual while they are waiting for the prioritized service, and continually monitoring the current situation to ensure that health and safety issues are appropriately addressed. Persons assigned a priority 2 must be willing to accept the service when offered.

**No Priority Assigned** for a requested service means either that the individual does not qualify for the service (i.e., does not have an assessed need for the service, as reflected by the *MASSCAP*) or, that the request is for a service at least two years in the future, and the individual or family has relayed that they would not be willing to accept services sooner than that.

No priority assigned typically means that an individual does not qualify for the service or does not want the service at this time; "no priority assigned" for a particular service does not mean that an individual's prioritization cannot change or that the individual may not be prioritized for the service in the future. If there are significant changes in the clinical functioning of the individual, the age and health of caregivers, or the caregiver's capacity to ensure the health or safety of the individual or others, or otherwise supervise the individual appropriately, the priority of the individual may change from No Priority Assigned to either a Priority 1 or Priority 2 assignment.

Decisions regarding prioritization for services are only made when a service request is received. If no service request is made, no prioritization determination will be issued.

## 12. HOW DOES DDS DETERMINE SOMEONE'S PRIORITY FOR SERVICES?

The Department (Area and Regional staff) uses the information contained in the MASSCAP profile to determine an individual's priority for requested services. ICAP is an initial determinant, the CCA and other assessments provide information on specific factors that may impact the determination and the exercise of professional judgment is necessary to analyze the information provided by the MASSCAP profile.

Individuals with low ICAP scores are those with the most significant functional limitations. However, a low ICAP score or a high ICAP score does not necessarily equate to a priority assignment; consideration is also given to other factors such as health and safety concerns, individual choice regarding services, the environment in which supports may be offered and the availability of other non-DDS funded and alternative services, for example MassHealth state plan services that can safely meet an individual's needs. The Department will first offer to meet an individual's needs in the least restrictive environment as is possible.

The CCA is the part of the *MASSCAP* that informs DDS staff on specific factors in an individual's life that may influence their priority for services.

The CCA provides critical information about the specialized needs and capacities of the individual. The DDS looks at whether there are intense characteristics or stresses that impact the ability of the caregiving system to support the individual safely and appropriately. The DDS looks at extenuating support needs of the individual- clinical challenges that are acute, intensive and not readily controlled by current interventions. This means not only that the individual has a diagnosis or an identified problem, but that the impact of the problem is severe in its stress on the caregiving system and that alternative means of managing the issue have been explored.

Similarly, the DDS looks at caregiver characteristics and needs, and how these factors (e.g., a physical abilities of the caregiver; ability to organize the household or set limits for the family member, availability of extended family networks to share in care giving) impact the caregiver's level of daily stress, and their perception of their ability to manage care giving responsibilities.

## 13. HOW WILL THE INDIVIDUAL / GUARDIAN BE NOTIFIED ABOUT THE OUTCOME?

A DDS staff person from the Area Office will call the individual/guardian to let him or her know that a notification of prioritization letter is being sent to them. The Area Director then sends a letter to the individual/guardian notifying him or her of the priority that the Department assigned for each service requested. The letter should be sent within thirty (30) days after the date of eligibility determination if the person is new to DDS or thirty (30) days from the date a service was requested if the person was already eligible. Information regarding the individual's appeal rights is included with the notification letter. Area Office staff is available to answer any questions regarding prioritization that the individual/guardian may have; DDS requires permission of the individual/ guardian in the form of a Release in order to share information with other interested parties or family members.

## 14. WHAT HAPPENS IF THE INDIVIDUAL / GUARDIAN DISAGREES WITH THE OUTCOME OF THE ASSESSMENT?

Information regarding the appeal process is enclosed with the prioritization letter. If an individual disagrees with a prioritization determination, s/he has the right to appeal that decision. The individual must file an appeal within (30) days of the receipt of the letter. If the individual is represented by a court appointed guardian only the individual or guardian may file an appeal; if there is no guardian, his or her member may file an appeal.

## 15. WHAT HAPPENS IF THE NEEDS OF THE PERSON OR THE CIRCUMSTANCES OF THE CARETAKER CHANGE SIGNIFICANTLY?

Typically this results in a request for new or additional services. This information should be given to the individual's Service Coordinator so that a new *MASSCAP* assessment can be initiated if appropriate.

## APPENDIX

### SERVICE DESCRIPTIONS

### SUPPORTIVE SERVICES

**Family Supports-** various services that support the individual within the family home Examples of family support services include respite care, social/ recreational services, minor home modifications and other goods or purchases.

**Employment Supports-** assistance for competitive employment and ongoing job coaching / support.

**Center-based Work-** work training provided within a facility, may include group enclave employment in community.

**Home and Community Based Work-** pre-vocational training provided within a facility. These services can include community integration, specific skill training, group enclave employment, volunteer experiences.

**Individual Supports-** support for individuals to live independently. Includes (15) hours or less a week of supports may include: medical care coordination, money management, household skills, utilization of community resources, and other supports.

### COMMUNITY LIVING SUPPORTS

**Intensive Individual Supports-** support to individuals living independently, same as above but provision of over 15 hours per week of supports.

**Intensive Family Support-** range of more intensive services that support the individual who is living with his or her family. Intensive Family Support is provided to individuals who have increased medical, behavioral health or skill needs.

### COMPREHENSIVE OR COMMUNITY 24-HOUR SUPPORTS

**Shared Living-** supervision and skill building services provided by a professional (s) who live (s) with the individual. The home or apartment is obtained as a home for the individual **and** the "mentor" or obtained for the individual who chooses his/ her "mentor" to live with him/ her. There are a number of non-profit agencies that provide variations on this model and serve individuals with a wide variety of needs including specialized ones.

**Group Residential Supports-** 24/7 supervision and skill building services provided with other individuals who need a similar level of service. Homes can vary in size and in staffing ratios depending on the needs of the individuals living in the home. Homes are run both by non-profit service providers and by the DDS. The service may also be tailored to specialized needs such as behavioral health challenges and medical needs.

## SELF DIRECTED SERVICES

Individuals and/or their families may direct their own services. An individual who is prioritized for a particular service and has a funding allocation, can (with support) plan his or her own services and manage his or her individual budget. In addition to deciding how the funds are spent, an individual may recruit, hire and supervise his or her staff. This option offers more flexibility over services by shifting much of the control and the responsibility to the individual and / or his or her family.

## MASSACHUSETTS STATE PLAN SERVICES

These are services that are funded by MassHealth, not by DDS, and have different eligibility requirements. DDS staff can assist individuals and families by providing information about eligibility for these services and assistance to access them. Individuals must be Medicaid eligible to receive State Plan services.

**Day Habilitation Supports-** center-based program that includes allied health services such as nursing, physical therapy, occupational therapy. The focus in these programs is on pre-vocational skills, individual needs relating to medical conditions and other skills training needs. Individuals need to meet the Day Habilitation eligibility criteria set by MassHealth.

**Personal Care Attendant Services-** 1:1 assistance for personal care needs, funded by MassHealth, need to meet PCA eligibility criteria.

**Adult Foster Care** – supervision and skill building services provided in the care provider's home. The individual would live with the provider of services. The provider could be an individual, individuals or family who would provide ongoing supervision and skill building services such as household skills, money management, medical care coordination, and community/ social integration. The individual must meet the criteria for adult foster care.

4/27/09