

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

DEBRA TOSTI  
CHIEF EXECUTIVE OFFICER  
TEWKSBURY HOSPITAL  
365 EAST STREET  
TEWKSBURY, MA 01876

Dear DDS Area Office Nurse:

Thank you for your interest in the Massachusetts Department of Developmental Services (DDS) Aging and Developmental Disabilities Program - a *consultative* service dedicated to evaluating and addressing the needs of aging adults with intellectual and developmental disabilities (I/DD). Consultations are performed by Julie A. Moran D.O., a double board-certified internist and geriatrician specializing in aging adults with I/DD.

The common theme seen in patients assessed in consultation is *change* - change as a function of growing older, whether it's physical, cognitive, functional, behavioral or any combination of these factors. Consultations are performed comprehensively, taking into account all possible contributors to the changes that prompted the consultation. Initial assessments last 90-120 minutes, allowing ample time for detailed history-taking, a thorough memory evaluation, and physical examination.

**Referrals for consultation are facilitated through you, the DDS Area Office Nurse that serves the individual client.** Intake forms and additional information about the consultation program are available on line on the DDS homepage at <http://www.mass.gov/eohhs/gov/departments/dds/>, under the tab "Aging with ID". Intake paperwork must be completed in full and submitted via the DDS Area Office Nurse to the Program either electronically or by mail/fax. Requests for consultation from any referral source other than the DDS Area Office Nurse will be redirected to submit through to the Area Office Nurse before they can be considered. If the patient is under guardianship, please also ensure ~~that~~ the guardian is aware of/agrees with the referral.

At the conclusion of the consultation, a full detailed consult note will be finalized with detailed impressions and recommendations. The consultation note will be sent to the DDS Area Office (who?), Nurse. the patient's primary care provider, and any other parties ~~as~~ deemed appropriate by the individual/guardian and the DDS team.

Consultations are in-depth one-time encounters, with a possible return visit if necessary to reassess and review additional data and testing results to arrive at a final impression and plan. Please note ~~that~~ there is no capacity within this service to follow patients on a routine or recurring basis.

~~As t~~The Aging and Developmental Disabilities Program is purely consultative, ~~and~~ all recommendations are made as suggestions to be considered by the primary team (ie; the PCP, the DDS team, and other health care providers). If a medication is suggested as part of the plan, initiation of said prescription will be left to the discretion of the patient's health care team after reviewing the final ~~report~~ note. Similarly, recommendations for any additional testing, including imaging, lab work, or any other diagnostic studies, would be made as suggestions to be considered by the primary care team.

**Requests appropriate for referral to the Aging and Developmental Disabilities Program include the following:**

- a) Adults with Down syndrome older than age 35 with concerns about memory or functional changes
- b) Adults with I/DD older than age 50 with active concerns about memory impairment or functional decline (progressive inability to perform daily tasks or skills per usual)
- c) Adults with I/DD older than age 50 with concerns about polypharmacy (multiple medications with concern for adverse effects or drug-drug interactions)
- d) Adults with I/DD older than age 50 who are experiencing behavioral disturbances for whom a medical evaluation is being sought to assess for other potential contributing factors-

**Requests that are not typically appropriate for referral:**

- a) "Baseline" assessments of older adults without Down syndrome
- b) Assessments predominantly for behavioral management or for 'second-opinion' recommendations specifically about psychopharmacologic or seizure management-
- c) Assessments on any client for an urgent concern. Any patient who is experiencing an acute or sudden change in status is advised to seek out guidance using appropriate channels for patients with urgent health concerns or with psychiatric/behavioral crisis-

Patients are seen in consultation in the **Worcester location on Wednesdays** and in the **Tewksbury location on Thursdays**. For additional inquiries please refer to the DDS homepage under the Aging and ID tab or refer to the contact information below.

**Tewksbury Location:**  
Tewksbury Hospital  
365 East Street  
Tewksbury, MA 01876-1998

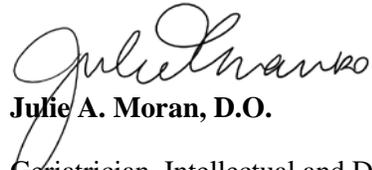
**Contact:**  
Kim Dale, RN, CDDN  
Phone: 978-851-7321, X 2390  
Fax: 978-863-2234  
Email: kim.dale@massmail.state.ma.us

**Worcester Location:**  
DDS/Central Residential Services  
324 Clark Street, Front  
Worcester, MA 01606

**Contact:**  
Lisa A. Cobb  
Voicemail: 508-845-9111, ext 1026  
Fax: 508-792-7226  
Email: lisa.cobb@massmail.state.ma.us

Thank you! We look forward to working with you.

Sincerely

A handwritten signature in black ink, appearing to read "Julie Moran".

**Julie A. Moran, D.O.**

Geriatrician, Intellectual and Developmental Disabilities Consultant  
Aging and Developmental Disabilities Program, Massachusetts Dept of Developmental Services  
| ~~Staff Geriatrician~~, Intellectual and Developmental Disabilities Consultant, Tewksbury Hospital  
Clinical Instructor of Medicine, Harvard Medical School

*Revised 1/2017*