

Adults with Autism

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Introduction

- The Autism Omnibus Legislation was signed into law in August 2014.
- The legislation required DDS to develop and implement revised eligibility process and criteria for an expanded population of people with Autism and Prader-Willi but with no Intellectual Disability and for Smith Magenis Syndrome. The review process for eligibility began in November 2014.
- Revised regulations were required and have been promulgated recently.

2014 Autism Omnibus Bill Highlights

- Autism Commission Report 2013 created structure for bill in 2014
- Establishes Autism Commission as permanent body within EOHHS -
- Changes eligibility criteria for DDS ****
- Creates tax-free savings account (ABLE)
- Creates Autism endorsement for special education teachers
- Requires DDS and DMH to develop and implement plan for mental illness and developmental disabilities –including respite, family support, and care coordination ****
- Requires MassHealth to cover medically necessary treatments for children under 21 years of age – including ABA ****

Why the new law?

- **DDS Adult Eligibility only served those with ID**
- **Massachusetts was one of the few states that was an ID state, not a DD state**
- **Stakeholders and DDS saw that individuals with ASD were falling through the cracks**

Adult Eligibility

Have substantial functional impairments in three or more areas of the seven major life areas

- 1. Self-care (ADLS)**
- 2. Expressive Communication**
- 3. Receptive Communication**
- 4. Learning**
- 5. Mobility**
- 6. Capacity for Self-direction**
- 7. Economic Self- Sufficiency**

Demographics

- Currently there are 611 individuals, aged 18 or older, who have been found eligible under the new regulations: 291 are over 22 and 320 are between 18 and 21 years old.
- Of the 611 eligible individuals aged 18 and older, only 81 have guardians.
 - Of the total service enrollments, @ 20 % of the services are being provided through Participant Directed or Agency with Choice; while the remaining individuals are enrolled in traditional Purchase of Service

Service Array

- DDS provides:
- Service Coordination
- Variety of Employment Supports and Activities During the Day
- Variety of Family Supports for Individuals Residing in the Family Home
- Variety of Individual Types of Supports
- Variety of Goods and Services
- Limited array of housing supports for individuals with severe challenges
- Exploring new service options based on needs

Infrastructure

- In order to implement the legislative requirements, DDS needed to strengthen its infrastructure.
- Additional staff were added to the Regional Intake and Eligibility Teams.
- An Autism Service Coordinator was added to each Area Office.
- Regional Program Coordinator Positions were added.
- Regional Contract Specialist Positions were added.
- A Data Management System was developed that tracks eligible individuals on a monthly basis, as well as individuals served and individuals in planning.
- A Fiscal Monitoring System was put in place to monitor the \$12.6 million appropriation with additional work underway to track expenditures by service category.

Collaboration with DMH

- **Establish joint DDS and DMH training, eligibility determination, and service development**
- **Collaborate with other state agencies, insurance payers, stakeholders, & families for needed comprehensive services**
- **Encourage Autism Centers of Excellence for access to skilled care for co-occurring behavioral health needs**
- **Develop family supports including respite & care coordination**

DDS/DMH ISA

Key highlights:

Collaboration at all levels

Commitment to work together

Better understanding of perspectives

Dual eligibility

Decision making process for case management assignment

Forensic Capacity

Psychiatric Consultation

Psychiatric Fellowships

Co-Central Office Leadership Team

Engagement of Joint Community Providers

Demonstrations/Pilots for New Service Models

Training Plan

To expand the knowledge based at DDS, DMH and the provider community, a variety of training opportunities as occurred.

- a series of three trainings for the new autism service coordinators, staff from DMH and providers from ADDP were provided. These trainings were provided by prominent external experts and paid for by the SEIU.
- There has been joint training with DMH regarding each agency's eligibility determination and service delivery systems.
- There has been a joint DMH/DDS provider meeting
- DDS has participated in a workgroup established by the Association of Developmental Disabilities Program to examine current services, promote new supports and provide training opportunities.

DDS/ DMH Collaboration

- DDS and DMH have entered into an Interagency Service Agreement to collaborate in the development and funding of supports and services for individuals who are eligible for service in both systems.
- DDS and DMH are learning the similarities and differences between the respective agencies through regular local, regional and central office networking
- Agencies commit to joint trainings, service design and implementation and mutual consultation.

Joint Provider Meeting occurred in November 2014

- DDS will purchase and support additional clinical resources from DMH including:
 - Two psychiatric fellowships (Mass General and UMass)
 - Short term psychiatric consultation
 - Forensic Risk Consultation

Development of Joint Training Agenda

Potential Ways to Support Self-Determination

- Modifications to eligibility letters for adults
- Provision of brochure
- Introduced by Autism Service Coordinators
- Discussions at all levels to promote
- New services being developed include self-direction as service option

Questions

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