**Autism Commission Members**

Carolyn J. Kain, Executive Director of the Autism Commission

**State Legislative Members**
Senator Joan Lovely, Second Essex~Beverly, Peabody, Salem, Danvers and Topsfield

Senator Ryan Fattman, Worcester & Norfolk - Blackstone, Douglas, Dudley, Hopedale, Mendon, Milford, Millville, Northbridge, Oxford, Southbridge, Sutton, Uxbridge, Webster and Bellingham

Representative Christine P. Barber, Medford & Somerville

Representative Joseph D. McKenna, 18th Worcester District

**Non-Legislative Members**

Mary McGeown, Undersecretary of Health and Human Services, Chairperson
*Designee of Secretary of Health and Human Services*

Iraida Alvarez, Acting Executive Director of Special Education
*Designee of the Commissioner of Elementary and Secondary Education*

Faith Ambrose, Executive Office of Education Policy Manager
*Designee of the Secretary of Education*

Timothy Cahill, Acting Deputy Commissioner Department of Development Services, Autism Division

Jennifer Chebator, Director of Disability Services
*Designee of the Acting Commissioner of the Department of Children and Families*

Bronia Clifton, Supportive Housing and Special Projects Manager
*Designee of the Undersecretary of the Department of Housing and Community Development*

Michelle Harris, Deputy Assistant Commissioner, Policy, Planning & Children's Services
Clinical Knowledge of Smith-Magenis Syndrome

Mi-Haita James, Assistant Commissioner for Children, Youth and Family Services
*Designee of the Commissioner of the Department of Mental Health*

Amy Kershaw, Commissioner of the Department of Early Education and Care

Sarah Peterson, Acting Commissioner of Department of Developmental Services

Mary Price, Director MAICEI
*Designee of the Commissioner of Higher Education*

Lee Robinson, Deputy Chief of the Office of Accountable Care and Behavioral Health
*Designee of the Assistant Secretary of MassHealth*

Sacha Stadhard, Manager, Special Grants and Youth Policy
*Designee of the Secretary of Labor and Workforce Development*

James Vander Hooven, President Mount Wachusett Community College
*Designee of the Secretary of Education*

Emily White, PhD, BCBA-D, LABA, Director, DPH Division of Early Intervention,
*Designee of the Commissioner of the Department of Public Health*

Toni Wolf, Commissioner MassAbility

Karyn Wylie, ADRC Coordinator, Community Care Ombudsman at Executive Office of Elder Affairs
*Designee of the Secretary of the Massachusetts Executive Office of Elder Affairs*

Laurie R. Anastopoulos, LCSW, Representative of the Arc of Massachusetts

Janet Barbieri, Representative of The Association for Autism and Neurodiversity

Michelle Brait, Parent, *At-Large Seat*

Joanne Flatley, *At-Large Seat*

Rita Gardner, M.P.H., LABA, BCBA, CDE, President and CEO of Melmark

Zach Houston, MS, BCBA, LABA, Senior Director for Applied Behavior Analysis, Boston Public Schools, *At-Large Seat*

Christine Hubbard, AFAM Representative

Julia Landau, Esq., Representative Massachusetts Advocates for Children

Ann M. Neumeyer, M.D., Representative of the Lurie Center

Jessica Sassi, PhD, BCBA-D, LABA, CEO The New England Center of Children

Jo Ann Simons, Northeast Arc Representative, *At-Large Seat*

Amy Weinstock, Representative Autism Insurance Resource Center

**Introduction**

The 2014 Autism Omnibus Law established the Autism Commission as a permanent entity, comprised of 35 members including State Legislators, State Secretariats, State Agencies, and 14 individuals appointed by the Governor including Autism advocates and service organizations. The Secretary of Health and Human Services is the designated Chair of the Commission. The Commission has six (6) subcommittees, each co-chaired by a state agency member of the Commission and an appointed member of the Commission. The subcommittees are 1) Birth to 14 years of age; 2) 14-22+/employment; 3) Adults; 4) Healthcare; and 5) Housing. The subcommittees meet monthly or bi-monthly.

The Autism Commission is charged with making recommendations on policies impacting individuals with Autism Spectrum Disorders (“ASD”) and Smith-Magenis syndrome. The Commission is required to investigate the range of services and supports necessary for such individuals to achieve their full potential across their lifespan, including but not limited to, investigating issues related to public education, higher education, job attainment and employment, including supported employment, provision of adult human services, post-secondary education, independent living, community participation, housing, social and recreational opportunities, behavioral services based on best practices to ensure emotional well-being, mental health services and issues related to access for families of children with autism spectrum disorder and adults who are from linguistically and culturally diverse communities. [[1]](#footnote-2)

This report provides the 2024 updates on services provided to individuals with ASD and the recent recommendations of the Autism Commission established therein.

**Autism Prevalence**

The most recent prevalence of autism spectrum disorder (“ASD”) reported by the CDC for eight (8) year olds is **1 in 36**, with four times as many boys being diagnosed with ASD than girls.

**Department of Elementary and Secondary Education (DESE)**

DESE reports that for the 2022-2023 school year there were 28, 335 students with autism enrolled in the Commonwealth. DESE also collects aggregate data on race and ethnicity, as well as low income for individuals with ASD. This data is included as **Appendices A, AA, B and BB** to this report.

**Department of Public Health (DPH), Early Intervention**

DPH’s Early Intervention Specialty Services providing Applied Behavior Analysis Services (ABA) for individuals with ASD collected data on race, ethnicity, spoken language, service hour utilization and telehealth services. This data is included as **Appendix C** to this report.

**Workforce Shortages the Lingering Impact of the Global Pandemic**

During the global pandemic, Human Service agencies experienced significant workforce declines from; 1) the shift to remote services when day programs were required to shut down in-person services; 2) personnel choose to leave direct care work for personal health and safety reasons; and 3) some direct care workers experienced “burnout” from the extended hours required at residential programs when day programs were unavailable. While progress has been made by DDS and some providers on workforce issues, and significant investments by the Commonwealth to improve this workforce crisis with rate increases by MassHealth and the Department of Developmental Services, workforce challenges persist to present day especially for individuals with high acuity. See; [ADDP Workforce Metrics Report\_October 2024.pdf](https://d15k2d11r6t6rl.cloudfront.net/pub/gwvp/8xxcpq5y/phf/28r/pl7/ADDP%20Workforce%20Metrics%20Report_October%202024.pdf) Additionally, the number of individuals with Autism and an intellectual disability Turning 22 each year and exiting special education services has increased, including individuals who present with complex profiles and high behavior needs, which requires increased staffing beyond a 1:1 ratio. As a result, some individuals eligible for adult services are still waiting for appropriate day and residential placements. While others are waiting to return to their programs on a full-time basis because of staffing shortages.

**Updates on Services for Individuals with Autism**

**Department of Developmental Services.** The Department of Developmental Services (“DDS”) was directed to develop a comprehensive program of community developmental disability services and to issue licenses to providers for a term of two years. DDS was also required to file annual reports reviewing its progress on the implementation of the law.

Children’s Autism Waiver Program

There were **422** children enrolled in the Autism Waiver Program in FY24, of those 422 children, 106 children had a comorbidity (autism plus another diagnosis), of those 422 children, 1 of them has Retts Syndrome.

**Language plus interpreter breakdown:**

|  |  |  |
| --- | --- | --- |
| **Language** | **Total # Participants** | **# that require an interpreter** |
| English | 271 | 0 |
| Spanish | 86 | 41 |
| Arabic | 7 | 3 |
| Portuguese | 20 | 12 |
| Vietnamese  | 10 | 8 |
| Moroccan Arabic | 2 | 2 |
| Mandarin  | 8 | 6 |
| Urdu | 1 | 0 |
| Cantonese | 4 | 2 |
| Cape Verdean Creole | 1 | 0 |
| Amharic | 3 | 2 |
| Haitian Creole | 4 | 0 |
| Somali | 2 | 1 |
| French | 1 | 1 |
| Russian | 1 | 0 |
| Brazilian Portuguese | 1 | 1 |

**Ethnicity Breakdown:**

|  |  |
| --- | --- |
| **Ethnicity** | **# Participants** |
| Caucasian  | 129 |
| African-American | 61 |
| Latino/Hispanic | 134 |
| Portuguese  | 15 |
| Middle Eastern | 9 |
| Caucasian/Hispanic | 2 |
| Brazilian | 13 |
| Vietnamese  | 9 |
| Moroccan  | 2 |
| Asian-American | 6 |
| Jordanian | 1 |
| Chinese | 9 |
| Asian | 6 |

FY24 DESE/DDS Residential Prevention Program

Number of Students enrolled in the program 845

Number of New students entering in FY24 106

Number of Students who terminated from the 22

 program to enter a residential school setting

Students between18-22 with an Autism Diagnosis 58%

Students between 6-17 with an Autism Diagnosis unknown by diagnosis

Males enrolled 73%

Females enrolled 27%

Number of Families needing translation 39

and/or interpretation

Number of records in Meditech with 381 45%

recorded Race information

 American Indian /Alaska Native 1

 Asian/Pacific Islands 36

 Black or African American 33

 Hispanic/Latinx 17

 Multiracial 17

 White 277

DDS continues to work diligently to implement the expanded eligibility requirements of the Autism Omnibus Law of 2014. DDS uses the most recent edition of the Diagnostic and Statistical Manual to verify the diagnosis of Autism, has adopted the developmental disability definition as the criteria for functional impairments, and uses standardized assessment tools, records, and clinical interviews to establish whether an applicant has three areas of substantial functional limitations. DDS revised its application and processes to support the expansion programming.

DDS works closely with the Department of Mental Health (DMH) to establish shared training opportunities to support individuals with Autism, to clarify eligibility criteria between the agencies, and to determine how to support individuals who have both Autism and significant mental health needs. The two agencies are also partnering on two proof-of-concept projects. The first is a community Clinical team wrap-around pilot for young adults with Autism and significant mental health challenges that began with five Providers across the state in the April 2024.

The second is the proposed development of up to 5 group residences for the same population. DDS also works closely with the Autism Commission, participates in the Commission's Sub-Committees, and has prioritized ongoing work and collaborations with our sister state agencies to understand and meet the expanding numbers and needs of people with Autism. DDS also facilitates a dynamic internal Autism Services work group to support statewide training and the development of new service models.

Eligibility Update

Since January 1, 2024, DDS determined that **511** new individuals met the criteria of Autism eligibility without an intellectual disability for a total of **5,156** Autism individuals as of August 1, 2024. This is an 12% increase from the previous year. Of the 5,156 individuals, 14 currently meet the criteria of Prader-Willi Syndrome. Of the total number of Autistic and related individuals eligible for DDS, **3,449** are over the age of 22, and **1,707** are between the ages of 18 and 21. Seventy-nine percent (79%) of the Autistic individuals are males and twenty-one percent (21%) are females.

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligibility Breakdown** | **FY 2023** | **FY 2024** | **Percent Change** |
| Total number **Autism-only** eligible | 4,624 individuals | 5,156 individuals | ↑ 12% |
| Total number 18-21 years of age | 1,536 individuals | 1,707 individuals | ↑ 11% |
| Total number 22+ | 3,088 individuals | 3,449 individuals  | ↑ 12% |

**I**n the **FY 2024** Turning 22 class, **443 i**ndividuals met the criteria for Autism-only eligibility, representing 32% of the Turning 22 class. There are also **308** individuals with Autism and ID within the FY 2024 T22 class which is an additional 22 % of the FY 2023 Turning 22 class.

**For FY 25**, there are **489** individuals with **Autism-only** in this year’s Turning 22 class, which is 33% of the FY25 Turning 22 class. There are also **364 individuals with Autism and ID**, which is an additional 25% of the FY25 Turning 22 class, for a total of **58% of the T22 class with autism**.

These numbers do not reflect the total work effort of the eligibility teams as the numbers exclude all children’s applications processed as well as all Intellectual Disability adult applications.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Turning 22 Autism Data** | **FY 2024** | **% of T22 class** | **FY 2025** | **% of T22 Class** | **Percent Change****Number of ind.** |
| T-22 Autism Only | 443 individuals | 32% | 489 individuals | 33% | ↑11% |
| T-22 Autism & ID | 308 individuals | 22% | 364 individuals | 25% | ↑18% |

The majority of Autism-only individuals are presumed competent and reside either with families or live independently. Many have co-occurring mental health issues, ranging from anxiety disorders and depression to major mental illness. Ongoing work to refine the collaboration between DMH and DDS in serving these individuals effectively continues to be an area of focus in the coming year.

DDS Services

Autism-only individuals can access many of the services offered to the Department's ID adult caseload, as well as the new adult Autism-specific services (Coaching, College Navigation) developed to support this population. Individuals can choose their service delivery method, including the traditional contracted system, Agency with Choice model, or full self-direction. Of the total service enrollments 19% currently choose to self-direct their services through either full self-direction or Agency with Choice.

Once the choice of service delivery method has been selected, the individual selects services from the Department's traditional array of services, including:

* Service Coordination,
* Employment Support and Day Activities,
* Family Support (for those living with families) including companion, respite, and flexible funding,
* Individual Support (for individuals living independently) including in-home support/assistance,
* Vocational and Social Skills Coaching,
* Pre-Engagement/Coaching,
* College Navigation
* Assistive Technology
* Remote Support & Monitoring

Two newer supportive technology services, Assistive Technology (AT) Services and Remote Support and Monitoring Services are also available to Autistic individuals. These new services are aimed at promoting and developing the use of supportive technology as opportunities for individuals to lead more inclusive and independent lives.

Assistive Technology (AT) Services consist of three services, AT consultation/ evaluation services to determine the assistive technology needs of an individual, AT equipment to cover costs of equipment per the assessment, and Assistive technology support which includes set-up, training for the individual, and support network that aids an individual in the use of assistive technology equipment there are **13** AT provider agencies that contracted with DDS as of August 2024.

Remote Support and Monitoring Services combines technology and direct care staff to support people with developmental disabilities.  Remote Support and Monitoring Services (RSM) provide an off-site direct service provider that monitors and responds to an individual’s health, safety, and other needs using live two-way communication system(s) and other technologies while offering individuals more independence in their lives.  The are **10** RSM provider agencies that contracted with DDS as of August 2024.

Many of the DDS traditional services that are requested are appropriate to meet individuals' needs; however, some require modifications, while others (such as Residential supports) are not routinely available to the Autism-only population within the DDS menu of services. The availability of all services continues to be impacted by challenges providers are facing addressing the workforce crisis and recruiting an adequate number of staff to deliver the services required by individuals and their families.

Autism-Only Services

Coaching has been offered by DDS to individuals with Autism since FY2017 through a pilot program. As part of the original coaching pilot service, DDS added a pre-engagement program for a small number of individuals who were slow to engage in DDS services. DDS also piloted a college navigation program for individuals attending community colleges and state universities. Given the success of both pilots, in August 2020, DDS posted a combined procurement to add Pre-Engagement/Coaching, and College Navigation to services available statewide for individuals with Autism. At the end of the procurement, 19 providers were qualified in total, 14 were qualified for both services, 3 were approved for Pre-engagement/Coaching only and 2 were approved for College Navigation only. There are at least 6 qualified providers for these new services as of July 1, 2021, in each of the four DDS regions. As of August 1, 2024, there are **356** individuals enrolled in Pre-Engagement/Coaching and College Navigation has an enrollment of **242** students.

Of the Autism individuals ages 18-21, **708** are currently enrolled in one or more DDS services. Of the individuals ages 22+, **2,249** are receiving at least one specific service. All eligible individuals are assigned an Autism Service Coordinator.

In FY2024, the Turning 22 account (5920-5000) continued to support DDS’s ability to meet the needs of its Autism-only and Autism ID transitioning class.

Waitlist

Once found eligible, Autism-only individuals are assigned a DDS Service Coordinator. This Service Coordinator works with the individual to identify service delivery options and the types of services and supports the individual is seeking. These services may be DDS-funded services, overseen by other state agencies, or community and generic supports.

Challenges

Engaging individuals with Autism has sometimes been challenging for the Autism Service Coordinators. Many individuals have had no experience with state agency services and have been without services since leaving school. DDS staff work thoughtfully and conscientiously to engage each individual and their family to identify appropriate services and establish a rapport with these individuals and families. Peer mentoring, coaching, specialized therapies, and alternative housing support are examples of services that are being requested. Throughout the COVID public health emergency, Autism Service Coordinators along with all DDS Service Coordinators were given cell phones and laptops to maintain communication and support to individuals served by the department. Autism Service Coordinators returned to a hybrid working environment in 2021 and were able to participate in some face-to-face interactions with individuals on their caseload. The use of text messaging, videoconferencing, and social media continues to be an effective venue for maintaining contact and communication.

Autistic individuals and their families about to turn 22 often express interest in residential services. DDS' ability to provide housing support for newly eligible **Autism-only** individuals is extremely limited. In rare instances where there are significant health or safety concerns, DDS has provided shared living options or more intensive individual support.

Staffing

DDS has strengthened its infrastructure to support the Autism adult population. An Autism Implementation Working Group has been established to gather feedback from the field, review clinical needs, monitor expenditures, and identify service needs and gaps, risk factors, and training needs.

In September of 2022, the Department hired a Director of Adult Autism Support who reports to the DDS Assistant Commissioner. This position has taken over the responsibility of leading the Regional Autism Coordinators to align and expand the Department’s statewide efforts, including creating an annual Autism Services Workplan and an ambitious slate of training for EOHHS staff and providers. The Department also brought on two Adult Autism Managers to help lead and manage the expansion of services for adults with Autism. Regional Autism Supports Coordinators work within their respective regions to identify and map resources, implement departmental and local initiatives, act as liaisons to providers, and other state and local community groups, and support the Autism Service Coordinators within their region. Each of the twenty-three DDS Area Offices has at least one full-time Autism Service Coordinator, who are responsible for the targeted case management of adults with Autism-only.

As of August 2024, DDS has invested in a total of **55** Autism Service Coordinator FTEs statewide. Ongoing rapid growth in Autism-only eligibilities has raised the current average caseload to **92 individuals per Service Coordinator**, which given the complexity of many of these cases is very high.

Community Infrastructure

DDS maintains a statewide network of Autism Support and Family Support Centers. Centers are expected to engage in outreach to connect with families and to be able to provide services to families from diverse cultural, ethnic, and linguistic communities in the geographic area they are serving, which may involve creating partnerships with community organizations and other resources to provide culturally responsive services. The Centers are personalized by region to try to reach Neurodiverse individuals and their families most effectively based on local characteristics. There are two Autism Support Centers that serve both children and adults located in the Central West region; there are two adult-only Autism Support Centers in the Metro area, as well as one Center that serves children and families. The Northeast Region has one Autism Support Center which serves both adults and children and families. In the Southeast region, there is one Children’s Autism Support Center and there are nine (9) Family Support Centers in which an Autism Support Specialist was added to the staffing mix to support adults. DDS will continue to remain flexible in determining which of these designs is most effective in reaching the adult Autism population.

Collaboration with the Department of Mental Health

One of the features of the 2014 Autism Omnibus legislation was that DDS and DMH were charged with developing a plan to provide services to individuals who have both a mental illness and a developmental disability. DDS and DMH entered into an Inter-Agency Agreement to collaborate in the development and funding of support and services to individuals who are eligible for services from both agencies.

DDS and DMH also have an Inter-Agency Agreement that expanded clinical expertise through the addition of Doctoral-level Fellowships. For the **2023-24 academic year** (July to June): Combined, the sites recorded **19** evaluations of DDS/DMH clients resulting in diagnostic clarification, service needs and treatment planning suggestions for individuals with ASD and mental health issues. Ten (**10**) evaluations were conducted with the Massachusetts General Hospital Autism Spectrum Disorder Fellowship, at the Bressler Clinic and at the Lurie Center, and nine (**9**) at the UMass Memorial Health Center (UMMHC) Neuropsychiatry Clinic, Center for Autism and Neurodevelopmental Disorders (CANDO) sites.

DDS and DMH have also collaborated on two joint proof of concept proposals included in the EOHHS American Recovery Act Plan (ARPA) submission.

“**Expanding In-Home Services for Individuals 18 to 25 with Autism and Behavioral Health Diagnosis**” created five intensive community-based wrap-around programs for young adults with Autism and significant mental health challenges. These supports are designed to allow these individuals to remain in their homes and actively participate in their communities rather than being placed in institutional settings in hospitals, boarding in the ER, or homeless. Five regional Clinical Teams are currently providing these supports across the state under the shared oversight of DDS and DMH.

The “**Transitional Residential Services for Persons with Autism and Behavioral Health Diagnosis**” proposal seeks to develop specialized five 4-person group living residences and 2 respite homes (one adolescent and one adult respite) for individuals with Autism and co-occurring mental health disorders. Individuals will have access to needed services and support from DDS and DMH in one setting. This residential RFR was posted at the start of FY 25 and two qualified potential provider organizations have been identified.

As in previous years, DDS was able to offer many Autism training opportunities to DDS, DMH, and provider staff. **In 2024 DDS held 17 statewide training sessions** ranging from co-occurrence of Autism and mental health challenges to a multi-part housing navigation series. We also offered a series of 10 professional development trainings for our Autism Service Coordinators on topics they selected as most pressing for their caseloads.

Future Developments

As DDS continues to implement the statute, it is clear that the needs of the Autism population are diverse. Challenges that have emerged since the start of this newly eligible population include:

* The mental health needs of individuals with Autism and the difficulty of accessing appropriate community-based clinical services
* The supportive housing needs for a subset of the population, and
* The need for additional services designed or modified for autistic individuals to add to the menu of available supports
* Matching available Service Coordination resources to the rapidly expanding population of Autistic individuals

DDS continues to further educate its workforce in developing a greater understanding of the needs of the Autism population compared to the adult ID population it has traditionally served. There is an ongoing need for effective services in the intersection between Autism and the mental health needs of autistic individuals. To that end, we continue to prioritize our joint work with DMH and have offered an aggressive series of statewide training for both Providers and our staff. One ongoing barrier to behavioral health treatment for Autistic individuals has been limited access to psychiatric care. This area is a priority for DDS in our annual Autism work plan, with a focus on outreach to MassHealth and other behavioral health providers for opportunities for collaboration and cross-training.

DDS has learned a great deal about how to engage adults with Autism, the types of services that are needed and desired, and the challenges associated with implementing them. Responding to the COVID-19 health crisis fast-tracked the deployment of technology to staff and staff use of virtual tools to engage and provide support. DDS intends to continue to capitalize on and embrace the lessons learned to identify new venues for providing support and services. However, there continues to be stigma associated with applying for DDS services among some segments of the Autism population. DDS will continue to explore the types of services needed to adequately support adults with Autism and strategies to engage Neurodiverse individuals in services that meet their stated needs and preferences. We look forward to continuing working with all interested stakeholders, including the Autism Commission, in continuing to implement the mandates outlined in the statute.

Coverage of Medically Necessary Treatments by MassHealth.

MassHealth implemented coverage for ABA in June 2015. **In FY2022, *MassHealth spent a total of* $185.4M** for **7,917** members. **In FY2023**, MassHealth spending on ABA services was **$188,711,817.** for **9,328** members.  **In FY2024 .** MassHealth spending on ABA services was **$233,408,025** for **10,092** members. **The FY2024** breakdown of the ages of the children is found on the table, below.

**ABA Utilization by Age Group - SFY 2024**

|  |  |  |
| --- | --- | --- |
| **Age** | **Distinct Members** | **Amount Paid** |
| 0-5 | 5,473 | $143,561,189 |
| 6-12 | 3,679 | $73,412,300 |
| 13-17 | 729 | $12,324,064 |
| 18-20 | 211 | $4,110,472 |
| **Total** | **10,092** | **$233,408,025** |

MassHealth Fee-for-Service (FFS) provided the following devices to individuals with Autism spectrum disorders (ASD):

* In FY23 - 110 dedicated speech generating devices (SGDs) and 4 non-dedicated devices
* In FY24 - 116 dedicated speech generating devices (SGDs) and 3 non-dedicated devices

*\* Note: The SLP clinics have trialed the non-dedicated devices that we have provided them with, however many MH members have not been found to be medically appropriate*.

2. MassHealth Managed Care Entities (MCE) specifically Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs) provided the following devices to individuals with Autism spectrum disorders (ASD):

* In FY23 - 98 dedicated speech generating devices (SGDs).
* In FY24 - 202 dedicated speech generating devices (SGDs).

FY24 Initiatives:

* This year, MassHealth collaborated with MCE plans, specifically ACOs/MCOs to establish a process to obtain non-dedicated devices for their members leveraging the same process as FFS members easing the administrative burden on the Speech Therapist.
* This summer, MassHealth partnered with three (3) additional Speech Language Pathology Providers, (resulting in 8 locations with 85 devices between them), to pilot the process for accessing non-dedicated devices for their patients.
* MassHealth continues to work with Rutters Technologies, an IT company, to assist with setting up all the technical components of the devices before delivering them to clinics.
* MassHealth is currently finalizing a Request for Applications (RFA) for any MassHealth Enrolled Providers that provide Outpatient Speech/Language Pathology Services; this will include Acute Outpatient Hospitals, Chronic Disease Rehabilitation Outpatient Hospitals, and Outpatient Therapy Providers that will be able to apply to assist with accessing non-dedicated devices to MassHealth members.

MassAbility Services for individuals with ASD

In FY24, MassAbility served a total of **3,709** **Career Services (CS) consumers with ASD overall. Of these, 879 are enrolled in Post-Secondary Education**.  In terms of race and ethnicity (some identified as having two or more races), these 879 individuals in post-secondary education are broken down as 746 White (84.9%), 62 African American (7.1%), 66 Hispanic (7.5%), 38 Asian (4.3%), 3 Native American/Alaska Native/Native Hawaiian/Pacific Islander (0.3%), and 10 unidentified (1.1%). These individuals are enrolled in degree-bearing post-secondary education programs based on their latest Individualized Plan for Employment (IPE) with MassAbility. At the time of application to CS services, 57.2% identified their primary source of support as Family or Friends, 30.7% as Public Support/Benefits, 11.4% as personal income, and 0.7% as other sources.  Regionally, 39.8% are in the North District, 30.2% in the West District, and 30.0% in the South District.

MassAbility has 35 providers of Pre-Employment Transition Services (Pre-ETS), which provide job exploration counseling, workplace readiness trainings, workplace learning experiences, counseling in post-secondary training opportunities, and self-advocacy to students aged 14-22.  In FY24, **879 VR eligible consumers with ASD received services from its Pre-ETS vendors**, of which **825 received a work-based learning experience**. In terms of race and ethnicity (some identified as having two or more races), these 879 individuals in post-secondary education are broken down as 717 White (85.3%), 64 African American (7.6%), 60 Hispanic (7.1%), 39 Asian (4.6%), and 4 Native American/Alaska Native/Native Hawaiian/Pacific Islander (0.2%).

In FY24, **311 individuals with ASD served by MassAbility achieved successful employment outcomes**, and **72.9% of individuals retained employment** after placement to successful employment outcomes. MassAbility also partnered with the Association for Autism and Neurodiversity (AANE) to provide training for MassAbility staff on best practices and strategies for serving individuals with autism.

1. In FY24, MassAbility **received 190 referrals** through the **688 Process for individuals with** **ASD** and served **448 individuals with ASD** in its **Transition to Adulthood (TAP) program**, which is operated by the Independent Living Centers (ILCs) to provide peer-driven transition services to youths with disabilities. However, we only have information on 329 of those consumers in terms of race and ethnicity. These 329 are broken down as 186 White (56.5%), 27 African American (8.2%), 16 Asian/Pacific Islander (1.8%), and 53 Hispanic (6.0%), as 33 chose not to disclose (37.5%) and 22 selected “Other/Multiple” (2.5%).
2. In FY2023, MassAbility began to collect data on applicants for both its Career Services and Home and Community Life divisions through MassAbility Connect. **In FY2024, there were 1,095 applicants with Autism for Career Services, and 265 for Home and Community Life.** The Home and Community Live applicants are broken down by program as follows: MassAbility’s Home Care Program had 108 applicants, Supported Living (SL) had 106, and the Statewide Head Injury Program (SHIP) with 10.
3. Based on the data collected for MassAbility VR consumers with ASD, it is recommended outreach processes be developed designed to increase the number of referrals from consumers with ASD in the following areas, females, those residing in urban areas, as well as individuals of diverse ethnic and racial backgrounds as there may be an unmet need in these populations. MassAbility’s Office of Learning and Community Engagement is a resource that will be able to be utilized to assist with these outreach efforts.
4. In FY22, MassAbility was awarded and began operation of a 5-year federal demonstration grant known as NextGen Careers. Individuals with ASD are a target population for this project. NextGen will focus on serving young adults ages 18 to 30 with the goal of evaluating a new model for services designed to lead to employment outcomes with higher wages and career pathway opportunities in fields such as STEM. **As of June 30, 2024, 202 young adults with Autism had enrolled in NextGen cumulatively since the program’s inception, consisting of 32% of all NextGen young adults.**

 **Ongoing work of the Autism Commission’s Subcommittees**

**Birth – 14 Subcommittee Priorities**

**Transition from Early Intervention to Special Education**That the Birth to 14 Subcommittee will examine available information related to the transition of children with autism spectrum disorder from early intervention to special education, with a focus on the timeliness of this transition and the continuity of supports.

**Child Safety**That the Birth to 14 Subcommittee will facilitate the sharing of resources that might be available for communities, schools and individual households to improve safety for students with autism spectrum disorder, particularly aimed at addressing concerns such as wandering, bolting, accidental drowning, psychosexual health.

**14 – 22 Subcommittee Priorities**

**Extended Day/Extended Year/After-School**

The goal of this recommendation is to provideadditional opportunities for individuals with ASD for skill development and generalization of skills to avoid the need for a more restrictive setting, such as a residential school placement.

That parents be provided with information and educational materials regarding (1) their right to request longer day services to be considered as part of their child’s special education IEP services, (2) potential after-school programming to enable students with ASD to participate in extracurricular/non-academic activities and community-based services along with their non-disabled peers, and (3) the DDS/DESE residential prevention program (subject to availability). The subcommittee recommends that this information be developed by DESE and the Federation for Children with Special Needs, with input from this subcommittee, as part of the Federation’s Parent Training programs and materials.

*Update: In* ***March 2023****, the Department of Elementary and Secondary Education (DESE) released* [*a new statewide IEP*](https://www.doe.mass.edu/sped/ImproveIEP/iep-form/)*, to be fully implemented in* ***Fall 2024****. The new IEP contains expanded information and questions about the duration of an eligible student's school day or school year. DESE developed an accompanying "*[*Technical Guide*](https://www.doe.mass.edu/sped/ImproveIEP/iep-technical-guide.docx)*" that provides direction to IEP Teams for completing all sections of the IEP, including the need for an extended day or extended year. DESE is in the process of developing additional resources to support families with the IEP process.*

**Special Education Placements**

Recognizing that all student placement decisions are based on individual team decisions, the 14-22+/Employment Committee recommends that DESE (1) share with all Massachusetts school districts and families data on the IEP placement of students whose primary disability is autism - disaggregated by race, gender, English proficiency, and economic status; (2) continue collecting, analyzing and widely disseminating this data on at least an annual basis; and (3) continue and increase its professional development and support to school districts regarding equity for autistic students who are students of color, have limited English proficiency, and/or are low income for all educational decisions, including decisions affecting initial special education evaluations, student placement, graduation rates, attendance, discipline, seclusion, and physical restraint.

The goal of this recommendation is to raise awareness of potential inequities in student placements and to promote equity in all educational decisions affecting autistic students of color, low-income autistic students, and autistic students who have limited English proficiency.

**Adult Subcommittee Priorities**

**Expand Access to Resources for Aging Autistic Individuals, including those who were not eligible for services prior to 2014, and their Aging Caregivers and Support Networks**Encourage the Department of Developmental Services (DDS), MassHealth and other agencies to develop and disseminate a resource/information packet targeted to individuals aging with autism and their natural support networks and caregivers, including those who may not have been eligible for services prior to 2014.

**Examine Barriers to Accessing Services, including Healthcare Services, Created by Late Diagnosis of Autism Spectrum Disorder (ASD)**Explore ways to effectively reach out to those aging with autism who were not eligible for services prior to 2014 to provide information about and navigation guidance regarding eligibility and services.

**Healthcare Subcommittee Recommendation and Priority**

***Recommendation***

Expand providers who can diagnose ASD for purposes of ABA medical necessity requirements.

 ***Priority***

Work with MassHealth, DMH and DDS to ensure that individuals with ASD and behavioral health (BH) needs have appropriate access to the full BH care continuum, inclusive of diversionary and hospital-level care.

 **Housing Subcommittee Priorities**

The Housing Subcommittee will develop case studies of existing state-funded housing projects for individuals with ASD to assist the affordable housing field in Massachusetts in planning and developing sound affordable housing projects for individuals with ASD. Case studies will provide information on public and private financing sources, costs, design features, development and operational innovations and challenges.

The Housing Subcommittee will track the implementation of the Affordable Homes Act with specific attention to the changes to state law regarding ADUs, the Home Modification Program, the Facilities Consolidation Fund, and other programs and legislative changes that could be leveraged to support affordable housing for individuals with ASD.

1. Chapter 226 of the Acts of 2014, Section 1(c) [↑](#footnote-ref-2)