

## Instructions: DCAMM Scoping Form for MAAB Compliance

Building Repairs, Alterations, and Renovations

Version 2.0

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Shaded box:

Check box

	Box C
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### General instructions:

- Fill in the shaded boxes.
- Mark the small white check boxes where appropriate.
- The larger white boxes (Boxes C, D, E, etc.) will auto-populate.

NOTE: If the entire text does not fit in a text box, continue entering data until complete. The form is to be sent electronically, and all data will be saved.

### Important sending directions:

- Save a copy of the Excel form for future reference.
- Send the completed Excel form by email to:  
[accessibility.dcam@mas.gov](mailto:accessibility.dcam@mas.gov).
- Do not convert the completed form into a PDF. Leave the completed form in its Excel format.

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### DCAMM Scoping Form for MAAB Compliance Building Repairs, Alterations, and Renovations

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DCAMM requires that all DCAMM-funded projects be in full compliance with state and federal accessibility laws and regulations, including the Rules and Regulations of the Massachusetts Architectural Access Board (521 CMR), Title II of the Americans with Disabilities Act (ADA), as amended, the 2010 ADA Standards for Accessible Design and other legislation and executive orders that may apply to upholding the rights of citizens with disabilities to equal access to programs, services, and activities of the Commonwealth, including employment.

This form is intended to help facility managers and design consultants during the Study Phase to determine the scope of MAAB requirements for a project. This form should be filled out as early as possible and incorporated into the Study document in the Code Review section. Completing this form does not relieve the designer and user agency of its obligations to provide equal access to persons with disabilities to programs, services, and activities. For technical assistance related to Title II ADA compliance contact the Statewide Accessibility Initiative (SAI) at [accessibility.dcam@mass.gov](mailto:accessibility.dcam@mass.gov)

Form completed by:	<input type="text"/>	Date:	<input type="text"/>
DCAMM project #:	<input type="text"/>	CAMIS "J" #:	<input type="text"/>
Project name:	<input type="text"/>		
Building name:	<input type="text"/>	Site name:	<input type="text"/>
Study consultant:	<input type="text"/>		
Anticipated date of building permit:	<input type="text"/>		

### Project specific information:

- **Form completed by:** Indicate the person filling out this form.
- **Date:** Enter the date on which the form was filled out.
- **DCAMM project #:** Enter the DCAMM project number if known. This number typically starts with three letters for the agency, followed by four numbers, a dash, two letters and a number (ex. DMH1201-DC1). If a DCAMM number has not been established or is not known, leave blank.
- **CAMIS "J" #:** Enter the CAMIS "J" number if this is a deferred maintenance project.
- **Project Name:** Enter a project name. This name should be descriptive of the overall project. It can, but does not have to match the project name on the deferred maintenance list.
- **Building Name:** Enter the common building name. This name can match the CAMIS building name.
- **Site Name:** List a descriptive site name (ex. North Lowell Campus). This name can match the CAMIS site name.
- **Study consultant:** List the primary study consultant if assigned.
- **Anticipated date of building permit:** List the anticipated date of building permit. This date will be used later to determine work performed over the last 36 months.

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### 1. Describe the scope of work:

### 2. Does the scope of work include a change of use from private space (ex. single family house) to public space (ex. administrative offices)? If yes, describe the situation, complete the rest of the form, and contact the Statewide Accessibility Initiative (SAI) for technical assistance.

Yes  No

### 3. Is the building connected by doors or corridors to another building? If yes, describe the situation, complete the rest of the form, and contact the SAI for technical assistance.

Yes  No

**ADVISORY - Definition of Building per 521 CMR Section 5:** Before proceeding with this form, please be aware that the definition of building per IBC or 780 CMR differs from the definition per 521 CMR. This form does not ask you to define the building in terms of 521CMR. However, please be aware that the scoping result may change depending on the information provided in Question #3 above. The SAI will provide technical assistance if Question #3 is answered affirmatively.

### Instructions for form item numbers

**Item #1 - Describe the scope of work:** Enter a brief description of the work that will be performed on the project. Include where the work will be performed and what the work will include. Example: The first floor of the North Academic building will undergo a full renovation including removal and replacement of stairs, flooring, interior walls, ceilings, and windows. Plumbing and electrical work will be included. A new boiler will be added in the basement.

**Item #2 - Scope of work, change in use:** Check yes or no, but not both. Spaces created for public use that were previously closed to the public may trigger additional accessibility requirements. Please contact the Statewide Accessibility Initiative if you have questions about whether this project includes a change of use from private space to public space.

**Item #3 - Connection to other buildings:** Check yes or no, but not both. The definition of a building varies between the State Building Code and the Massachusetts Architectural Access Board. A building that is connected to and reliant on other buildings for accessible features may require different levels of compliance than a stand-alone structure. Please contact the Statewide Accessibility Initiative if you have questions about whether this building is connected to another building.

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4. Enter the Estimated Construction Cost (ECC) including possible change orders and/or contingencies:	<input type="text"/>	Box A	
5. Enter the current CAMIS Value in Box B. <i>Search the tab "2015 CAMIS Values" at the bottom of this worksheet.</i>	<input type="text"/>	Box B	
CAMIS ID #:	<input type="text"/>	CAMIS Building Name:	<input type="text"/>
6. 30% of the current CAMIS Value is:	<input type="text"/>	Box C	
7. Enter the total cost of any permitted work occurring 36 months prior to the anticipated date of building permit using the lines below.	<input type="text"/>	Box D	
Anticipated date of building permit for current project:	<input type="text"/>		
Description of permitted work occurring 36 months prior...	Date of Building Permit	Construction Cost (plus change orders)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
8. The total cost of ECC plus permitted work occurring 36 months prior is:	<input type="text"/>	Box E	

**Item #4 - Box A.** Enter the ECC including possible change orders or contingencies.

**Item #5 - Box B.** Enter the current CAMIS Value. This information can be found on the worksheet tab at the bottom of this document titled "20XX CAMIS Values". The CAMIS data sheet can be searched by filter or you can scroll to find the correct building. Please enter the exact CAMIS building name as it appears on the list. This name does not have to match the name previously provided.

**Item #6 - Box C.** 30% of the CAMIS Value. This box will auto-calculate. No input is needed. Box C should equal 30% of the value listed in Box B.

**Item #7 - Box D.** Total cost of permitted work 36 months prior. This box will auto-calculate as the shaded chart below is completed. Box D should equal all costs over 36 months prior to the anticipated building permit date.

**NOTE:** The "anticipated date of building permit" will auto-populate from its previous entry on the form. See page 2 of these instructions.

**Item #8 - Box E.** Total cost of ECC plus permitted work over 36 months. This box will auto-calculate. Box E should equal Box A plus Box D.

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**9. Is the work being performed limited to ONLY the following categories of work? (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Electrical                       | <input type="checkbox"/> Exterior envelope repairs                  |
| <input type="checkbox"/> Roof repair/ replacement         | <input type="checkbox"/> Automatic sprinklers, but not alarm system |
| <input type="checkbox"/> Mechanical/ HVAC                 | <input type="checkbox"/> Site utilities                             |
| <input type="checkbox"/> Window repair/ replacement       | <input type="checkbox"/> Abatement of hazardous materials           |
| <input type="checkbox"/> Plumbing, not including fixtures |   |

**Item #9 - Is the work being performed limited to ONLY the following categories of work?** The MAAB may provide a certain exemptions when the work being done is entirely comprised of the listed work in under this heading and under certain dollar values. If your project includes other work in addition to the type of work listed under this heading, do not check any boxes.

**10. Does the work being performed include any of the following components or elements? (check all that apply)** *Work done on these facility elements must be in compliance with accessibility regulations. For example, paving of walkways may require making the slope of the walkway accessible; installing low flow toilets may require additional accessibility upgrades; upgrading fire alarm systems may require changes to pull box locations.*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Roadways/ curb cuts | <input type="checkbox"/> Elevators/ lifts                 | <input type="checkbox"/> Program spaces   |
| <input type="checkbox"/> Parking             | <input type="checkbox"/> Doors                            | <input type="checkbox"/> Unique spaces per 521CMR:<br>Retail Establishments, Transient Lodging<br>Facilities, Educational Facilities, Medical<br>Care Facilities, Detention Facilities,<br>Transportation Terminals, Recreation |
| <input type="checkbox"/> Walkways/ steps     | <input type="checkbox"/> Showers                          |   |
| <input type="checkbox"/> Building entries    | <input type="checkbox"/> Drinking fountains               |   |
| <input type="checkbox"/> Ramps               | <input type="checkbox"/> Fire alarm system                |   |
| <input type="checkbox"/> Stairs              | <input type="checkbox"/> Toilet rooms / plumbing fixtures |   |

List any additional work items that do not fit into the categories in #9 or #10 above:

**Item #10 - Does the work being performed include any of the following components of elements?** Please check off any work that fits in the categories provided under this heading.

**NOTE:** List any additional work items that do not fit into the categories in #9 or #10 above. There may be work that does not fit into the categories provided. If so, list work categories in the box under heading 10 and continue with the form. The Statewide Accessibility Initiative will review these items and determine whether any work items qualify for exemptions.

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11. Is the total ECC plus work performed over time (Box E) greater than \$100,000?

- Yes → Go to #12 below  
 No → Go to #13 below

Box E

12. Is ECC plus work performed over time (Box E) greater than the 30% CAMIS value (Box C)?

- Yes → Go to #15 and check item C.  
 No → Go to #13 below

Box E

Box C

13. Does the entire scope of work fit into the categories listed in #9 above?

- Yes → Go to #14 below  
 No → Go to #15 and check item B.

14. Is the total cost of ECC plus work performed over time (Box E) less than \$500,000?

- Yes → Go to #15 and check item A.  
 No → Go to #16 and check item B.

Box E

**Item #11 - Is the total ECC plus work performed over time (BOX E) greater than \$100,000?** Box E will auto-populate from the location provided earlier in the form. Check yes if the dollar amount in Box E is greater than \$100,000 and go to #12. Check no if the dollar amount in Box E is less than \$100,000. Skip #12 and go to #13.

**Item #12 - Is the total ECC plus work performed over time (BOX E) greater than the 30% CAMIS value (Box C)?** Box E and Box C will auto-populate from the location provided earlier in the form. Box E is the dollar amount of work performed over time. Box C is 30% of the CAMIS value. Check yes if Box E is greater than Box C, skip #13 and 14. Go to #15 and check item C. Check no if Box E is less than Box C and go to #13.

**Item #13 - Does the entire scope of work fit into the categories listed in #9 above?** If yes, check yes under #13 and go to #14. If no, check no under #13, skip #14. Go to #15 and check item B.

**Item #14 - Is the total cost of ECC plus work performed over time (Box E) less than \$500,000?** If yes, check yes under #14. Go to #15 and check item A. If no, check no under #14. Go to #15 and check item B.

**NOTE:** Boxes E and Box C will auto-populate.

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15. SCOPING RESULT. The following accessibility requirement(s) apply as a result of this scoping analysis:

- A.  All elements in the scope of work must comply with [521CMR](#). Additional compliance with [521CMR](#) is not required.

**ACTION** → Send the completed form to your DCAMM liaison and include it in the Study.

- B.  All elements in the scope of work must comply with [521CMR](#). In addition, the following elements are required to comply with [521CMR](#) requirements:

- **Accessible entrance**, including approach walk, stairs, ramps, entry platform, entry doors, thresholds, hardware, maneuvering space and signage.
- **Accessible toilet room(s)**, either a men's room and a women's room or one\* single user toilet, and signage. \*(Two may be required by 248 CMR)
- **Accessible drinking fountain**, if a drinking fountain is provided in the building. A high and an accessible low drinking fountain will be required; a compliant accessible combination unit is preferred.
- **Accessible telephone**, if a public pay telephone is provided. A TTY may be required.

**ACTION** → Send the completed form to your DCAMM liaison and include it in the Study.

**ACTION** → Complete the "[DCAMM Accessibility Checklist for MAAB Triggered Buildings](#)" or similar to determine if all the above are provided and compliant. If you have questions about how to complete the checklist email [accessibility.dcam@mass.gov](mailto:accessibility.dcam@mass.gov).

- C.  The entire building, including work performed, must comply with [521CMR](#).

**ACTION** → Send the completed form to your DCAMM liaison and include it in the Study.

**ACTION** → Email [accessibility.dcam@mass.gov](mailto:accessibility.dcam@mass.gov). DCAMM will coordinate with you on initiating a full accessibility audit of the building.

**ADVISORY - MAAB Variances:** Occasionally in renovation and repair projects, an element cannot be made fully accessible. In this case a variance must be requested from the MAAB. It is incumbent on the applicant to demonstrate with drawings and cost estimates that bringing the element into full compliance is impracticable – either "technically unfeasible" or "results in excessive and unreasonable costs without any substantial benefit to persons with disabilities". DCAMM should be notified if an MAAB variance request is planned. The DCAMM Statewide Accessibility Initiative may be able to assist designers and user agencies with preparing variance requests. For technical assistance, contact the Initiative by emailing [accessibility.dcam@mass.gov](mailto:accessibility.dcam@mass.gov).

**Item #15 - Scoping Result.** Check the appropriate accessibility scoping result (A, B, or C) as directed by questions #12 to 14 above.

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