

# **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](http://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 *MASSCAP* 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 an 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.

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