

I write to you today on behalf of The Council of Autism Service Providers (CASP) regarding the draft regulations for 115 CMR 14.00, which implements G.L. c.19B, §19 (“Real Lives Bill,” Chapter 255 of the Acts of 2014) and DDS’ self-directed programs (“Draft Regulations”).

CASP is a non-profit association of organizations committed to providing evidence-based care to individuals with autism. CASP represents the autism provider community to the nation at large, including government, payers, and the general public. We provide information and education and promote standards that enhance quality of care. Our member organizations employ more than 800 Board Certified Behavior Analysts who serve more than 6,000 people with autism in Massachusetts.

Of particular interest to our members is the ability to provide evidence-based services to those who need them. We appreciate the clarity that the Draft Regulations provide specifically to how these might be accessed via self-direction.

It has been our experience in other states that implementation of self-direction can result in so much bureaucracy that barriers to care are unfortunately created. New York State is one example of this. We encourage you to learn from the experiences of states like New York as you move forward. If we can be of assistance, we would be happy to provide insight.

As a non-profit trade association that provides services to people of all ages who are diagnosed with autism spectrum disorder, we are concerned when reading the requirements that participants will be subjected to.

According to the CDC,

*“to meet diagnostic criteria for ASD according to DSM-5, a child must have persistent deficits in each of three areas of **social communication** and interaction plus at least two of four types of restricted, repetitive behaviors.*

According to the Draft regulations, participants of self-direction must:

1. *actively participate in person-centered planning and development of the ISP, including setting goals and objectives;*
2. *choose a self-direction model;*
3. *choose qualified providers and change qualified providers when appropriate;*
4. *specify how services are to be provided;*
5. *identify service providers and refer for provider enrollment;*
6. *schedule the provision of services and how they are to be provided;*
7. *specify additional service provider qualifications;*
8. *substitute service providers when necessary; and*
9. *utilize other available resources, services, supports, and goods, including generic services and those available through MassHealth or other state agencies, in order to meet needs.*

We respectfully request that clarity be provided around supports specific to the core deficits of autism as defined in the DSM (i.e., evidence-based communication and social supports.) This will provide autistic participants a level playing field so they can appropriately be included in the self-direction program.

Thank you for your work in the past and moving forward to ensure that Massachusetts children and adults with autism who are enrolled with DDS have access to life-changing, evidence-based supports.

We welcome the opportunity to collaborate and promote best practice in the provision of autism services. Please do not hesitate to contact me at jursitti@casproviders.org.

Respectfully,



Judith Ursitti
Vice President of Government Affairs
5 Yorkshire Road
Dover MA 02030
(508) 785-4074