

The Commonwealth of Massachusetts
Executive Office of Health & Human Services
Department of Developmental Services (DDS)

APPLICATION FOR AUTISM DIVISION ONLY ELIGIBILITY

INSTRUCTIONS

Please read carefully before completing the application form

If you have had prior experience with DMR or DDS, contact your Regional Eligibility Coordinator prior to completing this form.

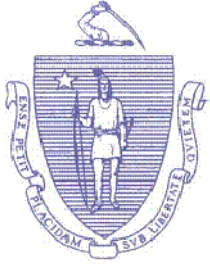
To apply for eligibility, please **complete** the application form, including all necessary signatures. Documentation is necessary to demonstrate that the child meets the verification criteria for the Autism Division of DDS.

As the parent/guardian, you need to provide information to DDS to verify your child's diagnosis of a Pervasive Developmental Disorder from a licensed specialty clinician. These clinicians include Developmental/Behavioral Pediatricians, Neurologists, independently licensed Psychologists and Psychiatrists. Some examples of the names of the types of assessments most commonly used are listed below:

PLEASE PROVIDE CLEAR COPIES (DO NOT SEND ORIGINALS) OF:

- Applicant's Social Security Card
- Applicant's health insurance card
For example, **MassHealth** and/or private insurance such as **Blue Cross/Blue Shield, Tufts** etc.
- Applicant's birth certificate
- Guardianship decree (if applicable)
- Autism Screening tools (you may or may not have this on file)
For example, **CHAT (Checklist for Autism in Toddlers)** or the **ABC (Autism Behavior Checklist)**
- Assessment Tools: Autism/Asperger's Specific (you may or may not have this on file)
 - **ADI-R (Autism Diagnostic Interview-Revised)**
 - **ADOS (Autism Diagnostic Observation Schedule)**
 - **PL-ADOS**-(specific to children under 3)
 - **CARS (Childhood Autism Rating Scale)**
 - **GADS (Gilliam Asperger's Disorder Scale)**
 - **GARS (Gilliam Autism Rating Scale)**

- Adaptive Skills Assessments (for example, **the Vineland Adaptive Behavior Scales; the Adaptive Behavior Assessment [ABAS II]**)
- Individual Education Plan (IEP) or 504 Accommodation Plan
- Early Intervention (EI) assessments, for example, the Individual Family Support Plan (IFSP) and developmental assessments (for example, **the McCarthy Scales of Children's Abilities; the Bayley Scales of Infant Development**)
- Medical and specialty assessments (for example, neurological, hearing, vision, behavior, genetic, developmental, physical therapy, occupational therapy, etc.).



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PLEASE PRINT CLEARLY (Click inside the box to insert data)

SECTION A

Today's Date:

Child's Name:
 (First) (Middle) (Last)

Age: DOB: Gender:

Child's Social Security Number:

Child's Address:
 (Number and Street) (Apt. No.) (PO Box)

(City) (State) (Zip)

Phone Number:

Is address: permanent temporary

If temporary, please explain:

Primary language of child: Primary Language of Household:

Are interpreter services needed for intake interview? Yes No

Is the child verbal? Yes No Other

If other explain

Does Parent have Legal Custody? Yes No

If parent does not have legal custody, please proceed to Section B.

Does Parent have Physical Custody? Yes No
If not, who has physical custody?

Name
(Last) (First)

(Relationship to Child)

Address
(Number and Street) (Apt No) (City) (State) (Zip)

Parent's/Parents' Name(s):

Parent Address:
(Number and Street) (Apt. No) (City) (State) (Zip)

- Day/Work Phone
- Home Phone
- Cell Phone
- E-mail

If parent has more than one address please list:

(Number and Street) (Apt. #) (City and State) (Zip)
Alternate Phone

If additional parent at a different address:

Parent's Name:

Parent Address:
(Number and Street) (Apt. #) (City and State) (Zip)

- Day/Work Phone
- Home Phone
- Cell Phone
- E-mail

If parent has more than one address please list:

(Number and Street) (Apt. #) (City and State) (Zip)

**SECTION B
FOR APPLICANTS WHO HAVE COURT APPOINTED GUARDIANS**

Name of Legal Guardian Relationship
(Last) Middle (First)

Guardian's address
(Number and Street) (Apt. #) (City and State) (Zip)

Primary Language of household: Are interpreter services needed? Yes No

Day/Work Phone ()

Home Phone ()

Cell Phone ()

E-mail

If co-guardian;

Name of Legal Co-Guardian Relationship
(If applicable) (Last) (First)

Co-Guardian's address
(Number and Street) (Apt. No) (City) (State) (Zip)

Primary Language of household: Are interpreter services needed? Yes No

SECTION C

Is child in a residential program (i.e. nursing facility; residential school)? Yes No

Agency Name:

Address of Program:

If yes, who arranged for this placement?

Date of admission?

Who pays for this placement?

Address of guardian or other interested party at time of placement:

(Number and Street) (Apt. No) (City) (State) (Zip)

SECTION D

Is child involved with another state agency? (MA OR ANY OTHER STATE) Yes No

If yes please list:

Agency Name: Phone:

Agency Contact Name:

Agency Name: Phone:

Agency Contact Name:

Is child currently in school? Yes No

If yes, please list:

School Name:

Town or City of the School:

If no, please list

Name of last school attended:

Town or City of last school attended:

Last grade completed/attended: Date of graduation

Who pays for the Educational program?

Does applicant have an IEP (Individualized Education Plan)? Yes No

If Yes, what type of special education service(s) is the applicant receiving?
(Please check all that apply.)

Residential Other: Please specify:
Day Unknown

Does applicant have a 504 Accommodation Plan? Yes No

SECTION E

List all diagnoses the applicant has received

State reason for applying

Additional Comments:

ACKNOWLEDGEMENT OF RECEIPT OF DDS NOTICE OF PRIVACY PRACTICES

I understand that DDS will collect and review Protected Health Information (PHI) as part of the determination of eligibility. I understand that the applicant's name and information about the applicant will be included in a DDS record keeping system.

I have received a copy of the DDS Notice of Privacy Practices (appended to this application).

Authorized Signature (indicate below):

Guardian Parent

Print Name:

Date signed:

AUTHORIZATION FOR DDS ELIGIBILITY DETERMINATION

I request that the Department of Developmental Services (DDS) conduct a determination of eligibility for services. This permission is valid until my application is fully processed or unless I notify DDS in writing that I revoke it. I authorize DDS to communicate with the person listed as the contact for the eligibility process.

Authorized Signature (indicate below): _____
Signature

Guardian Parent

Print Name: _____

Date signed: _____

Person completing form: _____

Relationship: _____

PLEASE SEND CLEAR COPIES (Do not send original documents)

Please return this application and required supporting documents to the office in which your town is covered (see below for details).

- Applicant's Social Security Card
- Applicant's health insurance card (MassHealth, Medicare, private insurance)
- Applicant's birth certificate
- Guardianship decree
- Individual Education Plan (IEP) and three year re-evaluations
- Individual Family Support Plan (IFSP) and developmental assessments
- 504 accommodation plan
- Medical and specialty assessments (neurological, hearing, vision, behavior, genetic, developmental, etc.)
- Diagnostic Reports by a specialty clinician verifying the Pervasive Developmental Disorder diagnosis and any other specialists reports.

NOTE: If unable to provide any of the above documents please explain below:

**DDS Central/West Region
Regional Eligibility Coordinator
140 High Street
Springfield, Ma., 01105
Intake Referral Number:(413)-205-0940
Fax: (413) 205-1605**

CENTRAL/ WEST Cities and Towns:

Adams, Agawam, Alford, Amherst, Ashburnham, Ashby, Ashfield, Ashley Falls, Athol, Auburn, Ayer, Barre, Becket, Belchertown, Bellingham, Berlin, Bernardston, Blackstone, Blandford, Bolton, Boylston, Brimfield, Brookfield, Buckland, Charlemont, Charlton, Cheshire, Chester, Chesterfield, Chicopee, Clarksburg, Clinton, Colrain, Conway, Cummington, Dalton, Deerfield, Douglas, Dudley, East Brookfield, Easthampton, East Longmeadow, Egremont, Erving, Feeding Hills, Fitchburg, Florida, Franklin, Gardner, Gill, Goshen, Grafton, Granby, Granville, Groton, Great Barrington, Greenfield, Hadley, Hancock, Hampden, Hardwick, Harvard, Hatfield, Hawley, Heath, Hinsdale, Holden, Holland, Holyoke, Hopedale, Housatonic, Hubbardston, Huntington, Indian Orchard, Lancaster, Lanesboro, Lee, Leeds, Leicester, Lenox, Leverett, Leyden, Longmeadow, Ludlow, Lunenburg, Medway, Mendon, Middlefield, Miller's Falls, Milford, Millbury, Monroe, Monson, Montague, Monterey, Montgomery, Mt. Washington, New Ashford, New Braintree, New Marlboro, New Salem, North Adams, Northampton, Northbridge, Northfield, North Brookfield, Oakham, Orange, Otis, Oxford, Palmer, Paxton, Pelham, Pepperell, Petersham, Peru, Phillipston, Pittsfield, Plainfield, Princeton, Richmond, Rowe, Royalston, Russell, Rutland, Sandisfield, Savoy, Sheffield, Shelburne, Shirley, Shrewsbury, Shutesbury, Southbridge, South Deerfield, South Hadley, Southampton, Southwick, Springfield, Sterling, Sturbridge, Stockbridge, Sunderland, Sutton, Templeton, Tolland, Townsend, Turner's Falls, Tyringham, Upton, Uxbridge, Wales Ware, Warren, Warwick, Washington, Webster, Wendell, West Boylston, West Brookfield, Westfield, Westhampton, Westminster, West Springfield, West Stockbridge, Whately, Whitinsville, Wilbraham, Williamsburg, Williamstown, Winchendon, Windsor, Worthington, Worcester

**DDS Metro Region
Regional Eligibility Coordinator
411 Waverly Oaks
Waltham, MA 02452
Intake Referral Number (781) 314-7513
Fax Number: (781) 314-7539**

METRO REGION Cities and towns:

Allston, Ashland, Beacon Hill, Belmont, Boston, Brighton, Brookline, Cambridge, Canton, Charlestown, Chelsea, Chestnut Hill, Chinatown, Dedham, Dorchester, Dover, Downtown Crossing, East Boston, Foxboro, Framingham, Holliston, Hopkinton, Hudson, Hyde Park, Jamaica Plain, Marlboro, Mattapan, Medfield, Millis, Natick, Needham, Newton, Norfolk, Northborough, North Dorchester, North End, Norwood, Plainville, Revere, Roslindale, Roxbury, Sharon, Sherborn, Somerville, Southborough, South Boston, South End, Sudbury, Walpole, Waltham, Watertown, Wayland, West Roxbury, Wellesley, Westboro, Weston, Westwood, Winthrop, Wrentham

**DDS Northeast Region
Regional Eligibility Coordinator
Hogan Regional Center
Main Street PO Box A
Hathorne, MA 01937
Intake Referral Number: (978) 774-5000 x850
Fax Number: (978)739-0420**

NORTHEAST REGION Cities and Towns:

Acton, Amesbury, Andover, Arlington, Bedford, Beverly, Billerica, Boxford, Bradford, Burlington, Carlisle, Chelmsford, □Concord, Danvers, Dracut, Dunstable, Essex, Everett, Georgetown, Gloucester, Groveland, Hamilton, Haverhill, Hawthorne, Ipswich, Lawrence, Lexington, Lincoln, Littleton, Lowell, Lynn, □Lynnfield, Malden, Manchester, Marblehead, Maynard, Medford, Melrose, Merrimac, Methuen, Middleton, Nahant, Newbury, Newburyport, North Andover, North Reading, Peabody, Reading, Rockport, Rowley, Saugus, Salem, Salisbury, South Hamilton, □□Stoneham, Stow, Swampscott, Tewksbury, Topsfield, Tyngsboro, Wakefield, Wenham, Westlynn, West Newbury, Wilmington, Winchester, Woburn, Westford

**DDS Southeast Region
Regional Eligibility Coordinator
68 North Main Street
Carver, MA 02330
Intake Referral Number: 508-866-5000
Fax Number: (617) 727-7822**

SOUTHEAST REGION Cities and Towns

Abington, Acushnet, Assonet, Attleboro, Avon, Barnstable, Berkley, Bourne, Braintree, Brewster, Bridgewater, Brockton, Carver, Chatham, Chilmark, Cohasset, Dartmouth, Dennis, Dighton, Duxbury, East Bridgewater, Eastham, Easton, Edgartown, Fairhaven, Fall River, Falmouth, Freetown, Gay Head, Gosnold, Halifax, Hanover, Hanson, Harwich, Hingham, Holbrook, Hull, Hyannis, Kingston, Lakeville, Mansfield, Marion, Marshfield, Mashpee, Mattapoisett, Middleboro, Milton, Nantucket, New Bedford, North Attleboro, Norton, Norwell, Oak Bluffs, Orleans, Pembroke, Plymouth, Plympton, Provincetown, Quincy, Randolph, Raynham, Rehoboth, Rochester, Rockland, Sandwich, Scituate, Seekonk, Somerset, Stoughton, Swansea, Taunton, Tisbury, Truro, Wareham, Wellfleet, West Bridgewater, Westport, West Tisbury, Weymouth, Whitman, Yarmouth

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)**

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose

This notice is to inform you about the Department of Developmental Services' (DDS's) privacy practices and legal duties related to the protection of the privacy of your medical or health records that we create or receive. As explained below, we are required by law to ensure that medical or health information that identifies you is kept private.

If you have any questions about the content of this Notice of Privacy Practices, if you need to contact someone at the Department about any of the information contained in this Notice of Privacy Practices, or if you have a complaint about the Department's Privacy Practices, contact the DDS Privacy Officer at:

Privacy Officer
Department of Developmental Services
500 Harrison Avenue
Boston, MA 02118
(888) 367-4435 After prompts enter 7715

I. What is Protected Health Information?

Protected Health Information (**PHI**) is information which DDS gathers about your past, future or present health or condition, about the provision of health care to you, or about payment for health care. Whether based upon our confidentiality policies, or applicable law, DDS has a long-standing commitment to protect your privacy and any personal health information that we hold about you. Under federal law, we are required to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI.

You may request a copy of the new notice from any Department of Developmental Services Office. It is also posted on our website at www.DDS.state.ma.us

II. How may DDS use and disclose your PHI?

In order to provide services to you, DDS must use and disclose Protected Health Information in a variety of different ways. The following are examples of the types of uses and disclosures of PHI that are permitted *without your authorization*.

Generally, DDS may use or disclose your PHI as follows:

- **FOR TREATMENT:** We may use PHI about you to provide you with treatment or services. For example, your treatment team members will internally discuss your PHI in order to develop and carry out a plan for your services. We also may disclose PHI about you to people or service providers outside DDS who may be involved in your medical care, but only the minimum necessary amount of information will be used or disclosed to carry this out.

- **TO OBTAIN PAYMENT:** We may use or disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program, Social Security Office, staff at DDS, or to a private insurer.
- **FOR HEALTH CARE OPERATIONS:** We may use or disclose your PHI in the course of operating DDS's facilities, offices, developmental centers and all other DDS programs. These uses and disclosures are necessary to run our programs including ensuring that all of our consumers receive quality care. For example, we may use your PHI for quality improvement to review our treatment and services and to evaluate the performance of DDS and/or provider staff in caring for you. We may also disclose information to doctors, nurses, technicians, medical students and other personnel as listed above for review and learning purposes. It may also be necessary to obtain or exchange your information with other Massachusetts state agencies. The law provides that we may use or disclose your PHI *without consent or authorization* in the following circumstances:
 - **WHEN REQUIRED BY LAW AND FOR SPECIFIC GOVERNMENT FUNCTIONS:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We may also disclose PHI to authorities that monitor compliance with these privacy requirements. We may disclose PHI to government benefit programs relating to eligibility and enrollment, such as Medicaid, and for national security reasons, such as protection of the President.
 - **FOR PUBLIC HEALTH ACTIVITIES:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.
 - **FOR HEALTH OVERSIGHT ACTIVITIES:** We may disclose PHI within DDS or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid program.
 - **RELATING TO DECEDENTS:** We may disclose PHI related to a death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants. Information may also be disclosed to internal or external investigations.
 - **FOR RESEARCH, AUDIT OR EVALUATION PURPOSES:** In certain circumstances, and under the oversight of a research review committee, we may disclose PHI to approved researchers and their designees in order to assist research.
 - **TO AVERT THREAT TO HEALTH OR SAFETY:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

III. Uses and Disclosures of PHI Requiring your Authorization.

For uses and disclosures other than treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described above. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

IV. Limited Uses and Disclosures To Families, Friends and Others Provided You Do Not Object

We may disclose a limited amount of your PHI to families, friends or others involved in your care if we inform you about the disclosure in advance and you do not object, as long as the law does not otherwise prohibit the disclosure.

V. Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information.

TO REQUEST RESTRICTIONS ON USES/DISCLOSURES: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction.

TO CHOOSE HOW WE CONTACT YOU: You have the right to ask that we send you information at an alternative address or by an alternative means.

TO INSPECT AND REQUEST A COPY OF YOUR PHI: Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. A request should be made through the Privacy Officer. We will respond to your request within 30 days. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances.

TO REQUEST AMENDMENT OF YOUR PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. Any denial will state the reason for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI.

TO FIND OUT WHAT DISCLOSURES HAVE BEEN MADE: In certain circumstances, you have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released.

How to obtain information about this notice or complain about our privacy practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer at DDS. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at the JFK Federal Building, Room 1875, Boston, MA 02203 or call (617) 565-1340. We will take no retaliatory action against you if you make such complaints.

Effective Date and Future Changes: This notice is effective on April 14, 2003. DDS reserves the right to change our privacy practices and the terms of this Notice at any time, and will provide you with a Notice if and when it does so.