



Association of Developmental  
Disabilities Providers

*Community for Living. Community for Life.*

On behalf of the ADDP Board of Directors, and the Massachusetts I/DD and Brain Injury Provider Community, we are writing to you to thank you for your past year's membership and urge you to rejoin our Association for the coming year.

As we enter into a significant period of change for the human service community, please know that we are working every day to give the best representation and advocacy possible to our members and the people you support every day.

We have been an effective voice, as the state has embraced the Governor's effort to further engage in moving into a managed care environment through the establishment of Accountable Care Organizations. We will work every day to ensure that providers continue to be able to deliver quality supports and services that are based on best practice.

As the key voice for our community, we were able to have a strong presence on the Commonwealth's MassHealth (Medicaid) Restructuring Work Groups. Through that advocacy, we were able to assist in seeing that there will be unique Community Partnerships, created to work exclusively for the interest of the I/DD and BI community. We will continue to work with the Commonwealth on how to best prepare for this element of Care Coordination in the forthcoming ACO structure, when given approval by the federal government.

We were also successful in convincing the Commonwealth to delay State Plan Services (Day Hab, AFC, etc.) from first year inclusion into the ACO model, giving our industry time to work with the state on implementation issues. Additionally, we secured an agreement, on behalf of our members, to exclude Home and Community Based Waiver Services from the ACO model for a minimum of three to five years, before a decision is made regarding the efficacy of such inclusion.

We will continue to work to represent the interests of our members, the best interest of the people we support, and our work force on other critical issues including legislative appropriations, regulatory actions on the state and federal level, as well as continued implementation of Chapter 257 rate reform.

Our efforts to represent you effectively are only possible due to your membership support and dues payment.

As a member of ADDP you will continue to receive:

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**ASSOCIATION OF DEVELOPMENTAL DISABILITIES PROVIDERS**

1671 Worcester Road, Suite 201, Framingham, MA 01701

508-405-8000, [www.addp.org](http://www.addp.org)

- Up to date policy alerts
- Opportunities for expert staff development and training sessions
- Insider Members Only alerts
- Opportunities to serve on numerous committees that often set the tone of both ADDP & DDS policies including; Adult Foster Care, Autism, Brain Injury, Day & Employment Services, Data and Information, Family Support, Legislative, Residential, Shared Living and Training
- Discounted rates for attendance at the ADDP Annual Conference and Expo

ADDP is respected by members of both parties, both Chambers of the Legislature and by members of the Executive Branch. Our history of protecting our sector is well known both in Massachusetts and nationally.

To continue being successful, **we need your active engagement** as a member moving forward into a new and unfolding chapter in the Commonwealth's history.

Sincerely,



Gary H. Blumenthal  
ADDP President & CEO



Adam Berman  
Manager of Member Services

**\*\*Please see the attached FY16 Sources of Funding, Annual Dues and Membership forms and remit your dues to: ADDP, 1671 Worcester Rd., Suite 201, Framingham, MA 01701\*\***

# FY16 SOURCES OF FUNDING

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Please fill out the form below with your FY 16 sources of funding, for services provided to people with developmental disabilities and/or brain injuries.

**DDS Funding, Including:**

Day, Employment, Transportation, Residential, Day Hab Wraps, Family Support, Respite, Clinical Supports, Shared Living, AFC Wraps and other DDS Codes and MRC Residential.

**Total DDS: \$** \_\_\_\_\_

**MRC Funding, Including:**

Brain Injury Services, CIES, Vocational Rehabilitation, SHIPP, Transportation, Employment Supports, or any other source attributable to MRC.

**Total MRC: \$** \_\_\_\_\_

**Mass Health Funding, Including:**

Day Habilitation, AFC, Day Habilitation Transportation, or any other supports attributable to Mass Health Funding.

**Total Mass Health: \$** \_\_\_\_\_

**Massachusetts Commission for the Blind, Including:**

Residential, Employment, or other related services.

**Total MCB: \$** \_\_\_\_\_

**Total of all above:**                      \$ \_\_\_\_\_

**FY17 Annual Dues = (Total above) x (0.000575):** \$ \_\_\_\_\_

**\*\* ANNUAL DUES ARE A MINIMUM OF \$1,000 AND A MAXIMUM OF \$20,000\*\***

I acknowledge to the best of my ability the information above represents the total sum of funds provided to my agency, which provides supports and services to individuals with developmental disabilities or brain injuries.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# ADDP FY17 MEMBERSHIP FORM

Thank you for your support! **PLEASE FILL OUT THIS FORM IN ITS ENTIRETY** and mail it to ADDP at 1671 Worcester Road, Suite 201, Framingham, MA 01701

**Legal Organization Name:**

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**Other Names (AKA, Acronyms, Former, DBA):**

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**Mailing Address:**

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**City:**

**State:**

**Zip Code:**

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**Primary Contact Name:**

**Title:**

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**Email:**

**Phone:**

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**Website:**

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**Geographic Area Served:**

West     Central     Metro     Northeast     Southeast

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*I am interested in learning more about serving on one of ADDP's standing committees/forums.*

***Please send me information regarding:***

- Adult Foster Care Workgroup
- Autism Committee
- Brain Injury Committee
- Day Services/Employment Committee
- Data and Information Committee
- Family Support Committee
- Legislative Support Committee
- Residential Services Committee
- Shared Living Committee
- Training & Conference Committee

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**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY**

**1. Do you provide Residential Services?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**2. Do you provide Employment Services?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**3. Do you provide Day Habilitation Services?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**4. Do you provide Brain Injury Services?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**5. Do you provide Autism Services**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**6. Do you provide Family Support Services?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**7. Do you provide Adult Foster Care?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**8. Do you provide Shared Living?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**9. Do you have a Director of Training?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

Name of Training Director \_\_\_\_\_

Training Director Email \_\_\_\_\_

Training Director Phone \_\_\_\_\_

**10. Who handles Government Affairs at your agency?**

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_