THE OFFICE OF

GOVERNOR MAURA T. HEALEY

LT. GOVERNOR KIMBERLEY DRISCOLL

Kiame Mahaniah, MD, MBA

Secretary

Executive Director

Carolyn J. Kain

2025 Annual Report

September 2026

Autism Commission

Autism Commission Members

Carolyn J. Kain, Executive Director of the Autism Commission

State Legislative Members

Senator Joan Lovely, Second Essex - Beverly, Peabody, Salem, Danvers and Topsfield

Senator Ryan Fattman, Worcester & Norfolk - Blackstone, Douglas, Dudley, Hopedale, Mendon, Milford, Millville, Northbridge, Oxford, Southbridge, Sutton, Uxbridge, Webster and Bellingham

Representative Christine P. Barber, Medford & Somerville

Representative Joseph D. McKenna, 18th Worcester District

Non-Legislative Members

Mary McGeown, Undersecretary of Health and Human Services, Chairperson
Designee of Secretary of Health and Human Services

Iraida Alvarez, Acting Executive Director of Special Education
Designee of the Commissioner of Elementary and Secondary Education

Jennifer Chebator, Director of Disability Services
Designee of the Acting Commissioner of the Department of Children and Families

Bronia Clifton, Supportive Housing and Special Projects Manager
Designee of the Undersecretary of the Department of Housing and Community Development

Heidi Gold, Director of Policy for Integrated Education & Human Services
Designee of the Secretary of Education

Michelle Harris, Deputy Assistant Commissioner, Policy, Planning & Children's Services
Clinical Knowledge of Smith-Magenis Syndrome

Mi-Haita James, Assistant Commissioner for Children, Youth and Family Services
Designee of the Commissioner of the Department of Mental Health

Sarah Peterson, Commissioner, Department of Developmental Services

Christopher Peltier, Director of Adult Autism Supports, DDS
Designee of the Commissioner of Department of Developmental Services

Mary Price, Director MAICEI
Designee of the Commissioner of Higher Education

Lee Robinson, Deputy Chief of the Office of Accountable Care and Behavioral Health
Designee of the Assistant Secretary of MassHealth

Aimee Smith-Zeoli, Special Education Support Specialist
Designee of the Commissioner of Department of Early Education and Care

Sacha Stadhard, Manager, Special Grants and Youth Policy
Designee of the Secretary of Labor and Workforce Development

James Vander Hooven, President Mount Wachusett Community College
Designee of the Secretary of Education

Emily White, PhD, BCBA-D, LABA, Director, DPH Division of Early Intervention,
Designee of the Commissioner of the Department of Public Health

Toni Wolf, Commissioner, MassAbility

Karyn Wylie, ADRC Coordinator, Community Care Ombudsman at Executive Office of Elder Affairs
Designee of the Secretary of the Massachusetts Executive Office of Elder Affairs

Laurie R. Anastopoulos, LCSW, Representative of the Arc of Massachusetts

Janet Barbieri, Representative of The Association for Autism and Neurodiversity

Michelle Brait, Parent, *At-Large Seat*

Joanne Flatley, *At-Large Seat*

Rita Gardner, M.P.H., LABA, BCBA, CDE, President and CEO of Melmark

Zach Houston, MS, BCBA, LABA, Senior Director for Applied Behavior Analysis, Boston Public Schools, *At-Large Seat*

Christine Hubbard, AFAM Representative

Julia Landau, Esq., Representative Massachusetts Advocates for Children

Ann M. Neumeyer, M.D., Representative of the Lurie Center

Jessica Sassi, PhD, BCBA-D, LABA, CEO The New England Center of Children

Jo Ann Simons, Northeast Arc Representative, *At-Large Seat*

Amy Weinstock, Representative Autism Insurance Resource Center

Introduction

The 2014 Autism Omnibus Law established the Autism Commission as a permanent entity, comprised of 35 members including State Legislators, State Secretariats, State Agencies, and 14 individuals appointed by the Governor including Autism advocates and service organizations. The Secretary of Health and Human Services is the designated Chair of the Commission. The Commission has five (5) subcommittees, each co-chaired by a state agency member of the Commission and an appointed member of the Commission. The subcommittees are 1) Birth to 14 years of age; 2) 14-22+/employment; 3) Adults; 4) Healthcare; and 5) Housing. The subcommittees meet monthly or bi-monthly.

The Autism Commission is charged with making recommendations on policies impacting individuals with Autism Spectrum Disorders ("ASD") and Smith-Magenis syndrome. The Commission is required to investigate the range of services and supports necessary for such individuals to achieve their full potential across their lifespan, including but not limited to, investigating issues related to public education, higher education, job attainment and employment, including supported employment, provision of adult human services, post-secondary education, independent living, community participation, housing, social and recreational opportunities, behavioral services based on best practices to ensure emotional well-being, mental health services and issues related to access for families of children with autism spectrum disorder and adults who are from linguistically and culturally diverse communities. [1]

This report provides the 2025 updates on services provided to individuals with ASD and the recent recommendations of the Autism Commission established therein.

Autism Prevalence

The most recent prevalence of autism spectrum disorder ("ASD") reported by the CDC for eight (8) year olds is **1 in 31**, with three times as many boys being diagnosed with ASD than girls.

Department of Elementary and Secondary Education (DESE)

DESE reports that for the 2025-2026 school year there were **33,125** students with autism enrolled in the Commonwealth's public K-12 schools. DESE also collects aggregate data on race and ethnicity, as well as low income for individuals with ASD. These data are included as **Appendices A, B and BB** in this report

Department of Public Health (DPH), Early Intervention

DPH's Early Intervention Specialty Services provide Applied Behavior Analysis Services (ABA) for individuals 0 to 3 years of age with ASD and collected data on race, ethnicity, spoken language, service hour utilization and telehealth services. These data are included as **Appendix C** in this report.

[1] Chapter 226 of the Acts of 2014, Section 1(c)

Updates on Services for Individuals with Autism

Department of Developmental Services. The Department of Developmental Services ("DDS") developed a comprehensive program of community developmental disability services and to issue licenses to providers for a term of two years. DDS was also required to file annual reports reviewing its progress on the implementation of the law.

Children's Autism Waiver Program

There were **415** children enrolled in the Autism Waiver Program in FY25, of those 415 children, 90 children had a comorbidity (autism plus another diagnosis), with 1 being diagnosed with Rett Syndrome.

Language plus interpreter breakdown:

Language	Total # Participants	# that require an interpreter
Amharic	3	2
Arabic	3	2
Brazilian Portuguese	3	3
Cantonese	5	3
Cape Verdean Creole	1	0
English	269	0
French	1	1
Haitian Creole	4	0
Mandarin	8	6
Portuguese	20	14
Russian	3	0
Somali	2	2
Spanish	84	47
Urdu	1	0
Vietnamese	8	7

Ethnicity Breakdown:

ETHNICITY	# of participants
African-American	70
Asian	6
Asian-American	5

Brazilian	16
Cape Verdean	3
Caucasian	106
Chinese	9
Egyptian	1
Ethiopian	4
Haitian	4
Latino/Hispanic	155
Middle Eastern	4
Portuguese	11
Puerto Rican	5
Puerto Rican/Caucasian	1
Russian	3
Somalian	2
Southeast Asian	2
Vietnamese	8

FY25 DESE/DDS Residential Prevention Program

Number of Students enrolled in the program	841	
Number of New students entering in FY25	107	
Number of Students who terminated from the program to enter a residential school setting	21	
Students between 18-22 with an Autism Diagnosis	71%	
Students between 6-17 with an Autism Diagnosis	unknown by diagnosis	
Males enrolled	73%	
Females enrolled	27%	
Number of Families needing translation and/or interpretation	54	
Number of records in Meditech with recorded Race information	456	**54%**
American Indian /Alaska Native	0	
Asian/Pacific Islands	43	
Black or African American	42	
Hispanic/Latinx	28	
Multiracial	26	

White 317

Adult Autism Only

DDS continues to work diligently to implement the expanded eligibility requirements of the Autism Omnibus Law of 2014. DDS uses the most recent edition of the Diagnostic and Statistical Manual to verify the diagnosis of Autism, has adopted the developmental disability definition as the criteria for functional impairments, and uses standardized assessment tools, records, and clinical interviews to establish whether an applicant has three areas of substantial functional limitations. DDS revised its application and processes to support the expansion programming.

DDS works closely with the Department of Mental Health (DMH) to establish shared training opportunities to support individuals with Autism, to clarify eligibility criteria between the agencies, and to determine how to support individuals who have both Autism and significant mental health needs. The two agencies partnered on a proof-of-concept Intensive Clinical wrap-around pilot for young adults with Autism and significant mental health challenges that began with five Providers across the state in April 2024. The Pilot is currently in its second year and has shown real success in helping to build skills, minimize the use of emergency services and stabilize referred individuals in the community. Our goal is to eventually develop this ICW model into a regular DDS service

DDS also works closely with the Autism Commission, participates in the Commission's Sub-Committees, and has prioritized ongoing work and collaborations with our sister state agencies to understand and meet the expanding numbers and needs of people with Autism.

Eligibility Update

Since January 1, 2025, DDS determined that **784** new individuals met the criteria of Autism eligibility without an intellectual disability for a total of **5,940** Autism individuals as of August 1, 2025. This is a **15% increase** from the previous year. Of the 5,940 individuals, 14 currently meet the criteria of Prader-Willi Syndrome. Of the total number of Autistic and related individuals eligible for DDS, **4,120** are over the age of 22, and **1,820** are between the ages of 18 and 21. Seventy-nine percent (79%) of eligible Autistic individuals are males and twenty-one percent (21%) are females.

Eligibility Breakdown	FY 2025	FY 2026	Percent Change

Total number **Autism-only** eligible	5,156 individuals	**5,940 individuals**	**↑ 15%**
Total number 18-21 years of age	1,707 individuals	1,820 individuals	↑ 7%
Total number 22+	3,449 individuals	4,120 individuals	↑ 19%

In the **FY 2025** Turning 22 class, **489 i**ndividuals met the criteria for Autism-only eligibility, representing 32% of the Turning 22 class. There were also **364** individuals with Autism and ID within the FY 2025 T22 class which equals an additional 22 % of the FY 2023 Turning 22 class.

For **FY 26**, there are **460** individuals with **Autism-only** in this year's Turning 22 class, which is 34% of the FY26 Turning 22 class. There are also **337 individuals with Autism and ID**, which is an additional 25% of the FY26 Turning 22 class, for a total of **59% of the T22 class with autism**.

These numbers do not reflect the total work effort of the eligibility teams as the numbers exclude all children's applications processed as well as all the autism diagnoses with ID adult applications.

Turning 22 Autism Data	**FY 2025**	**% of T22 class**	**FY 2026**	**% of T22 Class**
T-22 **Autism Only**	489 individuals	32%	460 individuals	34%
T-22 **Autism & ID**	364 individuals	22%	337 individuals	25%
			Total % of FY 26 T-22 class with Autism	**59%**

The majority of Autism-only individuals do not require 24/7 residential supports and reside either with family or live independently. Many have co-occurring mental health issues, ranging from anxiety disorders and depression to major mental illness. Ongoing work to refine the collaboration between DMH and DDS in serving these individuals effectively continues to be an area of focus for the coming year.

DDS Services

Autism-only individuals can access many of the services offered to the Department's ID adult caseload, as well as the adult Autism-specific services (Pre-Engagement, Coaching, College Navigation) developed to support this population. Individuals can choose their service delivery method, including the traditional contracted system, Agency with Choice model, or full self-direction. Of the total service enrollments 19% currently choose to self-direct their services through either full self-direction or Agency with Choice.

Once the choice of service delivery method has been selected, the individual selects services from the Department's traditional array of services, including:

- Service Coordination,
- Employment Support and Day Activities,
- Family Support (for those living with families) including companion, respite, and flexible funding,
- Individual Support (for individuals living independently) including in-home support/assistance,
- Vocational and Social Skills Coaching,
- Pre-Engagement/Coaching,
- College Navigation
- Assistive Technology
- Remote Support & Monitoring

Two additional supportive technology services, **Assistive Technology (AT)** and **Remote Support and Monitoring** are also available to Autistic individuals. These specialty services are aimed at promoting and developing the use of supportive technology as opportunities for individuals to lead more inclusive and independent lives.

Assistive Technology (AT) Services consist of three services, AT consultation/ evaluation services to determine the assistive technology needs of an individual, AT equipment to cover costs of equipment per the assessment, and AT support which includes set-up, training for the individual, and support network that aids an individual in the use of assistive technology equipment there are **12** AT provider agencies that contracted with DDS as of August 2025, with two new RFR submissions pending.

Remote Support and Monitoring Services combines technology and direct care staff to support people with developmental disabilities. Remote Support and Monitoring Services (RSM) provide an off-site direct service provider that monitors and responds to an individual's health, safety, and other needs using live two-way communication system(s) and other technologies while offering individuals more independence in their lives. The are **10** RSM provider agencies that contracted with DDS as of August 2025.

Many of the DDS traditional services that are requested are appropriate to meet individuals' needs; however, some require modifications, while others (such as Residential supports) are not routinely available to the Autism-only population within the DDS menu of services. The availability of all services continues to be impacted by challenges providers are facing, addressing the workforce crisis and recruiting an adequate number of staff to deliver the services required by individuals and their families.

Autism-Only Services

Pre-engagement, Coaching and College Navigation are the three traditional specialty services that DDS has developed for the Autism-only population. We recently added a **Service Dog Pilot** to this list, in addition to the ICWAS Pilot discussed above

Pre-engagement supports work with autistic individuals who are isolated and have a hard time participating in services and community activities**.** This is a newly delineated service in FY 26, and there are currently **14 participants** enrolled statewide

Coaching is one-on-one support between an adult with Autism and a trained coach. The coach understands both Autism and mental health. While not a substitute for therapy, coaching focuses on building a relationship and helping the person develop and meet goals that are important to them. As of September 1, 2025, there are **417** individuals enrolled in Pre-Engagement/Coaching

College Navigation provides one-on-one support to help students with autism successfully navigate the various demands of higher education. College Navigation has a current enrollment of **318** students.

The **Service Dog Pilot** works with a specialty Provider to match specially trained psychiatric service dogs with up to 10 participants with Autism and mental health in the next 3 years. The goal is to improve the stability and community access of the matched individuals. The Pilot is currently accepting referrals, and the first 5 have been submitted.

Of the Autism individuals ages 18-21, **818** are currently enrolled in one or more DDS services. Of the individuals ages 22+, **2,693** are receiving at least one specific service. All eligible individuals are assigned an Autism Service Coordinator.

In FY2025, the Turning 22 account (5920-5000) continued to support DDS's ability to meet the needs of its Autism-only and Autism ID transitioning class.

Enrolling in Services

Once found eligible, Autism-only individuals are assigned a DDS Service Coordinator. This Service Coordinator works with the individual to identify service delivery options and the types of services and supports the individual is seeking. These services may be DDS-

funded, overseen by other state agencies, or community and generic supports. **There is no current official waitlist for services**, though the rapid growth of eligible individuals (not all of whom come to DDS with T-22 supports) can put pressure on service availability at times.

Challenges

The prevalence of co-occurring significant mental and behavioral health concerns in the Autism-only individuals being found eligible is on the rise, which presents significant challenges to the traditional service-delivery system. DDS and DMH have worked together on developing clinical training and modelling more intensive services in the ICWAS pilot, which has demonstrated early success. Additional collaboration and stronger partnerships between DDS and DMH across traditional eligibility and service delivery lines will be crucial to meet these expanding needs in the future. DDS staff work thoughtfully and conscientiously to engage each individual and their family to identify appropriate services and establish a rapport with these individuals and families. Peer mentoring, coaching, specialized therapies, and alternative housing support are examples of services that are being requested. DDS Autism Service Coordinators offer supports in both in-person and virtual modalities as the use of text messaging, videoconferencing, and social media continues to be an effective means for maintaining contact and communication with some of the autism caseload.

Autistic individuals and their families about to turn 22 often express interest in residential services. DDS' ability to provide housing support for newly eligible **Autism-only** individuals is extremely limited. In rare instances where there are significant health or safety concerns, DDS has provided shared living options or more intensive individual support.

Staffing

DDS continues to strengthen its infrastructure to support the adult Autism population. DDS facilitates a dynamic internal Autism Services work group to support statewide training and the development of new service models. This group is supported by a senior DDS Central office Psychologist.

In September of 2022, the Department hired a Director of Adult Autism Support who reports to the DDS Assistant Commissioner. This position has taken over the responsibility of leading the Regional Autism Coordinators to align and expand the Department's statewide efforts, including creating an annual Autism Services Workplan and an ambitious slate of training for EOHHS staff, clinicians and providers. These trainings are focused on best practices in employment, sexuality, social media, understanding Neurodivergence and clinical training targeted at the intersection of Autism and significant mental health challenges. We advertise these trainings broadly, and anyone with an interest in these subject matters is encouraged to attend.

The Department also brought on two Adult Autism Managers to help lead and manage the expansion of services for adults with Autism. Regional Autism Supports Coordinators work within their respective regions to identify and map resources, implement departmental and local initiatives, act as liaisons to providers, and other state and local community groups, and support the Autism Service Coordinators within their region. Each of the twenty-three DDS Area Offices has at least one full-time Autism Service Coordinator, who is responsible for the targeted case management of adults with Autism-only.

As of August 2025, DDS has invested in a total of **55** Autism Service Coordinator FTEs statewide. Ongoing rapid growth in Autism-only eligibilities has raised the current average caseload to **over 100 individuals per Service Coordinator**, which given the complexity of many of these cases is very high.

Community Infrastructure

DDS maintains a statewide network of Autism Support and Family Support Centers. These Centers are expected to engage in outreach to connect with families and to be able to provide services to families and individuals from diverse cultural, ethnic, and linguistic communities in the geographic area they are serving. This may involve creating partnerships with multiservice community organizations and other resources to provide culturally responsive services. The Centers are personalized by region to try to reach Neurodivergent individuals and their families most effectively based on local characteristics. There are two Autism Support Centers that serve both children and adults located in the Central West region; there are two adult-only Autism Support Centers in the Metro area, as well as one Center that serves children and families. The Northeast Region has one Autism Support Center which serves both adults and children and families. In the Southeast region, there is one Children's Autism Support Center and there are nine (9) Family Support Centers in which an Autism Support Specialist was added to the staffing mix to support adults. DDS will continue to remain flexible in determining which of these designs is most effective in reaching the adult Autism population.

Collaboration with the Department of Mental Health

One of the features of the 2014 Autism Omnibus legislation was that DDS and DMH were charged with developing a plan to provide services to individuals who have both a mental illness and a developmental disability. DDS and DMH entered into an Inter-Agency Agreement to collaborate in the development and funding of support and services to individuals who are eligible for services from both agencies.

DDS and DMH also have an Inter-Agency Agreement that expanded clinical expertise through the addition of Doctoral-level Fellowships. For the **2024-25 academic year** (July to June): Combined, the sites recorded **19** evaluations of DDS/DMH clients resulting in

diagnostic clarification, service needs and treatment planning suggestions for individuals with ASD and mental health issues. Nine (**9**) evaluations were conducted with the Massachusetts General Hospital Autism Spectrum Disorder Fellowship, at the Bressler Clinic and at the Lurie Center, and ten (**10**) at the UMass Memorial Health Center (UMMHC) Neuropsychiatry Clinic, Center for Autism and Neurodevelopmental Disorders (CANDO) sites.

DDS and DMH have also collaborated on a proof-of-concept proposal included in the EOHHS American Recovery Act Plan (ARPA) submission to create **five intensive community-based wrap-around programs for young adults with Autism and significant mental health challenges.** These supports are designed to allow these individuals to remain in their homes and actively participate in their communities rather than being placed in institutional settings in hospitals, boarding in the ER, or homeless. Five regional Clinical Teams are currently providing these supports across the state under the shared oversight of DDS and DMH. This pilot is now in its second year, and early returns are promising in terms of effectiveness in stabilizing and supporting individuals with autism and significant mental health challenges to make progress towards their goals in the community.

As in previous years, DDS was able to offer many Autism training opportunities to DDS, DMH, and provider staff. **In 2025 DDS held 8 statewide training sessions** ranging from co-occurrence of Autism and mental health challenges to workshops on understanding Neurodivergence and the support needs of Autistic people. We also offered an ongoing series of professional development trainings for our Autism Service Coordinators on topics they selected as most pressing for their caseloads.

Future Developments

As DDS continues to implement the statute, it is clear that the needs of the Autism population are diverse. Challenges that have emerged since the start of this newly eligible population include:

- The mental health needs of individuals with Autism and the difficulty of accessing appropriate community-based clinical services
- The supportive housing needs for a subset of the population, and
- The need for additional services designed or modified for autistic individuals to add to the menu of available supports
- Matching available Service Coordination resources to the rapidly expanding population of Autistic individuals

DDS continues to further educate its workforce in developing a greater understanding of the needs of the Autism population compared to the adult ID population it has traditionally served. There is an ongoing need for effective services in the intersection between Autism

and the mental health needs of autistic individuals. To that end, we continue to prioritize our joint work with DMH and have offered an aggressive series of statewide training for both Providers and our staff.

DDS has learned a great deal about how to engage adults with Autism, the types of services that are needed and desired, and the challenges associated with implementing them. DDS in collaboration with our sister agencies and community partners will continue to explore the types of services needed to adequately support adults with Autism and strategies to engage Neurodiverse individuals in services that meet their stated needs and preferences. We look forward to continuing working with all interested stakeholders, including the Autism Commission, continuing to implement the mandates outlined in the statute.

Coverage of Medically Necessary Treatments by MassHealth

MassHealth implemented coverage for ABA in June 2015. **In FY2022, *MassHealth spent a total of* $185.4M** for **7,917** members. **In FY2023**, MassHealth spending on ABA services was **$188,711,817.** for **9,328** members. **In FY2024 .** MassHealth spending on ABA services was **$233,408,025** for **10,092** members. **The FY2025** breakdown of the ages of the children is found on the table, below.

ABA Utilization by Age Group - SFY 2025

AGE	DISTINCT MEMBERS	AMOUNT PAID
0-5	6,006	$180,416,892
6-12	4,203	$82,377,636
13-17	780	$12,399,144
18-20	223	$4,252,384
TOTAL	**10,234**	**$279,446,056**

MassHealth Fee-for-Service (FFS) provided the following devices to individuals with Autism Spectrum Disorders (ASD):

- In SFY24 - **116** dedicated speech generating devices (SGDs) and 1 non-dedicated device
- In SFY25 - **152** dedicated speech generating devices (SGDs) and 1 non-dedicated device

** Note: The 7 current SLP clinics that we have currently trialed the non-dedicated devices that we have provided them with, however many MH members have not been found to be medically appropriate*.

MassHealth Managed Care Entities (MCE) specifically Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs) provided the following devices to individuals with Autism spectrum disorders (ASD):

- In SFY24 - **202** dedicated speech generating devices (SGDs).
- In SFY25 - **341** dedicated speech generating devices (SGDs).

SFY25 Initiatives:

- In February MassHealth posted on COMM Buys the AAC Tablet Initiative Request for Application (RFA). The goal is for MassHealth to stand up 20 Speech-Language Pathologist Clinics across the Commonwealth of Massachusetts. To date, MassHealth has had 7 RFA submissions and has 5 additional SLP clinics onboard, totaling 12 locations with over 100 devices distributed throughout. (iPad, protective cases and locked charging cabinets). MassHealth continues meets with the SLP clinics on a monthly basis, to support the process of the SLP clinics.
- SLPs have expressed how excited they are with this initiative. SLPs shared that having devices in house has been very helpful for parent meetings with the evaluation devices, that come with multiple application software.
- Currently many SLP clinics have more than 3 members trialing devices. They share that they continue to hit roadblocks with member primary insurances. MassHealth Long Term Services and Supports is currently working with the Department of Insurance with the goal that primary insurances create a pathway for Speech Language Pathologists (SLP) to submit to a member's primary/commercial insurance for potential coverage of non-dedicated devices (tablets).
- SLP Clinics have also been sharing their partnership with MassHealth and the AAC Tablet Initiative with their community partners like pediatric offices to spread the word. As a result of the RFA, we have also seen an increase in Therapist Providers enrolled with MassHealth.
- MassHealth continues to work with Rutters Technologies, an IT company, to assist with setting up all the technical components of the devices before delivering them to clinics. Consistent weekly check-in meetings and constant communication to ensure a smooth transition. SLP have also shared the appreciation of working with Rutters, and the quick turnaround they have when making requests, like adding software to devices, or needing more protective cases or screen protectors.
- MassHealth recently collaborated with the Autism Commission on the reviewing of the Frequently Asked Questions (FAQ): Augmentative and Alternative

Communication (AAC) Devices and the All-Provider Bulletin: Update to MassHealth Coverage of Speech Generating Devices. These are both currently under legal review.

MassHealth appreciates the partnership of the provider community and anticipates that this program will increase access to our members for these devices.

MassAbility Services for individuals with ASD

- The 14-22/employment subcommittee of the Commission has been examining the higher education opportunities, employment trainings opportunities and employment opportunities for individuals with Autism Spectrum Disorder (ASD).

- In FY25, MassAbility served a total of 4,662 Career Services participants with ASD . Of these, 506 are enrolled in Post-Secondary Education. In terms of race and ethnicity (some identified as having two or more races), these 506 individuals in post-secondary education are broken down as 406 White (80.2%), 62 African American (9.5%), 66 Hispanic (13.0%), 25 Asian (4.9%), 4 American Indian/Alaska Native/Native Hawaiian/Pacific Islander (0.8%), 16 Multiracial (3.2%), and 7 unidentified (1.4%). These individuals are enrolled in degree-bearing post-secondary education programs based on their latest Individualized Plan for Employment (IPE) with MassAbility. At the time of application to CS services, 43.3% identified their primary source of support as Family or Friends, 29.5% as Public Support/Benefits, 11.6% as personal income, and 15.6% as other sources. Regionally, 41.6% are in the North District, 30.6% in the West District, and 28.2% in the South District.

- During FY25, MassAbility had 28 providers of Pre-Employment Transition Services (Pre-ETS), which provide job exploration counseling, workplace readiness trainings, workplace learning experiences, counseling in post-secondary training opportunities, and self-advocacy to students aged 14-22. In FY25, **588 Career Service eligible participants and Potentially Eligible students with ASD received services from its Pre-ETS vendors**, of which **504 received work-based learning experiences**.

- In FY25, **488 individuals with ASD served by MassAbility** CS achieved successful employment outcomes, and **86.1% of individuals retained employment** after placement to successful employment outcomes. MassAbility also partnered with the Association for Autism and Neurodiversity (AANE) to provide LifeMAP coaching services to participants with Autism and has provided training for MassAbility staff on best practices and strategies for serving individuals with autism in recent years.

  a) In FY25, MassAbility **received 172 referrals** through the **688 Process for individuals with ASD** and served **779 individuals with ASD** in its **Transition to Adulthood (TAP) program**, which is operated by the Independent Living Centers (ILCs) to provide peer-driven transition services to youths with disabilities. In terms of race and ethnicity,hey are broken down as 477 White (57.3%), 90 African American (10.8%), 31 Asian/Pacific Islander (3.7%), and 144 Hispanic/Latino

(17.3%), as 33 chose not to disclose (4.0%) and 69 selected "Native American/Alaskan Native", "Native Hawaiian/Other Pacific Islander", or "Multiracial" (8.3%).

b) MassAbility and its employment providers continue to work on strengthening their data collection processes utilizing its MassAbility Connect integrated eligibility program and the agency's ongoing project to develop a new and modern data system for its VR and CL divisions. These efforts will focus on including retention data for individuals served with ASD as well as focusing on considerations of culture, race, linguistics, gender identity and socio-economic status in data collection and analysis.

c) **In FY25, there were 4,662 applicants with Autism for VR, and 246 for CL through MassAbility Connect.** The CL applicants are broken down by program as follows: MassAbility's Homecare Assistance Program (HCAP) had 99 applicants, the Statewide Head Injury Program (SHIP) had 10, and Supported Living (SL) with 137.

d) Based on the data collected for MassAbility VR participants with ASD, it is recommended outreach processes be developed designed to increase the number of referrals from participants with ASD in the following areas, females, those residing in urban areas, as well as individuals of diverse ethnic and racial backgrounds as there may be an unmet need in these populations. MassAbility's Office of Learning and Community Engagement is a resource that will be able to be utilized to assist with these outreach efforts.

e) In FY23, MassAbility was awarded and began operation of a 5-year federal demonstration grant known as NextGen Careers. Individuals with ASD are the target population for this project. NextGen is currently focusing on serving young adults ages 18 to 30 with the goal of evaluating a new model for VR services designed to lead to employment outcomes with higher wages and career pathway opportunities in fields such as STEM. **As of June 30, 2025, 298 young adults with Autism had enrolled in NextGen since the program's inception.** Regionally, 41.9% of these participants are in the North District, 29.2% in the South District, and 28.9% in the West District.

Executive Office of Aging & Independence (AGE)

In FY25, AGE received **428 calls** from **413 individuals with ASD.**

Ongoing work of the Autism Commission's Subcommittees

Birth – 14 Subcommittee Updates and 2026 Recommended Priorities

Transition from Early Intervention to Special Education

The subcommittee met throughout the year with the goal of deepening its understanding of the Massachusetts' Part C/early intervention system and the transition process to Part B/preschool special education for children diagnosed with autism. The subcommittee heard from Dr. Emily White, Director of the Early Intervention Division and the Commonwealth's IDEA Part C Coordinator, who provided an overview of the state's IDEA Part C/early intervention system, including how children move from program entry through transition to preschool special education. The committee reviewed data from the Part C/early intervention State Performance Plan/Annual Performance Report for transition. Members also heard from Molly Gilbride, the Early Intervention Division's Clinical Quality Manager, who described the state's monitoring process and methods for ensuring providers' compliance with federal timelines and transition requirements. The subcommittee had a follow-up presentation from the Department of Elementary and Secondary Education (DESE) at its November 2025 meeting to understand how DESE monitors the timeliness and quality of transitions from Part C/early intervention to public education programs. This work supports the subcommittee's ongoing commitment to identifying barriers, promoting interagency coordination, and ensuring continuity of support for children and families during the critical transition from EI to school-based services.

Child Safety

The subcommittee achieved its goal of expanding safety resources for individuals with autism and their families through collaboration with the Department of Developmental Services (DDS). The group provided feedback to DDS to develop and share swim safety resources, now posted on multiple state and partner websites. These materials are being distributed through various channels, including agency webpages and community-based organizations, to ensure families can easily access information on drowning prevention and safe recreation. Although the subcommittee has agreed to build on this success by broadening its focus beyond water safety to include wandering, bolting, accidental drowning, and psychosexual health, ensuring that the full spectrum of safety needs for children with autism is addressed, these topics have not yet been discussed in the 2025-2026 year.

2026 Recommended Priorities

Building on the progress described above and reflecting on member discussions during the October 8, 2025, meeting the subcommittee identified several areas for continued and expanded focus in the Commission's 2026-2027 year.

Increase Access to Timely and Accurate Information and Resources

Members considered questions about systems coordination and access, workforce and professional development, family engagement and support, quality outcomes and data, transition and community supports, and safety, health, and community inclusion. An overriding theme across each area discussed was the need to develop a centralized, multilingual autism resource hub that links to relevant state agencies (e.g., EI, DDS, DPH, DESE, and MassHealth) and external partners (e.g., "1,2,3 Grow!" campaign, Doug Flutie Foundation, and Boys & Girls Clubs) to ensure equitable outreach to diverse and underrepresented communities. This resource hub could also promote integration of family mental health supports within service systems. As state agencies and external partners identify barriers to service access, the resource hub could be updated and revised. Specific action steps could include:

- Conducting a landscape review of state agency websites to identify opportunities for cross-linking safety resources and improving accessibility for families.
- Developing public messaging and educational resources that emphasize evidence-based understanding and reduce stigma and guilt experienced by families.
- Recognizing the emotional and social impact of misinformation about autism and its causes.

Child Safety, Health, and Community Inclusion

Members considered how the Commission could build upon the work completed by DDS to expand the safety focus to include wandering, bolting, psychosexual health, and community safety awareness. Specific action steps could include:

- Recommending that DESE to explore issuing a technical advisory on autism-related safety that can inform IEP and team discussions.
- Outreach to community-based organizations to share the DDS resources created.

Adult Subcommittee Updates and 2026 Recommended Priorities

During the last year, the Adult Subcommittee developed an informational flyer for families of individuals aging with autism to enable them to connect with the

Department of Developmental Services ("DDS") for more information to learn more about services that their older family member with autism may be eligible for as they advance in age. Through collaboration with DDS, a comprehensive communication plan was established to distribute this flyer widely through multiple existing communication methods and on-line media opportunities.

2026 Recommended Priorities

Continue to promote and expand the outreach campaign to older families caring for a loved one with Autism and not currently connected to the service system. This will involve continuing to build stronger functional linkages between DDS and the Executive Office of Aging and Independence as partners in this and other efforts of the subcommittee. The goal is to work together to provide accessible information regarding eligibility and opportunities for future planning.

Collaborate with DDS to look for strategies to make the adult eligibility process more accessible for older adults who are pursuing or being given a diagnosis but who lack the documentation from their developmental years to establish eligibility.

The Adult Subcommittee will partner with the rest of the Commission to:

Monitor the impacts of any legislative or regulatory changes at the Federal level and their impact on benefit and service availability for individuals.

Promote accurate information and evidence-based research about Autism and people with Autism in the Commonwealth.

Healthcare Subcommittee Updates and 2026 Recommended Priorities

MassHealth Medical Necessity Criteria were updated, expanding providers able to diagnose ASD to include advanced practice registered nurses and physician assistants. Requirements related to specific diagnostic tools and assessments were removed. Language was added to state that evidence for diagnosis may be gathered by a multidisciplinary team to assist in the diagnostic process.

2026 Recommended Priorities

Address barriers to access for people with ASD to appropriate, high quality, medically necessary, culturally responsive treatment options.

Expand training of Healthcare Professionals to work with people with ASD explore the expansion of existing ECHO ASD programs and other training on ASD and

appropriate strategies for assisting individuals with ASD focusing on considerations of culture, race, linguistics, gender identity and socio-economic status, including:

- Behavioral Health Mobile Crisis/Emergency Service providers
- Community Behavioral Health Center staff
- Children's Behavioral Health Initiative staff
- Helpline/Hotline (including the Behavioral Health Help Line- BHHL) personnel
- Hospital personnel and trainees, including Emergency Room personnel and trainees
- Dental providers

Ensure that individuals over the age of 21 years with ASD, who have been receiving intensive school- and home-based services, are able to access appropriate, high quality, medically necessary treatments, including, but not limited to, applied behavior analysis.

Housing Subcommittee Updates and 2026 Recommended Priorities

Over the past year, the Housing Subcommittee tracked the implementation of the Affordable Homes Act, specifically highlighting the state Accessory Dwelling Unit law as well as other programs and legislative changes that can be leveraged to support housing for individuals with ASD.

Over the past year, the Housing Subcommittee studied three state-funding housing projects for individuals with development and intellectual disabilities including ASD. Two of the three projects are currently under construction. One project is complete and operational.

2026 Recommended Priorities

During calendar 2026, the subcommittee will continue to track AHA implementation and will highlight relevant recommendations developed by the new Accessibility and Extremely Low-Income Housing Commissions. The subcommittee will also track developments at the federal level as they impact funding for housing for people with disabilities as well as Medicaid funding for long term community-based supportive services.

During calendar 2026, when all three projects are completed, the subcommittee will complete three case studies documenting the public and private financing sources, costs, design features, development and operational innovations, challenges and lessons learned.