

# Disability, Legal Definition and its Assessment

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**ABSTRACT:** The concept of disability has undergone a profound theoretical and regulatory evolution, shifting from a medical paradigm to a bio-psycho-social model. The modern approach defines disability not as a mere individual condition, but as the result of interactions between functional limitations, environmental factors, and social barriers. Law No. 62/2024 enshrines this innovative vision within the Italian legal framework, introducing assessment criteria based on a multidimensional evaluation aimed at providing personalized support for persons with disabilities. This paper critically analyzes the new assessment process established by Law No. 62/2024, evaluating its effectiveness, consistency with the new paradigm, and practical implementation in real-world contexts. It demonstrates that the approach introduced by Law 62/2024 represents a significant advancement in the definition and assessment of disability in Italy: it shifts the focus from merely verifying functional limitations to building life projects truly centered on the individual.

**KEYWORDS:** Disability; personalized life plan; multidimensional assessment; paradigm; personalization

**SUMMARY:** 1. Disability Definition – 2. Disability Assessment – 3. Conclusions.

## 1. Disability Definition

**A**fter an initial approach, dating back to the 1980s which framed disability as a purely individual condition specifically, as the inability of a person to perform one or more tasks typically expected of a “normal” individual, criticism of this conception led the World Health Organization (WHO) to adopt, in 2001, a new classificatory framework: “*International Classification of Functioning*” (ICF).<sup>1</sup>

A fundamental turning point was also marked by the adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD)<sup>2</sup> in 2006.<sup>3</sup> The Convention defines disability as an evolving concept that includes long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder a person’s full and effective participation in society on an equal

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<sup>1</sup> International Classification of Functioning, Disability and Health.

<sup>2</sup> Convention on the Rights of Persons with Disabilities. Italy ratified the Convention with Law No. 18 of March 3, 2009, committing to align its legislation and policies with the principles established at the international level.

<sup>3</sup> COURT OF JUSTICE UE, *Chacón Navas*, C-13/05, 2006.



basis with others.<sup>4</sup> The CRPD enshrines the principles of equality and non-discrimination, and promotes rights to personal autonomy, accessibility, education, employment, health, and political participation. Furthermore, it emphasizes a human rights-based approach, shifting the focus from care and protection toward empowerment and social inclusion.

The perspective's shift is paradigmatic. The focus moves from the individual's health condition, an objective status, to the environmental context in which the person operates a subjective and relational dimension.<sup>5</sup> Disability is no longer treated as a fixed individual limitation but rather as a phenomenon that can change depending on the environment in which the person is situated.<sup>6</sup>

Today, disability is recognized as the outcome of a complex interaction between an individual's health condition, personal factors, and environmental elements. Consequently, depending on their specific health condition, a person may encounter an unfavorable context that limits or reduces their functional capacities and social participation. This holistic and multidimensional paradigm of disability reorients the attention away from a strictly medical or pathological model, toward viewing the individual as an active part of the community. It acknowledges that impairments alone do not define disability; what matters are the contextual factors, including obstacles or facilitators, within which the individual lives and interacts.<sup>7</sup>

Therefore, disability is no longer considered solely as a function of a health condition but is instead understood as the result of an interaction between the person, their health status, and an environment that may be non-supportive, or outright exclusionary. In this sense, disability is context-relative: different environments can exert quite different impacts on the same individual.

In essence, the concept of disability has evolved from being seen as the problem of a minority group, to a broader, more inclusive and human-centered perspective. It recognizes that everyone may experience limitations or difficulties at different stages of life.<sup>8</sup> The ICF framework supports not only the assessment of limitations but also the identification of personal resources and capabilities, emphasizing life contexts and individual goals. This approach enables professionals and institutions to identify specific barriers and to plan targeted interventions to support individuals in achieving their life projects, thereby fostering real inclusion and respect for the diverse challenges people face.

However, this new conceptualization inevitably introduces significant challenges in terms of assessment (both clinical and psychological) and protection (both administrative and judicial). One clear indication of this is the considerable number of court decisions issued at every level of jurisdiction to recognize even basic rights of persons with disabilities.<sup>9</sup>

A recent ruling by the Italian Constitutional Court<sup>10</sup> is particularly illustrative in this regard. The Court stated that human dignity is violated whenever the legal system itself, through a rule or prohibition, renders a person disabled or dependent when they would otherwise be capable of performing a given activ-

<sup>4</sup> R. DALLA MORA, *Disabilità: la storia, il linguaggio, la condizione, la convenzione ONU*, 2022.

<sup>5</sup> N. CURTO, C.M. MARCHISIO, *I diritti delle persone con disabilità. Percorsi di attuazione della Convenzione ONU*, 2020.

<sup>6</sup> COURT OF JUSTICE UE, *HK Danmark*, C-335/11 - C-337/11, 2013.

<sup>7</sup> S. FAVALLI, *Disabilità, diritti umani e diritto internazionale*, 2021.

<sup>8</sup> G. GRIFFO, M. LOMUSCIO, F. ORTALI, *Inclusione, disabilità, cooperazione internazionale. L'esperienza della cooperazione italiana 2009-2014*, 2016.

<sup>9</sup> N. FOGGETTI, *La tutela delle persone con disabilità nel diritto internazionale*, 2017.

<sup>10</sup> CONSTITUTIONAL COURT, judgement no. 3/2025.



ity independently. This decision underscores what it truly means to support persons with disabilities. The Court held that even a rule that treats everyone equally may be discriminatory if, rather than removing obstacles to personal development and participation, it introduces disproportionate and unnecessary burdens in relation to a specific need.<sup>11</sup>

In other words, a norm can be discriminatory even when it is formally equal, because not all individuals are, in fact, equal. A legal obstacle that may be easily overcome by a person without disabilities cannot be presumed to be equally manageable by someone with a disability. The legislator must take this into account; otherwise, the legal system itself becomes the source of inequality and exclusion.<sup>12</sup>

## 2. Disability Assessment

A variety of legal instruments have been developed to ensure that people with disabilities have an adequate standard of living and social protection in different areas, such as the right to work, education, healthcare, leisure and more. However, the exercise of these rights fundamentally depends on an essential prerequisite: the formal recognition of the need for the specific support from the State. Indeed, the assessment of the state of need, and consequently of disability, constitutes a critical element within the social protection system, as it serves as the qualifying criterion for eligibility and access to all support services and benefits designed for individuals facing difficulties.<sup>13</sup>

Recently, Legislative Decree No. 62 of May 3, 2024,<sup>14</sup> which implements the enabling act Law No. 227 of December 22, 2021, reformed the disability assessment process.<sup>15</sup>

The enabling act mandated the government to promulgate legislation that would revise and reorganize the regulatory framework in accordance with Articles 2, 3, 31, and 38 of the Italian Constitution and in conformity with the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol.<sup>16</sup> The new regulatory framework guarantees that people with disabilities will receive a consistent, transparent and accessible assessment process to formally recognise their condition.

The primary objective of the new legislation is to enable the full exercise of civil and social rights of vulnerable individuals, including the right to independent living, full social and occupational inclusion, and effective access to services, benefits, financial transfers, and other facilitations. Essentially, the reform aims to promote the autonomy and equal participation of persons with disabilities and their caregivers

<sup>11</sup> CONSTITUTIONAL COURT, judgement no. 152/2020.

<sup>12</sup> The ruling declared unconstitutional the provision that did not allow persons with disabilities to use digital signatures to endorse candidate lists for elections, stating that the exclusion of persons with disabilities from using digital signatures creates the paradox whereby the legal system, instead of removing barriers that hinder the full development of the human person and effective participation in political organization, introduces “an undue burden, neither necessary nor proportionate to the need to verify the authenticity and genuineness of the candidate list’s endorsement, which can equally be achieved by allowing voters with disabilities to use electronic means to support the candidate list”.

<sup>13</sup> COURT OF CASSATION, judgment no. 24953 of 15 September 2021.

<sup>14</sup> Legislative Decree 3 maggio 2024, n. 62.

<sup>15</sup> LAW FIRM SASSANO, *Le Novità sull’Accertamento della Disabilità*, <https://studiolegalesassano.it/2025/04/03/le-novita-sullaccertamento-della-disabilita/>; ASSOCIAZIONE INVALIDI CIVILI GENOVA, *Nuova Legge 104/2024, Novità Accertamento Disabilità*, <https://www.associazioneinvalidi.org/>.

<sup>16</sup> Signed in New York on December 13, 2006.

by eliminating disparities caused by acquired impairments, respecting their potential desire for self-determination, and ensuring their freedom from discrimination.

Article 2 of the referenced law outlined the guiding principles and directives of the delegation, establishing in paragraph 1 that the new legislation must coordinate, both formally and substantively, the existing laws, including those transposing and implementing European regulations. To achieve this, the legislation shall introduce appropriate amendments aimed at ensuring and improving the legal, logical, and systematic coherence of the sector-specific regulatory framework, as well as adapting, updating, and simplifying the normative language. Furthermore, it shall identify the provisions that must be expressly repealed.<sup>17</sup>

Particularly noteworthy is the provision in paragraph 2 of the delegated law. Indeed, it contains both the preferred definition of disability, namely *“persons with long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”*,<sup>18</sup> and the new provisions that must underpin the revised regulatory framework for its assessment.

The new regulatory framework should be structured around key focal points, including: a) The assessment of disability, to be clearly distinguished from the subsequent multidimensional evaluation based on the bio-psycho-social model, which can be activated upon request by the person with a disability or their representative, following adequate information on the interventions, supports, and benefits available, and aimed at the so-called individualized, personalized, and participatory life project,<sup>19</sup> ensuring the adoption of criteria suitable to duly consider gender differences; b) The adoption of the International Classification of Functioning, Disability and Health (ICF),<sup>20</sup> approved by the 54th World Health Assembly on May 22, 2001, along with related technical-operational evaluation tools, for the purposes of describing and analyzing functioning, disability, and health, in conjunction with the version of the International Classification of Diseases (ICD)<sup>21</sup> adopted in Italy by the World Health Organization and any other validated and consolidated assessment scales available in the scientific literature and clinical practice; c) The separation of assessment pathways provided for elderly persons from those applicable to adults and minors; d) With regard to the assessment of disability and the revision of its basic evaluation processes, the provision that, in accordance with the guidelines of the ICF and taking into account the ICD,

<sup>17</sup> In any case, the application of Article 15 of the provisions on the law in general is reserved: “Laws are not repealed except by later laws by express declaration of the legislator, or for incompatibility between the new provisions and the previous ones, or because the new law regulates the entire matter already governed by the prior law”.

<sup>18</sup> United Nations Convention on the Rights of Persons with Disabilities also published at the following address: <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>.

<sup>19</sup> Letter C) of Delegation Law no. 227, dated December 22, 2021: *“con riguardo alla valutazione multidimensionale della disabilità e alla realizzazione del progetto di vita individuale, personalizzato e partecipato”*.

<sup>20</sup> International Classification of Functioning, Disability and Health (ICF), adopted by the World Health Organization in accordance with Articles 21(b) and 22 of the Protocol to the Constitution of the World Health Organization, signed in New York on 22 July 1946, proclaimed in force by Legislative Decree of the Provisional Head of State 4 March 1947, no. 1068.

<sup>21</sup> International Classification of Diseases (ICD), adopted by the World Health Organization in accordance with Articles 21(b) and 22 of the Protocol concerning the Constitution of the World Health Organization, signed in New York on 22 July 1946, made effective by Legislative Decree of the Provisional Head of State 4 March 1947, no. 1068.

the basic assessment shall verify, pursuant to Article 3 of Law No. 104 of February 5, 1992,<sup>22</sup> as amended to align with the United Nations Convention on the Rights of Persons with Disabilities, the condition of disability and the needs for support, intensive support, or restriction of participation of the person for the purposes of related benefits or institutions. This includes simplifying procedural and organizational aspects to ensure timeliness, efficiency, transparency, and protection of the person with a disability, as well as the rationalization and unification into a single procedure of the basic assessment process under Law No. 104/1992 and the various existing types of civil invalidity, confirming and guaranteeing the specificity and autonomous relevance of each form of disability.<sup>23</sup>

Another essential element required by the Parliamentary Bodies from the Government was to entrust a single public entity with exclusive medico-legal competence over the assessment procedures, ensuring homogeneity nationwide and achieving, also for the purpose of reducing judicial litigation, a simplification and rationalization of procedural and organizational aspects of the basic assessment process. This also includes provisions for simplified review or reassessment procedures, to guarantee timeliness, efficiency, and transparency, as well as recognition of protection and representation of persons with disabilities throughout all phases of the disability verification process, ensuring the participation of relevant associations.

Based on this latter point, the reform introduced by the Legislative Decree 62 of 2024 established the “basic assessment”, a unified and multidisciplinary procedure aimed at verifying the condition of disability and the intensity of necessary supports. The legislation aims to guarantee individuals access to recognition of their possible disability condition and to remove any obstacles inherent to that condition so as not to endanger the full enjoyment of all rights to which everyone is entitled on an equal basis with others. This is also achieved through the support of all tools necessary to ensure physical, mental, and functional equivalence.

A necessary prerequisite for the new verification procedure is the establishment of a normative benchmark defining what must be ascertained i.e. the conditions, i.e., the conditions that must exist to define a disability condition. The legislation identifies the protected condition as a lasting physical, mental, intellectual, neurodevelopmental, or sensory impairment which, interacting with various barriers, may hinder full and effective participation in different life contexts on an equal basis with others.

The verification procedure introduces major innovations related to the new administrative process for recognition of disability status, which will be conducted through the so-called “basic assessment procedure.”

The basic assessment is a unified procedure aimed at recognizing the disability condition as defined above for all individuals<sup>24</sup> encompassing all civil disability verifications provided by current legislation, specifically including: a) Verification of civil disability under Law No. 118 of March 30, 1971, and conditions under Law No. 18 of February 11, 1980, Law No. 508 of November 21, 1988, and Law No. 289 of

<sup>22</sup> Law no. 104, 5 february 1992.

<sup>23</sup> M.G. BERNARDINI, *La capacità legale universale come requisito indefettibile della libertà. Notazioni teoriche in un’ottica di riforma*, 2024.

<sup>24</sup> It also applies to minors and to elderly people, without prejudice to the provisions of Article 27, paragraph 11, of Legislative Decree No. 29 of March 15, 2024, for elderly non-self-sufficient individuals who have surpassed seventy years of age. Elderly non-self-sufficient persons aged between 65 and 70 years, in any case, are guaranteed access to the Integrated Care Project (PAI) referred to in Article 1, paragraph 163, of Law No. 234 of December 30, 2021.

October 11, 1990; b) Verification of civil blindness pursuant to Law No. 382 of May 27, 1970, and Law No. 138 of April 3, 2001; c) Verification of civil deafness pursuant to Law No. 381 of May 26, 1970; d) Verification of deaf blindness pursuant to Law No. 107 of June 24, 2010; e) Verification of disability condition in developmental age for school inclusion purposes pursuant to Article 5 of Legislative Decree No. 66 of April 13, 2017; f) Verification of disability condition for employment inclusion pursuant to Law No. 68 of March 12, 1999;<sup>25</sup> g) Identification of prerequisites for granting prosthetic, health, and rehabilitative assistance as provided by essential levels of assistance; h) Identification of elements relevant to defining non-self-sufficiency and severe disability as per the Ministerial Decree of Labor and Social Policies dated September 26, 2016;<sup>26</sup> i) Identification of requirements for access to fiscal, tax, and mobility benefits consequent to disability verification and any other benefits provided by law.

The basic assessment procedure is activated upon request by the interested party or, in the case of minors or legally incapacitated individuals, by their legal guardian, trustee, or support administrator with powers.<sup>27</sup> The initial administrative act is the electronic submission of a medical introductory certificate issued by subjects expressly identified by law, which must include: a) Personal data, tax code, and health card number of the person undergoing the basic assessment; b) Documentation related to diagnostic verification, including anamnesis and follow-up data, including outcomes of pharmacological, surgical, and rehabilitative treatments; c) Diagnosis coded according to the ICD system; d) Course and prognosis of any diagnosed pathologies;<sup>28</sup> e) Possible domicile declaration of the individual.

Alongside the medical certificate submission, the interested party may, in specific cases, request assessment solely based on collected medical and other documentation, without the need for an in-person examination. In this case, the applicant must submit all documentation as well as the WHODAS<sup>29</sup> questionnaire.<sup>30</sup> If this request is denied, the commission cannot reject it outright but must order an examination, similarly for those who did not request assessment based solely on documents.

Upon ordering the examination and acquiring any additional medical or social documentation issued by an accredited public or private facility (which the applicant may submit up to seven days prior), the basic assessment is performed. At this stage, if not already provided, the WHODAS questionnaire completion is requested.

The basic assessment is conducted on a single collegial visit and must be completed within ninety days of receiving the medical certificate; within fifteen days for cases involving oncological patients; and with-

<sup>25</sup> F. IPPOLITI, P. CORBOSIERO, N. CANITANO, F. MASSONI, M. RICCIARDI, L. RICCI, T. ARCHER, S. RICCI., *Work-related Stress, over nutrition and cognitive disability*, in *Clinica Terapeutica*, 168, 1, 2017, 42-47; S. RICCI, F. MASSONI, M. DI MEO, L. PETRONE, N. CANITANO, F. IPPOLITI, M.E. CINTI, *Correlation among measures of stress, indicators of biohumoral nature and medico-legal considerations*, in *Rivista di Psichiatria*, 48, 2, 2013, 113-20.

<sup>26</sup> T. ARCHER, S. RICCI, D. GARCIA, M. RAPP RICCIARDI. *Neurodegenerative Aspects in Vulnerability to Schizophrenia Spectrum Disorders*, in *Neurotoxicity Research*, 26, 2014, 400-13.

<sup>27</sup> L. RICCI, B. DI NICOLÒ, P. RICCI, F. MASSONI, S. RICCI, *The exercise of rights beyond therapy: on Human Enhancement*, in *BioLaw Journal*, 1, 2019, 497-512.

<sup>28</sup> F.M. DAMATO, P. RICCI, R. RINALDI, *Informed consent and compulsory treatment on individuals with severe eating disorders: a bio-ethical and juridical problem*, in *Clinica Terapeutica*, 174, 4, 2023, 365-369; G. MONTANARI VERGALLO, L. LEONARDI CAMPANOZZI, M. GULINO, L. BASSIS, P. RICCI, S. ZAAMI, S. MARINELLI, V. TAMBONE, P. FRATI, *How Could Artificial Intelligence Change the Doctor-Patient Relationship? A Medical Ethics Perspective*. *Healthcare*, 13, 18, 2025, 2340.

<sup>29</sup> World Health Organization Disability Assessment Schedule.

<sup>30</sup> WHO Disability Assessment Schedule, an assessment questionnaire based on the ICF that measures health and disability status.



in thirty days for minors. If further documentation or diagnostic investigations are necessary, deadlines are suspended for sixty days, extendable upon request for another sixty days. Additional information may only be requested if necessary to recognize a higher intensity of support or if the application cannot be accepted based solely on the documents already submitted.<sup>31</sup>

The final outcome of the basic assessment is certified with an indefinitely valid certificate in which the commission describes the conditions identified pursuant to Article 12, paragraph 2, letter c), which is recorded in the electronic health record. In the case of recognized disability status, the certificate specifies the necessity and intensity of supports, including exceptional cases pursuant to Article 12, paragraph 2, letter d), and the related validity period. INPS<sup>32</sup> (National Social Security Institute) is also responsible for establishing modalities to ensure timely distribution of economic benefits consequent to the basic assessment, starting from the month following the submission date of the introductory medical certificate. Further procedural modalities, after consulting the Data Protection Authority, as well as the modalities for commission meetings, are established by INPS within six months from the date of entry into force of this decree. The legislation also provides a priority pathway for individuals with severe disabilities and high functional impairments, allowing access to social, socio-health, and socio-assistance benefits as per Article 7, paragraph 2,<sup>33</sup> even before completion of the basic assessment if the infirmity is certified by an accredited public healthcare or social healthcare facility. In case, at the end of the verification procedure, a lower level of support is deemed necessary than initially granted urgently, the latter measures will be revoked accordingly.

The assessment of disability for individuals under seventy years old,<sup>34</sup> which from January 1, 2027, will be under the exclusive competence of INPS, will be entrusted to so-called “basic evaluation units” composed of two physicians appointed by INPS, a healthcare professional representing principal associations of persons with disabilities,<sup>35</sup> a professional from psychological or social fields, and chaired by one of the two physicians appointed by INPS holding specialization in legal medicine. For assessments of minors,

<sup>31</sup> L. RONDANINI. *L'accertamento della condizione di disabilità: il certificato medico integrativo*, <https://www.erickson.it/it/mondo-erickson/laccertamento-della-condizione-di-disabilita-il-certificato-medico-integrativo>.

<sup>32</sup> Istituto Nazionale della Previdenza Sociale.

<sup>33</sup> Legislative Decree 62/2024, art. 7, paragraph 2: “By regulation of the Minister of Labor and Social Policies pursuant to Article 17, paragraph 3, of Law no. 400 of 23 August 1988, adopted in agreement with the Ministers of Health and of Economy and Finance and with the Political Authority delegated for disability, following an understanding reached at the Unified Conference referred to in Article 8 of Legislative Decree no. 281 of 28 August 1997, within six months from the date of entry into force of this decree, the reimbursable services under paragraph 1 and the specific modalities for requesting the provision are identified”.

<sup>34</sup> Legislative Decree 62/2024, art. 9, paragraph 7: “The assessment of the condition of non-self-sufficiency for people aged seventy and over is carried out pursuant to Article 27 of Legislative Decree No. 29 of 15 March 2024.”.

<sup>35</sup> Legislative Decree 62/2024, art. 9, paragraph 4: “The base evaluation units referred to in paragraphs 2 and 3 are integrated with a healthcare professional acting on behalf of, respectively, the National Association of Civilian Disabled (ANMIC), the Italian Union of the Blind and Visually Impaired (UICI), the National Entity for the Protection and Assistance of Deaf-Mutes (ENS), and the National Association of Families and People with Intellectual Disabilities and Neurodevelopmental Disorders (ANFFAS), identified according to the specific disability conditions under assessment”.

one of the two physicians must hold specialization in pediatrics, child neuropsychiatry, equivalent or related specialties, or specialization in the pathology characterizing the person's health condition.<sup>36</sup>

Participation of at least three members is mandatory during the evaluation, with the chairperson's vote counting double in case of a tie, determining the outcome. The person being examined must be allowed to be assisted by their trusted physician.

Other regulated aspects include the rationalization, simplification, and harmonization of assessment procedures. Thanks to additional funding granted to the assessing entity, it must ensure proximity of the evaluation procedure, simplification of the administrative process, including internal reorganization identifying specific responsibilities and competences of bodies and offices, and homogeneity of assessments nationwide.

The final evaluation following the verification procedure must specify: a) The person's health condition as described in the introductory medical certificate with ICD codes;<sup>37</sup> b) Assessment of lasting and significant impairments of health status functional, mental, intellectual, or sensory in accordance with ICF guidelines and considering ICD; c) Identification of functional and structural deficits hindering the person's health-related activities per ICF capacity framework; d) Determination of the person's functioning profile concerning mobility and autonomy in basic and instrumental activities of daily living requiring continuous support;<sup>38</sup> e) Evaluation of the impact of functional and structural impairments on capacity, per ICF classification, in activity and participation domains, including work and higher education domains (for minors, including learning and school domains);<sup>39</sup> f) Assessment of support needs level mild, moderate, intensive, high, or very high linked to ICF activity and participation domains.

The final disability recognition certificate effectively replaces all previous certifications, and its submission automatically constitutes a request for all social, socio-assistance, and socio-health benefits to which the person is entitled.<sup>40</sup>

An important innovation beneficial to persons with disabilities, if correctly applied, concerns communication duties of the basic evaluation units upon recognizing disability status. The commission must communicate not only the examination outcome and related interventions, supports, and benefits directly owed following disability certification but also inform about the right to develop and activate an individualized, personalized, and participatory life project as a further integration tool within the person's living environment.

<sup>36</sup> INPS Circular of 27 December 2024; INPS Circular No. 1980 of 23 June 2025; Italian Budget Law 2025.

<sup>37</sup> Legislative Decree 62/2024, art. 12, comma 1: "...with regulation of the Minister of Health..., to be adopted by 30 November 2026, the basis of the ICD and ICF classifications and in accordance with the disability definition pursuant to Article 2, paragraph 1, letter a), the updating of the definitions, criteria and procedures for determining civil invalidity, civil blindness, civil deafness and civil deaf-blindness as provided for by the Minister of Health Decree of 5 February 1992, published in the Official Gazette No. 47 of 26 February 1992".

<sup>38</sup> Law 22 giugno 2016, no. 112

<sup>39</sup> R. FERRARA, L. IOVINO, M. DI RENZO, P. RICCI, *Babies under 1 year with atypical development: perspectives for preventive individuation and treatment*, in *Frontiers in Psychology*, 2022, 1-9; G.M. TROILI, R. BUSINARO, F. MASSONI, L. RICCI, L. PETRONE, P. RICCI, S. RICCI, *Investigation on a group of autistic children: Risk factors and medical social considerations*, in *Clinica terapeutica*, 164, 4, 2023; T. ARCHER, S. RICCI, F. MASSONI, L. RICCI, M. RAPP-RICCIARDI, *Cognitive benefits of exercise intervention*, in *Clinica Terapeutica*, 167, 6, 2016, 180-185.

<sup>40</sup> S. RICCI, A. MIGLINO, *Medicina e Società: dalla tutela dell'integrità fisica al diritto alla salute*, Roma, 2005, 1-99.



To simplify this process, upon request by the interested party, the commission must transmit the disability certificate, once uploaded to the electronic health record (FSE),<sup>41</sup> to an authorized entity to initiate the individualized life project procedure, which also serves as a formal initiation request for the project under Law 241/90.

At this point, the importance of the “life project” becomes clear as an essential element for truly overcoming psycho-physical barriers between the vulnerable individual and society. This project is now established as a subjective right of the disabled person, a necessary and fundamental tool to ensure independent, socially inclusive, and personally fulfilling life, understood as the capacity to determine tools best suited to individual needs.

The life project is regulated under Chapter III, Articles 18 and following, aiming to improve personal and health conditions of the disabled in various life domains, facilitating social inclusion and participation, ensuring, to the greatest extent possible, equality with other community members, through listening to the disabled person’s individual objectives and seeking appropriate tools for the specific case.

In other words, the life project aims at identifying tools, resources, interventions, benefits, services, and reasonable accommodations necessary,<sup>42</sup> to eliminate or prevent barriers obstructing the disabled person’s full enjoyment of rights, also activating supports necessary for inclusion and participation in diverse life contexts, including education, higher education, housing, work, and social life.<sup>43</sup>

The disabled individual becomes, understandably, the central figure of the procedure, requesting activation, contributing to content determination, and exercising prerogatives to modify or integrate the project according to personal desires, expectations, and choices.

The project’s development is entrusted by law to “multidimensional evaluation units”,<sup>44</sup> activated upon request by the interested party, conducting evaluation based on a multidisciplinary bio-psycho-social approach, considering ICF and ICD indications. The procedure comprises four phases: a) Acknowledgment of the basic assessment, detection of the person’s goals according to their desires and expecta-

<sup>41</sup> Fascicolo Sanitario Elettronico.

<sup>42</sup> Law no. 104 of February 5, 1992: “Art. 5-bis (Reasonable accommodation). - 1. In cases where the application of legal provisions does not ensure to persons with disabilities the enjoyment and actual and timely exercise, on an equal basis with others, of all human rights and fundamental freedoms, reasonable accommodation, pursuant to Article 2 of the United Nations Convention on the Rights of Persons with Disabilities, done at New York on December 13, 2006, identifies the measures and adjustments necessary, relevant, appropriate and adequate, that do not impose a disproportionate or excessive burden on the obligated party”.

<sup>43</sup> R. FERRARA, F.M. DAMATO, L. RICCI, L. IOVINO, S. RICCI, P. RICCI, M.C. LAZNIK, G. CICINELLI, *Parents-children co-regulation as therapeutic variable and target in autism spectrum disorders. From observation of drive to need of cooperative parent-mediated therapy*, in *Clinica Terapeutica*, 174, 6, 537-44, 2023; R. FERRARA, L. RICCI, P. RICCI, L. IOVINO, S. RICCI, F.M. DAMATO, G. CICINELLI, R. KELLER, *How autistic women are aware of their body and take care of their health? Focus on menstruation cycles and gynaecological care*, in *Clinica Terapeutica*, 175, 3, 2024, 168-175.

<sup>44</sup> D. Legislative Decree 62/2024, art. 24, paragraph 2: “The members of the multidimensional assessment unit are: a) the person with a disability; b) the person exercising parental responsibility in the case of a minor, the guardian or the substitute administrator, if empowered; c) the person referred to in article 22, if named by the interested party; d) a social worker, an educator, or another operator of territorial social services; e) one or more healthcare professionals designated by the health authority or by the district health service tasked with ensuring social-health integration; f) one representative of the educational institution in the cases referred to in article 6 of Legislative Decree 13 April 2017, no. 66; g) where necessary, a representative of the employment insertion services for people with disabilities referred to in article 6 of Law no. 68 of 12 March 1999, in the cases referred to in article 1, paragraph 1, of the same law; h) the general practitioner or the pediatrician chosen by the person with a disability”.

tions, and definition of functioning profile, including capacity and performance per ICF, in chosen life domains; b) Identification of barriers and possible facilitators in the above domains and adaptive competences; c) Formulation of assessments regarding physical, mental, intellectual, and sensory health profile, needs, and quality of life domains, considering the disabled person's priorities; d) Definition of goals to be achieved with the life project, starting from census of any existing specific support plans and their objectives.

At the conclusion of the assessment process, the Multidimensional Evaluation Unit formulates an individualized *Life Project Plan*, which identifies the necessary support measures, allocates the associated *project budget*, and determines the *reasonable accommodations* required to ensure the effective enjoyment of fundamental rights and freedoms. This is carried out while taking into account any proposals made by the individual with a disability, subject to prior verification of their appropriateness and adequacy. The project budget is defined simultaneously. The Life Project must specify the following: a) the personal goals of the individual with a disability, as derived from the outcome of the multidimensional assessment; b) the interventions identified in the following domains: education, social interaction and affectivity; vocational training and employment; housing and social living environment; health and healthcare; c) the services and measures relating to care and assistance processes, as well as the reasonable accommodations aimed at promoting the highest attainable quality of life and enhancing the participation of the individual with a disability across various life domains. These must also ensure full inclusion and equitable access on a basis of equality with others to civil and social rights and fundamental freedoms, including entitlements under the Prime Ministerial Decree of January 12, 2017 (published in the Official Gazette No. 65 of March 18, 2017); d) operational and individualized action plans related to the objectives of the Life Project, including prioritization where applicable. In cases where pre-existing plans are in place, alignment shall be ensured in terms of objectives, benefits, and interventions; e) the professionals and stakeholders responsible for the delivery of support services, with clear delineation of roles and responsibilities; f) the designated *project implementation coordinator*; g) the timeline and modalities for periodic evaluations and updates of the plan, to ensure continued relevance and appropriateness of the services and supports provided, relative to the stated objectives; h) a detailed inventory of human, professional, technological, instrumental, and financial resources public, private, and from the third sector either already available or mobilizable at the community level, including the family support network and informal support systems. These collectively constitute the *project budget*, as outlined in Article 28.

A critical element for the successful implementation of the Life Project is the precise definition of roles and responsibilities for all actors involved, including third-sector organizations. Each party must be clearly assigned their tasks in the execution of the plan.

The State, regional authorities, and local institutions, within their respective competencies, are mandated to ensure the effective implementation and national consistency of the Life Project, regardless of the individual's age, personal, or social circumstances. They must also provide for the measures set forth in existing legislation to combat poverty, marginalization, and social exclusion, and extend any applicable support to both the individual's family unit and their caregivers.<sup>45</sup> This includes, for instance, the possibility of acquiring a vehicle equipped with assistive driving technologies an enabling factor for mobility

<sup>45</sup> COURT OF CASSATION, Labour Section, judgment no. 31591, 9 December 2024.

and independence that would otherwise constitute a significant barrier to achieving a standard of living comparable to that of individuals without disabilities.

### 3. Conclusions

In conclusion, the life project represents a radical methodological shift from a predominantly performance-based model to a participatory, person-centered paradigm. This approach is now more consistent with the framework of constitutional principles such as substantive equality, self-determination, and human dignity, reflecting a profound rethinking of public institutional interventions through the establishment of a transparent, participatory, and person-centered administrative process.

The inadequacy of a regulatory framework based solely on the provision of services or benefits in response to administrative requests is now definitively established. The traditional, fragmented, and standardized performance model is superseded by a person-centered approach that recognizes and values individual aspirations, preferences, values, and life choices.

The individualized life project, which is both personalized and shared, emerges as the pivotal instrument facilitating this paradigm shift. Interventions are no longer designed generically *for persons with disabilities*, but are developed *with the person with disabilities* through a process beginning with active listening, multidimensional assessment, and the collaborative definition of life goals. This process aims not only to meet needs but to ensure full social inclusion, active participation, and self-realization in contexts chosen by the individual.

The life project is not a standardized, replicable assistance model but a unique and dynamic construct based on a comprehensive and integrated evaluation of the individual. It is oriented toward enhancing capacities, promoting autonomy, and supporting the full exercise of citizenship rights. This approach is the only way to realize the principle of substantive equality and foster a truly inclusive society one in which everyone, regardless of disability, is empowered to live a life of equal opportunity and dignity.

chapter 3