

DDS



FY26 Open/FY25 Close Training

April 8, 2025

Agenda

- Welcome and Housekeeping
- Systems Updates – MediTech to HUB
- RFR Updates
- Supplier Diversity updates
- Change in Contractor Identity
- Timely Billing and Documentation
- Accommodation Rate Contracts
- DocuSign Standard Contract Form
- Rosters
- Start up/Capital Guidance
- Rate Regulation Updates
- Cutover: Programs Rebid
- Adult Long Term Residential
 - Occupancy
 - Day Staffing and Absence/Vacancy Policy
- Year End Timelines

Housekeeping

- Please mute yourself
- Enter questions in the chat function
 - We will periodically stop to answer questions
- The Open/Close Power Point will be posted to the DDS/POS Contracts web site by April 11

System Updates – Meditech to The Hub

The Hub is a new Case Management, Clinical, and Claiming system

- Replaces Meditech
- Enrollments will be created and managed in the Hub
 - Existing enrollment IDs will not change. New enrollment IDs will have a different format, which will be noticeable in EIM
- Manages authorizations for individuals
- Manages data important for claiming such as care plans
- Source of data for HCSIS

RFR Updates: FY25

Pre-engagement/Coaching and College Navigation Services*

- April 23, 2025: priority deadline for a July 1st contract start date

Day Support Services*

- February 18th: priority deadline for July 1st contract start date
- Not CBDS/Supported Employment

Specialized Behavioral ALTR Homes*

- February 5th: priority deadline for March 1st contract start date

*Proposals received after the priority date will be reviewed on a quarterly basis beginning in July-September

RFR Planned: FY26

Contracts in these activity codes will terminate on June 30, 2026

In-Home Supports: 3798

Qualifying List for DESE/DDS Program: 3738

Supplier Diversity Plans (SDP)

Competitive/Limited Award RFRs

- SDP submissions are 25% of the total score of the RFR
- Pay attention to the instructions in the RFR related to how SDP will be scored
- Use the SDP form provided with the RFR in COMMBUYS

Rolling Enrollment/Qualified Provider RFRs

- Use updated SDP forms provided with the RFR in COMMBUYS

POS Providers must submit an updated SDP form with their UFR and there must be spend for reporting and current year with certified partners

More information about SDP can be found with the Supplier Diversity Office: [Supplier Diversity Office \(SDO\) | Mass.gov](https://www.mass.gov/supplier-diversity-office)

Change in Contractor Identity

DDS posts the following checklists on the DDS/POS web site. These checklists are due 90 days before the proposed change in Contractor Identity.

- Affiliation Checklist: Contracts do not transition to the new parent organization
- Mergers Providers complete Part I checklists
 - Contracts will transition to a new entity if approved by DDS
- Change in Ownership (New): For profit entities complete when there is a change in corporate ownership.

Creation of a d/b/a is not considered a Change in Contractor Identity. DDS Contracts recognizes a provider's legal name and not d/b/a.

Change in Contractor Identity

Best Practices for Change in Contractor Identity

- Communication with DDS is key throughout process
- DDS must approve that programs/contracts can move to a new organization
- ***DDS strongly encourages communication throughout planning process – please reach out to discuss with Regional and Area Directors***
- DDS requires minimum of **120 days** formal notice of a merger or affiliation to all impacted Regional Directors, Director of Contracts Administration, and Commissioner

Change in Contractor Identity

Mergers & Affiliations Review Process

- Providers must complete and submit checklist documents describing how programs will operate under the new/affiliated entity. This must be submitted **90 days** before the target merger, affiliation or change in ownership date
- Regional Offices and Office of Quality Enhancement will conduct reviews of programs
- If you are considering a Merger, Affiliation or Change in Ownership— please review DDS's change in contractor identity policy in detail:
 - [DDS Contracts Website](#)

Provider Updates

Email DDSPoSProcurement@mass.gov if any of the following may need an update:

- Address Change
- Banking changes
- Legal Name changes
- Contract Authorized Signatory Listing (CASL) Form

Central Office Contracts will work with providers to make changes to MMARS/Comptrollers Office.

Providers are responsible for updating EIM, other Virtual Gateway applications, and COMMBUYS.

Timely Billing and Documentation

- Submit billing by the end of the month following service delivery.
- Providers must maintain adequate documentation for all services rendered in such detail as to substantiate claims for payment.
- DDS defines the requirement to maintain records necessary to substantiate billing as follows:
 - Attendance records / logs that are signed and dated
 - Brief summaries of the nature of service provided such as progress notes, daily logs, service encounter summaries, or other description of each service encounter. The date, time worked, staff who worked, individual who received service, and a short summary of what the staff did with the individual should be documented.

Accommodation Rate Contracts

DDS requires attendance reporting for Accommodation Rate (AR) Contracts that have enrollments, but this is not currently enforced by EIM in every case.

For FY26, EIM will require that an AR SDR is reported before releasing an AR invoice for the activity codes listed below. A supplemental AR SDR can be created at a later date to make any attendance corrections.

AR Activity Codes with Required SDR

3182 Emergency Stabilization Residence

3759 Site Based Respite

3196 Transportation (AR)

7120 Intensive Community Wrap Around Services (ICWAS)

DocuSign Standard Contract Form

Standard Contract Forms (SCF) for Purchase of Services (POS) will be completed electronically using DocuSign

- New DocuSign Standard Contract Form has a built-in workflow
- Eliminates the need for signing and sending paper SCF's to DDS
- Form will be used for FY 26 new contracts and amendments
- Roll-out is only for POS services currently and is not for goods and services
- Training and resources will be available

FY26 Rosters & Contracting Processes

- DDS authorizes services, not dollars
- When DDS authorizes a service, there is a commitment to funding those services
- DDS determines the amount of funding necessary to support authorized services, and reserves right to modify those based on actual utilization

FY26 Rosters & Contracting Processes

FY25/26 Open/Close Process

- No format changes from FY 25
- DDS will continue to use FY25 Roster to manage the remainder of FY25
- DDS will use FY25 roster to populate initial/annualized FY26 rosters
- Providers and Area Offices may continue to negotiate changes to service authorizations and rosters. **Changes will be reflected in amendments during FY26.**

FY26 Rosters & Contracting Processes

Activity Codes and Adjustment Factors

DDS will use roster formats for the following activity codes. When establishing the initial FY26 encumbrance, the following adjustment factors will be applied.

Over course of fiscal year DDS will modify encumbrances based on actual utilization.

Activity	Activity Name	Adj. Factor
3163	Community Based Day Supports	70%
3165	Adult Day Health Services	70%
3168	Supported Employment Services	70%
3181	Group Supported Employment	70%
3196	Transportation (Unit Rate)	70%
3291	Individualized Staffing Support	70%
3664	Day Habilitation Services	70%
3777	Nursing Facility Active Treatment	70%

Activity	Activity name	Adj Factor
3253	Vision and Mobility	95%
3274	Corporate Representative Payee Services	95%
3282	Assistive Technology Devices	100%
3289	Assistive Technology Eval & Training	95%
3700	Family Support Navigation	95%
3701	Respite in Recipient's Home	95%
3702	Respite In Care Giver's Home	95%
3703	Individualized Home Supports	95%
3705	Child Respite in Caregiver's Home	95%
3707	Adult Companion	95%
3710	Behavioral Supports and Consultation	95%
3712	Emergency Stabilization in Caregiver's Home	95%
3716	Community Peer Support/Residential Peer Support	95%
3731	Respite in Recipient's Home-Hour	95%
3735	Child Respite in Caregiver's Home	95%
3773	Intensive Flexible Family Support Services	95%
3781	Financial Assistance Administration	95%
3782	Remote Supports Specialized Devices	95%
3786	Remote Supports and Monitoring	100%
3798	Individual/Community Supports	95%
7100	Autism Coaching Support-Agency	95%
7102	Adult Autism College Navigation - Agency	100%
7105	ASD Pre-Engagement-Agency	95%

Startup and Capital Contracts

- Area Office authorization is not sufficient to purchase any items associated with a startup or capital contract
- If a contract is not signed, the Department will not reimburse provider for costs incurred
- Make sure a contract is signed and fully executed before you make any purchases or incur any costs

For more information, related to allowable/disallowed, please visit the appropriate Start Up Expense Worksheets

Contract Forms Training

Join us!

April 11, 2025
10 am – 12 pm

**Suggested for provider staff who regularly complete
DDS contracting forms**

Training Session Agenda

- Demo of new DocuSign Form
- In-depth review of DDS contracting forms (Rosters, SSF's, etc.)
- Forum to ask questions related to DDS contracting forms

Rate Regulation Update

January 1, 2025

- 101 CMR 424.00: Rates for Certain Developmental and Support Services: Clinical Team
- Payments will be retro back to January 1, 2025, when promulgated

July 1, 2025

- 101 CMR 415 Rates for Community-Based Day Support Services
- 101 CMR 419 Rates for Supported Employment Services

January 1, 2026

- 101 CMR 414.00: Rates for Family Stabilization Services

Timeline for Implementing Updated Rates

- EHS will inform providers on distribution list when updated regulations are posted and public hearings scheduled
- Proposed rates will not be final in time for FY26 initial contracting
 - DDS will only use published rates – not proposed rates
 - When rates are finalized, DDS will implement FY26 rates retroactive to July 1
- As regulations are finalized, DDS will post updated Rate Regulation Table on the DDS/POS web site
 - [Department of Developmental Services | Mass.gov](https://www.mass.gov/info-details/department-of-developmental-services)

Cut Over Contracts due to Rebids

Day Supplemental

- Activity Codes: 3165 and 3664

Pre-Engagement/Coaching and College Navigation Services

- Activity Codes: 7100 (coaching) and 7102 (college nav)
- New activity code as of 7/1/25: 7105 (pre-engagement)

Steps in Cut Over: Contracts and Document IDs

- As evaluation teams complete reviews, DDS Central Office will email award letter and Master Agreement standard contract form to qualified providers to complete and sign electronically
- Until the Master Agreement contract is signed and processed to final, regional contract offices cannot begin process to execute Rosters
- Delays in signing the Master Agreement contract may result in delays in billing
- New Document IDs will be created as a result of rebids. Current Doc IDs will terminate on June 30, 2025

Steps in Cut Over: Enrollments

- All current enrollments will transition to new Doc IDs
- All existing enrollments will be end-dated and new enrollments created and interfaced to EIM.
- If you don't see enrollments in EIM by August 1, or see errors, please reach out to your regional contract office

ALTR – Occupancy Overview: Three Primary Documents

Occupancy Worksheets

- Single Contract-Level Rate
- Displays Rate Components for all sites in a Contract
- Created and Updated by Central Office whenever site attributes change

Occupancy Rate Application (ORA)

- For new, re-opened, or materially changed sites
- Available on our website
- When signed, incorporated into Occupancy Worksheet

Site Improvement Form

- Pre-Approval Originates with Area and Region
- Central Office signs off on Payment and Depreciation schedule after work completed and documentation reviewed
- When signed, incorporated into Occupancy Worksheet

Adult Long Term Residential – Occupancy Worksheets

- FY26 worksheets will be sent to providers by May 9 and must be returned by May 23. The worksheets will reflect all signed ORAs and Site Improvement Forms.
- Providers update offsets and provider info and send signed worksheets back to Central Office (CO) by May 23. Contact CO if other changes are requested. Notify CO if homes are unoccupied or capacity has changed.
- Central office confirms offsets, signs, and returns worksheets to providers.
- Providers send an SSF to the region.
- Providers with sites shared with MBY or MCB may share DDS-signed worksheets with these Departments.

Adult Long Term Residential – Occupancy Rate Application (ORA)

New ORAs for sites opening in FY25 are no longer accepted

Documentation deadline for FY25 ORAs is 4/18/25

On request, Regions may execute a cost reimbursement contract to cover costs for the remainder of the FY for authorized sites that opened without an FY25 ORA.

Submissions after this point must be made on an FY26 ORA



FY26 ORAs will be made available on our website in mid June, but we will not accept submission before July 1

Adult Long Term Residential – ORAs (Continued)

- FY26 ORAs will be retro to 7/1/25 or date of move-in, whichever is later.
- ORAs must be submitted no later than 60 days after move-in. ORAs will not be reviewed until first move-in has occurred. ORAs may be submitted up to two weeks before realistic move-in date.
- DDS pays only for sites that are occupied by DDS residents.
- New sites that are owned by a related party are subject to related party rules. DDS checks the legal ownership of all new sites.
- ORAs may be issued with provisional rates. Provisional rates are good for one year after first move-in.
- Contact Central Office any time for general assistance or help with advance planning.

Adult Long Term Residential – Occupancy Site Improvements

- All change requests start with discussion with the Area and Regional Offices
- Providers must receive a signed site improvement pre-authorization form before incurring any costs
- DDS will not fund site improvements without signed pre-approval
- After project is complete and fully paid, provider submits documentation to Area Office. Central Office will compute payment and depreciation schedule.
- Central Office will update Occupancy Worksheets and compute new contract rate.

Adult Long Term Residential – Day Staffing Amendments

- Mutually agreed upon day staffing changes will be incorporated into end of the year amendments and processed during April
 - FY 25 Permanent Situations/model changes will annualize into FY 26
 - FY 25 Temporary Situations/add-on's will roll to FY 26 but only as a 6-month allocation
- Day Staffing Policy will remain in effect in FY 26
 - **Permanent Situation** – adjustment to contract made using a rate model change
 - **Temporary Situation** – adjustment to contract using add-on's; add-on's will be periodically reviewed and adjusted as needed
 - **Blended Situation** – adjustment to contract uses a rate model change and, if necessary, add-on's

Approved Absence Policy for Residential Programs

- The revised approved absence policy for residential programs has been published to DDS POS website and goes into effect 7/1/2025
 - Applicable to Adult Long Term Residential (ALTR) programs (3153/3751); absence funding portion of this policy is also applicable to Shared Living (3150/3752).
- The process for end of year close out billing will not change for FY25
 - DDS will continue to manage absences as has been done in recent fiscal years
 - Providers will complete the *Billable Absence Request Form* and submit to the DDS Area Director for approval.

Approved Absence Policy for Residential Programs

Core framework of revised policy:

- 90-day period from referral
 - Response to accept or decline within 30 days
- Exceptions
 - Referral of an individual that cannot move in before the 90-day period ends, including:
 - Turning 22
 - individuals placed out of a nursing facilities / rehab / emergency stabilization programs
 - extenuating circumstances such as but not limited to- individual is hospitalized / in rehab, a family requesting a different move-in date, or major weather incidents or other circumstances of force majeure

Approved Absence Policy for Residential Programs

Contract management and FY26 implementation

- At the end of the 90-day period, if no exception applies, DDS will reduce the purchased capacity and associated billing units starting from the end of the 90-day period through the date that the placement is completed
 - DDS will not:
 - Adjust the rate model
 - Remove add-ons
 - Adjustment funding in the occupancy contract.
- Vacancies that have referrals made on or before April 1, 2025, and remain vacant as of July 1st, will not be funded in contracts to begin the fiscal year

Year End Timelines/Deadlines

April 4: Deadline has now passed for submitting FY25 ORAs

April 18: Documentation Deadline for FY25 ORAs

April 25: Amendment Deadline

- FY25 Amendments Standard Contract Forms and SSFs
- FY26 Standard Contracts, Rosters and SSFs

May 9: FY26 Occupancy Worksheets sent to providers

May 23: Deadline to submit updated FY26 Occupancy Worksheets

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Helpful Emails and Web Sites

Emails

Questions related to ALTR Occupancy (forms, worksheets, etc.):

DDS-POS-Occupancy@mass.gov

Questions related to BIDS/RFR/UFR or Provider Info Updates:

DDSPoSProcurement@mass.gov

Web Sites

POS Guidance Documents

[Guidance Documents | Mass.gov](#)

POS Contracts Information: Rate Tables, Forms, Trainings, etc.

[DDS Contracts Information | Mass.gov](#)

QUESTIONS

Presentation will be posted on the
DDS/POS web site

Open/Close FY26/25 Question and Answers

April 8, 2025

Miscellaneous Topics

1. Do you have the zoom link for the DocuSign training on Friday?

The link for Friday's meeting is below:

<https://zoom.us/j/94287452587?pwd=AgXV4gwIzvNLR2rpWEHq5LabTYD1pU.1>

Meeting ID: 942 8745 2587

Passcode: 048737

2. Do you have guidance on the CBDS start-up budgets, what is eligible etc... and if that is for programs starting in FY26? Thanks!

The worksheet, allowable/disallowable costs and instructions for CBDS start-up are on the DDS website: <https://www.mass.gov/doc/fy-26-day-program-start-up-expense-worksheet/download>

For new CDBS sites, the worksheet is from 4/1/25 to 6/30/26.

3. We opened a new CDBS site in March. Is that too late?

Start-up budgets are only for new programs that have not opened. If you have opened a new site already, it does not qualify for start-up or capital funding.

4. Will providers receive FY 26 rosters for CBDS and ES programs from contract departments on April 25th?

The current FY25 roster is the start of the FY26 roster.

5. How do we submit day staffing needs?

Please contact your Area Office Director ASAP.

6. For rates that were updated July 1, 2024, we have received the updated rates and supplemental payments for some contracts but not others, when can we expect to get the updated rates and supplemental payments for all contracts?

Please contact your Regional Contracts Office for more details about specific contracts.

7. Will we receive FMIS reports for Shared Living, for FY26, prior to April 25th?

DDS is working as quickly as possible to send out reports. Review and return them with signed Service Summary Forms as quickly as possible.

Updated Absence Policy

- 1. How is a vacancy determined in Shared Living? It is hard to distinguish what applies to Shared Living and what applies to ALTR in the policy.**

Vacancies do not apply to Shared Living. In the policy, language under the heading of Vacancy deals solely with ALTR and language under the heading of Absence applies to both Shared Living and ALTR.

- 2. How are you defining routine absences?**

DDS does not distinguish differences in absences, such as routine or approved. If an individual is assigned to the program but is away from the house, that is an absence. If days absent exceeds the days funded through the 95% utilization factor, then the absence policy applies.

- 3. Absence policy doesn't seem to be changing from what it is now, is that correct?**

Yes, the current mechanism for absences under the policy is not changing.

- 4. Under what circumstances can the 30-day deadline be extended? If a referral is declined for clinical or medical reasons that would negatively affects other members of the home, does the clock restart for 30- or 90-day window?**

The 30-day deadline cannot be extended. Refer to question # 7 and the policy for exceptions to the 90-day window.

- 5. Will there be an effort to send the provider 2 or 3 referrals to consider within the 30 day period?**

This may happen organically and depends on the vacancy and placement needs.

- 6. What is the timeframe for DDS to give a second referral if we decline the first referral. I assume immediately since the clock is ticking. Are there any mechanisms in place to ensure that DDS is making referrals that are clinically and medically appropriate - with considerations given to the organizations scope of practice and the profile of the residence?**

DDS will work with providers to understand the reasons they feel the initial referral is not appropriate. As another appropriate referral becomes available DDS will attempt to make a second referral quickly. Availability of alternative referrals is dependent on the individuals DDS currently has prioritized for residential placement. DDS will make referrals that best match a program but also recognizes that providers and DDS will not always agree. It is important to open a discussion quickly to find resolution and work together in good faith. The intent of this policy is not to hold providers financially responsible for a complete mismatch, but for DDS and providers to work together as partners.

- 7. What if there is a significant change or emerging information that was unknown to DDS or the provider and the provider and/or DDS determines the referral is no longer appropriate, would the provide who has held the bed still have funding removed?**

If there is a significant event that changes the referral after accepted, it would be reviewed for possible extension approval under the policy, or DDS may rescind the referral if the placement is no longer viable. In cases where DDS rescinds the referral, the 90-day period will reset based on the date that DDS issues a new referral.

- 8. In many cases we are not able to give an answer on a referral because the guardian delays the process and is not willing to give consent for the individual to be visited or slows the referral process?**

The policy cannot account for every possible situation. It is important to communicate with the Area Director and extensions may be approved on a case-by-case basis.

- 9. At what point in the process will the reduction in billing units be discussed? How will the 90 day period be tracked?**

Discussions about and tracking of vacancies will be done at the Area Office level.

- 10. Will the Area Office notify providers of which vacancies will be held as of 7/1?**

Yes, conversations will happen as part of the open/close process. Areas will review current vacancies with providers and make determinations about funding of vacancies based on existing referrals and planned move-in dates.

- 11. If the funding is reduced, will we be obligated to staffing ratio? We can't afford to keep the same staffing with 25% reduction in funding.**

DDS expects the site to be staffed according to the approved staffing pattern.

- 12. Will this policy also apply to Rolland vacancies?**

Yes, the policy applies to all homes. As mentioned, there could be approved exceptions depending on circumstances of the referral/vacancy.

- 13. On the question of a vacancy for the fifth bed, there is no additional funding associated with the use of the fifth bed, the funding is for four plus. There would not be any funding removed until it goes below four, correct? Will the same logic be used when for a vacancy in a home that supports 5,6, 7, etc.?**

The policy applies all sites, to regardless of number of beds. The contract change is not changing the site capacity. It is adjusting funding based on the purchased capacity.

- 14. Since there will be no adjustment in the model, add-ons, adjust occupancy, no new contract forms will be signed, correct? Will change in funding a result of a vacancy be just an adjustment in EIM for billing purposes?**

In cases where a vacancy becomes unfunded a contract amendment will need to be executed. Unfunded vacancies result in a change to the purchased capacity for the site and the associated billing units. These changes will result in an amendment that changes the blended rate for the contract. These amendments may not occur immediately upon a vacancy becoming unfunded, but rolled into a future amendment. In EIM, you cannot bill for a vacancy because there is no individual assigned. Billing in EIM will continue under the current blended rate until an amendment is executed. Amendments result in billing rates that ensure that providers are correctly paid by the end of the fiscal year.

- 15. Long term vacancies will result in a deduction in the contract obligation, which will then result in the amount available to recoup through the absence billing, as we can only recoup to the encumbered contract amount - is that the correct assumption?**

Yes.

- 16. Does the policy start April 1st of this year, or does it start July 1? What does this mean for referrals made in May and June?**

The April 1st date is how DDS will be contracting for FY 26, beginning on July 1st, when the new part of the policy goes into effect. Through June 30, 2025, the current absence policy is still in effect and vacancies will remain funded. Beginning on July 1, vacancies with referrals made after April 1st will be funded through the 90-day period/under the new policy.

- 17. Was this policy made with input from providers?**

Yes.