

DDS



Independent Living Supports FY27 Implementation Information Session

March 27, 2026

Welcome and Housekeeping

Please mute yourself

Enter all questions in the Chat function

Recording this meeting, by any means, including the use of any AI application is prohibited

Agenda

- Introductions
- SCL Service Plan Demo
- QE Licensing Update
- Q&A

NOTE: Slides and answers to questions will be posted on the DDS Guidance page: [Guidance Documents and Construction Notices | Mass.gov](#)

Support Needs/Service Levels

Level A – Foundational Supports

- Helping people maintain and strengthen daily living skills while offering support and opportunities to practice independence and learn new skills
- Individual is largely independent but benefits from reminders, light assistance, or occasional oversight; may need some verbal or gestural prompts or cues.

Level B – Skill Development & Coordination

- Supporting people who want to learn, practice, and strengthen skills to increase independence
- Individual is learning or practicing new skills and requires coaching, modeling, and more regular coordination; may need partial physical assistance, such as staff assistance to initiate a task or staff to complete a portion of task

Support Needs/Service Levels

Level C – Intensive & Clinically Supported Services

- Assisting people who face more complex or destabilizing challenges related to health, behavior, housing, or other areas of life
- Individual has complex needs requiring intensive oversight and clinical support; may need full physical assistance, such as staff completing a whole task because individual is unable to do so

Level D – Comprehensive Supports for Complex Needs

- Supporting people with multiple, significant challenges that affect safety and community living
- Person has multiple, severe, or co-occurring challenges that require continuous oversight and multi-system interventions; may need full physical assistance or refuses to complete any portion of a task

Life Domains Categories and Examples

Household Management

- maintain a clean and safe living environment
- organize mail and understand correspondence
- support financial literacy, such as budgeting, using banking services
- teach cooking skills or coordinate meal delivery services
- teach skills such as creating shopping lists or comparing prices

Health & Personal Support

- assist with scheduling medical appointments
- support individuals in how to use and care for medical equipment
- Support individuals in recruiting, training, and managing their PCA staff

Life Domains Categories and Examples

Advocacy & Legal Support

- empower individuals to express their rights, needs, and preferences effectively.
- identify potential legal issues (e.g., housing rights, guardianship, custody, benefits appeals).
- assist with housing applications, understanding lease agreements, communicating with landlords, and resolving housing-related concerns

Community Engagement

- teach skills for using public transportation systems independently
- foster opportunities for individuals to explore hobbies and interests
- encourage and support individuals in engaging in social, cultural, educational, or volunteer opportunities
- educate and support individuals in developing healthy relationships

Assessment & Service Plan

Providers must complete a DDS provided service plan

- Outlines specific services and hours to be provided to an individual
- Allows for a more outcome-oriented approach to service
- Beginning 7/1/2026, a service plan is required for:
 - New individuals to the service
 - Individuals needing adjustments to their current hours

Live Demo of Service Plan Tool

ILS Assessment Tool enter manually

Name:
 DOB:

Category:

Service Level:

Hours per Week:
 Units per Week (15-min Interval):

Descriptions: (drop-down)

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Comments:

ILS Service Plan

Name: John Smith Rate: A
 DOB: 1/1/2026

Total units per week:	8
Total hours per week:	2
Total units per year:	416

Hrs per week: Service Level:
 Units per week:

Support Tasks/Individual Goals

OQE Approval & Licensing for ILS

For providers that already have IHS on their Residential License:

The only change is ILS sampling eligibility at 7+ hours per week.

Indicator applicability remains the same.

What Changed

- ILS is licensable regardless of service hours.
- For ILS individual review, the sampling pool now begins at 7+ hours per week.
- The prior service-hour rule for this review pool was 15+ hours per week.

What Stays the Same

- Organizational indicators continue to apply to all ILS providers.
- Indicator applicability still follows the Licensing and Certification Applicability Charts and the provider's responsibilities.
- A Safety Plan is required only for an individual receiving 15 or more hours of service per week.

ILS Process Requirements by License Status

Current Status	OQE Process
IHS already on current residential license (3798/3703)	<ul style="list-style-type: none"> • No Approval to Operate • Regular L&C cycle. • Only change: 7+ hour sampling eligibility. • Indicator applicability stays the same.
Residential license held, but IHS not on license	<ul style="list-style-type: none"> • Complete the Pre-Approval Assessment and obtain ATO. • Amend existing license to add ILS • Then include ILS in the next scheduled OQE L&C review.
DDS-licensed, but no residential service group license	<ul style="list-style-type: none"> • Complete the Pre-Approval Assessment and obtain ATO. • Initial Review once 7+ hours/week begins. • Then include ILS in the next scheduled OQE L&C review.
Not previously licensed by DDS	<ul style="list-style-type: none"> • Pre-Approval Assessment + ATO • Initial Review once 7+ hours/week begins • Full L&C review within 6 months

Important Timing Notes for Existing Providers

When Approval to Operate (ATO) is required for an existing provider

- Complete the Pre-Approval Assessment and issue Approval to Operate before service begins.
- After ATO, ILS is added in the provider's next scheduled OQE licensure and certification review.
- If the next licensing review is within 45 days after ATO, ILS would not be included in that upcoming review and instead would be included in the next licensing cycle.

Key point for providers that already have IHS on their license

- No new approval step is added.
- Indicator applicability remains consistent.
- The change is limited to the 7+ hour sampling eligibility threshold for ILS individual review.

DDS OQE ILS-SCL Pre-Approval Assessment March 2026

Policy and Procedure Readiness

- ILS/SCL policies and procedures in place
- Supervision process for mobile staff
- Service documentation process
- Incident reporting and follow-up process
- On-call staff support system

Individual Start-Up Process

- On-call support for individuals
- Process to identify/document support needs before start-up
- Process to ensure staff understand needs and supports before first service delivery

Questions?

Thank you!

We will now address some of the questions submitted through the Chat function.

ILS FY27 Implementation Q & A

- 1. Does the category field allow selecting more than one option from the dropdown list? Is the service level for each of the 4 domains? Or for each of the individual descriptions/items for the category?**

Providers should select the one (1) service level that best fits all of the tasks/goals in the domain. Each domain may have a different service level based on an individual's needs.

- 2. What happens when someone is foundational in one area and intensive in others within the same category?**

Providers should use their best judgement when selecting the service level. For example, if there are 5 tasks/goals and 4 are foundational, and 1 is intensive, the selection for the service level should be foundational.

- 3. Will this be housed in HCSIS in the ISP area?**

Where this will be housed has not been decided yet. Providers should keep a copy of the approved assessment/service plan for their records.

- 4. You mentioned anyone who is new would need to complete the DDS Service Plan, what would categorize as a "new provider"?**

The assessment/service plan tool is for new individuals to ILS services, not new providers.

- 5. If there are different categories with different service levels, is each individual provided one rate, or a different rate for each category?**

The assessment/service tool calculates, based on the service levels and hours, what rate will be used in the contracting process. An individual will not have multiple contract/rates.

- 6. Who determines that this gets completed for changing needs, the provider or the area office?**

It could be either the provider or DDS. If an individual has a potential change in their support needs, a provider could initiate the process.

7. How are current individuals served assessed for levels?

Current individuals that do not have a potential change in need are not required to have a service plan completed. For July 1, 2026, current individuals will be mapped over to the new service level/rate based on current contract information. For example, an individual that has a C rate will be mapped to the new A rate.

New Level	Previous Level	Current Rate
D	K*	\$25.88
	J*	\$24.76
	New Rate	
	I	\$20.92
C	New Rate	
	H	\$16.85
	G	\$15.68
B	New Rate	
	F	\$14.02
	E	\$12.80
A	New Rate	
	D	\$11.72
	C	\$11.19
	B	\$10.23
	A	\$9.09

*J & K make up 0.5% of all ILS Hours

8. When will rates be determined for each level?

The rates are under review currently. DDS does not know when the rates will be promulgated.

9. Will the rates be out before rosters are rolled over for next FY or will rosters be rolled over with the old levels/rates?

DDS is hopeful that the rates will be promulgated in time for July 1, 2026 but they are not likely to be in place before rosters are rolled over for the next FY. Also, if the rates are not promulgated for July 1, DDS will use current rates until new rates are available.

1. Is this for all new individuals or those with 7+ hours? If any new individual entering the program from 7/1/26 they need to go through this assessment to determine the rate and number of hours?

This tool is for all new individuals to the service, beginning 7/1/2026, and for current individuals in the service that might have a change in need.

2. What is the basis or formula used to determine the overall reimbursement rate?

The calculation is based on the service levels and total number of hours in each domain to determine the overall reimbursement rate.

3. Are the categories basically the goals? So even if they need more support in different categories we should only put what we will be working on.

The service plan should be inclusive of tasks and goals that an individual might be working towards or need support with, and the billable hours are dedicated to.

4. Would staffing agencies also be responsible for filling these plans out for new individuals?

Providers who are qualified to provide this service would be responsible for completing the assessment/service plan. If you are a staffing agency and qualified under this procurement, yes, this would be your responsibility.

5. When will we get a copy of the assessment tool?

The tool will be ready for July 1, 2026, and will be posted to the webpage.

6. What is the role of the Service Coordinator in this assessment?

Service Coordinators will provide referrals, referral info, and assist in setting up visits. They will not do the assessment/service plan. That is the responsibility of the provider receiving the referral.

7. Will there be feedback provided for this assessment tool?

This tool may be adapted over time, based on feedback from various sources.

8. Is there a drop down of support needs that focus on supports needed for individuals who are parents?

The drop down includes some common areas of support from the RFR and may be modified over time. The rows are also text editable so different supports, such as the example above, could be typed in.

9. Are there certain credentials needed for provider staff to complete this assessment (i.e. clinical or nursing expertise)?

Providers should determine the credentials needed for this assessment.

10. What happens when the provider asks for more hours as a result of the assessment greater than those the individual currently has allocated? Is there going to be funding to support changing needs?

As is the process now, the change in need would be discussed with the Area Office and funding may be available.

11. Where does the authorization process occur with this model? Does the provider complete the service plan and then authorizations are completed or are we completing the assessment with an already determined # of hours?

The assessment/service plan is the first step in the process and then the authorization for the service will follow.

12. Will the billed rates be per each person served, or will be a blended rate based on an average of all people on the contract?

This is not a blended rate. ILS is a 1:1 service and is to be billed for the hours each person receives.

13. Can we do these for individuals who have been at the same rate/level for years to see if the outcome would be the same or possibly warrant a change?

Providers should have a conversation with the Area Office. If there is a change in need for the individual, yes, a service plan must be completed to reflect the change in need. If there is no change in need for the individual, a service plan is not required.

14. When the assessment has the level and rate, does the Area Office have to agree?

The Area Office and provider must come to a consensus about the level and support hours based on an individual's need.

15. Will there be a process to bill for hours spend to complete the assessment (could be time-consuming for a new referral that does not have a lot of information)?

There will be no separate mechanism to bill assessment hours. Assessing an individual's need and developing a service plan was part of IHS-16 services and this requirement is not changing. The requirement to use a DDS assessment/service plan tool rather than provider templates is to provide consistency and allow for a more outcome-oriented approach to services.

16. If an individual is moving providers for ILS services will the new provider need to do the assessment form?

If there is no change in the services provided between the two providers, no service plan is required. If there is a change in need along with the transition, then a service plan would be required.

17. If there are no changes, should the assessment be updated annually?

This service plan only needs to be updated if there is a change in need.

18. On the applicability chart, it shows the indicator is reviewed for those 15hrs or more, will that be changing to those support 7 plus hours a week?

Yes, the threshold for sampling will reduce to 7 hours per week from the previous 15 hours per week. The OQE Licensing Applicability Chart is being updated to reflect this revision and will be posted when the updated version is finalized.

19. What will be process be for those currently receiving 7-14 hours who will not have a service plan because they are not new to program, how will QE determine what areas to review?

If a service plan is not in place, QE will rely on an individual's ISP to determine the areas to review.

20. Please explain how MAP /licensing requirements will work in this model?

If an individual is assessed to need support to administer medications, then the agency is responsible to ensure that medication is administered in accordance with MAP policy.

21. You mentioned that the individual review sampling pool now begins at 7+ hours per week instead of 15+ hours. Can you share what additional expectations this creates for providers in terms of staffing, documentation, or quality oversight for individuals who fall into that 7–14 hour range?

The expectations remain the same. This change does not create new provider requirements for staffing, documentation, or quality oversight for individuals in the 7–14 hour range. The only difference is that these individuals are now included in the pool from which OQE may select individual reviews. In other words, the change affects the sampling threshold, not the underlying expectations for service delivery, documentation, or provider oversight.

22. How do we register the site with DPH if we don't have site control for the MCSR? These are private homes.

DDS is aware of this issue and is working with DPH on a solution.

23. Is ILS going to take the place of ISS and IHS?

Yes, ILS replaces IHS. ISS is an old acronym that is no longer in use. The activity code is 3798.

24. How are current IHS providers notified of their approval to the ILS-27 RFR?

The RFR is under review now. Providers will receive a memo first, stating whether they are qualified or not, and if qualified, a standard contract form will be sent through Adobe Sign for signature.