MASSACHUSETTS DEPARTMENT OF DEVELOPMENTAL SERVICES

Independent Living Supports & Supported Collaborative Living

What's new in ILS — and how SCL bridges the gap between 24-hour and less-than-24-hour support models

Service Model Update | 2026

What's New in ILS

Five key changes to the Independent Living Supports service model

New Name

In Home Supports has been renamed Independent Living Supports (ILS), reflecting the service's focus on community independence.

Consolidated Service Levels

The previous levels have been consolidated into four streamlined levels (A–D) based on intensity and complexity of need.

Service Plan Required

A documented, individual-directed Service Plan is now required for every person, using a DDS-provided template.

OQE Licensing Changes

Updated licensure and certification requirements — providers must obtain Approval to Operate from DDS/OQE before services begin.

Expansion of 24-Hour On-Call System

Providers must maintain a system so individuals or others can reach program staff 24 hours a day.

Service Levels: Consolidated & Simplified

Former levels A–K are consolidated into four levels of increasing intensity. Every level includes after-hours on-call coverage, back-up supports, and bilingual capacity (including ASL) when needed.

A

Foundational Supports

Formerly A, B, C, D

Routine supports that maintain daily living skills and promote independence and quality of life.

B

Skill Development & Coordination

Formerly E, F

More active teaching and coordination — building routines, skills, and community connections.

C

Intensive & Clinically Supported

Formerly G, H

High-touch services with clinical oversight for complex or destabilizing challenges.

D

Comprehensive Complex Needs

Formerly I, J, K

Maximum support with continuous oversight and cross-system intervention for high-risk needs.

Each succeeding level includes the responsibilities and expectations of the previous levels.

Life Domains Categories and Examples

FY 27 ILS Services Implementation Information Session

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

Life Domains Categories and Examples

FY 27 ILS Services Implementation Information Session

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 appointments, managing medications, and understanding health-related information and decisions.
- Support individuals in how to use and care for medical equipment
- Support individuals in recruiting, training, and managing their PCA staff

ILS Service Plan

Required for individuals new to the service and for individuals that have a change in need

Service plan determines the rate level for contracting

LIVE DEMO

Supported Collaborative Living: A Hybrid Model

SCL blends the independence of ILS with the shared staffing and resources of a group living framework

Less than 24-Hour

ILS — individualized, one-to-one supports in a person's own home

SCL

A hybrid between 24-hour support and less-than-24-hour models — flexible, fluid staffing that scales with need

24-Hour Support

Staffed residential programs with round-the-clock supervision

Shared homes & proximity

Individuals live in their own homes or apartments — shared or adjacent — with a mix of individual and shared staffing. No more than 5 people per single-family home.

Serves an array of needs

Designed for a wide range of support needs, including co-occurring medical, behavioral, or psychiatric conditions, and evolves as skills and goals change.

Flexible, responsive staffing

One-to-one and group supports, peer mentoring, assistive technology, and overnight or on-call coverage when needed for safety and stability.

ILS vs. SCL: Key Differences

	ILS	SCL
Delivery model	Exclusively one-to-one; fully individualized supports	Hybrid: mix of one-to-one and shared/group supports
Living arrangement	Person's own independent living arrangement	Own homes or apartments, shared or adjacent, with shared staffing (max 5 per single-family home)
Staffing & resources	Individual staffing tailored to one person	Fluid, shared staffing; shared vehicles and flexible funding; may include overnight on-site coverage
Who it serves	People assessed to need community supports outside a residential program	People with an array of needs — including complex medical, behavioral, or psychiatric conditions
Role on the continuum	Prevents or avoids 24-hour residential placement	Bridges 24-hour and less-than-24-hour models; a step-down pathway from more restrictive settings

SCL Service Plan & Contracting

Service Plan captures individualized and shared goals for the program

Workbook determines the rate and contract value, using ILS rates and ALTR add-ons for vehicles and LPN, RN, and Clinician hours

LIVE DEMO

The SCL Opportunity

Supporting the right level of care — and no more

Look

Make deliberate efforts to identify individuals currently in 24-hour residential models who could thrive with less.

Assess

Evaluate who could benefit from a less restrictive setting that still provides a supportive safety net.

Transition

Create SCL arrangements that balance independence with shared strength — preventing regression while expanding autonomy.

SCL provides a viable pathway toward greater independence and community participation — while maintaining a safety net that prevents the need for higher levels of care.

SCL Development Fund

New, permanent DDS funding for Area Offices to develop SCL arrangements — for two priority populations

Intellectual Disability Track

For individuals currently living in a 24-hour group home who are ready for a more independent SCL arrangement. Because their existing funding stays committed to the current placement, the fund supplies the resources to develop the new setting.

Autism (ASD) Track

For individuals with autism who have limited individual funding. The fund builds an infrastructure of shared support — creating SCL capacity that individual budgets alone could not sustain.

Accessed through the Area Office

The Development Fund is available to Area Offices, not to providers directly. To pursue Development Fund resources for an SCL arrangement, work through your Area Office — the Area applies for and holds the funding.

ILS and SCL Process Requirements by License Status

Current Status	OQE Process
Residential license held; IHS already on current Residential license ***Applies to: ILS or SCL***	• No ATO required • No Initial Review required • Include the service(s) in the provider's next scheduled OQE licensure and certification review
Residential license held; IHS not on license **Applies to: *ILS or SCL***	• Complete the Pre-Approval Assessment • Issue ATO before operation • No Initial Review required • Include the service in the next scheduled OQE licensure and certification review
No Residential license **Applies to: *ILS only***	• Complete the Pre-Approval Assessment • Issue ATO before operation • Schedule an Initial Review within 60 days of service start • Complete a full licensure and certification review within six months after the Initial Review
No Residential license **Applies to: *SCL only***	• SCL cannot be added until the provider holds a Residential service grouping license • The approval pathway does not move forward until that requirement is met

Key exception: A provider without a Residential service grouping license may pursue ILS but may not pursue SCL until the Residential license requirement is met.

Policy and Procedure Readiness

DDS OQE ILS-SCL Pre-Approval Assessment and Approval to Operate

ILS/SCL policies and procedures in place

- Supervision process for field-based / mobile staff
- Service documentation process
- Incident reporting, review, and follow-up process
- On-call staff support system for urgent issues

Individual Start-Up Process

- 24-hour on-call support for individuals receiving services
- Process to identify and document support needs before services begin
- Process to ensure assigned staff understand individual needs and expected supports before first service delivery

The Pre-Approval Assessment is a desk review focused on whether required systems are present and documented for ILS/SCL.

Licensure and Sampling Rules

Applies to both ILS and SCL

- Both services are reviewed and licensed every two years, regardless of hours provided.
- Service hours affect individual-level sampling eligibility, not whether the service is licensed.

ILS Sampling

- Individuals receiving 7 or more hours per week are eligible for individual-level sampling.
- Individuals receiving fewer than 7 hours per week are not included in the individual sample pool.
- Organizational indicators apply regardless of whether individual sampling occurs.

SCL Sampling

- No minimum-hours threshold applies for individual-level sampling.
- All individuals receiving SCL are eligible for the sample pool, regardless of hours provided.
- Organizational indicators apply as part of the licensure and certification review.

ILS hours do not determine licensure; they determine who can be sampled.

Indicator Applicability

Use these conditions to determine which licensing and certification indicators apply to ILS and SCL reviews.

INDICATOR TYPE	APPLIES WHEN
Oversight indicators	The provider is responsible for oversight, as documented in the Service Plan or Remote Support Plan.
Service-intensity indicators	The individual receives 15 or more hours per week.
Location indicators	The location is owned, rented, or leased by the provider.
ISP-based indicators	The individual has an ISP.

Apply each indicator when the related requirement applies to the provider, individual, service, or location being reviewed..

Financial Assistance Contracts (3780)

New guidance effective July 1, 2026, for all new 3780 contracts — existing contracts reviewed case-by-case

Last resort, not an entitlement

DDS is the payor of last resort. Assistance is provided only after all other funding — public benefits, community resources, family support — has been fully explored and exhausted.

Time-limited & sustainability-focused

Assistance must be short-term and needs-based, with a clear plan for long-term stability through benefits, employment, and subsidized resources once DDS assistance ends.

Defined uses & eligible services

Covers rental, utilities, food, specialized equipment, and vehicle assistance for individuals enrolled in ILS (3798), Shared Living (3150), ALTR (3153), SCL, and MassHealth AFC.

Exceptions require written approval

All allocations are subject to appropriation. Exceptions to the guidance parameters — for new or existing contracts — must be approved in writing by the Regional Director.

Rental Assistance: Striking the Balance

Available in ILS and SCL only — an enabler of community living, with guardrails that keep DDS out of the housing business

Why the subsidy matters

Without DDS's willingness to consider a rental subsidy, most individuals — living on SSI-level incomes — simply could not afford to live in the community.

The subsidy is what makes independent and supported collaborative living a real option rather than a theoretical one — bridging the gap between an individual's income and actual market rents.

Guardrails: DDS is not a housing agency

- Individual must have applied for Section 8 and be confirmed on the wait list
- All other affordable housing options explored and deemed unavailable or unsuitable
- Income at or below HUD's Very Low-Income Limit for the town of residence
- Not available to individuals already in subsidized housing
- Annual eligibility review — wait list status verified, income reassessed
- Assistance reduced or ends once the person transitions to subsidized housing

How the Rental Subsidy Works

43%

of total monthly income

The individual contributes 43% of all income (SSI, SSDI, earned, other) toward rent.

FMR

cap for private rentals

DDS may subsidize the remaining balance up to HUD's Fair Market Rent; the individual covers any difference. Roommates should be considered to reduce costs.

+20%

SCL provider-owned cap

For SCL pilot provider-owned properties, rent should stay within 20% of FMR. Exceptions need documented property costs and written Area Director approval.

Example: private rental

SSI income $1,200/mo • Rent $1,600/mo • FMR $1,400

Individual contribution: 43% × $1,200 = $516 DDS subsidy: up to $1,400 − $516 = $884/mo

The individual is responsible for the difference between the subsidy cap and actual rent.

Beyond Rent: Short-Term, Emergency Supports

All supports require that other resources be explored and exhausted first — DDS remains the payor of last resort

Utilities (ILS & SCL)

Electric, gas, or heat when at immediate risk of shut-off. Max 3 months per fiscal year, including arrears, after LIHEAP and other programs are exhausted.

Food (ILS & SCL)

One-time or short-term (≤3 months) emergency support at SNAP-consistent levels. Grocery gift cards only — no generic cards or restaurants — while connecting the person to SNAP and pantries.

Furniture (ILS & SCL)

One-time support for basic furnishings tied to health, safety, or habitability, after family, charitable, and community resources are exhausted.

Emergency housing (ILS & SCL)

Up to 3 months of rental help, eviction-related arrears, or cleaning/pest control needed to keep housing — when tied to a loss of income outside the person's control.

Specialized equipment (ILS, SCL, SL, ALTR)

Non-permanent mobility equipment (ramps, portable lifts, shower chairs). Requires insurance denial and appeal denial when applicable; use DDS Assistive Technology first.

Specialized transportation (SL & ILS)

Lease subsidies for wheelchair-accessible vehicles for documented needs. SL leases must be in the provider's name; ILS requires Regional Director written approval.

3780 Invoice Reporting

Workbook is an update of the 3779 Flex Funding reporting tool
Standardizes and streamlines invoice reporting

LIVE DEMO

ILS, SCL, and 3780 Presentation Q&A

Resources:
ILS Service Requirements/RFR Specifications: Bid BD-26-1023-1023C-1023L-125153
ILS Service Plan: https://www.mass.gov/doc/independent-living-supports-ils-service-plan/download
SCL Service Requirements/RFR Specifications: Bid BD-26-1023-1023C-1023L-125572
SCL Service Plan: https://www.mass.gov/doc/supported-collaborative-living-scl-service-plan/download
Financial Assistance Guidance: https://www.mass.gov/doc/financial-assistance-guidance/download
3780/3779 Invoice Workbook: https://www.mass.gov/doc/flexible-funding-3779financial-assistance-3780-reporting-forms/download

Have questions? Email us at **DDSPOSProcurement@mass.gov**.

1. **Is this for new ILS individuals only or is this form required for all current ILS (former IHS) participants? Does this apply if an individual needs an increase in hours?**
   The Service Plan is not required for individuals that were receiving support prior to 7/1/2026. The Service Plan is required for new referrals and those that have significant change in need, such as a permanent change in hours.

2. **Does this Service Plan replace the roster document used for contracting?**
   No. The Service Plan is to be used to plan and summarize the support provided to an individual. The hourly roster is still required. The roster is a contracting mechanism that accounts for all authorized hours for participants in a specific contract. If a Service Plan is updated to reflect a significant change in need, the roster will be adjusted once the plan is approved by DDS.

3. **If the form is used for new individuals, how often can this be reassessed as we get to know individuals and their needs may be different than originally thought?**
   The Service Plan should be adjusted when there is a significant change in need.

4. **Will there be training on how to complete the Service Plans?**
   This session is meant to be a training session on how to use the tool. There are no other training sessions in the works right now. DDS will add resources to the webpage as they are developed. The workbook does include instructions in the first tab.

5. **Will the ILS form be completed by the providers or the DDS Service Coordinators?**
   Providers are required to complete the Service Plan workbook.

6. **How do these goals align with ISP goals?**
   The Service Plan should be person-directed and developed based on the individual's goals and the provider's assessment of the supports and services needed to achieve those goals. DDS may incorporate relevant goals from the Service Plan into the ISP to monitor progress and compliance. In most cases, providers will be expected to participate in ISP meetings, contribute information regarding the individual's goals, supports, and progress, and report on progress toward goals addressed through their services. The Service Plan should therefore correspond to and inform the ISP, with provider participation helping to ensure alignment between the two planning processes. The Service Plan remains a distinct provider-level planning document and does not replace the ISP.

7. **How does this affect programs that use Life Plans instead of ISP's?**
   The Service Plan should be person-directed and developed based on the individual's goals and the provider's assessment of the supports and services needed to achieve those goals. DDS may incorporate relevant goals from the Service Plan into the LifePlan to monitor progress and compliance. In most cases, providers will be expected to participate in LifePlan meetings, contribute information regarding the individual's goals, supports, and progress, and report on progress toward goals addressed through their services. The Service Plan should therefore correspond to and inform the LifePlan, with provider participation helping to ensure alignment between the two planning processes. The Service Plan remains a distinct provider-level planning document and does not replace the LifePlan.

8. **In the Health Domain, is there anything to indicate when a Health Care Record should be generated?**
   If the assessment identifies a need for assistance with scheduling health care appointments, managing medications, or understanding health-related information and decisions, and that need is incorporated into the individual's Service Plan, the provider would generally be expected to complete and maintain a Health Care Record. The Health Care Record would document the health-related supports being provided and help demonstrate implementation of the identified needs and goals in the Service Plan.

9. **What is the expectation if the individual does not have an ISP or Life Plan and we are assisting with health care? How would we complete the HCR?**
   For individuals who require assistance in the Health Domain, an ISP will be required. The ISP will identify the individual's assessed health-related needs and the supports the provider is expected to deliver. The provider would then complete the Health Care Record (HCR) based on those identified needs and supports.

10. **Can you please provide guidance on the individual served opt out guidance for ISP. For example, is it based on amount of ILS hours?**
    The ability to opt out of an ISP is not based solely on the number of ILS hours an individual receives. Pursuant to 115 CMR 6.20(3), DDS is required to develop an ISP for individuals with special eligibility; individuals receiving residential supports; individuals receiving day or employment supports; and individuals receiving day habilitation or adult day health services funded in whole or in part by DDS.

    The regulation also provides that individuals receiving minimal supports, who are not otherwise included in one of the categories above, may or may not receive an ISP at the discretion of DDS. As general guidance, minimal supports may be considered to be 7 hours or fewer of DDS-funded services per week. However, this should not be viewed as an automatic threshold for determining whether an individual should or should not have an ISP.

    Accordingly, an individual receiving ILS should not be considered eligible to opt out of an ISP simply because they receive seven or fewer hours of services. Any determination that an ISP is not required should be discussed with and determined by the Area Office in consultation with the individual, taking into account the individual's eligibility, services, and applicable program or waiver requirements.

11. **Could each domain be a separate service level?**
    Yes, when completing the Service Plan, each domain can have a different service level, such as Foundation or Skill Development. If in one domain, an individual might have two service levels, such as Housing needing foundational support for some tasks/goals but also skill development for others, providers should pick that service level that most of the hours are aligned to. For example, if there are 5 tasks/goals and 4 are foundational and 1 is skill development and the hours of support follow a similar pattern, such as 5 hours for foundational support, 1 hour for skill development, then the selected service level should be foundational.

12. **If an individual exceeds the number of hours needed in one domain one week but is under the hours needed in another domain, will that be approved for payment? Or do we need to change the Service Plan each time their needs change?**
    The Service Plan is to be used to plan and summarize the support provided to an individual. It is not to be prescriptive in this detail when it comes to submitting attendance in EIM. The final rate assigned to the Support Plan takes into consideration all factors on the assessment tab and assigns one (1) rate. If an individual's support hours shift within established and approved parameters, the billing will be approved.

    Example: the Service Plan summarizes that an individual is supported in two domains, one domain is for 10 hours of foundational support, and the second domain is for 2 hours of skill development support. The assigned rate for contracting purposes is the A rate. Attendance in EIM should be for the total hours of support regardless of the assigned service level of support for each domain.

13. **Will we be tracking these domain hours and submitting with reports to the Service Coordinator like MBY ILS is doing?**
    MBY may have different service requirements. This requirement does not apply to DDS.

14. **How do supports get reported on an SDR?**
    The process of reporting attendance in EIM does not change. Each individual will be assigned to 1 contract based on the Service Plan and rate assigned.

15. **Why are contracts set at 95% utilization?**
    DDS authorized services and not dollars. In some cases, individuals might choose not to use all their authorized support hours. For more details, please reference the Open/Close slides found on the Contract's webpage.

16. **How is the provider going to be compensated for completing this assessment prior to any contracting being confirmed?**
    The development of the Service Plan is included in the rate structure.

17. **If each domain can be at a different rate, would the service plan tab separate these?**
    Each domain will not be a different payment rate. The service levels indicate the types of support an individual will be receiving within each domain. The Service Plan takes into consideration all information presented in the assessment tab and assigns the contract rate. Each individual will be assigned to one (1) contract based on the Service Plan and rate assigned.

18. **What is the rate for all levels? Given that the intensity is so different from A-D and might require different staffing expertise, how is that accounted for?**
    The Service Plan takes into consideration all information presented in the assessment tab and assigns the contract rate. Each individual will be assigned to one (1) contract based on the Service Plan and rate assigned. Contract rates can be found here: Regulated Rate Table

19. **Are we calculating the hours based on our best estimation, and then the hours are negotiated with contracts?**
    The Service Plan should be used to estimate the hours of support an individual will receive and what type of support (foundations, skill development, etc.). This should be done in consultation with DDS, and the approved Service Plan should reflect the agreed upon support plan. The final total hours and assigned rate in the Service Plan would then be inputted into the roster for the contract the individual is assigned to.

20. **Based on this form, each DDS client we work with could now have a different/individual service rate?**
    Each individual's Service Plan will determine the applicable A-D In Home Support rate. Individuals will then be assigned to an appropriate contract roster based on the payment rate. Each individual will not have their own contract.

21. **Will the roster reflect an average number of hours in the assessment?**
    The roster will reflect the total number of authorized hours at the assigned rate of the Service Plan. Each individual will be assigned to a contract based on this information.

22. **The Service Plan outlines the total number of hours of support per week approved. Does this mean that the assessment helps determine how the hours are allocated to the four domains?**
    No. The Service Plan is to be used to plan and summarize the support provided to an individual. In some cases, within a domain, an individual might need differing service level supports and the service level selection is based on the more prevalent support need. Service level selection does not directly relate to contracted payment rates. Each individual will be part of one contract with one (1) assigned payment rate.

23. **If we receive a new referral for someone we have never provided services to, would this be done before an authorization is given to an agency?**
    Yes. The Service Plan would inform the authorization for a new person and subsequent contract assignment. The provider may not deliver services until DDS approves the Service Plan.

24. **When DDS sends a referral to a provider agency for ILS services, what information is typically shared with the provider at the time of referral?**
    DDS would use the Residential Referral Packet Checklist when making referrals for ILS or SCL services and would provide the provider with the information available to the Department at the time of the referral. The referral packet **may** include the Service Request Form, Area Office Profile, most recent service plans and assessments, relevant clinical and behavioral information, current medical and medication information, risk factors, guardianship status, and other information applicable to the individual. The checklist also recognizes that some information may be unavailable or still in the process of being obtained at the time of referral.
    The intent is to provide the provider with the available information needed to understand the individual's needs and begin the referral and assessment process; providers should not expect that every item on the checklist will necessarily be available or applicable at the time of referral.

25. **How do providers get ILS referrals?**
    Area Offices are responsible for determining an individual's service needs and priority for receiving ILS services. Based on that determination, the Area Office would make and send the referral to an appropriate ILS provider.

26. **Will each DDS office be required by regulation to negotiate in good faith on the appropriate rate, or can an area office basically dictate the rate it can and is willing to pay, despite the completed assessment to the contrary?**
    Both parties are expected to negotiate in good faith when determining the appropriate rate. The Area Office and the provider each bring important knowledge and perspective regarding the individual's needs, including information identified through the completed assessment. This information should be considered collaboratively to reach agreement with a Service Plan that appropriately reflects the individual's assessed service needs.

    The Service Plan should therefore be the result of a good-faith discussion between the Area Office and provider, rather than a unilateral determination by either party. If the parties are unable to reach agreement, an escalation process is available through the Regional Director to assist in resolving the issue.

27. **Do referrals for the SCL services have to be initiated only by area offices or can they come from the provider agency and or families?**
    Providers and Area Offices may identify potential SCL participants. Families can raise a possible referral through the person's Service Coordinator, but formal eligibility determination and authorization remain with DDS.

28. **Do we submit 1 intake form for ILS and 1 for SCL or is it a combined intake form?**
    Individuals cannot be enrolled into both services. An individual can either receive ILS services or SCL services. The Service Plan is different for each service.

29. **How is an OOA individual handled if in another area's contract (for SCL)?**
    SCL programs may include people served by different Area Offices. The participating Area Offices and Regional Contract Offices will coordinate authorization, funding, and contract administration.

30. **We had IHS and ISS individual departments so we will now implement this across the board for both departments. HCSIS now reflects all our ISS folks under "ILS".**
    If ISS is 3703/SSQUAL services, the Service Plan is not required. The ILS Service Plan is only for 3798.

31. **Do individuals in 3703 do not need assessment tool completed?**
    The ILS Service Plan is for 3798 services only. 3703 through the SSQUAL RFR does not have this requirement and is a different service.

32. **Does MassAbility providers need to do a Pre-Approval for ILS if they have a residential license?**
    The licensing requirements are for DDS providers only. MassAbility and MCB providers may have their own pre-approval and licensing requirements that differ from DDS and would apply.

33. **For those that are already licensed/credentialed as an IHS provider, do we need to pursue a new licensure as an ILS provider?**
    No. Providers that are already licensed/credentialed as an IHS provider will not need to pursue a new license or credential to provide ILS. The existing IHS license/credential will be updated to reflect the name change of the service from IHS to ILS.

34. **Do individuals with ASD only eligibility for DDS qualify for SCL supports?**
    Yes. SCL is available to DDS-eligible adults, including people eligible based on Autism Spectrum Disorder without intellectual disability, as well as the other listed DDS adult eligibility categories.

35. **Can the individual be living in any setting other than a 24/7 setting. e.g. an agency owned home, a family-owned home, independent apt or codo, owned by the individual etc.**
    For both ILS and SCL, individuals may live in a variety of settings. This may include an agency-owned home, a family-owned home, an independent apartment or condominium, a home owned by the individual, or other appropriate community-based settings.

    The SCL Development Fund, however, is specifically targeted to support individuals who are currently living in group homes or individuals who are ASD-only. The Development Fund is intended to serve as an incentive to support the transition of individuals from group homes into less restrictive settings and to help build additional service infrastructure and capacity for the ASD-only population.

    This does not mean that ILS or SCL is limited to individuals eligible for Development Funds. Area Offices may have other funding available to support individuals living in other settings through these service models, based on individual needs and available resources.

36. **How about for individuals currently in ILS who may require more support, but not necessarily ALTR? Could they be referred to a SCL program?**
    Yes. An individual currently receiving ILS who requires additional support, but does not require the level of support provided through an ALTR, may be referred to SCL if the individual would benefit from the shared supports available through the SCL model. The decision should be based on the individual's assessed needs, preferences, and whether the SCL model can appropriately meet those needs.

37. **Is the Service Plan done once annually shortly before a new Fiscal Year?**
    The Service Plan only needs to be changed if there is a significant change in need.

38. **Would this work similarly to an ALTR or Shared Living blended daily rate and use the same SSF form?**
    SCL uses an accommodation-rate structure based on the program's total individual and group hours, including approved add-ons. It will use the Standard Summary Form as the contracting documentation and paid, in full, each month during the pilot program.

39. **If an individual needs more than 15 hours a week of supported collaborative living, are they not appropriate for this model?**
    The number of support hours does not determine eligibility for SCL or ILS services. If an individual is currently and successfully receiving 15 hours or more of ILS support, it does not mean they have to move to a SCL program. The SCL pilot program is designed to provide another service option that combines individualized 1:1 supports with shared supports, allowing individuals to receive direct assistance based on their specific needs while also benefiting from supports that can be shared with others in the SCL setting.

40. **Is it possible for an individual to be appropriate for ILS, but also have 1 Life Domain where they might be on the SCL contract as well?**
    Individuals cannot be enrolled in both services. ILS is 1-to-1 service while SCL is a combination of 1-to-1 services with group support.

41. Can the home be owned by the provider agency or by the family?

Yes. An SCL home may be owned by the provider agency, the family, or another entity. The ownership of the home is less relevant than ensuring the individual has an established lease or other appropriate tenancy agreement and that the housing relationship is structured as a landlord-tenant relationship. This helps ensure that the individual has the rights and protections associated with tenancy and that the housing arrangement is distinct from the provision of SCL services.

42. Will there be an occupancy component to the SCL contract?

No. There is no occupancy component in the SCL contract. Room, board, facility upkeep, and maintenance are excluded from the accommodation rate; individual leases are expected, and separate 3780 financial assistance may be considered based on need.

43. Could the home be owned by a staff that is hired to work with the individuals?

While this type of arrangement may be possible, it would raise potential conflict-of-interest concerns that would need to be carefully considered. A staff person who both owns the home and provides direct supports to the individual would have dual roles as landlord and service provider, which could create conflicts related to the individual's tenancy, services, and ability to make choices independently.

Any such arrangement would need to maintain a clear landlord-tenant relationship, including an established lease and appropriate tenant rights and protections. The housing arrangement should also remain sufficiently separate from the individual's receipt of services so that changes in staffing or services do not improperly affect the individual's housing.

44. Is the SCL model restricted to a single site, or can multiple locations be combined under one SCL contract?

SCL is not restricted to one site. People may live together or in nearby apartments, or even a few miles apart if shared staffing and group interaction are beneficial.

45. What would the individuals participating in this program be expected to contribute to the cost of the care as an offset?

There is no DDS charge of care for SCL because the service is not treated as a residential service for that purpose. Individuals may still be responsible for ordinary rent, room, board, utilities, and personal living expenses under their lease, using income and available benefits; Section 8 or individualized 3780 financial assistance may offset eligible housing costs.

46. Is the reimbursement for the SCL contract's facility costs embedded within the compensation or rate structure?

No. Facility and occupancy costs, including room, board, upkeep, and maintenance, are excluded from the SCL accommodation rate. Individuals would have leases with the providers. Please refer to the Financial Assistance Guidance for potential rental assistance for individuals.

47. **If SCL programs are paid via accommodation rate, how does the provider/area account if there is a lengthy absence? It that still automatically paid or should the individual be disenrolled after a period of time out of the program? Does ALTR absence billing apply here?**
As this is a pilot program, the monthly accommodation rate will be paid regardless of absences from the program. However, if an individual's needs change and will not return to the program and that individual has a high amount of support hours, this may be considered a significant change in need in the program that would trigger an updated SCL Service Plan and contracted dollar amount.

48. **For some new ILS contracts, there is no client populated in EIM. On the other hand, the old IHS contract has clients but does not give the option to select beyond June 2026. Is this an expected temporary issue? How do I address this?**
This is a temporary issue that DDS is working to resolve. No action by providers is needed at this time.

49. **We applied for the new ILS contract but haven't received any word back about the new contract/whether we were awarded it. Will we receive communication about this?**
Please email DDSPOSProcurement@mass.gov for more questions related to contracting for ILS services.

50. **Is 3781 still available for financial transactions?**
The checking writing fee (3781) has been discontinued as of July 1, 2026.

51. **If someone has been approved previously to use this contract for rent and has HA support, will that change?**
Existing 3780 contracts will be reviewed on a case-by-case basis and whenever possible, adapted to fit within the parameters of the guidance.

52. **Does Emergency housing include Hotel payments?**
The guidance specifies that short-term rental assistance for up to three months can be provided. Short-term rental assistance may include hotel payments if approved by DDS.

53. **For individuals currently funded under 3780 for social and community inclusion (not on list) are those funds terminated? Will individuals be notified by DDS? What about funds already spent in last 6 weeks.**
The Department is currently reviewing the use of 3780 funding for Social and Community Inclusion and will be issuing additional guidance in the coming months. For individuals who had these funds in place prior to July 1, the funding should continue under the existing arrangement until further guidance is issued by the Department. The forthcoming guidance will provide additional direction regarding the use of these funds going forward, including any necessary transition or notification processes.

54. **Can you address how WRAP funding will be treated under the new ILS guidance funded by AFC, 3798 and 3780?**
Existing WRAP funding will not be changed.

55. **When are agencies expected to transition to the new invoice documentation form for the 3780 contracts?**
The invoice documentation must be used for all reimbursement requests for FY 27, beginning 7/1/2026. July payments should have this form accompanying it.