



DDS HCBS SITE REVIEW AND EXCEPTION REQUEST PROCESS

The Department of Developmental Services (DDS), consistent with the Centers for Medicare and Medicaid Services (CMS) Community Rule and DDS Policy #2014-1 (Home and Community Based Settings Policy, effective September 2, 2014), will not license, fund, or support new residential developments that isolate individuals receiving HCBS services from the broader community.

In limited circumstances, requests for review and approval (as outlined in Section F[b]) or requests for exception (as outlined in Section H) may be necessary. DDS will allow reviews and exceptions only for good cause.

Review and Approval Requests under DDS Policy 2014-1, Section F(b)

(capacity limit of four or fewer people in duplexes, triple-deckers, or free-standing homes side-by-side, adjacent, or on bordering lots)

1. The provider agency may initiate a request for a review only after considering all relevant factors and determining that there is good cause for a review under Section F(b).
2. Provider agencies must submit all requests using the [DDS HCBS Site Review and Exception Request Form](#) (link).
The request must include:
 - a. Site location and description, including surrounding homes and capacities;
 - b. Current and requested capacity;
 - c. Justification for the review (e.g., specific individual or regional need);
 - d. Information about the population to be served, staffing, community access, and accessibility features; and
 - e. Any other relevant information.
3. The provider should email completed form to: michelle.stomboly-lorenzo@mass.gov, Director of Licensing & Certification.
4. The Director of L&C will confirm the request type (Review vs. Exception), confirm the appropriate region, and route the form for required reviews/signatures via Adobe Sign.
5. The Regional Director will review the submission to ensure that sufficient information and justification have been provided and that good cause exists for a review.
6. Once the Regional Director approves the DDS HCBS Review Request, it will be forwarded to the Regional Director to the Assistant Commissioner for Field Operations and the Assistant Commissioner for Quality Management for each to consider.
7. Within thirty (30) days, each Assistant Commissioner will review the request and indicate on the DDS HCBS form whether or not they agree good cause has been shown for approval and provide a rationale for their determination. If both Assistant Commissioners find that good cause has been shown, DDS will grant the approval.



8. The Assistant Commissioner for Quality Management will notify all interested parties of the decision in writing.

Exception Requests under DDS Policy 2014-1, Section H

(requests for an exception to the Policy)

1. The provider agency may initiate a request for an exception after considering all relevant factors and determining that there is good cause for an exception under Section H.
2. Provider agencies must submit all requests using the [DDS HCBS Site Review and Exception Request Form](#) (link).
The request must include:
 - a. Site location and description, including surrounding homes and capacities;
 - b. Current and requested capacity;
 - c. Justification for the exception (e.g., specific individual or regional need);
 - d. Information about the population to be served, staffing, community access, and accessibility features; and
 - e. Any other relevant information.
3. The provider should email completed form to: michelle.stomboly-lorenzo@mass.gov, Director of Licensing & Certification.
4. The Director of L&C will confirm the request type (Review vs. Exception), confirm the appropriate region, and route the form for required reviews/signatures via Adobe Sign.
5. The Regional Director will review the submission to ensure that sufficient information and justification have been provided and that good cause exists for a review.
6. Once the Regional Director approves the DDS HCBS Review Request, it will be forwarded to the Deputy Commissioner, the Assistant Commissioner for Quality Management, and the General Counsel for each to consider.
7. Within thirty (30) days, each reviewer will consider the submission, and each will indicate on the DDS HCBS form whether good cause has been shown for an exception, and each will provide a rationale for their opinion. If the Deputy Commissioner, the Assistant Commissioner for Quality Management, and the General Counsel all find that good cause has been shown, DDS will grant the exception.
8. The Assistant Commissioner for Quality Management will notify all interested parties of the decision in writing.

Final Provision

All exceptions granted under DDS Policy #2014-1 are contingent on continued compliance with the CMS HCBS Community Rule.