AGENCY BASED COMMUNITY BENEFITS - ABCB

PROVIDER ATTESTATION FORM - CMS FINAL RULE FOR HCBS

Please read the following summary of the Centers for Medicare and Medicaid Services (CMS) Final Rule Requirements for Home and Community Based Services (HCBS) Providers.

Any residential or non-residential provider who offers agency based community benefit services in a setting where individuals live and/or receive HCBS must comply with the provider setting requirements. A HCBS setting is provider-owned or controlled when the setting in which the individual resides is a specific physical place that is owned, co-owned, and/or operated by a provider of HCBS.

The CMS Final Rule requirements for residential and non-residential HCBS settings include:

1) Providers must ensure that settings are integrated in and support full access of individuals to the greater community including:

- Providing opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources; and
- Ensuring that individuals receive services in the community, to the same degree of access as individuals not receiving HCBS.

2) Providers must ensure that the individual selects from among setting options including non-disability specific settings and options for a private unit in a residential setting. The provider setting must have person-centered service plans that document the options based on the individual's needs and preferences. For residential settings the person centered plan must document resources available for room and board.

3) Providers must ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

4) Providers must ensure settings optimize individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.

5) Providers must ensure settings facilitate individual choice regarding services and supports, and choice regarding who provides them.

6) Additional HCBS Final Rule requirements relate to ensuring tenant protections, privacy, and autonomy for individuals receiving HCBS who do not reside in their own private (or family) home.

PROVIDER ATTESTATION FORM - CMS FINAL RULE FOR HCBS (continued)

As a Medicaid enrolled HCBS provider you are required to ensure all aspects of the Final Rule are followed. **HCA/MAD recommends that you read the CMS Final Rule in the Federal Register at the following link to get the full details on the CMS Final Rule requirements:**

https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities?utm_campaign=subscription%20mailing%20list&utm_source=federalregister.gov&utm_medium=emailZ

I certify that I have carefully read the summary requirements for the Home and Community Based Services above and the CMS Final Rule Requirements in the Federal Register at the link provided above and attest that my organization/provider setting is in compliance with the CMS Final Rule Requirements published in the Federal Register.

Additionally, I certify that my organization/provider setting will remain in compliance with the CMS Final Rule Requirements published in the Federal Register.

(THE APPLYING PROVIDER MUST SIGN AND DATE THIS ATTESTATION FORM).

Organization Name: _____

Name: _____ Title/Position: _____

Address: _____

_____

Telephone Number: _____

Signed: _____ Date: _____