



# HEALTH CARE AUTHORITY

## SELF-DIRECTED 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 HCBS provider, who offers self-directed services in a setting where individuals live and/or receive HCBS, must comply with the following CMS Final Rule requirements:

- 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 options available for room and board.
- 3) Providers must ensure an individual's rights to 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) Provider must ensure settings facilitate individual choice regarding services and supports, and choice regarding who provides them.
- 6) Providers must ensure tenant protections, privacy, and autonomy for individuals receiving HCBS who do not reside in their own private (or family) home.

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 review the details of 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](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. I attest that my organization/provider setting is in compliance or will be in compliance by March 17, 2022 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).**

**Member/Participant Information**

Member/Participant Name: \_\_\_\_\_

Member/Participant Date of Birth: \_\_\_\_\_

Member/Participant Employer of Record: \_\_\_\_\_

**Provider Information (Vendor or Employee)**

Printed Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Social Security Number/Tax ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_