

**Home and Community-Based Setting Characteristics
PROVIDER ATTESTATION
RESIDENTIAL SETTINGS
Provider Enrollment Supplemental Disclosure**

In order for the California Department of Health Care Services to ensure compliance with the new Federal Home and Community-Based (HCB) Setting final Rule, 42 CFR §441.301(c)(4) (5), prior to enrollment or continued enrollment as a provider for Home and Community-based Services (HCBS), applicants/providers must complete the following disclosure. Complete all questions unless they are noted as “optional.”

Date _____

Completed by _____

Provider/Applicant Name _____

Provider/Applicant Type _____

Provider/Applicant Address _____ NPI # _____

NOTE: please attach the following when application disclosure is returned:

1. A copy of the facility's license/certification/registration/other.
2. A copy of any brochures or publicly-available information regarding the facility.
3. A copy of standard lease agreement used or other similar residential agreements detailing required tenant/landlord requirements as applicable through California's Consumer Affairs.
4. A copy of the settings policies and procedures or onsite manual with pages earmarked identifying compliance with each federal characteristic.
5. Any other documentation to fully support an applicants/providers responses to the Federal Characteristics.

Specific Question/Requirements	Response
<p>1a. The home regularly provides information to residents about services in the community based on assessed needs, preferences and abilities, including transportation such as public bus/light rail, taxi/van services, special transportation providers.</p> <p>Note: "Regularly" is defined within the context of sufficient access afforded to participants and, at a minimum, during resident placement, every six months or upon change of condition.</p>	<p>Yes No</p> <p>“ Explain how the applicant/provider meets the requirement, providing specific details on policies and procedures :</p>
<p>1b. The resident would have the opportunity to participate in outings and activities in the community as part of her/his plan of service.</p>	<p>Yes No</p>
<p>1c. If a resident wants to seek paid employment in a competitive integrated setting, the home staff refer the resident to the appropriate community agency/resource.</p>	<p>Yes No</p> <p>If yes, please explain the referral process:</p>

Please provide any additional information that demonstrates the applicant/provider's compliance with Federal Requirement #1 (optional)

Federal Requirement Category

2. The setting is selected by the individual from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources.

Specific Question	Response
2a. The home has a person-centered plan on file for all residents based on the residents' needs and preferences.	Yes No If yes, explain the Person-Centered Planning Process:
2b. The home has an established process for residents and/or their families to participate in the person-centered planning process.	Yes No If yes, explain the process for inclusion of others while developing a Person-Centered Plan, or attach a clearly labeled copy of this process:
2c. The home discusses with the residents the various community settings and service options available to them, including non-disability settings. The home documents the options discussed in the person-centered plan.	Yes No If yes, explain how the applicant meets this requirement:
2d. The home documents in the person-centered plan the residents' choice to attend and receive services at this setting.	Yes No If yes, explain the process for documenting choice in the Person-Centered Plan:

Please provide any additional information that demonstrates the applicant/provider's compliance with Federal Requirement #2 (optional):

Federal Requirement Category

3. The setting ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

Specific Question	Response
<p>3a. The home has a documented process to inform residents of their rights to privacy, dignity, respect, and freedom from coercion and restraint.</p> <p>The home posts these rights in a prominent location.</p>	<p>Yes No</p> <p>If yes, explain this process:</p> <p>Yes No</p>
<p>3b. The home has a documented policy about conducting communications related to the residents' medical conditions, financial situation and other personal information in a place where privacy/confidentiality is assured.</p>	<p>Yes No</p> <p>If yes, explain the policy, or attach a clearly labeled copy of the policy:</p>
<p>3c. The home ensures residents have privacy while using the bathroom and when assisted with personal care.</p>	<p>Yes No</p> <p>If yes, explain how the applicant/provider meets this requirement:</p>

Specific Question	Response
3d. The home offers a secure place to store residents' personal belongings.	<p>Yes No</p> <p>If yes, describe how residents store personal belongings:</p>
3e. The home staff communicates with residents based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, residents' language, etc.).	<p>Yes No</p> <p>If yes, explain how the applicant/provider meets this requirement:</p>
3f. Residents are allowed to dress or groom in a manner that is honoring individual choice and life-style preferences.	<p>Yes No</p> <p>If yes, explain how the applicant/provider meets this requirement:</p>
3g. The home imposes restrictions regarding access to the community.	<p>Yes No</p> <p>If yes, explain any restrictions:</p>
3h. The home utilizes restraints.	<p>Yes No</p> <p>If yes, explain the Policy and Procedure for use of restraints, and attach a clearly labeled copy of the policy and procedure:</p>

Specific Question	Response
3i. The home uses delayed egress devices or has secured perimeters.	<p>Yes No</p> <p>If yes, explain the types of delayed egress or secured perimeter:</p>

Please provide any additional information that demonstrates the applicant/provider's compliance with Federal Requirement #3 (optional):

Federal Requirement Category

4. The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment and with whom to interact.

Specific Question	Response
4a. The home offers daily activities that are based on the residents' needs and preferences.	<p>Yes No</p> <p>If yes, explain the process for offering daily activities:</p>
4b. The home encourages residents to interact with whomever they choose.	<p>Yes No</p> <p>If yes, explain the process for encouraging resident engagement:</p>
4c. The home encourages residents to engage in whichever activities they choose.	<p>Yes No</p> <p>If yes, explain the process for encouraging resident interaction:</p>

Specific Question	Response
4d. Residents can choose to dine alone or in a private area.	<p>Yes No</p> <p>If yes, explain the policy or process for allowing resident's preferred meal location:</p>
4e. Residents can do activities in the community alone.	<p>Yes No</p> <p>If yes, explain how the applicant/provider complies with this requirement:</p>

Please provide any additional information that demonstrates the applicant/provider's compliance with Federal Requirement #4 (optional):

Federal Requirement Category

5. The setting facilitates individual choice regarding services and supports, and who provides them.

Specific Question	Response
5a. The home supports residents in choosing which staff provide their care to the extent that alternative staff are available.	<p>Yes No</p> <p>If yes, explain the policy and process for residents to select caregivers of their choosing:</p>
5b. The home has a complaint/grievance policy and informs residents how to file a grievance.	<p>Yes No</p> <p>If yes, explain this policy and process for informing residents:</p>

Specific Question	Response
5c. The home enables residents to modify their services and voice their concerns or ask questions regarding the services received.	<p>Yes No</p> <p>If yes, explain how the applicant/provider complies with this requirement:</p>

Please provide any additional information that demonstrates the applicant/provider's compliance with Federal Requirement #5 (optional):

Federal Requirement Category

6. The setting provides for a legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent, or occupy the residence and provides protection against eviction.

Specific Question	Response
6a. Residents have a lease or, for settings in which landlord-tenant laws do not apply, a written legally enforceable residency agreement.	<p>Yes No</p> <p>If yes, provide a clearly labeled copy of the applicant/provider's lease or legally enforceable residency agreement</p>
6b. Residents are informed of their rights regarding housing and their option to select a different residential setting.	<p>Yes No</p> <p>If yes, explain how the applicant/provider complies with this requirement:</p>

Please provide any additional information that demonstrates the applicant's compliance with Federal Requirement #6 (optional):

Federal Requirement Category

7. The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate the sleeping or living unit within the lease or other agreement.

Specific Question	Response
7a. Residents have a choice of roommates or private accommodations (private bedroom/unit).	Yes No If yes, explain how the applicant/provider complies with this requirement:
7b. There is a process for changing roommates or acquiring other accommodations if desired by the resident.	Yes No If yes, explain how the applicant/provider complies with this requirement:
7c. Residents can choose their own bedroom furniture and the option to decorate their rooms.	Yes No If yes, explain how the applicant/provider complies with this requirement:

Please provide any additional information that demonstrates the applicant/provider's compliance with Federal Requirement #7 (optional):

Federal Requirement Category

8. The setting provides for options for individuals to control their own schedules including access to food at any time.

Specific Question	Response
8a. Residents have access to food at any time.	Yes No If yes, explain how the applicant/provider complies with this requirement:
8b. There are set meal times that allow for some flexibility in eating times.	Yes No If yes, explain how the applicant/provider complies with this requirement:

Please provide any additional information that demonstrates the applicant/provider’s compliance with Federal Requirement #8 (optional):

Federal Requirement Category

9. The setting provides Individuals the freedom to have visitors at any time.

Specific Question	Response
9a. Visitors are allowed to visit the residents in their room or in common areas of the home.	Yes No If yes, explain how the applicant/provider complies with this requirement:
9b. Visits or the hours for visiting are not restricted in any way.	Yes No If yes, explain how the applicant/provider complies with this requirement:

Specific Question	Response
9c. Visitors can take the residents outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends.	<p>Yes No</p> <p>If yes, explain how the applicant/provider complies with this requirement:</p>
9d. The provider encourages visitors or other people from the community to visit the setting.	<p>Yes No</p> <p>If yes, explain how the applicant/provider complies with this requirement:</p>

Please provide any additional information that demonstrates the applicant/provider's compliance with Federal Requirement #9 (optional):

Federal Requirement Category

10. The setting is a physically accessible setting.

Specific Question	Response
10a. The residents have the freedom to move about inside and outside the home.	<p>Yes No</p> <p>If yes, explain how the applicant/provider complies with this requirement:</p>

Specific Question	Response
10b. The home ensures physical accessibility based on residents' needs (e.g., grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the residents).	Yes No If yes, explain how the applicant/provider complies with this requirement:

Please provide any additional information that demonstrates the applicant/provider's compliance with Federal Requirement #10 (optional):

Provider agrees that compliance with the Federal requirements above is required for enrollment in the Medi-Cal, HCBS Waiver.

This attestation is a legal and binding document and is fully enforceable in a court of competent jurisdiction. The provider signing this attestation warrants that he/she has read this agreement and understands it.

I declare under penalty of perjury under the laws of the State of California that the forgoing information is true, accurate, and complete to the best of my knowledge and belief.

I declare I am the provider or I have the authority to legally bind the provider, which is an entity and not an individual person and that I am eligible to sign this attestation under Title 22, CCR Section 5100.30(a)(2)(B).

1. Printed legal name of provider

2. Printed name of person signing this attestation on behalf of provider (if any entity or business name is listed in item 1 above)

3. Original signature of provider or representative if this provider is an entity other than an individual person as sole proprietor

4. Title of person signing this Disclosure

5. Date