



HCBS Self-Assessment Tool/Attestation—Children’s Only

Purpose: This document is completed by Developmental Disability Agencies for the purpose of providing 1915i services.

For Providers *not* delivering 1915i services:

- Please complete and sign the statement of attestation below.
- The HCBS Self-assessment Tool does not need to be completed.
- Submit the signed Statement of Attestation through the Children’s Developmental Disability portal.

For Provider delivering 1915i services:

- Develop and implement policies and procedures to ensure the HCBS setting requirements.
- Complete the HCBS Self-Assessment Tool below.
- Submit HCBS Setting policies and procedures and completed Self-Assessment Tool through the Children’s Developmental Disability document portal.

ATTESTATION STATEMENT OF NO INTENTION

By signing below, I acknowledge that before delivering 1915i services, providers must implement policies and procedures to address the HCBS setting requirements. I certify that _____ is not delivering and does not intend to deliver 1915i services.
Developmental Disability Agency name

Signature of Authorized Agency Representative: _____ Date: _____

ATTESTATION STATEMENT OF INTENTION

By signing below, I acknowledge that before delivering 1915i services, providers must implement policies and procedures to address the HCBS setting requirements. I certify that _____ intends to deliver 1915i services.
Developmental Disability Agency name

Signature of Authorized Agency Representative: _____ Date: _____

42 CFR 441.301(c)(4)(i) Integration and Access. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

1. Does the provider have a policy and procedure to accommodate individuals who are employed, seeking employment, or volunteering?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence (documentation/evidence the P&P is being implemented):
2. Does the provider have a policy and procedure to regularly provide opportunities (once per week or more) for individuals to leave the setting to participate in community activities for skill building or socialization?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:
3. Does the provider have a policy and procedure to support individuals in purchasing goods and services of their choosing with their own money during times in the community?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:
4. Does the provider have a policy and procedure that ensures they respect individuals' dignity by offering activity options that are age appropriate (appropriate for the individual's chronological age)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:

42 CFR 441.301(c)(4)(iii) Participant Rights. The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint are honored.

5. Does the provider have a policy and procedure on employee training with evidence of training/compliance with privacy and confidentiality policies and practices?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:
6. Does the provider setting provide space and opportunity for individuals to have privacy? Does the provider have a policy and procedure on file indicating they assure privacy for individuals when needed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:
7. Does the provider have a policy and procedure to ensure that individuals are free from the use of unauthorized restraints (chemical, mechanical, or physical restraints, or the use of seclusion)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:

8. Does the provider have a policy and procedure to ensure that individuals are free from coercion?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:
9. Does the provider have a policy and procedure to ensure individuals know how to file a complaint if they feel their rights have been violated?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:
42 CFR 441.301(c)(4)(iv) Autonomy and Independence. The setting optimizes, but does not regiment, an individual's initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.		
10. Does the provider have a policy and procedure documenting how they will provide information to individuals about their rights?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:
11. Does the provider have a policy and procedure that assures flexibility with such things as schedules, routines, arrival times, meal/snack times, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:
12. Does the provider have a policy and procedures that support individuals in choosing who they engage in activities with?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:
42 CFR 441.301(c)(4)(v) Choice. The setting promotes opportunities for individual choice regarding the services and support and who provides them in the setting.		
13. Does the provider have a policy and procedure that offers individuals choices about how to spend their time while in this setting?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:
14. Does the provider have a policy and procedures that ensures individuals can express their choices and preferences regarding how your services are provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evidence:

<p>15. Does the provider have a policy and procedure that ensures individuals have the opportunity to express their choices and preferences regarding staff that provides your services?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Evidence:</p>
<p>42 CFR 441.301(c)(1) HOME AND COMMUNITY BASED PERSON-CENTERED PLANNING REQUIREMENTS. Person-centered planning process. The individual, or if applicable, the individual and individual's authorized representative, will lead the person-centered planning process. When the term "individual" is used throughout 441.301(c)(1) through (3), it included the individual's authorized representative if applicable.</p>		
<p>16. Does the provider have a policy and procedure that ensures there is a process to facilitate individual choice of services by directing individuals to their person-centered planning team to adjust their service plan when needed?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p>Evidence:</p>
<p>Notes if needed:</p>		