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ANNUAL CENTENNIAL CARE AGENCY BASED COMMUNITY BENEFIT 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) Integration in the Community

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) Comprehensive Person-Centered Care Planning

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) Rights of privacy, dignity and respect

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

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.

4) Individual Choice

Provider must ensure settings facilitate individual choice regarding services and supports, and choice regarding who provides them.

5) Tenant protections, privacy, and autonomy

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.

6) Admission, Transfer, and Discharge Rights

Requiring that a transfer or discharge be documented in the medical record and that specific information be exchanged with the receiving provider or facility when a resident is transferred.

As a Medicaid enrolled HCBS provider you are required to ensure all aspects of the Final Rule are followed. For further information, please read the CMS Final Rule in the Federal Register at the following link to get the full details on the CMS Final Rule requirements:

[Federal Register : Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities](#)

Please complete the following Residential or Non-Residential CMS FINAL RULE FOR HCBS Screening and Attestation

Residential Providers

1. Are there set rules or set times for when individuals can have visitors?

2. If yes, please described details:

3. Are Resident’s allowed to come and go as they please? For example: Can individuals participate in unscheduled community activities such as shopping, church, visit family/friend, when they want to?
If no, please explain:

4. How do you ensure Resident's Health information is secure and Confidential?

5. What is your process for developing an individual Plan of Care? Please address the following areas in your response:
 - Does the resident/POA have input?
 - What happens if there is a change to the Plan of Care?
 - How do staff reflect an individual's strengths and preferences in the Plan of Care?

6. Do residents sign a contract or lease with you? If yes, can you please provide a sample copy?

7. What is your eviction process? Please address the following in your response:
 - Is your eviction process the same for all residents?
 - Is there an appeal process?
 - How many evictions/appeals have received in the past year?

8. How do individuals select their living arrangements?

9. How many evictions/appeals have received in the past year?

10. How do individuals select their living arrangements? Please address the following in your response:
 - If Resident's share a space, are they given a choice of a roommate?
 - Are Resident's given information about how to change a roommate?

11. How do you handle situations where you cannot accommodate a living arrangement request?

12. Are residents told how they can replace a new place to live if they would like to move?

Non-Residential Providers

1. Are there set rules or set times for when individuals can have visitors? If yes, please provide details?

2. What is your process for developing an individual's Plan of Care?
 - Does the individual or their POA have input?
 - What happens if there is a change to the Plan of Care?
 - How do staff reflect an individual's strengths and preferences in the Plan of Care?

3. How do staff reflect an individual's potential for wandering or exit seeking behavior in the Plan of Care?



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**ANNUAL CENTENNIAL CARE AGENCY BASED COMMUNITY BENEFIT PROVIDER ATTESTATION
FORM CMS FINAL RULE FOR HCBS**

Annual Attestation

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).

Printed Name: _____

Title/Position: _____

Address:

Telephone Number: _____

Signature: _____

Compliance with the CMS FINAL RULE FOR HCBS is a joint MCO effort, please return the Screening and Attestation to the MCO who issued this packet to you. Should there be questions regarding your responses, the MCOs will work jointly to support you.