

DHS-7176C GUIDEBOOK: ADULT DAY SERVICES

Day Settings: Adult Day - Family & Center Based

Guidebook for the
Minnesota Home
and Community-
Based Services
(HCBS) Provider
Attestation

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MN HCBS provider attestation: introduction and instructions

How to use this guidebook

This guidebook is meant to be a tool for providers to use as they complete the [online attestation form](#) (DHS-7176). It provides instruction on how to complete the attestation form and provides clear guidance on what is expected of providers to reach compliance, including helpful tips/tools and resources. It is recommended that you use this guide to gather all the information you will need to complete the online attestation form, such as your documentation and relevant license numbers.

What is the purpose of the attestation?

The Centers for Medicare & Medicaid Services (CMS) issued a new rule effective March 17, 2014, that governs home and community-based services (HCBS) waiver services. The rule defines the characteristics of settings where HCBS services may be delivered.

CMS requires further assessment of certain day and residential providers to assess compliance with the new requirements. As a part of this assessment, providers will need to complete an attestation and submit supporting documentation **for each setting/site** in which they provide HCBS services. The purpose of the attestation is for providers to report the setting's current level of compliance in areas and for DHS to provide information to assist providers with areas that need changes to meet new requirements.

The attestation will provide the following information to providers and DHS:

- Areas that settings are in full compliance with the rule
- Areas that settings are not yet compliant and will need to make changes
- Providers who do not intend to meet the requirements and will not provide HCBS services after March 2019.

Instructions

The following instructions mirror the questions as they appear on the online attestation form. The instructions in this guidebook will offer further description of the questions.

1. Providers of the following service types need to complete the attestation survey **for each setting/site**:

Residential programs

- Adult foster care or supported living services
- Child foster care or child supported living services
- Customized living or residential settings that group people with disabilities

Day programs

- Adult day/family adult day services (FADS)

- Day training and habilitation, prevocational services and structured day

Providers will indicate if the setting is compliant or does not yet comply with requirements.

2. Providers must demonstrate compliance in identified areas by submitting supporting documentation that policies, procedures and operating practices are in place to support practice that complies with the requirements.
3. Supporting documentation that will be acceptable is identified in this instructional guidebook and is specific to each type of setting.
4. If a setting is not yet compliant, the provider will indicate next steps to reach compliance.

The attestation consists of approximately 20 questions, depending on your provider type. Adult Day providers must complete questions 8 -20.

General information about the attestation

- A separate attestation must be submitted for **each setting/site** where you provide services that are funded by one of the HCBS waivers (use the link provided at the end of the attestation to start another attestation for a separate site)
- If you provide services through multiple waivers at the same site, you only need to complete one attestation per setting/site
- If a setting/site does not currently serve anyone receiving HCBS waiver funding, you do not need to fill out a survey for that setting/site
- You may use a printed copy of the questions, as are included in this guidebook, but all attestations must be submitted electronically
- Responses should be an accurate representation of your status at the time of completion of the attestation
- DHS will offer a transition period, hardship extension if needed, as well as information for providers who are not yet, but intend to comply with the requirements
- DHS will contact providers who indicate that they no longer want to provide HCBS services to discuss if additional support would allow them to continue services or if a transition plan for people receiving HCBS services is necessary
- Address questions to hcbs.settings@state.mn.us.

What do I need to complete the attestation?

The attestation requires supporting documentation to demonstrate compliance. This is an instructional guidebook and is specific to this setting type.

It is recommended that you use this guide to gather all the information you will need to complete the online attestation form, such as your documentation and relevant license numbers.

Many of the supporting documents may already be required for certain licensed providers and contain needed information or will need to be updated with new requirements.

Typically, Adult day providers will submit a blank copy of the following documents to demonstrate they meet the new requirements:

- Recipient rights form: Statement of Participant Rights
- Sample monthly plan for daily activities
- Form that informs people on how opportunities and supports will be provided so they are fully included in their community.
- Staff orientation or annual training record

Adult day service providers may also submit these documents, if applicable:

- Policy and/or procedure that outlines management of personal funds- if provider has money management duties
- Document titled “Question 18 - Adjoining Settings” to describe shared programming
- Document titled “Question 20 - Community Participation”
- Extension form - If settings will not be compliant by September 1, 2017

Tip: When you attach your documents at the end of the form, you should then select the “Submit Attestation” button. If you select “Save & Exit,” your attachments will NOT be saved.

For most of the questions in the attestation form, you will be selecting the type of document you will attach to demonstrate that you meet the requirement, such as a policy or procedure, a training record, or a recipient rights form. You will select the button in front of this document type and then indicate the page number or range of numbers that demonstrate that you meet the requirement. It is very important that you include the page numbers for each question so that the correct information is reviewed.

NOTE: On occasion, you may need to include more than one document type to demonstrate that you meet the new requirements. For example, you may have two different policies that show you meet the requirement. In these cases, you have two options. You may either combine the two documents into one, and indicate the page numbers for both. Or, you can use the “Other” document type to indicate the second document and the relevant page numbers.

Logging into and navigating the online attestation form

To access the online attestation form, open your browser and go to:

<https://edocs.dhs.state.mn.us/lfsrserver/Secure/DHS-7176-ENG>

To log in to the attestation form for the first time, you will select “New attestation” and then enter your license or HFID number. See below for information about how to login to create a new attestation form based on an existing completed attestation.

Once you are logged in to the online attestation form, you can navigate page-by-page using the “Previous” and “Next” buttons located in the upper, left-hand side of the page; please do not use the previous and next functionality built into your browser. You can also skip to a specific section of the form by using the drop-down menu located between the previous and next buttons. Finally, you can save and exit the form at any time, using the “Save & Exit” button located in the upper right-hand corner of the form.

The screenshot displays the online attestation form interface. At the top, there are "Previous" and "Next" buttons. A dropdown menu is open, showing a list of sections: "Instructions", "Provider Information", "Residential - Q1, Q2", "Residential - Q3, Q4", "Residential - Q5, Q6", "Residential - Q7", "Day and Residential - Q8, Q9", "Day and Residential - Q10, Q11", "Day and Residential - Q12, Q13" (highlighted in blue), "Day and Residential - Q14, Q15, Q16", "Day and Residential - Q17, Q18, Q19, Q20", and "Attachments and Save or Submit". Below the dropdown, there are form fields for "CITY *", "STATE *", and "ZIP CODE *". A "SERVICE TYPE SETTING *" dropdown is set to "Select one". Underneath, there are checkboxes for "TYPE OF WAIVER SERVICES PROVIDED AT THIS SITE*" (choose all that apply at setting selected above): "Alternative Care (AC)", "Elderly Waiver (EW)", "Brain Injury (BI)", "Community Access for Disability Inclusion (CADI)", and "Community Alternative Care (CAC)". A "Save & Exit" button is located in the upper right corner of the form area.

Let's get started!

NOTE: Proceed to the bottom of Page 1 of the online form.

Are you creating a new attestation or returning to continue completing an existing attestation?

Select one bullet to indicate if this is a:

- New attestation
- Update to a submitted attestation
- Continue completing a saved attestation
- New attestation based on another submitted attestation

Once you have selected a button, you will be prompted to enter your license or HFID number. When that number is accepted, a “Start Attestation” button will appear in the lower, right-hand corner of the page. If your license number is not accepted, you will receive an error notification.

If you are not able to proceed to the next page, recheck your license number or look up your number online. If you need assistance finding your DHS license number, please go to the [DHS Licensing Look Up](http://licensinglookup.dhs.state.mn.us) page (<http://licensinglookup.dhs.state.mn.us>).

If you are still unable to enter a valid number, please email hcbs.settings@state.mn.us. Use the subject line: “sign in number for attestation needed.” Please include your provider name, the setting address, city, state, zip code, phone number and the provider service type at the setting.

Click on the Start Attestation button in the lower right corner of the screen to go to the next page of the form.

Page 2 Content (top of Page 2 of the online form)
Licensing or HFID number If your licensing number was accepted on the first page, this number will be pre-populated.
NPI/ UMPI number Provide your ten-digit National Provider Identifier (NPI) or your Unique Minnesota Provider Identifier (UMPI) number you use to enroll with Minnesota Health Care Programs.
Name of setting Complete this using the name associated with your license.
Physical address of setting Use the street address where the waiver services are provided. Do not use the address of a headquarters building or business office.
Service type Select the service type for this setting: select adult day or family adult day services
<input type="checkbox"/> Adult foster care or adult supported living services <input type="checkbox"/> Child foster care or child supported living services <input type="checkbox"/> Customized living or residential setting that group people with disabilities <input checked="" type="checkbox"/> Adult day or family adult day services (FADS) <input type="checkbox"/> Day training and habilitation, prevocational services and/ or structured day
Type of waiver services provided at this site Choose ALL waiver types that apply at this setting. Several funding sources may be used for the same site/setting
<input type="checkbox"/> Alternative Care (AC) <input type="checkbox"/> Elderly Waiver (EW) <input type="checkbox"/> Brain Injury (BI) <input type="checkbox"/> Community Access for Disability Inclusion (CADI) <input type="checkbox"/> Community Alternative Care (CAC) <input type="checkbox"/> Developmental Disabilities (DD)

Page 2 Content

(top of Page 2 of the online form)

How many people currently (on the date you complete this attestation) are receiving HCBS services at this setting?

Enter the number of people that receive services by each funding type. Enter "0" if you do not provide services to people of the described funding type. The field for the number of total people in the setting will auto populate.

- a) ____ Number of older adults with services funded by HCBS waivers (EW, AC)
- b) ____ Number of people with services funded by HCBS disability waivers (CADI, DD, CAC, BI)
- c) ____ Number of people with other payer sources
- d) ____ Number of total people in the setting

I have reviewed the attestation guide and understand that DHS will make information available to support providers to comply with needed changes.

This guidebook is necessary to use as you complete the online attestation form. It provides information on what you need to do and supporting documentation that you need to submit.

Do you intend to meet the HCBS requirements at this setting?

If you plan on meeting all of the HCBS setting requirements, even if you aren't compliant at the time of the attestation, choose yes here. Choosing no for this question means you will need to work with the county/lead agency and DHS to transition people out of your services by March 2019.

- Yes
- No, I want to opt out and no longer be a HCBS provider. I understand I will need to work with the county /lead agency and DHS to develop transition plans for people currently served to transition by March 2019.

8. Employment

Federal requirement

The setting provides opportunities for people to seek employment and work in competitive integrated settings.

What do you need to do?

- You must support people who would like to work
- You must provide flexible scheduling and activities during times that compliment a person's work schedule.

What do you need to submit?

You need to upload the following documents to show you meet the requirement.

- Policy and/or procedure the setting provides opportunities for people to seek employment if the need is identified in the individual support plan. (Page number: __)
- Blank copy of staff orientation checklist or annual training record showing that staff are trained on individual plans of care. (Page number: __)

Important note regarding this requirement:

DHS is committed to developing and maintaining high-quality, accessible HCBS for Minnesotans of all ages. Our intention is to ensure Minnesotans receiving waiver services are given choice and opportunities for active participation and integration into their communities. We must ensure all people have the opportunity and supports to seek employment, if desired.

9. Community life

Federal requirement

The setting provides people opportunities to access and engage in community life.

What do you need to do?

- You must provide opportunities and support for people to be fully included in their greater community, individually and in groups, as desired
- You must ask people about their interests and activities they want to participate in
- You must provide information about community activity options, including transportation, by having information available in an up-to-date binder, a calendar or bulletin board with current and upcoming events
- You support the person's interaction with members of the community through religious services, shopping, appointments, etc., to build community relationships.

What do you need to submit?

You need to upload the following documents to show you meet the requirement:

- Sample monthly plan for daily activities. (Page number: __)
- Blank copy of a form that informs people on how opportunities and supports will be provided so they are fully included in their community. (Page number: __)

Tip

- On the online attestation form, use the "Other" button for your sample monthly plan for daily activities; be sure to enter the page numbers, if appropriate.

10. Control of money

Federal requirement

The setting supports the person's control of personal resources (their money).

NOTE: This requirement does not apply if your setting does not provide money management duties.

What do you need to do?

- You must provide access to people's personal funds and information about their income
- You must identify the roles and responsibilities related to money management
- You must ensure staff are trained in the safeguarding of funds and following a person's plan, if in place.

What do you need to submit?

You need to upload the following documents to show you meet the requirement:

- Blank copy of staff orientation or annual training record that shows staff are trained on safeguarding people's funds and following a person's plan, if in place. (Page number: __)
- Policy and/or procedure that outlines management of personal funds. (Page number: __)

Tip

- A blank documented receipt is an acceptable example of a form that informs people about rights to control their money.

11. Privacy

Federal requirement

The setting ensures people's right to privacy.

What do you need to do?

- You must ensure that people's information is kept private, including personal, financial, service, health and medical information. Information is not posted in common areas
- You must provide personal care in private
- You must inform people of their right to privacy
- You must provide privacy for people to make phone calls, send texts, email or other personal communications
- You must ensure staff do not discuss a person in the open or within earshot of those who do not have a need to hear the discussion.

What do you need to submit?

You need to upload the following documents to show you meet the requirement:

- Blank copy of staff orientation checklist or annual training record for that shows staff are trained on people's right to privacy. (Page number: __)
- Blank copy of recipient rights form that includes information about people's right to privacy. (Page number: __)

12. Dignity and respect

Federal requirement

The setting ensures people's dignity and respect.

What do you need to do?

- You must ensure that people are treated with dignity and respect
- You must inform people of their right to be treated with dignity and respect
- You must not require people to wear bibs during mealtimes, or to use disposable cutlery, plates and cups
- You must ensure people are addressed by their preferred name, not "hon" or "sweetie"
- You must ensure staff to not discuss a person who is present like they are not there; they include the person in conversation.

What do you need to submit?

You need to upload the following documents to show you meet the requirement:

- Blank copy of staff orientation checklist or annual training record that shows staff are trained on treating people with dignity and respect. (Page number: __)
- Blank copy of recipient rights form that includes information about their right to be treated with dignity and respect. (Page number: __)

Tip

- Typically, providers will submit a blank copy of their Statement of Participant Rights form to indicate that person has been informed of their rights.

13. No coercion/restraint

Federal requirement

The setting ensures people's freedom from coercion and restraint.

What do you need to do?

- You must inform people and their guardians (if applicable) of their right to be in an environment free from coercion and restraint, where their choices are accounted for and honored in accordance with their plan
- You must provide instructions to people and their guardians (if applicable) upon admission, and upon request thereafter, with instructions on how to file an anonymous complaint.

What do you need to submit?

You need to upload the following documents to show you meet the requirement:

- Blank copy of staff orientation checklist or annual training record for person-centered practices. (Page number: __)
- Written information that is given to participants and their caregivers upon admission that includes information about their right to be in an environment that is free from coercion and restraint. (Page number: __)

14. Independent choices

Federal requirement

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

What do you need to do?

- You must provide people with the right to choose their activities and services, unless stated otherwise in the plan
- You must prioritize a person’s preferences (about schedules, activities, etc.), unless stated otherwise in the individual plan of care
- You must provide access to day services and activities during times that compliment a person’s schedule.

What do you need to submit?

You need to upload the following documents to show you meet the requirement:

- Sample monthly plan for daily activities. (Page number: __)
- Blank copy of a form that informs people on how opportunities and supports will be provided so they are fully included in their community. (Page number: __)

Tip

- On the online attestation form, use the “Other” button for your sample monthly plan for daily activities; be sure to enter the page numbers, if appropriate.

15 – 20: Setting information

The following questions are to help identify settings that may need to be further assessed. If we determine setting needs further assessment, we will contact you to work on next steps.

15. Setting is “in”

The setting is located “in” a hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD), or an Institution for Mental Disease (IMD)

Definitions

The definition of a setting located “in” a public or privately owned hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD) or Institution for Mental Disease (IMD) is as follows:

- shares an address **or**
- shares a common wall with a hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD) or Institution for Mental Disease (IMD).

Select the bullet

Select one; select the facility name from the drop-down menu:

- Hospital
- Nursing facility
- Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD)
- Institution for Mental Disease (IMD)
- Not applicable to this setting

Tips

- Select the actual facility name from the drop-down list; if you are unable to find the facility name in the drop-down list, email DHS at hcbs.settings@state.mn.us
- If the setting is “in” more than one of the facilities, you only need to choose one facility type
- If the setting is not in one of these, then check “Not applicable to this setting.”

16. Setting is “adjacent”

The setting is located “adjacent” to a **public** hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD), and/or an Institution for Mental Disease (IMD)

Definitions

Definition of adjacent: the setting is next to and abuts a hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD), Institution for Mental Disease (IMD) or its property.

“Abuts” means that the setting is contiguous or touching the hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD), Institution for Mental Disease (IMD) or its property with no intervening parcel of land between the two settings.

Definition of public: a public institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government. A privately-owned nursing facility is not a public institution.

Select the bullet

Select all that apply; select the facility name from the drop-down menu:

- Hospital
- Nursing facility
- Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD)
- Institution for Mental Disease (IMD)
- Not applicable to this setting

Tips

- Select the actual facility name from the drop-down list; if you are unable to find the facility name in the drop-down list, email DHS at hcbs.settings@state.mn.us
- If the setting is “adjacent” to more than one facility, you only need to choose one facility type
- If the setting is not adjacent to one of these and/or not public, then check “Not applicable to this setting.”

17. Settings that may be isolating

The setting is a farmstead or disability-specific farm community, a residential school, and/or in a gated or secured community for people with disabilities.

Definitions

- **A farmstead or disability-specific farm community:** These settings are often in rural areas on large parcels of land, with little ability to access the broader community outside the farm. People who live at the farm typically interact primarily with people with disabilities and staff who work with those people. People typically live in homes only with other people with disabilities and/or staff. Their neighbors are other people with disabilities or staff who work with those people. Daily activities are typically designed to take place on-site so that a person generally does not leave the farm to access HCB services or participate in community activities. While sometimes people from the broader community may come on-site, people from the farm do not go out into the broader community as part of their daily life.
- **A residential school:** These settings incorporate both the educational program and the residential program in the same building or in buildings in close proximity to each other (e.g. two buildings side by side). People do not travel into the broader community to live or to attend school. People served in these settings typically interact only with other residents of the home and the residential and educational staff. Other people with disabilities from the community at large may attend the educational program. Activities such as religious services may be held on-site as opposed to facilitating people attending places of worship in the community. These settings may be in urban areas as well as suburban and rural areas. People’s experience in the broader community may be limited to large group activities on “bus field trips.”
- **In a gated or secured community for people with disabilities:** These settings typically consist primarily of people with disabilities and the staff that work with them. Often, these locations will provide residential, behavioral health, day services, social and recreational activities, and long term services and supports all within the gated community. People receiving HCBS in this type of setting often do not leave the grounds of the gated community in order to access activities or services in the broader community. Thus, the setting typically does not afford people the opportunity to fully engage in community life and choose activities, services and providers that will optimize integration into the broader community.

Select the bullet

Select all that apply:

- A farmstead or disability-specific farm community
- A residential school
- In a gated or secured community for people with disabilities
- None of the above

Tips

- If the setting is not any of these, select “none of the above.”

18. Multiple homes located on same street/adjoining property

Is the setting a residential (home) setting on the same street or adjoining to other homes that the provider owns and/or operates?

Select the bullet

Select "No;" Adult Day is not a residential service:

- Yes
- No

18a.

If yes to 18, do the homes share programming or activities?

- Yes
- No

If yes, provide a 1-2 page document answering the following questions:

- Describe how often (on a weekly or daily basis?) and what type of programming or activities are shared. For example, do people that live in different homes or buildings dine or share meals, transportation, social recreation activities and outings together on a weekly or daily basis?
- Describe how opportunities are presented and available for people to interact with the broader community individually and in groups, as they desired? How often are people inventoried about their interest in activities in the community? How are people participating, as desired?
- Describe how people can individually choose activities to participate in? For example, not everyone has the same activities or schedule. How are people informed of available activities?

Suggested practices: Activities coordinator for offsite activities, activities calendar, frequent interest inventory, person uses other supports to access community on an individual level (e.g. formal services, volunteers, information supports).

19. Settings that provide multiple activities onsite

Is the setting designed to provide multiple types of services and activities onsite, including any **two** of the following:

1. Residential
2. Day services
3. Medical?

Definitions

Select yes if the Adult Day, a day service setting, also provides **one** of the following onsite:

- Customized living or foster care or supported living services onsite
- Medical services by people with a professional specialty onsite. People would typically go to an office to receive these services.

Select the bullet

Select one:

- Yes
- No

19a.

If yes to 19, can people choose to use a community service provider instead of receiving the above services onsite?

- Yes. Provide supporting documentation on how people are informed of their option to choose community providers.
- No

Tips

- Medical services by people with a professional specialty onsite, might include the following:
 - Physician services
 - Mental health services, counseling by professional
 - Skilled nursing
 - Training for person by: occupational therapist, physical therapist, speech therapist, recreational therapist, music therapist, art therapist, or a therapist's assistant

20. Settings that may be isolating: Disability waivers only

Are the people in the setting primarily or exclusively people with disabilities **or** 25 percent or more of the total setting capacity are people with disabilities under the age of 55 years old.

NOTE: The following question is applicable for settings that serve 6 or more people on the BI, CADI, CAC or DD waivers.

Definitions

If the setting **only** serves EW or AC waiver funded services, select “No or not applicable.”

Select “Yes” if the setting serves more than 6 people on BI, CADI, CAC or DD waivers, **and** meets at least one of the following:

- The setting is primarily or exclusively people with disabilities or
- 25 percent or more of the setting capacity are people with disabilities (under the age of 55 years old)

If none of the bullets above describe the setting, select “No, or not applicable”

Select the bullet

Select one:

- Yes
- No

20a.

If yes to 20, do people in the setting have limited, if any, interaction with the broader community **or** daily activities that are typically designed to take place onsite?

- Yes. You will be contacted with tools and information to make any needed changes to comply with requirements.
- No or not applicable

If no, provide a 1-2 page document answering the following questions and include examples:

- Describe how opportunities are present and available for people to interact with the broader community individually and in groups, as they desired. How often are people asked about their interest in activities in the community? How are people participating, as desired?
- Describe how people can individually choose activities to participate in? For example, not everyone has the same activities or schedule. How are people informed of available activities?

- How are people informed that they can choose offsite community service providers? For example: People can choose to go offsite for services if they are offered in the setting such as a salon for a haircut or a clinic for counseling services.

Suggested practices: Activities coordinator for offsite activities, activities calendar, people are frequently asked about their interest, people use other supports to access community on an individual level (e.g. formal services, volunteers, informal supports)

Tip

- If you answered no to 20a, please name your document, “Question 20 – Community participation.”

Attachments and save or submit

Attach required documents

If submitting your attestation, add documents

Click on the “Attach Required Documents” to begin to attach your documents. This will open a new screen. On the right-hand side of the screen, you will select “Add File” or “Add URL.” When you select “Add File,” a dialog box will open so that you can find the documents on your computer. Navigate to the document you want to attach and click “Open” in the dialog box. In the next dialog box, click “Add.” Repeat these steps to add the documents you want to attach for your submission. Then, click on “Finish” in the upper right-hand corner of the screen.

After you have attached your documents, they will appear in the list of attached documents section. You will need to assign a document type to each by using the drop-down list next to the document title. The drop-down list includes the following document types:

- Residency agreement or lease
- Recipient rights form
- Staff orientation record or annual training form
- 45-day meeting form or progress review summary form
- Emergency use or manual restraint (EUMR) policy
- Positive support transition plan template
- Funds and property authorization or money management form
- Policy or procedure
- Question 18 – Adjoining settings document
- Question 20 – Community participation document
- Extension form
- Other

Acceptable document formats include, PDF, Word, Excel and PowerPoint.

Save or submit

Note: Saving your attestation will not save any uploaded attachments. If you submit your attestation, your uploaded documents will be saved and you can sign back in to edit your submission at a later date.

Name of person completing this attestation (contact person, title, and phone number)

Please enter the contact information of the person responsible for compliance here. DHS will use this information when sending out additional information and/or communication. Provide this person’s name, title, and phone number in these fields. It is understood that this may be a different person than the one actually submitting the attestation.

Email address

When completing the attestation form online, an email address must be used. The email associated with the attestation will allow you to log back in to each attestation. DHS will also send communication to this email regarding any questions specific to this setting/ site. You may use the same email for your attestation for other settings, but it must be paired with a unique licensing or HFID number, which will differentiate the setting attestations from each other.

Tip: note your email address and license or HFID number here for future reference:

I attest that the information provided accurately reflects the setting identified in this attestation.

Check the box to confirm.

Submit attestation or save and exit

All areas need to be marked as compliant by September 1, 2017. If you are unable to make necessary changes to meet requirements and would like to request a hardship extension, please complete a [HCBS Provider Attestation Hardship Request, DHS-7176A \(PDF\)](#) form and submit as an attached document to this attestation.

Select one:

- Submit attestation
- Save & Exit

ALERT: If you have uploaded attachments, they will **not** be saved if you select this. Use this option so you can sign back in and edit your submission later.

Tip

Typically, adult day service providers will submit a blank copy of the following required documents:

1. Recipient rights form: Statement of Participant Rights
2. Sample monthly plan for daily activities
3. Form that informs people on how opportunities and supports will be provided so they are fully included in their community.
4. Staff orientation or annual training record

Adult day service providers may also submit these documents, if applicable:

5. Policy and/or procedure that outlines management of personal funds- if provider has money management duties
6. Document titled "Question 18 - Adjoining Settings" to describe shared programming
7. Document titled "Question 20 - Community Participation"
8. Extension form - If settings will not be compliant by Sept. 1, 2017.

Copy attestation option – for providers who have multiple settings / sites

Providers that have multiple settings, can choose to sign into a submitted attestation and change the provider license or HFID number to create a copy of the submitted attestation and other information relevant to a new setting to create a new attestation.

From page 1 of the attestation:

- Select “new attestation based on another completed attestation”
- Enter submitted attestation license or HF ID number and email
- Click Lookup
- Pop up box will indicate verification of submitted attestation
- Select Ok
- Enter new license or HF ID number
- Select Lookup new ID
- Select Start Attestation

The provider will need to ensure:

- The information copied from the initial attestation is accurate to the new setting (need to change items such as name of setting, address, etc)
- To upload documents for the new setting attestation (the attachments will not copy over.)