

GUIDEBOOK: DAY TRAINING & HABILITATION, PREVOCATIONAL SERVICES AND STRUCTURED DAY

Day Programs: Day Training & Habilitation,
Prevocational Services and Structured Day

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

Table of contents

MN HCBS provider attestation: introduction and instructions	2
Let’s get started!	5
8. Employment	8
9. Community life	9
11. Privacy	11
12. Dignity and respect	12
13. No coercion/restraint	13
14. Independent choices	14
15 – 20: Setting information	15
15. Setting is “in”	15
16. Setting is “adjacent”	16
17. Settings that may be isolating	17
Attachments and save or submit	22
Copy attestation option – for providers who have multiple settings / sites	24

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. Day providers must only 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 still 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. Documents that include the same elements as the DHS licensing forms are also acceptable. These forms can be found on the HCBS (245D) licensing website, under HCBS Provider Requirements:

http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_180212.pdf

Tips:

Typically, DTH, Prevocational and Structured Day service providers will submit a blank copy of the following *required* documents:

1. Recipient Rights Form
2. Staff Orientation Record or Annual Training Forms
3. 45-Day Meeting form (new people) and/or Progress Review Form/packet (existing people)
4. Emergency Use of Manual Restraint (EUMR) policy or Positive Support Transition Plan template

DTH, Prevocational and Structured Day service providers may also submit these documents, *if applicable*:

5. Funds and Property Authorization Form - 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 September 1, 2017

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 shows a web form titled "HCBS Provider Information". A "Previous" dropdown menu is open, listing various service settings such as "Residential - Q1, Q2", "Day and Residential - Q8, Q9", and "Day and Residential - Q12, Q13". The "Next" button is visible to the right of the dropdown. The form includes several input fields: "SETTING *", "CITY *", "STATE *", and "ZIP CODE *". Below these is a "SERVICE TYPE SETTING *" dropdown menu with "Select one" as the current selection. At the bottom, there is a section titled "TYPE OF WAIVER SERVICES PROVIDED AT THIS SITE*" with checkboxes for "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 top 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 completed attestation.

Once you have selected a button, you will be prompted to enter your license or HFID number. Providers of DT&H, prevocational or structured day services, use your DHS DT&H issued license number. If under the same setting you provide more than one service including: DT&H and/or prevocational services and/ or structured day complete one attestation for each setting/site. For example: If in one building there is a DT&H and prevocational services — this is one setting and needs one attestation completed with the areas in the attestation to apply to both the DT&H and prevocational services in the setting.

When your license 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 license 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:
<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 type="checkbox"/> Adult day or family adult day services (FADS) <input checked="" 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 guidebook 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 engage with people to ensure they can make an informed decision regarding competitive, integrated employment, including community-based experiences, understanding of potential impact having a job will have on their quality of life, information and support to understand their options, and information and support to understand their options related to getting a job
- You must ensure people have the support they need to look for a job in the community, if desired, and as documented in the support plan and as assigned to this provider
- For people who choose employment, you must ensure that competitive, integrated employment is the first option explored with them
- You must inform people on how to request support to pursue a job change, if interested.

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 related to the coordinated service and support plan. (Page number: __)
- Blank copy of a *support planning form* that informs people on how opportunities and supports will be provided to support them if they want to work. (Page number: __)

Tip

- Typically, providers will submit a blank copy of their Staff Orientation or Annual Training record and 45-day Meeting Summary (new people) or the Progress Review Meeting Summary (existing people).

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 engage people using person-centered thinking
- You must provide opportunities and support for people to be fully included in their greater community, individually and in groups, as desired
- You must allow people to choose friends and spend time with them
- You must provide information on transportation for community activities (if documented in support plans and assigned to this provider, you must also provide support and/or transportation coordination)
- You must ensure people have the services, resources, and support to help explore and maintain meaningful activities
- You must ask people about their interests and activities they want to participate in.

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 related to the coordinated service and support plan. (Page number: __)
- Blank copy of a *support planning form* that informs people on how opportunities and supports will be provided so they may be fully included in their community as desired. (Page number: __)

Example practices

- Providing information about community activities may be things like: an up-to-date binder, a calendar or bulletin board with current and upcoming events
- Transportation support may include bus training and coordination of transportation may be things like: making bus schedules available, volunteer drivers and arranging for Metro Mobility.

Tip

- Typically, providers will submit a blank copy of their Staff Orientation or Annual Training Record and 45-day Meeting Summary (new people) or the Progress Review Meeting Summary (existing people) to meet this requirement.

10. Control of money

Federal requirement

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

NOTE: This requirement is not applicable 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 of responsibility related to money management
- You must ensure that staff are trained in safeguarding funds and following a person's plan
- You must ensure people have a way to access their money when they choose, not just during a set time frame
- You must not require people to sign over their paycheck or any form of payment/income as a condition of receiving services, unless required by a state funded program.

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 on safeguarding funds and following a person's plan. (Page number: __)
- Blank copy of a form that informs people about how to authorize the provider to assist in the safekeeping of funds and property. (Page number: __)

Tip

- Typically, providers will submit a blank copy of their Staff Orientation or Annual Training Record and Funds and Property Authorization Form to meet this requirement.

11. Privacy

Federal requirement

The setting ensures people's right to privacy.

What do you need to do?

- You must inform people of their right to privacy
- 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 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:

One of the following:

- Blank copy of staff orientation or annual training record that shows staff are trained on people's right to privacy. (Page number: __)

And the following:

- Blank copy of recipient rights form that includes information about people's right to privacy. (Page number: __)

Tip

- Typically, providers will submit a blank copy of their Staff Orientation or Annual Training Record and a blank copy of their Service Recipient Rights form to meet this requirement.

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 provide services and supports in a way that respects and considers personal preferences
- You must inform people of their right to be treated with dignity and respect
- You must ensure people are assisted with personal cares as requested
- You must ensure people are addressed by their preferred name, not "hon" or "sweetie"
- You must ensure staff do not discuss a person who is present like they are not there; that 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 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 people's right to be treated with dignity and respect. (Page number: __)

Tip

- Typically, providers will submit a blank copy of their Staff Orientation or Annual Training Record and a blank copy of their Service Recipient Rights form to meet this requirement.

13. No coercion/restraint

Federal requirement

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

What do you need to do?

- You must ensure people are free from abuse, neglect and financial exploitation
- You must inform people 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 support plan
- You must not use restraints or restrictive interventions as a substitute for adequate staffing, for a behavioral or therapeutic program, or to reduce or eliminate behavior, as punishment or for staff convenience
- You inform people and their guardians (if applicable) of their rights and instructions on how to file an anonymous complaint
- You must not use physical holding, time out, medication a person does not want to take and is not prescribed, or seclusion or restrictive intervention, unless in an emergency to protect the person or others from physical harm.

What do you need to submit?

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

- Blank copy of a policy or form that documents how the provider protects people from coercion and restraint. (Page number: __)
- Blank copy of recipient rights form that includes information about people's right to be free from coercion and restraint. (Page number: __)

Tip

- Typically, providers will submit a copy of their Emergency Use of Manual Restraint (EUMR) policy or a Positive Support Transition Plan template and Service Recipient Rights form to meet this requirement.

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
- You must provide people with the right to choose friends and spent time with them
- You must support people in life informed choices and autonomy
- You must allow people to move about the setting and not confine them to any one area
- You must prioritize a person’s preferences (about schedules, activities, etc.), unless stated otherwise in the support plan
- You must provide access to services and activities during times that compliment a person’s schedule
- You must support people in developing a schedule that meets their needs and preferences
- You must provide people the choice to participate in group and/or individual activities
- You must provide opportunities for people to gain experience in making choices, which include the appropriate balance between autonomy and safety
- You must support people in requesting changes to current services, transitioning to other services, or requesting a change of staff.

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 showing staff are trained on person-centered practices and the person’s Community Services and Supports Plan (CSSP) or Community Services and Supports Plan (CSSP) addendum. (Page number: __)
- Blank copy of a support planning form that informs people on how they will be supported in making their own life choices. (Page number: __)

Tip

- Typically, providers will submit a blank copy of their Staff Orientation or Annual Training Record and 45-day Meeting Summary (new people) or the Progress Review Meeting Summary (existing people) to meet this requirement.

15 – 20: Setting information

The following questions are to help identify settings that may need to be further assessed. If we determine the 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 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 “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

Tip

- 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;" DT&H 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 DT&H, 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 interests people use other supports to access community on an individual level (e.g. formal services, volunteers, informal supports)

Tips

- Typically, this question will not apply to foster care and supported living services settings and you will mark “No.” If your setting is currently serving 6 or more people, you will mark “Yes.”
- If you answered yes to 20a, please name your document “Question 20 - Community participation.”
- Do not provide examples that identify private information.

Attachments and save or submit

Attach required documents

If submitting your attestation, add attachments

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

Attach required documents
E-mail address
<p>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.</p> <p>Tip: note your email address and license or HFID number here for future reference:</p>
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
<p>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 and submit an HCBS Provider Attestation Hardship Extension Request form, DHS-7176A (PDF) as an attached document to this attestation.</p> <p>Select one:</p> <p><input type="checkbox"/> Submit attestation</p> <p><input type="checkbox"/> Save & Exit</p> <p>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.</p>

Tip:

Typically, DTH, Prevocational and Structured Day service providers will submit a blank copy of the following *required* documents:

9. Recipient Rights Form
10. Staff Orientation Record or Annual Training Forms
11. 45-Day Meeting form (new people) and/or Progress Review Form/packet (existing people)
12. Emergency Use of Manual Restraint (EUMR) policy or Positive Support Transition Plan template

DTH, Prevocational and Structured Day service providers may also submit these documents, *if applicable*:

13. Funds and Property Authorization Form - if provider has money management duties
14. Document titled "Question 18 - Adjoining Settings" to describe shared programming
15. Document titled "Question 20 - Community Participation"
16. Extension form - If settings will not be compliant by Sept. 1, 2017

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. Documents that include the same elements as the DHS licensing forms are also acceptable.

DHS licensing sample forms:

http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_180212.pdf

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.)