DEVELOPMENTAL DISABILITIES COMMUNITY SERVICES (DDCS)

Integrated Settings Provider Attestation

This is a required assessment for providers to use to evaluate their service provision in accordance with federal Integrated Settings requirements per 42 C.F.R. Section 441.301(c)(4), WAC 388-823-1095, WAC 388-823-1096, RCW 71A.26.020, and Policy 5.06. Through this self-directed process, providers will revisit and examine their processes and ensure services meet federal and Washington State DDCS requirements. A separate attestation must be completed for each provider contract.

This form does **not** apply to agency respite or respite in community settings providers.

Provider Information		
BUSINESS NAME		
ADMINISTRATOR / PROVIDER NAME	ADMINISTRATOR / PROVIDER EMAIL ADDRESS	ADMINISTRATOR / PROVIDER PHONE

Instructions

Section 1: Select Contract Type.
Section 2: Review DDCS Guiding Values and HCBS Settings Requirements.
Section 3: (Provider-owned or controlled residential settings only): Review HCBS Settings Requirements in.
Section 4: Review resources.
Section 5: Complete attestation.

Section 1. Contract Type

Choose only one contract type. A separate form must be completed for each contract.

- ☐ Alternative Living
- ☐ Community Engagement
- ☐ Companion Homes*
- ☐ Complementary Therapies: Equine Therapy
- ☐ Complementary Therapies: Music Therapy
- ☐ Environmental Adaptations
- ☐ Life Skills (includes Stabilization – Life Skills)
- ☐ Peer Mentoring
- ☐ Person-Centered Plan Facilitation
- ☐ Remote Support
- ☐ Risk Assessments
- ☐ Specialized Evaluation and Consultation
- ☐ Staff and Family Consultation (includes Stabilization – Staff and Family Consultation)
- ☐ Supported Parenting
- ☐ Waiver Skilled Nursing
- ☐ Waiver Transportation

* Setting type is considered provider-owned or controlled residential setting.

Section 2. DDCS Guiding Values and Home and Community-Based Services Settings Requirements

Read each section below. The sample questions are intended as a starting point.

Health and Safety: Allows each person to have a full and meaningful life with good health, needed safety, and the learning and self-worth which comes from making and living with their own decisions.

- Is the setting physically accessible?
- Are staff trained to respect people's preferred privacy?

Power and choice: Ensures that people can direct or influence their own lives and the opportunity to make decisions that are right for themselves, including the opportunity to succeed or fail.

- Do people have choices in all areas of their life (e.g., clothing, schedule, activities, relationships, healthcare, medications etc.)?
- Do people have a say in the services and supports that they receive?

Competence: Allows each person to receive and direct supports they receive from others, and have the opportunity to be as independent, self-reliant, and self-directing as possible.

- Are people aware of their rights under WAC 388-823-1095? Including the right to file a complaint or suggestion without interference?
- Are staff trained on how to receive and respond to client grievances?

Status and Contribution: Supports people to recognize and develop interests and skills and having the opportunity to contribute these in the community.

- Can people exercise their rights as citizens to: voice their opinions, vote, move about the community, associate with others, practice their religion, access their money, make personal decisions, and other rights that are important to them?

Relationships: Offers a sense of belonging, continuity, intimacy and gives meaning to life. Growth and stability happen when people have a variety of relationships with family, friends, peers, coworkers and community members.

- Do people have a choice regarding the staff who work with them?
- Do people have opportunities to regularly interact directly with community members (e.g., store clerk, neighbor, bank teller, family, friends) who are not paid to support them?
- Do people have the space and opportunity to communicate freely on the phone including, call, text, and other forms of communication?
- Do people have the freedom and support to control their own schedules and chosen activities with others?
- Do people know that if they want to change providers, they may explore other provider options?

Inclusion: Allows for people to be present and participate in their community using common resources and doing activities with other citizens and experience diversity.

- Is there access to public transportation, or other resources if public transportation is limited?
- Do people have the opportunity to access services in the community outside of their home?
- Do people have work, school, recreation, or volunteer opportunities in typical community settings if they want to?
- Do people have a choice over how they spend their money?

Section 3. For Provider-Owned or Controlled Residential Settings

Per WAC 388-823-1096, provider owned or controlled settings must also meet the following conditions:

- The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the Washington State Residential Landlord-Tenant Act, and other applicable county or city tenant protections.
- Each individual has privacy in their sleeping or living unit:
  - Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
  - Individuals sharing units have a choice of roommates in that setting.
  - Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
- Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.
- Individuals are able to have visitors of their choosing at any time.
- The setting is physically accessible to the individual.

Section 4. Resources

Provider must review:

- DDA Guiding Values.
- 42 C.F.R. 441.301(c)(4) Contents of Request for a Waiver.
- 42 C.F.R. 441.530 Home and Community-Based Setting.
- WAC 388-823-1096 What requirements must a home or community-based service setting meet.
- HCBS Provider Brochure.
- HCBS Integrated Settings training video for providers.

Section 5. Provider Attestation

By signing below, I, **Print Name**, attest to the following:

- I have reviewed and understand the requirements and resources listed above in **Sections 2 and 4.**
- For provider-owned or controlled residential settings, I have reviewed and understand the requirements in **Section 3**.
- The services provided under this contract are provided in compliance with the above requirements in **Sections 2 and 3** (Section 3 as applicable).
- I understand that it is my responsibility as a contractor of the Developmental Disabilities Administration to ensure all employees (as applicable) have been given the information and provide services in compliance with requirements in **Sections 2 – 4** (Section 3 as applicable).

If you are concerned about your compliance or have questions about the requirements, please reach out to the DDCS Integrated Settings Committee at DDAintegratedsettings@dshs.wa.gov.

I, **Provider's Printed Name**, provider, have reviewed this document and attest to its accuracy.

ADMINISTRATOR / PROVIDER SIGNATURE | DATE