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|  | 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)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301), [WAC 388-823-1095](https://app.leg.wa.gov/WAC/default.aspx?cite=388-823-1095), [WAC 388-823-1096](https://app.leg.wa.gov/WAC/default.aspx?cite=388-823-1096), [RCW 71A.26.020](https://app.leg.wa.gov/RCW/default.aspx?cite=71A.26.030), and [Policy 5.06](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.06.pdf). 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](https://app.leg.wa.gov/WAC/default.aspx?cite=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](https://app.leg.wa.gov/wac/default.aspx?cite=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](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/23-0704%20DDA%20Guiding%20Values%20Booklet.pdf). * [42 C.F.R. 441.301(c)(4) Contents of Request for a Waiver](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301). * [42 C.F.R. 441.530 Home and Community-Based Setting](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-K/section-441.530). * WAC 388-823-1096 What requirements must a home or community-based service setting meet. * [HCBS Provider Brochure](https://www.dshs.wa.gov/sites/default/files/publications/documents/22-1920.pdf). * [HCBS Integrated Settings training video for providers](https://fortress.wa.gov/dshs/adsaapps/TPTesting/IntegratedSettings/story.html). | | | | |
| **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](mailto:DDAintegratedsettings@dshs.wa.gov). | | | | |
| I, **Provider's Printed Name** , provider, have reviewed this document and attest to its accuracy. | | | | |
| ADMINISTRATOR / PROVIDER SIGNATURE DATE | | | | |