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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-03288A (06/2024) | **STATE OF WISCONSIN** |
| **HCBS 100% COMMUNITY-BASED NON-RESIDENTIAL PROVIDER ATTESTATION** |
| Providers of 100% community-based non-residential adult day services, prevocational services, and children’s long term support day services are not subject to the federal home and community-based services (HCBS) settings rule, and therefore, are not required to undergo a compliance review by the Department of Health Services (DHS) HCBS review team. All 100% community-based providers must meet and attest to the criteria below to be exempt from a compliance review. |
| **Instructions:** Complete Section I or Section II of this form as applicable. Place your initials next to statement(s) that are true and sign and date the form. |
| Provider – Name | Provider Address (if applicable) – Street |
|       |       |
| City | State | ZIP Code |
|       |       |       |
| Primary Contact Person | Email Address | Phone |
|       |       |       |
| Service Types Offered by Provider: |
|  [ ]  Adult day services [ ]  Prevocational services [ ]  Children’s long-term support day services |
| **SECTION I** |
| **As a provider serving Medicaid waiver recipients, I attest to the following statement, as indicated by my initials below.** |
| Initials | Statement |
|       | There is no physical location owned, leased, or operated by the provider named above, at which services are taking place. |
| **SECTION II** |
| **As a provider serving Medicaid waiver recipients, I attest to each of the following statements, as indicated by my initials below.** |
| Initials | Statement |
|       | 1. At no time is the provider owned, leased, or operated setting named above, used as a back-up service location for any reason including, but not limited to inclement weather; limited staff availability; reduced availability of transportation resources; or cancellation of community-based programs.
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|       | 1. Medicaid waiver recipients do not return to the provider owned, leased, or operated setting named above for meals or other break times.
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|       | 1. The only time waiver recipients are in the setting owned, leased, or operated by the provider named above is to await transportation to the broader community at the start and/or end of the service day.
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|       | 1. Person-centered planning meetings, assessments, and other similar services are not conducted in the setting that is owned, leased, or operated by the provider named above. They are conducted in a setting that has been selected and/or agreed upon by each waiver recipient. Such locations may include the waiver recipient’s home or another location within the broader community that affords a reasonable measure of privacy.
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|       | 1. At no time will the provider named above seek reimbursement for facility-based services provided to Medicaid waiver recipients.
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| I attest that to the best of my knowledge, the setting identified above, provides 100% community-based services to Medicaid waiver recipients and is therefore not subject to the HCBS settings rule. If at any time, the provider named above decides to offer facility-based HCBS services to Medicaid-waiver recipients, the provider will request an HCBS compliance review from DHS and secure a **Notice of Compliance prior to offering such services**. |
| **SIGNATURE** — Provider | Date Signed |
|  |       |

Email the completed form to dhshcbsreview@dhs.wisconsin.gov.