



Susana Martinez, Governor
Brent Earnest, Secretary
Nancy Smith-Leslie, Director

DEPARTMENTAL MEMORANDUM
MAD-MR: 17-14
DATE: December 28, 2017

TO: MAD STAFF

FROM: *NLS* NANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION

THROUGH: *SRA* SHARILYN ROANHORSE-AGUILAR, CHIEF, EXEMPT SERVICES AND PROGRAMS BUREAU

***ADULT* TALLIE TOLEN, CHIEF, LONG-TERM SERVICES AND SUPPORTS BUREAU**

BY: KRESTA OPPERMAN, MI VIA STAFF MANAGER, EXEMPT SERVICES AND PROGRAMS BUREAU

SUBJECT: CENTENNIAL CARE SELF DIRECTED COMMUNITY BENEFIT & MI VIA PROVIDER ATTESTATION FORM – REVISED MAD 627

GENERAL INFORMATION

The MAD 627, *Self-Directed Provider Attestation Form*, was created as a requirement for the Centers for Medicare and Medicaid Services (CMS) Final Rule for Home and Community Based Services (HCBS). It has been revised to include the updated Mi Via logo approved by the New Mexico Department of Health and to clarify that providers will be compliance with the CMS Final Rule requirements by 3/17/2022.

FILING INSTRUCTIONS

Please add the following form to the Medical Assistance Forms Manual:

MAD 627 – Revised 01/02/2018

Please address any questions concerning this material to: Kresta Opperman at 505-827-7776 or e-mail to kresta.opperman@state.nm.us.



**SELF-DIRECTED PROVIDER ATTESTATION FORM
CMS FINAL RULE FOR HCBS**

Please read the following summary of the Centers for Medicare and Medicaid Services (CMS) Final Rule Requirements for Home and Community Based Services (HCBS) Providers.

Any residential or non-residential HCBS provider, who offers self-directed services in a setting where individuals live and/or receive HCBS, must comply with the following CMS Final Rule requirements:

- 1) Providers must ensure that settings are integrated in and support full access of individuals to the greater community including:
 - Providing opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources; and
 - Ensuring that individuals receive services in the community, to the same degree of access as individuals not receiving HCBS.
- 2) Providers must ensure that the individual selects from among setting options including non-disability specific settings and options for a private unit in a residential setting. The provider setting must have person-centered service plans that document the options based on the individual's needs and preferences. For residential settings, the person centered plan must document options available for room and board.
- 3) Providers must ensure an individual's rights to privacy, dignity and respect, and freedom from coercion and restraint.
- 4) Providers must ensure settings optimize individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.
- 5) Provider must ensure settings facilitate individual choice regarding services and supports, and choice regarding who provides them.
- 6) Providers must ensure tenant protections, privacy, and autonomy for individuals receiving HCBS who do not reside in their own private (or family) home.

As a Medicaid enrolled HCBS provider you are required to ensure all aspects of the Final Rule are followed. **HSD/MAD recommends that you read the CMS Final Rule in the Federal Register at the following link to review the details of the CMS Final Rule requirements:**

https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities?utm_campaign=subscription%20mailing%20list&utm_source=federalregister.gov&utm_medium=email

I certify that I have carefully read the summary requirements for the Home and Community Based Services above and the CMS Final Rule Requirements in the Federal Register at the link provided above. I attest that my organization/provider setting is in compliance or will be in compliance by March 17, 2022 with the CMS Final Rule Requirements published in the Federal Register.

Additionally, I certify that my organization/provider setting will remain in compliance with the CMS Final Rule Requirements published in the Federal Register.

(THE APPLYING PROVIDER MUST SIGN AND DATE THIS ATTESTATION FORM).

Member/Participant Information

Member/Participant Name: _____

Member/Participant Date of Birth: _____

Member/Participant Employer of Record: _____

Provider Information (Vendor or Employee)

Printed Name: _____

Title/Position: _____

Social Security Number: _____

Signature: _____ Date: _____