

Community First Choice Services Home and Community-Based Services Settings Verification and Attestation Tool

Members who receive Community First Choice Services (CFCS) are required to live in residences that meet the Home and Community-Based Services (HCBS) setting requirements outlined in [42 CFR 441.530](#). This tool is intended to help members and providers identify the type of setting in which a member lives and to track compliance with the federal regulation. It is required at intake, annually thereafter, and any time the member’s living situation changes. A completed copy of this attestation should be kept in the member’s file. Providers will fill out the applicable section, either 1, 2, or 3.

Member Name:	Date:			
Medicaid ID:	DOB:			
CFCS Provider:	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">Intake</td> <td style="padding: 0 10px;">Annual</td> <td style="padding: 0 10px;">Change</td> </tr> </table>	Intake	Annual	Change
Intake	Annual	Change		

Section 1: Attestation for Homelessness

Members who attest they are temporarily in a setting that meets the definition of homeless may be eligible to receive CFCS services.

Homeless is defined as: (1) lacking a fixed, regular, and adequate nighttime residence, and/or (2) the primary nighttime residence is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations of three or less months, or (b) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street or in a tent community).

By our signatures, we attest the member meets the criteria for homelessness as defined above.

Member Signature

Date

CFCS Provider Signature

Date

ONLY FILL OUT SECTION 1 IF THE MEMBER’S LIVING SITUATION IS “HOMELESS”

Section 2: Attestation for Private/Independent Home Settings

An individual’s private home (owned or leased), or a relative’s home where the individual resides (owned or leased), is considered a private/independent home. Though CMS allows providers to presume that a private/independent home meets HCBS setting requirements, these settings must still be assessed using the Verification and Attestation Tool.



By our signatures, we attest that:

1. The member lives in a private/independent home setting as defined above;
2. The member has opportunities for full access to the greater community; AND
3. The residence is not owned or operated by an agency that provides HCBS Services; AND
4. The residence is not located in or on the grounds of a hospital, nursing home, or other facility that provides inpatient institutional care.

Member Signature

Date

CFCS Provider Signature

Date

ONLY FILL OUT SECTION 2 IF THE MEMBER'S LIVING SITUATION IS "PRIVATE/INDEPENDENT HOME"

Section 3: Identification of a Provider-Owned, Controlled, or Operated Residential Setting

A provider-owned, controlled, or operated residential setting is a physical place that is owned, co-owned, and/or operated by a provider of HCBS services. Any residence an individual lives in that is owned by a paid caregiver who is not a family member must be treated as provider-owned, controlled, or operated.

By our signatures, we attest that:

1. The member lives in a provider-owned, controlled, or operated setting as defined above;
2. The member has a legally enforceable agreement such as a lease or resident agreement that specifies the responsibilities of the member and the provider; AND
3. The agreement specifies the circumstances under which the member's residency may be terminated; AND
4. The agreement addresses steps a member can take to request a review or appeal the termination of residency; AND
5. The setting allows the member full access to the greater community and provides privacy, choice, and control.

Note: If the member or provider cannot attest to ALL of the above, the setting does not meet the criteria for CFCS. Please contact the regional program officer.

Member Signature

Date

CFCS Provider Signature

Date

**ONLY FILL OUT SECTION 3 IF THE MEMBER'S LIVING SITUATION IS
"PROVIDER-OWNED, COTROLLED, OR OPERATED"**