



Home and Community Based Services – Adult Mental Health Program
Telehealth Services Attestation

Purpose: Home and Community Based Services – Adult Mental Health Program (HCBS-AMH) Provider Agency (PA) or Recovery Management Entity (RME) must complete this form per the 1915(i) State Plan Amendment requirements for telehealth delivery of services.
Name of PA or RME

Name of PA or RME Designee (if different from above)

PA or RME Contract No.

PA or RME Address

PA or RME NPI

Consent and Confidentiality Attestation

I attest that informed consent will be obtained for the telehealth delivery of HCBS-AMH services from each participant (or legally authorized representative, if applicable) and documented in each participant's Individual Recovery Plan.

Service Delivery Attestation (check one, as applicable)

- HCBS-AMH Residential Service Providers Only: I attest that all participants receiving supervised living, assisted living, or host home companion care services will have access to a private space where participants feel safe to openly discuss their health and
- RMEs and other HCBS-AMH Service Providers: I attest that verbal confirmation will be obtained from each participant before the provision of telehealth delivery of an HCBS-AMH service, This confirms they are in a private and safe space to discuss their health and engage in the telehealth delivery of HCBS-AMH services, as documented in the progress note.

Affirmation

- I attest that I have read the document, understand the terms and conditions as set out above, and will abide by all applicable laws, the contract agreement, the HCBS-AMH Provider Manual, and the HCBS-AMH Billing Guideline.
- Digital signature only: I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature.

Printed Name

Signature

Date

Submission Instructions

The PA, RME, or designee will upload the signed Telehealth Services Attestation form to the HCBS-AMH and YES Waiver Provider Hub at the time of contract execution for the contracted entity and for each subcontracted or employed HCBS-AMH service provider. For all new subcontractors or employees, the PA, RME, or designee will submit the signed form within 30 days from the subcontractor execution date or hire date. Providers will retain a copy of this document for their records.

Note: Failure to return a Telehealth Services Attestation form may result in contract actions or remedies

¹ *If the participant responds "yes" the HCBS-AMH provider may proceed with telehealth delivery of HCBS-AMH services. However, if the participant answers "no" the HCBS-AMH provider will provide the HCBS-AMH approved services in person.