

Individualized Skills and Socialization Off-site Attestation and Provider Attestation Form

Home and Community-Based (HCBS) Settings Rule Compliance Progress

Purpose: The HCBS Settings Rule at 42 CFR §441.301(c)(4)(i) requires that an individual receiving HCBS, including individualized skills and socialization, has full access to the greater community, including opportunities to engage in community life. This form serves as an attestation of an individualized skills and socialization services in the Home and Community-based Services (HCS), Texas Home Living (TxHmL) and Deaf Blind with Multiple Disabilities (DBMD) programs.

- 1. Setting Information** (To be completed for each setting where individualized skills and socialization is provided to individuals in HCS, TxHmL and DBMD)

ISS Provider Name:

License #:

Contact Name:

Contact Phone Number:

Contact Email Address:

Setting Address:

2. Number of individuals served

Question	Response Options
How many individuals currently in the HCS, TxHmL and DBMD program are receiving services at the setting at one time?	0 1 2-10 11-20 21 or more

Provider Compliance Plan for ISS Offsite

3. Individualized Skills and Socialization Off-site Status

Question	Response Options
Are you currently offering the off-site component of the individualized skills and socialization service?	Yes No If "yes", continue to question 6. If "No", continue to question 4.

4. Barriers to Implementation

What barriers do you face in implementing the off-site component of individualized skills and socialization? (Check all the apply)
<input type="checkbox"/> Staffing <ul style="list-style-type: none"><input type="checkbox"/> Workforce shortages<input type="checkbox"/> Low wages<input type="checkbox"/> Staff turnover<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Transportation Issues <ul style="list-style-type: none"><input type="checkbox"/> Contracting with transportation vendors/providers<input type="checkbox"/> Purchasing Vehicles<input type="checkbox"/> Hiring Drivers<input type="checkbox"/> Fuel prices<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Community Partnerships <ul style="list-style-type: none"><input type="checkbox"/> Lack of available community partners<input type="checkbox"/> Community entities unwilling to enter partnership<input type="checkbox"/> Other (please describe)

5. Steps being taken to address barriers to implementation

What steps are you taking to address barriers to implementation of off-site individualized skills and socialization service?	Provider Response
Staffing shortages	
Transportation	
Community Partnerships	
Expected completion date	

6. Attestation

Check the application box below.

I attest that I have implemented off-site individualized skills and socialization services.

OR

I attest that I will take the steps outlined above to provide off-site individualized skills and socialization no later than March 17, 2024.

Print name of person attesting:

Signature:

Date: