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**NJ Department of Human Services**

**Division of Developmental Disabilities**

 **Attestation for Provider of Individual Supports**

 **As a provider of Individual Supports through the Division of Developmental Disabilities Community Care Program, I am obligated to follow the requirements outlined below related to licensure and personal guidance.**

**Need for Licensure:**

**It is the policy of the Division of Developmental Disabilities (DDD) that settings possessing the below characteristics be licensed under** [**N.J.A.C. 10:44A – Standards for Community Residences for Individuals with Developmental Disabilities**](https://www.state.nj.us/humanservices/providers/rulefees/regs/NJAC%2010_44A%20Standards%20for%20Community%20Residences%20for%20Individuals%20with%20Developmental%20Disabilities.pdf)**.** If a service provider is unsure if a setting meets these requirements they are to contact DDD.PPMU@dhs.nj.gov for direction.

* Individual(s) residing in the setting are enrolled on the Community Care Program (CCP); and
* All residential services in the setting are coordinated and managed by a *singular* service provider (also referred to as provider managed) where the staff are employees of that provider; and
* One or more individuals residing in the setting, as documented in the ISP, requires *Personal Guidance* as defined N.J.A.C. 10:44A; and
* The setting is owned, leased or otherwise controlled by the service provider.

*Personal Guidance* – The assistance provided to an individual with intellectual/developmental disabilities on a daily basis in activities of daily living because he or she requires help completing such activities of daily living and/or cannot direct someone to complete such activities when physical disabilities prevent self-completion; or there is a documented health or mental health problem requiring supervision of the person for the protection of the individual or others. In the absence of a court determination, the Planning Team determines the need for personal guidance for each individual, in accordance with N.J.A.C. 10:44A-4.3(c).

In recognition of an individual's right to choose independent living, if none of the individuals with intellectual and developmental disabilities at a particular place of residence require personal guidance, as determined by the planning team, licensing shall be available on a strictly voluntary basis.

Failure to license settings meeting the above factors will result in negative action(s) including, but not limited to, denial of claims submitted for Individual Supports rendered in the setting. The Division reserves the right to license a setting if it is determined to be in its best interest to do so.

Licensed settings must comport with all applicable laws and regulations, including:

* Centers for Medicare & Medicaid Services (CMS) Final Rule - [www.state.nj.us/humanservices/dmahs/info/hcbs.html](http://www.state.nj.us/humanservices/dmahs/info/hcbs.html);
* NJ Department of Human Services Office of Licensing Standards, 10:44A Standards for Community Residences for Individuals with Developmental Disabilities and 10:44C Standards for Community Residences for Persons with Head Injuries - [www.state.nj.us/humanservices/providers/rulefees/regs/](http://www.state.nj.us/humanservices/providers/rulefees/regs/);
* DDD’s Community Care Program (CCP) - <https://nj.gov/humanservices/ddd/assets/documents/community-care-program-policy-manual.pdf> ;
* Providers must comply with all rules and regulations for any DDD program element of service proposed by the applicant. Additionally, please take note of the DDD Organizational Rules, N.J.A.C. 10:40, which apply to all developmental disabilities services. These regulations can be accessed at <http://www.state.nj.us/humanservices/providers/rulefees/regs/>.

**My signature below attests to the agency’s expected compliance with the criteria outlined within this document**:

Failure to license settings that require it will result in negative action(s), including but not limited to denial of claims submitted for Individual Supports rendered in the setting.  **It is the sole responsibility of the provider to ensure compliance.**  If a provider is unsure whether a specific setting requires licensing they are to consult with their assigned liaison through the Provider Performance and Monitoring Unit at DDD.PPMU@dhs.nj.gov.

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| Mailing Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Executive Director Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Executive Director Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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