

Medicaid HCBS Final Settings Rule Residential Self-Assessment

Residential Self-Assessment

PLEASE DO NOT INCLUDE PARTICIPANT NAMES or IDENTIFYING INFORMATION!

Please note that this assessment is to be filled out based on the site itself, not the participants moving in. To successfully complete the self-assessment process, agencies must fill out the applicable DD Self-Assessment Survey 15 business days prior to beginning services in the setting.

Every federal question in the assessment must have comments entered. Please be as detailed as possible. Do not copy and paste the examples we provided - if you do, we will return the assessment to be remediated. The boxes are limited to 1000 characters.

You are also encouraged to submit supplemental evidence if applicable. This may be submitted in the same fashion as outlined above. The type of supplemental evidence that can be submitted can vary from question to question but typically are items like: event/activity calendars, photographs, monthly meeting notes, etc.

DD REVIEW OF ASSESSMENT AND DETERMINATION OF COMPLIANCE

- **Completed assessments will be reviewed by DDD staff within 15 business days to determine whether the DD agency provider is in compliance or if an on-site visit is needed.**
- **DDD Staff will issue a response (notification letter) to the agency provider via email.**
- **When an on-site visit is deemed necessary, DDD staff will notify the agency provider via phone to schedule the on-site visit.**
- **When the setting is found to be “fully compliant,” the agency provider is permitted to begin providing services in that setting.**
- **When the setting is found to be “partially compliant,” the agency provider will be required to correct the identified issues and submit evidence of remediation to DDD staff. The agency will not be permitted to begin services in the setting until the setting is deemed “fully compliant.” Service authorizations will not be approved until the agency receives a fully compliant determination for that site, and must be enrolled with our provider enrollment broker, Maximus.**

You may leave and come back to the survey as many times as you would like until you click the "Done" button at the end of the end. To come back to the survey, simply re-click on the email link you received. Once you have clicked "Done", you will no longer be able to change your answers.

If you have questions about how to fill out the assessment, or require technical assistance, please send an email to ashley.knudtson@nebraska.gov.

* 1. Agency Address

Agency Name	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>

* 2. Setting Address

Shared Living Provider Name (if applicable)	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
ZIP/Postal Code	<input type="text"/>

* 3. Assessment Completed By:

Name	<input type="text"/>
Title	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

4. Contact Person for the Assessment:

(This person will receive the results of the assessment as well as any requests for information or remediation. Only fill out this section if different than the person who completed the assessment.)

Name	<input type="text"/>
Title	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 5. Planned Date to Start Services in the Setting:

Date

Date

<input type="text" value="MM/DD/YYYY"/>	<input type="checkbox"/>
---	--------------------------

* 6. Setting Type

- Group Home
- Center for the Developmentally Disabled (CDD)
- Shared Living Home
- Host Home

* 7. Individuals served at this site:

- CDD Waiver
- DDAD Waiver
- AD Waiver
- Other (please specify)

- None of the above

8. Is this an address change of a current SLP?

- Yes
- No

9. Is your provider agency requesting for this self-assessment to be expedited?

- Yes
- No

If yes, please provide the person-centered reason:

10. If so, what was the previous address of the SLP?

11. Is this an Provider/Agency change of a current SLP?

- Yes
- No

12. If so, who was the previous Provider/Agency of the SLP?

* 13. If a shared living site, please provide the Maximus active date.

* 14. Is this site wheelchair accessible?

- Yes
 No



Medicaid HCBS Final Settings Rule Residential Self Assessment

General Questions

Please answer these questions specifically about the setting being assessed.

15. How many participants are currently served in the setting?

- | | |
|-------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 4 |
| <input type="radio"/> 2 | <input type="radio"/> 5 |
| <input type="radio"/> 3 | <input type="radio"/> 6+ |

* 16. What is the setting capacity?
(Answer for the maximum number of participants that the agency would be able to serve this site at any one time.)

- | | |
|-------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 4 |
| <input type="radio"/> 2 | <input type="radio"/> 5 |
| <input type="radio"/> 3 | <input type="radio"/> 6+ |

* 17. Is the setting designed to serve individuals who experience a disability as well as individuals who do not experience a disability?

- Yes
 No

* 18. Is the setting operating in an area (e.g. building, neighborhood, street, or neighboring street) where there is one or more other facilities/programs providing services to individuals receiving HCBS?

- No
 If Yes, please specify:

* 19. Are individuals in the setting primarily or exclusively people with disabilities and the on-site staff that provides services to them?

- Yes
- No

* 20. Is the setting designed to provide people with disabilities multiple types of services on site (e.g. housing, and day services [multiple types], and medical services, and behavioral services)?

- No
- If Yes, please specify:

* 21. Does this setting share staff with another setting?
(Answer for staff sharing that occurs at least once per week or is planned/scheduled regularly -- Do not include emergency substitutions.)

- No
- Yes

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22. If 7 is Yes, in what other setting types do the shared staff work?
(Select all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Residential Group Home or CDD | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Host Home | <input type="checkbox"/> Prevocational Site |
| <input type="checkbox"/> Shared Living Home | <input type="checkbox"/> Adult Day Site |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Independent Provider |
| <input type="checkbox"/> Enclave | |

* 23. Is the setting located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment?

- Yes
- No

* 24. Is the setting in a building located on the grounds or immediately adjacent to a public institution?

Yes

No

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

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Federal Question 1

The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

Every federal question in the assessment must have comments entered. Please be as detailed as possible. The boxes are limited to 1000 characters. If you need additional room to enter information, you may email the additional information to DHHS.DDProviderRelations@nebraska.gov. Please indicate in the email the agency name, setting address, type of setting, the question number, and the additional information.

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* 25.

1.1: Is there evidence that waived and non-waived individuals are served in the same manner?

(Example: Two participants live in the Shared Living home. One other person lives in the home and is the SL provider. All have equal access to all of the home's amenities and common areas including kitchen and laundry.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 26.

1.2: Is the setting in the community among other private residences or retail businesses?

(Example: The GH is located in the Meadowlane neighborhood of Lincoln, NE. The home is surrounded by other privately owned or rented homes.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 27.

1.3: Are the setting's physical characteristics consistent with community standards?

(Example: The home has running water, electricity, and no structural or electrical issues. The interior and exterior are regularly maintained. The exterior blends in with the neighborhood. There is no way to tell from the outside that this is a group home.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 28.

1.4: Does the setting encourage individuals receiving waiver services to have relationships with the broader community?

(Example: The home is near shopping centers and restaurants. The proximity to these allows for the participants to visit these businesses on a regular basis, both unaccompanied and with others. Both participants like to interact with neighbors and go to the local shops.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 29.

1.5: Does the setting permit individuals to come and go at will?

(Example: All participants have a key to the front door and are able to come and go as they please. One participant visits friends, goes to the shopping center, and goes to the nail salon regularly. The other two participants like to go to the mall and the gas station. One participant's ISP indicates she has no alone time outside the home, thus she is accompanied by GH staff or her family when leaving the home.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 30.

1.6: Is the setting free from imposed curfews or other requirements for a scheduled return to the setting?

(Example: One participant is required to return to the GH by 10:00 each evening unless accompanied, as outlined in her ISP. This restriction is due to...and is reviewed annually by the participant and the team. The other two participants can come and go as they please without any restriction and are not required to return to the home at any particular time, however it is requested that they inform staff of an approximate time whenever possible.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 31.

1.7: Is public transportation available to and from the setting?

(Example: There is a public bus system. There is a bus stop within ½ mile of the GH. The buses also have bicycle racks in order for riders to take bicycles to their destinations. Lyft, Uber, and taxis are also available.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 32.

1.8: Where public transportation is limited, are other resources provided for the individual to access the broader community, including accessible transportation for individuals who use wheelchairs?

(Example: On the occasion that public transportation would not be available, the agency provides transportation to participants during the delivery of services. The agency has accessible transportation that will meet all of the needs of the participants.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 33.

1.9: For interested individuals, does the setting provide them the opportunity to work in an integrated setting?

(Example: One participant has a competitive job. The other participant is working with Vocational Rehabilitation in order to find competitive work.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 34.

1.10: Does the setting provide activities and/or training to individuals who would like to work and/or enhance their life?

(Example: The GH providers assist in the home environment by teaching one participant cooking skills, assisting her in locating and making recipes, etc. Another participant is provided teaching to enhance her social skills. The third participant is provided teaching to learn how to properly do dishes. All three participants desire to eventually work in the community.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 35.

1.11: Does the setting promote participation, regularly, in meaningful work or non-work activities in integrated community settings for the period of time desired by the individual?

(Example: All three participants work in the community. When not working one participant likes to go bowl in the Monday league. Another participant enjoys people watching and shopping at the mall. One participant enjoys going to the local bar for drinks and karaoke on Fridays, where she has many friends. All three enjoy occasional visits to the casinos in Iowa as well as going to the movies, renting movies from the RedBox, and going to concerts.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

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Federal Question 2

The setting is selected by the individual from among setting options including non-disability specific settings. The settings options are identified and documented in the person-centered plan and are based on the individual’s needs, preferences, and resources.

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* 36.

2.1: Does the setting have, on-file, a person centered plan based on needs and preferences of the individuals served?

(Example: A copy of each participant's person-centered plan is located in a binder in the computer room of the GH as well as on Therap. All participants and the provider have access to this and may read it at any time. All participants participated in the development of her plan at the last team meeting.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

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Federal Question 3

The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.

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* 37.

3.1: Does the setting have policies and procedures that address the individual's rights of privacy, dignity, respect, and freedom from coercion and restraint?

(Example: There are policies in the handbook covering participant's rights. Copies of these can be found in the home.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 38.

3.2: Does the setting have a process to inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint?

(Example: DD provider agency has policies regarding this. All participants are given a list of these and they are reviewed with them yearly at the ISP meetings. All participants may ask questions at any time about this.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 39.

3.3: Does the setting have a complaint/grievance process for individuals?

(Example: DD Provider agency has policies on complaints/grievances and the processes that accompany them. The policy is outlined in the rights document given to the participants annually. The policy is also available in the homes.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 40.

3.4: Does the setting allow for the filing of an anonymous complaint?

(Example: DD provider agency has a policy on filing an anonymous complaint. The participants have access to this policy and participants are informed of the policy at the ISP meetings. The policy includes a phone number and email address which are available in the home on the fridge.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 41.

3.5: Does the setting ensure information about individuals is kept private?

(Example: One participant does have a schedule for her medications, etc., but they are not posted where visitors could see them. All participants have a private space to keep their schedules (such as home office or her own room). There is a "family" calendar on the fridge, but no PHI is listed. The calendar notes recreational activities only.)

- Yes
- No

Describe Evidence of Compliance or Non-Compliance:

* 42.

3.6: Does the setting ensure communications about individuals' medical conditions, financial situations, and other personal information are conducted in a place where privacy/confidentiality is assured?

(Example: Conversations about private matters are conducted in private, away from roommates, and generally when visitors are not in the house.)

- Yes
- No

Describe Evidence of Compliance or Non-Compliance:

* 43.

3.7: Does the setting support individuals' personal care needs to appear as they desire?

(Example: One participant likes to have her hair cut and highlighted, so the provider takes her to appointments at LaSalon. The other participant requests haircuts and the provider takes them to their choice of shop as they wish. All participants shop for their own clothing and pick out what to wear daily. There are no rules about appearance though the provider may prompt participants to wear clean, weather appropriate clothing and have their hair combed.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 44.

3.8: Does the setting support providing personal assistance in private areas, as appropriate?

(Example: One participant requires prompting to complete his shower routine and this is done privately, in the bathroom. The other participant does not require personal support, but if he should, it would occur privately.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

45.

3.9: Are the individuals who reside in the setting free of restraints/restrictive interventions?

(Example: There are currently no participants with restraint in their ISP. Any type of restraint would have to be addressed by the ISP team prior to approval for use. One participant has restrictions surrounding food consumption and this is addressed in the ISP and approved by the HLR committee.)

Yes

No

Describe evidence of compliance or non-compliance:

46.

3.10: Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan?

(Example: Agencies are required to have any restrictions approved by the team and the HLR Committee. Part of this process includes informed consent of the participant and guardian (when needed). No restrictions are implemented without this process.)

Yes

No

Describe evidence of compliance or non-compliance:

47.

3.11 Does the setting have a process to ensure that each individual’s supports and plans to address identified needs (medical, behavioral, ADLs) are specific to the individual and not the same as everyone else in the setting and/or restrictive to the rights of every individual receiving support within the setting?

(Example: The provider attends the ISP meetings. One participant has a concern about bingeing food at night (so much so that it is a safety concern), so he has an alarm on his bedroom door that is activated at bedtime per ISP. This does not infringe on the rights of the other participants living in the home as this participant has his own room. The other participants in the home receive support as needed for their hygiene needs but this only impacts the persons as individuals.)

Yes

No

Describe evidence of compliance or non-compliance:

48.

3.12 Is the setting free from the use of delayed egress devices or secure perimeter?

(Example: There is a security system, but all participants know how to operate it to come and go as they wish. Only one participant has alarms on the bedroom doors (as mentioned in the previous question). There are no fences around the home and each participant has a key to the outside of the home.)

Yes

No

Describe evidence of compliance or non-compliance:

49.

3.13: Does the setting offer a secure place for the individual to store belongings?

(Example: Each participant has their own room with a closet and dresser. Each participant can also store items in other areas of the house and garage permitting.)

Yes

No

Describe evidence of compliance or non-compliance:

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Federal Question 4

The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.

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* 50.

4.1: Does the setting allow for individuals to choose with whom they interact?

(Example: Both participants each have friends that they interact with. Both participants generally interact with each other's friends but can choose not to by going into a different room.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 51.

4.2: Does the setting allow for individuals to choose which activities to participate in?

(Example: When group activities are planned, each participant has the choice whether to participate or not. Two participants enjoy bowling but the other does not, so the other participant often chooses to do a different activity either on his own, with another family member, or with friends. Group/family activities are planned with input from everyone.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 52.

4.3: Does the setting allow for individuals to choose to dine alone or in a private area?

(Example: Each participant may choose where to dine in the home. The provider asks that the participants clean up after themselves if they choose to dine outside of the kitchen/dining room.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 53.

4.4: Does the setting allow for individuals to do activities in the community alone?

(Example: Two participants have unrestricted time in the community and go to activities of their choice including the mall, the gym, and the park. One participant has only one hour of alone time outside the home per her ISP, and she often chooses to go to the gas station or grocery store.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 54.

4.5: Does the setting provide for individuals to have access to such things as television, radio, and other leisure activities that interest them and can they schedule such activities at their convenience?

(Example: Each participant has their own television and radio in their room. There is also a television in the living room in which the participants can take turns choosing the program for the evening. One participant also has video games in his room that he enjoys at his leisure. Two participants like to play games and will often play together at the kitchen table.)

- Yes
- No

Describe Evidence of Compliance or Non-Compliance:

* 55.

4.6: Does the setting allow individuals to have access to their personal financial assets?

(Example: Two participants carry their money on their person. They each have a bank account with a debit card as well and their paychecks are directly deposited. One participant has difficulty understanding the concept of money, so she requires assistance in making purchases. This participant can request items and she is taken shopping to buy them. All three have payees.)

- Yes
- No

Describe Evidence of Compliance or Non-Compliance:

* 56.

4.7: Does the setting allow for individuals to have access to communication tools?

(Example: One participant has his own cell phone and keeps it on himself at all times. There is a house phone and computer with internet that all participants have access to. One participant also has an iPad that they use to email people.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

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Federal Question 5

The setting facilitates individual choice regarding services and supports, and who provides them.

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* 57.

5.1: Does the setting ensure individuals are provided a choice regarding the services, provider and settings and the opportunity to visit/understand the options?

(Example: Participants all chose this service, provider, and setting. In each participant's ISP meetings, it is outlined what types of services are available and what providers offer that service. Participants take tours and meet roommates before moving in, once they decide what service they would like.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 58.

5.2: Does the setting ensure individuals are supported to make decisions and exercise autonomy to the greatest extent possible?

(Example: When a participant wanted to get a fish tank, the staff assisted him in speaking with his roommates and talked about how much money he would need and what the responsibilities were so he could make his own decision. Each participant chooses two meals per week and discussions about nutrition are had. Participants are encouraged to make their own decisions about every aspect of their lives with coaching from staff.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 59.

5.3: Does the setting policy ensure the individual is supported in developing plans to support their needs and preferences?

(Example: The provider attends ISP meetings with the participant and talks regularly to each participant about their preferences. A preference sheet is documented and regularly updated for each person.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

* 60.

5.4: Does the setting provide information to individuals about how to make a request for additional services or changes to their current services?

(Example: Participants can change their services by contacting a staff member or their service coordinator. If a participant expressed interest in another service offered by the agency (e.g. group home or independent living), the participant could talk to a staff person about their interest and begin to brainstorm ideas to take to the team.)

Yes

No

Describe Evidence of Compliance or Non-Compliance:

the consumer that allows the consumer to own, rent, or occupy, the residence and provides protection against eviction.

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* 61.

6.1: Does the setting provide individuals a lease, or for a setting in which landlord-tenant laws do not apply, a written residency agreement?

(Example: For group homes and CDDs, leases/residency agreements should be between the participant and the agency or landlord. For Shared Living, leases/residency agreements should be between the participant and the shared living provider (agency can be a third party if necessary). The participants must be notified of their rights regarding housing and when they could be required to relocate (which could be in leases, residency agreements, or other documents).

Yes

No

Describe evidence of compliance or non-compliance:

* 62.

6.2: Does the setting inform individuals of their rights regarding housing and when they could be required to relocate?

(Example: The DD agency provider has policies that address the timelines required for someone to be requested to move. We have the information in a handbook. This is also outlined in the written residency agreements.)

Yes

No

Describe evidence of compliance or non-compliance:

Federal Requirement 7

The setting provides for privacy in units including lockable doors, choice of roommates/housemates, and freedom to furnish and decorate the sleeping or living units within the lease or other agreement.

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* 63.

7.1: Does the setting provide the individual a choice of roommate/housemate?

(Example: Two participants have been friends for several years and decided together to move in. A third participant toured the residence and met with the other two. All three decided that they would be a good fit so she moved in. If there was not mutual agreement, no move would have been made.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

* 64.

7.2: Does the provider allow for married couples to share or not share a room by choice?

(Example: Two of the participants are not married but are in a relationship with each other. They have chosen to have separate rooms but have discussed the possibility of sharing at some point. The third participant in the home is not married, but if she should get married, she would be allowed to share or not share a room.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

* 65.

7.3: Does the setting inform individuals how they can request a roommate change?

(Example: Prior to move in and at each ISP, each participant is given their rights (both on paper and verbally and any other way requested) and in the rights it is outlined how to request a roommate change. The participants can also discuss this with their guardian, SC or staff at any time.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

* 66.

7.4: Does the setting provide locking bedroom doors?

(Example: Yes, all participants have a lock on the bedroom doors. The locks are "button style" so there are no keys, but if they had keyed locks, all three would have a key.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

* 67.

7.5: Does the setting allow individuals to close and lock the bathroom door?

(Example: There are two bathrooms in the home. Both of them lock.)

- Yes
- No

Describe evidence of Compliance or Non-Compliance:

4

* 68.

7.6: Is the setting free of cameras or other monitoring devices?

(Example: There is a camera outside the front door for security purposes. All participants know it is there for all of our protection. There are no cameras or other monitoring devices inside the residence.)

- Yes
- No

Describe evidence of Compliance or Non-Compliance:

4

Federal Requirement 8

The setting provides options for individuals to control their own schedules including access to food at any time.

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* 69.

8.1: Are individuals free to eat at any time?

(Example: All participants have access to the kitchen including the cupboards and fridge at any time they wish. Each participant also has a supply of snacks they buy with their personal money that they keep in their rooms.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

* 70.

8.2: Is the setting free from a regimented eating schedule?

(Example: Meals are generally around the same time each day, but each participant may eat at that time or choose to eat dinner at a different time.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

* 71.

8.3: Does the setting allow individuals to eat where they choose in the setting?

(Example: Each participant may choose where to dine in the home. Staff ask the participants to be sure to clean up after themselves if they choose to dine outside of the kitchen/dining room.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

Federal Question 9

The setting provides individuals the freedom to have visitors at any time.

Every federal question in the assessment must have comments entered. Please be as detailed as possible. The boxes are limited to 1000 characters. If you need additional room to enter information, you may email the additional information to DHHS.DDProviderRelations@nebraska.gov. Please indicate in the email the agency name, setting address, type of setting, the question number, and the additional information.

You are also encouraged to submit supplemental evidence if applicable. This may be submitted in the same fashion as outlined above. The type of supplemental evidence that can be submitted can vary from question to question but typically are items like: event/activity calendars, photographs, monthly meeting notes, etc.

* 72.

9.1: Does the setting encourage individuals to have visitors?

(Example: All three participants like to have friends over for various activities including movies and games. Each participant is encouraged to talk to the others living in the home to make sure that they are ok with visitors, especially if they are going to be staying for a long period of time or overnight.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

* 73.

9.2: Can individuals have visitors at any hour of their choosing?

(Example: One participant often has overnight visitors but is encouraged to keep the noise to a minimum after 10:00. This participant also talks to his roommates prior to having his friend or boyfriend overnight to make them aware of the guest in the home. The other two participants occasionally have visitors during the evening, but prefer to go to bed earlier so they are often gone before 8:00. If they stayed longer, they would also be asked to keep the noise to a minimum after 10:00 and discuss overnight visitors with roommates.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

* 74.

9.3: Does the setting allow for visitors to take the individuals outside of the setting, such as for a meal or shopping?

(Example: All three participants often go out to eat or other activities with various friends and family. There are no restrictions on this.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

* 75.

9.4: Does the setting allow for visitors to take the individuals for longer visits outside the home, such as for holidays or a weekend?

(Example: Both participants will usually go with family for weekends or holidays. One participant goes on a yearly vacation with a friend. Both participants have gone on long vacations with family.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

Federal Question 10

The setting is an environment that supports individual comfort, independence, and preferences.

Every federal question in the assessment must have comments entered. Please be as detailed as possible. The boxes are limited to 1000 characters. If you need additional room to enter information, you may email the additional information to DHHS.DDProviderRelations@nebraska.gov. Please indicate in the email the agency name, setting address, type of setting, the question number, and the additional information.

You are also encouraged to submit supplemental evidence if applicable. This may be submitted in the same fashion as outlined above. The type of supplemental evidence that can be submitted can vary from question to question but typically are items like: event/activity calendars, photographs, monthly meeting notes, etc.

76.

10.1: Does the setting provide full access to typical facilities in a home such as a kitchen with cooking facilities, dining area, laundry, and comfortable seating in shared areas?

(Example: All three participants have the same access to the common areas of the home including kitchen, laundry, and sitting room. The laundry room and rec room are in the basement of the home, however none of the participants have concerns with mobility and all can navigate the stairs. This home would not be offered as an option for anyone who has mobility issues as it is not owned by the agency, and no major changes could be made.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

77.

10.2: Does the setting provide informal (written and oral) communication conducted in a language the individual understands?

(Example: Two participants speak and understand English. One participant understands English but is non-verbal, and uses sign language and his iPad to communicate. The staff that work with this person have been trained on his particular signs.)

Yes

No

Describe evidence of Compliance or Non-Compliance:

4

78.

10.3: Is the setting free of gates, Velcro strips, locked doors, or other barriers preventing the individuals' entrance to or exit from certain areas of the setting?

(Example: The common areas of the home are accessible to all participants. There is a gate in the kitchen doorway to keep the dog out, but all participants know how to work the gate. The only locked doors are those of the personal bedrooms of each resident.)

Yes

No

Describe evidence of compliance or non-compliance:

4

79.

10.4: Is the setting physically accessible and there are no obstructions such as steps, lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting?

(Example: One participant utilizes a wheelchair, but the entire home is accessible as it is one level. There are no steps into the home, and the doorway is flat. The other participant does not have any mobility issues.)

Yes

No

Describe evidence of compliance or non-compliance:

* 80. Is there any additional information or evidence you will be submitting via email?

Yes

No

Thank you for filling out the Medicaid HCBS Final Settings Rule Non-Residential Self-Assessment. Any additional evidence can be sent to DHHS.DDProviderRelations@nebraska.gov. Please indicate in the email the agency name, setting address, type of setting, the question number, and the additional information. If you have questions or require technical assistance, you may contact DHHS.DDProviderRelations@nebraska.gov or you may call Katie Weidner at 402-471-8716, Kim McFarland at 402-471-8783 or Raquel Edmunds at 402-214-0470.

81. Your feedback is very important to us. Would you like to take a brief three-question survey about the self-assessment process?

Yes

No

Self-Assessment Survey

Thank you for taking our survey. Please answer the following questions about your experience using the Survey Monkey to complete the self-assessment process.

82. Overall, are you satisfied or dissatisfied with your experience using the Survey Monkey for the Self-Assessment process?

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

83. Is there anything that can be done to make your experience using the Survey Monkey for the Self-Assessment process better?

- No
- Yes (please specify):

84. Do you have any other comments, questions, or concerns?