

# Home and Community-Based Services (HCBS)

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Final Settings Rule  
DD Provider Self-Assessment Tool  
Update

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# We Have Heard Your Concerns!

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CONCERN

- Length of survey

CONCERN

- Repetitive nature of questions

CONCERN

- Confusing questions

ANNOUNCEMENT

- New HCBS Final Settings Rule DD Provider Self-Assessment tool

OUTCOME

- More concise and informational self-assessment

OUTCOME

- Keeps the integrity and intent of the Federal Requirements intact

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# New and Improved DD Provider Self-Assessments

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The number of questions for both residential and non-residential HCBS Final Settings Rule Self-Assessments have been reduced significantly.

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All questions need to have individualized responses as they apply to ***your*** setting.

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You will be able to save a draft of your assessment and return later to complete.

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You will receive verification when the survey has been received.

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We have created a centralized email where Quality Team members will be able to answer questions while you navigate the new process: [DHHS.HCBS-FSR@nebraska.gov](mailto:DHHS.HCBS-FSR@nebraska.gov).

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Feedback is valued and appreciated.

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# Sneak Peak

## HCBS Settings Final Rule - Settings Self-Assessment

The Medicaid Final Setting Rule mandates that all provider-owned, operated, or controlled HCBS settings must be evaluated for compliance. Providers CANNOT start services in a setting without a Fully Compliant determination from the Division of Developmental Disabilities (DDD).

Start

## HCBS Final Settings Rule - Provider Self-Assessment

Select Appropriate Service Type

### Residential

[Residential Provider Self-Assessment](#)

### <Non-Residential

[Non-Residential Provider Self-Assessment](#)

Next

Never submit passwords or credit card details through WorkForms

## HCBS Final Settings Rule - Provider Self-Assessment

### \*\*\*\*\*Residential\*\*\*\*\*

- This is a **SITE** assessment, not a **PARTICIPANT** assessment. - Do not include participant names or identifying information.
- You can **save a draft** of your assessment to complete at another time. Scroll to the end of form and select "Save as Draft".
- **Respond to all questions** You won't be able to submit the form until each question is answered and explained. Some questions will require **photographic evidence**.
- **Do not copy/paste from previous assessments.** To avoid your responses being deemed insufficient and returned for revision, use your own words and provide up-to-date evidence to support your responses.

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View the State Transition Plan webpage:

<https://dhhs.ne.gov/Pages/HCBS-Statewide-Transition-Plan.aspx>



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