



HCBS Heightened Scrutiny Evidence Worksheet

You are being asked to provide a package of evidence demonstrating how your facility meets the Medicaid Waiver Home and Community-Based Services (HCBS) settings requirements. Please provide the information requested below. Include any relevant information that supports or demonstrates that your facility is a true HCBS setting, in keeping with the intent of person-centeredness, independence and choice.

Please do NOT include any personally identifiable or protected information, including any photos of facility residents. Any attached documents should have personally identifiable and protected information redacted (e.g. blacked out) prior to submission.

Provider Name: _____ Date of Submission: _____

Provider Address: _____

Capacity of Site: _____ Number of HCBS Waiver individuals at the site: _____

(Capacity amounts will not be published publicly on the "Heightened Scrutiny" spreadsheet.)

Type of institutional facility this setting is co-located in: (Check any that apply)

- Nursing home
- Hospital

I attest that the following answers are true and provided to the best of my ability. I further attest that it is my plan to meet the criteria for continued certification as a Medicaid Waiver HCBS setting, prior to *[date]*.

I give permission for DHHS to share my information with my statewide association, so they can assist and support my efforts to meet the HCBS criteria (check as many as apply):

- LeadingAge
- Nebraska Health Care Association

Provider Signature _____

Provider Printed Name _____ Date _____

1. Describe the physical location of the site: *(Include a description of the physical characteristics of where the site is located including zoning, proximity to neighbors and community services, etc.)*

2. Describe how the setting supports consumers in accessing community activities and locations, including the frequency and nature of community activities accessed by consumers residing in the site: *(Include a description of how often consumers are engaging in activities or using services outside the site. Where are consumers going and for what purpose? (e.g., employment, recreation, medical care, grocery shopping (IADLs), etc.) Are the activities individual, small group, or include all consumers residing in this setting? Are consumers involved in or encouraged to choose the activities, including where, when, and with whom an activity occurs? Are consumers encouraged to work or seek day service activities outside of the site? Do consumers have customized personal schedules that reflect their preferences and opportunities for community access?)*

3. Describe the typical source and utilization of transportation by the residents of the site: *(Include a description of accessible public transportation specific to the site's location such as bus lines, taxi, Uber etc. Describe how consumers in the site typically get to and from community locations. What is the typical length and nature of commute for consumers residing in the site to get to work or day services, and is this consistent with the experience of members of the local community?)*

4. Describe qualifications and training for the nursing home, hospital and assisted living staff related to the requirements of HCBS and philosophies of community-based living: *(Describe your policies related to staff qualifications and training relevant to HCBS- this may include Person-Centered Thinking and practices. Provide information related to the resources or efforts to support person-centered practices and HCBS concepts.)*

5. Describe the interconnectedness of your site and the institutional facility: *(Including administrative and financial.)*

6. Describe to what extent are any of the institutional facility staff assigned to this setting: *(Including any limited basis to support or back up assignments.)*

In addition to completing this form, list all supporting documentation as part of the evidence package. **All documents must have the supporting section highlighted and labeled to indicate which section supports which question above.** (For example: highlighting a section of your training procedures and labeling question #4.)

Building an Evidence Package

Below is a list of examples of supporting documentation. This is not an all-inclusive list. Additional information may be provided if the setting believes it will provide relevant/supporting information:

- Policies
- Procedures
- Staff schedules
- Details of proximity to public transport or other transportation strategies to facilitate integration (pictures, flyers regarding community transportation options)
- Google maps
- Bus schedule
- Pictures of site (showing separate entrances, signage, location to broader community, etc.)
- Activity schedules/calendar
- Copy of Resident Service Agreement/Lease
- Staff training materials
- Hiring requirements
- Activity and transportation sign-up sheets (first names only)
- Facility blueprints or layout

Please return completed Worksheet and supporting documentation by *[date]* to DHHS.ADWaiverFAQ@nebraska.gov.

For general questions in completing this worksheet, please contact: Becky Hoffman, Program Specialist, HCBS, Medicaid & Long Term Care, Dept. of Health & Human Services, Lincoln, NE 68509, (402) 471-8091, Rebecca.Hoffman@nebraska.gov.