

## Medicaid HCBS Final Settings Rule Non-Residential Self-Assessment

### Non-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.knudson@nebraska.gov](mailto:ashley.knudson@nebraska.gov).**

\* 1. Agency Address

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

\* 2. Setting Address

<b>Setting Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address 2</b>	<input type="text"/>
<b>City/Town</b>	<input type="text"/>
<b>ZIP/Postal Code</b>	<input type="text"/>

\* 3. Assessment Completed By:

<b>Name</b>	<input type="text"/>
<b>Title</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<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.)*

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

- Workshop
- Enclave
- Hub
- Other (please specify)

\* 7. Individuals served at this site:

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

- None of the above

\* 8. Is this site wheelchair accessible?

- Yes
- No

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General Questions

**Please answer these questions specifically about the setting being assessed.**

\* 9. How many participants are typically served in this setting on a day-to-day basis?  
(This should include people who come and go, or stay at the setting most of the day.)

- 1-5
- 6-10
- 11-20
- 21-40
- 41-60
- 60+

\* 10. What is the setting capacity?

*(Answer for the maximum number of participants that the agency would be comfortable serving at this site at any one time.)*

- 1-5
- 6-10
- 11-20
- 21-40
- 41-60
- 60+

\* 11. Is the setting designed to serve individuals who experience a disability as well as individuals who do not experience a disability?

- Yes
- No

\* 12. 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:

\* 13. Are individuals in the setting primarily or exclusively people with disabilities and the on-site staff that provides services to them?

- Yes
- No

\* 14. 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:

\* 15. 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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16. If 14 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                       |   |

\* 17. Is the setting located in a building that is also a publically or privately operated facility that provides inpatient institutional treatment?

- Yes  
 No

\* 18. Is the setting in a building located on the grounds or immediately adjacent to a public institution?

- Yes  
 No

## Medicaid HCBS Final Settings Rule Non Residential Self Assessment

### **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](mailto: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.**

\* 19.

**1.1: Does the setting provide opportunities for regular meaningful non-work activities in integrated community settings for the period of time desired by the individual?**

*(Example: This setting offers 4 different scheduled community activity choices daily, two of which are standing activities [volunteering and YMCA]. There is a group meeting each morning with all participants where the day's activities are reviewed and suggestions from participants and staff for additional activities for that day or the future are discussed. If there is no interest in any of the scheduled community activities, other options will be discussed during the morning meeting. Monthly, a calendar of activities is created with the participants in order to plan for bigger activities that may cost more money. Activity offerings include: movies, bowling, out to eat, picnics in the park, shopping at various places chosen by the participants, going to the library, going to the YMCA, walking on the bike paths, fair/carnival, zoo, farmer's markets, local sporting events, museums, ARC Dances, Special Olympics, etc.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 20.

**1.2: Does the setting afford opportunities for individual schedules that focus on the needs and desires of an individual and an opportunity for individual growth?**

*(Example: Each participant attends the morning meeting and indicates what activities they wish to do that day. If a participant cannot attend the morning meeting, the day's options and ideas are discussed 1:1 with them. If the participant is not interested in that days outside activity offerings, other ideas will be discussed for future days and alternative on-site activities will be offered. Each participant has their own specific schedule.)*

- Yes
- No

Describe Evidence of Compliance or Non-Compliance:

\* 21.

**1.3: Does the setting afford opportunities for individuals to have knowledge of or access to information regarding age-appropriate activities including competitive work, shopping, dining out, etc. outside of the setting?**

*(Example: Participants learn about various outside activities through various means including: the morning meeting, the monthly planning meeting, bulletin boards with local events (including a listing of all movies and show times for the week), internet access, newspaper access, and staff suggestions. The bulletin board lists current job openings in the area as well as information about VR. Competitive work is discussed with participants if they express an interest in it.)*

- Yes
- No

Describe Evidence of Compliance or Non-Compliance:

\* 22.

**1.4: Does the setting allow individuals the freedom to move about inside and outside of the setting as opposed to one restricted room or area within the setting?**

*(Example: All participants have access to the entire building except for the maintenance closet (to which only the maintenance person has access) and the med room. Staff offices are locked overnight, but are typically open during the day. Participants are asked to knock before entering closed doors in case there is a meeting going on.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 23.

**1.5: Is the setting in the community/building located among other private businesses, retail businesses, restaurants, doctor's offices, etc. that facilitates integration with the greater community?**

*(Example: The setting is located in the downtown area. There are many businesses within walking distance including a coffee shop, multiple restaurants, a salon, a bookstore, multiple clothing stores, and a gas station.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 24.

**1.6: Does the setting encourage visitors or other people from the greater community (aside from paid staff) to be present, and is there evidence that visitors have been present at regular frequencies?**

*(Example: Friends and family are always welcome to come to the setting. Typically participants spend the majority of their time in the community, however the setting offers several public events each year all put on by the participants including: a back-to-school carnival, trunk-or-treat, holiday party, tailgate parties, "Winterfest Game Day", and a soup supper.)*

- Yes
- No

Describe Evidence of Compliance or Non-Compliance:

\* 25.

**1.7: Does the setting provide individuals with the opportunity to participate in negotiating their schedule, break/lunch times, vacation, and medical benefits as applicable to the same extent as individuals not receiving HCBS?**

*(Example: Participants can take lunch/breaks at any time they wish. Typically, participants eat around the same time each day, however this can change from day to day depending on the activities going on. Schedules are individualized (see above). This setting does not offer medical benefits. Participants can take vacation time as they wish, it is just requested they let the site manager know in advance whenever possible.)*

- Yes
- No

Describe Evidence of Compliance or Non-Compliance:

\* 26.

**1.8: Does the setting facilitate the opportunity for individuals to have a checking or savings account or other means to have access to and control their funds?**

*(Example: Participants money is typically managed through residential services or by their families. Some participants have a "petty cash" account at the vocational site. The petty cash is locked in the med room, but participants have access to their money at any time they wish (within their financial plan listed in the ISP), all they have to do is ask staff to get their money. Some participants carry their own money on their person or keep it locked in their locker. When out in the community, some participants ask staff to hold their money for them and request assistance in making purchases, but it isn't required. Others carry their own money.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 27.

**1.9: Does the setting provide individuals with contact information, access to, and education or information on the use of public transportation such as busses, taxis, UBER, Lyft, Handi-Van, etc., and are these public transportation schedules and phone numbers available in a convenient location?**

*(Example: There is a bus system, taxis, Uber, Lyft, and the Handi-Van available. This area of town has many bus stops within walking distance. The bus routes are posted on the bulletin board and there is a shortcut on the desktop of all of the computers to the bus system website. The numbers for the taxi companies are also posted. Handi-van, Uber and Lyft information is on the bulletin board as well. A few participants utilize the bus system to go from place to place, and many use the trolley system to get around downtown as it is very cost effective. There has not been much interest in Uber and Lyft due to the cost. The costs for all of the transportation types are a part of the information posted.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 28.

**1.10: Where or when public transportation is limited, does the setting provide information about resources 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:

\* 29.

**1.11: Does the setting assure that tasks and activities are comparable to tasks and activities for people of similar ages who do not receive HCBS?**

*(Example: All agency provided activities are age-appropriate. There is an area of the setting that has games, books, and movies for participants to utilize. All of these are appropriate for adults. Participants are particularly fond of card games such as Uno, hearts, King's Corners and spades. Participants enjoy playing Catan, Tenzi, Sorry, Clue, and Trouble. Movies that are available include The Sixth Sense, The Matrix, Tommy Boy, the Indiana Jones movies, Eat Pray Love, and a variety of the Avengers-type movies (plus many others). Participants can also bring movies from home. Coloring, maze, and puzzle books are popular as well, but all are adult-oriented. Clothing protectors are offered for messy activities (such as painting). Participants are not required to wear these.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 30.

**1.12: Is the setting physically accessible, including access to bathrooms and break rooms, and are appliances, equipment, and tables/desks and chairs at a convenient height and location, with no obstructions, such as steps lips in a doorway, narrow hallways, etc., limiting individuals' mobility in the setting? If obstructions are present, are there adaptations to ameliorate the obstructions?**

*(Example: The entire setting is ADA accessible. The front entrance has stairs, but also has a ramp. All of the hallways and doorways are easily maneuverable for all participants, including those with mobility issues and those who utilize a wheelchair. There are many tables in the break room and several are high enough for participants utilizing wheelchairs. There are three microwaves at various heights. Everybody can access these as well as all three refrigerators.)*

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.**

**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](mailto: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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**like: event/activity calendars, photographs, monthly meeting notes, etc.**

\* 31.

**2.1: Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?**

*(Example: This setting offers a variety of activities (both inside and outside the setting) which are chosen by the participants. Each activity is explained fully (what it entails, how long it goes, etc.) before choices are made. If a staff person feels a participant may struggle with a chosen activity, they will have a private conversation with the participant to make sure they understand truly what they might encounter. Ultimately, it is the participant's choice if they wish to attend an activity or not.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 32.

**2.2: Do the setting options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities?**

*(Example: Volunteer opportunities include the humane society, homeless shelter, library, and parks and rec. All participants are offered volunteer activities daily. The tasks completed at the various volunteer sites are all done by volunteers (no persons are paid to do the same tasks). Other non-disability specific activities are outlined above. Several participants are involved in competitive employment and only attend the setting on days off (and only if they wish to).)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 33.

**2.3: Do the setting options include the opportunity for the individual to choose to combine more than one service delivery setting or type of HCBS in any given day/week?**

*(Example: Several participants have competitive jobs and job coaching is a part of this agency's service array. Participants can choose to do community inclusion or stay in at the setting on a day to day basis. Some participants have services through other agencies such as prevocational. A couple participants are retired and prefer to only come to the setting half days, and stay home the other days.)*

- 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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**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.**

\* 34.

**3.1: Is all information about individuals kept private?**

*(Example: All information about participants is kept on Therap. Participants carry their own schedules with them. If a participant has an appointment, it is written on the med room white board, which is not visible unless standing directly in the med room (which is locked). Staff document on Therap on their computers at their desks. Each computer has a privacy screen.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 35.

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

*(Example: There is no dress code at the site except it is preferred that participants wear weather appropriate clothing and no pajamas. There is no policy for participants regarding visible tattoos, hair color, piercings, etc.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 36.

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

*(Example: The bathrooms have handicap accessible stalls. There is also one single-toilet unisex bathroom that is large enough to provide personal cares. All bathroom stalls/outer doors have locks.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 37.

**3.4: Does the setting assure that staff interact and communicate with individuals respectfully and in a manner in which the person would like to be addressed while providing assistance during the regular course of daily activities?**

*(Example: Agency policies address respectful language. Staff are trained in Participant Rights and Respectful Communication yearly. If it is observed that a staff is not following the policies set out by the agency, progressive discipline is implemented up to and including termination.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 38.

**3.5: Do setting requirements assure that staff do not talk to other staff about an individual in the presence of other persons or in the presence of the individual as if they were not present?**

*(Example: This is also covered in the Participant Rights and Respectful Communication training. See above.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 39.

**3.6: Does the setting's 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:

\* 40.

**3.7: 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: All restrictions are person-centered. One participant has an approved restriction regarding food. All food is typically stored/located in the “kitchen” area and if the participant goes into that area, a staff person accompanies him. This does not affect others in any way. If there were a restriction that could affect others, the agency would assure others still have the same access as though the restriction was not there including providing keys to locked areas.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 41.

**3.8: Does the setting offer a secure place for the individual to store personal belongings?**

*(Example: This setting has one bank of lockers for participants. There are not enough lockers for everyone, however those who do not have a locker have their own desk, which has a locking drawer. Each individual is given a choice of a locker or a desk. As of yet, there have not been any issues with participants having either a locker or desk. Some participants want to switch occasionally, and this has been able to be accommodated without effect to others. Participants are given keys to the desks/lockers. Many participants choose not to lock their items, but they still have access to the keys if they choose to lock them later.)*

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.**

**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.DDPProviderRelations@nebraska.gov](mailto:DHHS.DDPProviderRelations@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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\* 42.

**4.1: Are doorways free of gates, Velcro strips, locks, fences, or other barriers preventing individuals' entrance to or exit from certain areas of the setting?**

*(Example: The entire setting is accessible to the participants. There are no barriers between the areas of the setting. Participants can go outside if they wish and there are no fences around the setting. Participants can come and go in and out of the building as they wish. The front and side doors are not locked. The back door is locked from the outside (but can be opened from the inside) for security reasons since there is often nobody in that area of the building. Participants and staff do not use that door at all (emergency exit). The smoking area is outside the side door and the recreation area can also be accessed from the side door.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 43.

**4.2: Does the setting afford a variety of meaningful activities that are responsive to the goals, interests, and needs of individuals? Does the physical environment support a variety of individual goals and needs?**

*(Example: Typical activities offered inside the setting include books, movies, puzzles, and games. Craft projects are done usually for the various holidays (which are then donated to the nearby nursing home). There is a sensory room for participants to utilize when needed. The movie room has comfy couches and beanbag chairs for relaxing. There is one big room for group activities and a few other rooms that are used for small group activities (in addition to the movie room and sensory room). There is an outdoor recreation area that has a basketball hoop, picnic tables, and a porch swing. This area is available at any time and is often used for bbqs and other outdoor activities.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 44.

**4.3: Does the setting afford opportunities for individuals to choose with whom to do activities in the setting or outside the setting or are individuals assigned only to be with a certain group of people?**

*(Example: Each participant has their own specific schedule that changes from day to day. Because of this, who participants do activities with varies daily. Typically participants have preferred activities they choose, which often means they are with the same people most of the time, but there is no requirement for this. If a participant wants to do an activity with a particular person, this is arranged as best as can be managed.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 45.

**4.4: Does the setting allow for individuals to have a meal/snacks at the time and place of their choosing including full access to a dining area with comfortable seating and an opportunity to converse with others during break/meal times and afford dignity to the diners?**

*(Example: Participants can eat at any time they wish but typically choose to eat around the same time each day. Participants bring lunch from home or can go out to eat for lunch (typically planned the day before so they make sure to bring enough money). Participants can eat in the break rooms or the other areas of the setting including outside. It is encouraged that participants clean up after themselves wherever they eat. Some participants choose to wear clothing protectors when they have a messy meal (such as spaghetti) but this is not required for anyone. These are available to everyone.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 46.

**4.5: Does the setting post or provide information on individual rights?**

*(Example: Individual rights sheets are given to each participant at their annual meeting. These are also available at any time in the "information book". The information book also contains the phone numbers to the advocacy centers, the local service coordination office, APS, and the grievance policy/forms.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 47.

**4.6: Does the setting allow or support individuals in engaging in age-appropriate activities (other than leisure activities)?**

*(Example: Some of the community offerings include non-leisure activities. These include going to get an ID card/renewal at the DMV, going to the bank, registering to vote/voting before and during elections, and various walks/marches. Participants usually form a team for the Alzheimer’s walk as well as participate in disability rights marches. One participant requested to go on the Pride March and this was accommodated. The participants have gone to the capitol on several occasions and met with legislators.)*

- Yes
- No

Describe Evidence of Compliance or Non-Compliance:

\* 48.

**4.7: Does the setting afford the opportunity for tasks and activities matched to individuals’ skills, abilities, and desires?**

*(Example: All activities and tasks (both inside and outside the setting) are chosen by the participants. See above for additional information.)*

- Yes
- No

Describe Evidence of Compliance or Non-Compliance:

## **Federal Question 5**

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

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\* 49.

**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 were able to choose this setting with their team. The agency offers tours to participants interesting in this setting. Participants are given information about how the setting is run and a basic rundown of the day-to-day activities that go on. Participants are also made aware that this setting offers many outside activities and the majority of the participants engage in these daily. This agency is very committed to making sure that the settings are a good fit for participants (e.g. making sure noise level/stimulation level meet the needs of participants).)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 50.

**5.2: Does the setting afford individuals the opportunity to regularly and periodically update or change their services or provider?**

*(Example: Participants can update their services at any time by discussing it with a staff person. Participants can also contact their services coordinator if they are unhappy with the services. Staff will assist the participant if they wish. Typically other settings within the agency are offered to the participant if they wish to change. If this isn't suitable, then other options can be explored such as a change in where they sit, change in routine/schedule/time in or out, change in staff, etc. Ultimately, if the participant wishes to change providers the agency will assist the participant in contacting their service coordinator.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 51.

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

*(Example: Participants make a variety of decisions every day including what activities to participate in, who they want to eat lunch with, and where they want to go. IF a participant wants to make a decision that isn't in their best interest, they are encouraged to talk it out with a staff person, however if there are no major safety issues with the decision, the participant can do what they'd like. An example of a decision like this would be if a participant wanted to drink 2 bottles of soda at lunch, even though it is recommended by the doctor (but not required or restricted) they only have one per day. The staff person would help the participant understand why it might not be a good idea to have two (feel ill, gain weight over time, etc.) and help guide them or offer alternatives. Ultimately the participant would make the decision and it would be allowed.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 52.

**5.4: Does the setting afford the individual with the opportunity to participate in meaningful activities in integrated community settings in a manner consistent with the individual's needs and preferences?**

*(Example: All activities are chosen by the participants. Participants have the ability to suggest new activities that are meaningful to them at the daily or monthly meeting. There are no "meaningless" activities in this setting. All activities have purpose to participants. That said, if a participant suggested an activity such as go to the mall and walk around this would be accommodated because the activity is meaningful to the participant who suggested it. These types of activities will be done only if participants request them, they will not be offered. See previous answers.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

\* 53.

**5.5: 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. supported employment), the participant could talk to a staff person about their interest and begin to brainstorm ideas to take to the team. See previous answers.)*

Yes

No

Describe Evidence of Compliance or Non-Compliance:

## Medicaid HCBS Final Settings Rule Non Residential Self Assessment

\* 54. 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. If you have any questions or require technical assistance, you may contact DHHS.DDProviderRelations@nebraska.gov; Katie Weidner at 402-471-8717 or Ashley Knudtson at 402-214-0470. You may submit any additional information or evidence to this is email as well. Please indicate in the email the agency name, setting address, type of setting, the question number, and the additional information.**

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

Yes

No

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## Medicaid HCBS Final Settings Rule Non Residential Self Assessment

### 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.**

56. 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

57. 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):

4

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

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