



HCBS Settings Final Rule Feedback

Please take a few minutes to answer these questions regarding your response to today's public information meeting discussing the CMS Final Rule on HCBS Settings. This is completely anonymous, and you may choose not to complete the form, or skip any questions you do not want to answer. Completing this form will not affect your relationship with KDADS, or the services you receive from them in a negative way.

Q1. Which of the below is most accurate for you? (Please check one)

- I am a participant or family member/guardian of a participant
- I am a provider
- Other

Q2. What do you like about the HCBS Settings Final Rule?

Q3. What concerns do you have about the HCBS Settings Final Rule?

Q4. What questions do you have about the HCBS Settings Final Rule?

Q5. What other feedback would you like to provide about the HCBS Settings Final Rule?
