Kansas
Department for Aging and Disability Services

HCBS Final Rule Onsite Assessment Workgroup Application

Proposed Workgroup Member Information

Current Status: ☐Consumer/Family ☐Provider ☐Other Interested Party:
Specify: _____

Name: _____ Agency (if applicable): _____

Address: _____

Phone Number: _____ Email: _____

1. Are you currently participating in any other KDADS work groups/committees? ☐Yes ☐No
   If yes, list workgroup: _____
2. Why do you want to be a member of the Final Setting Workgroup?
   _____
3. What do you feel you could contribute to this workgroup?
   _____

CONSUMERS/FAMILY OR OTHER INTERESTED PARTY ONLY

4. What HCBS program do you/the consumer currently participate in?
   ☐Frail Elderly (FE) ☐Physical Disability (PD) ☐Intellectual and Developmental Disability (IDD)
   ☐Traumatic Brain Injury (TBI) ☐Technology Assisted (TA) ☐Autism
   ☐Serious Emotional Disturbance (SED) ☐Other Interested Party: _____
5. How are the HCBS services provided to the consumer?
   ☐Self-directed ☐Agency-directed

PROVIDERS ONLY

6. What HCBS program population(s) do you serve?
   ☐Frail Elderly (FE) ☐Physical Disability (PD) ☐Intellectual and Developmental Disability (IDD)
   ☐Traumatic Brain Injury (TBI) ☐Technology Assisted (TA) ☐Autism
   ☐Serious Emotional Disturbance (SED)
7. What type of setting(s) do you operate?
   ☐Assisted Living ☐Residential ☐Adult Care Home ☐Non-residential (i.e., day services) ☐Adult Day Care
   ☐Community Mental Health Center ☐Other, specify _____

I understand that as part of this workgroup:

- I must work productively with a group of peers in a respectful manner
- I have the resources to travel and I am responsible for any expenses accumulated through the workgroup
- I am committed to dedicating the time required to participate in this workgroup (three 4-5 hour meetings in Topeka or Wichita) and study groups

Signature: _____ Date: _____

Please fill out and return by ***Friday, June 19*** to:

Kansas Department for Aging and Disability Services
Home and Community Based Services
503 S. Kansas Avenue
Topeka, KS 66603
Or **HCBS-KS@kdads.ks.gov**