



HCBS and Transitions Redesign Draft Implementation Plan Feedback Survey

*If you are unable to respond to the survey via the online link found at
<http://bit.ly/PlanSurvey1>
please fill out and submit the form below.*

Thank you for reviewing version #1 of the HCBS and Transitions Redesign Draft Implementation Plan. Please answer the following questions to provide feedback on the plan by August 15th, 2018.

You can submit your answers by mail to:

*ATTN: HCBS Survey
838 Louisa St, Suite B
Lansing, MI 48910*

You can submit your answers by fax to:

517-346-8171

You can submit your answers by email to:

hcbstransition@ceicmh.org

1. Please enter the information indicated below (optional).

First Name: _____

Last Name: _____

Home Phone: _____

Email: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip: _____

2. What is your connection to the HCBS Implementation and Transitions Redesign Draft?

- Parent/Guardian of Consumer
- Consumer
- CMHA-CEI Staff
- Other _____

3. What aspects of the plan do you appreciate or value?

4. What items need further explanation?
