**HCBS Settings Final Rule Heightened Scrutiny Sites Public Comment**

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| Name of Person Submitting  Public Comment *(not required if you wish to remain anonymous):* |  |
| Organization or Group you are Representing, if any: |  |

| Who is this comment for? (OLTL, ODP, or both) | Name of Site/Service Location you are commenting on | Comment  *Considerations:*   * *What experience/knowledge do you have of this site/service location? (You receive services there, you know someone who receives services there, you work there, you’re a member of the community, etc.)* * *Do you believe the site/service location meets all requirements?* * *Are there requirements that you believe are not met at the service location? If yes, please describe how the requirements are not met.* * *Is this a location that you believe should have been identified for Heightened Scrutiny that was not included?* |
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