



Delaware Health and Social Services, through its Division of Medicaid and Medical Assistance (DMMA), has created a plan that will increase access to the benefits of community living for people with disabilities. That plan was published on February 6, **and we only have until March 9 to comment.**

It is important that you share your thoughts with the state NOW!

DMMA must follow new rules about how services to people with disabilities will be provided. These rules say that Delaware must write a plan that describes how people with disabilities whose services and supports are funded by Medicaid will get the help they need to stay healthy, work at jobs of their choice in the community, live where they want to live and with whom they want to live, and are able to control decisions about their lives.

Delaware's plan must focus on how people with disabilities will be supported to have the same opportunities and choices as people without disabilities. The new rules make it clear that people with disabilities are not to be isolated. Instead, they should be able to live, work, and receive services in the greater community, like individuals who don't have disabilities. They should be able to decide what activities they participate in, who they choose to spend time with, and how they spend their money.

Delaware must describe in detail how it will make this happen. If some things need to change, Delaware needs to describe how this will happen so that people with disabilities do not lose their supports.

It is important to tell DMMA about what is important to you! DMMA officials need to hear from people with disabilities and from family members. If you are a person with a disability, they want to learn about where you live and work, and how your life could be better. They want to know if you make your own decisions or if other people make decisions for you. They also want to hear from family members about how well services are working, and about their hopes and dreams for their loved ones' lives.

HOW TO SUBMIT YOUR COMMENTS

To submit your ideas on paper, print out this form, fill it out and mail it by March 6 to:

Sharon Summers
Division of Medicaid and Medical Assistance
Planning, Policy and Quality Unit
1901 N. DuPont Highway
P.O. Box 906
New Castle, DE 19720-0906

OR

Fax it to (302) 255-4425 to the attention of Sharon L. Summers

On Line:

[Use the online tool to submit your comments](#)

OR

Email written comments to Sharon.Summers@state.de.us

MORE DETAILS

- [Download the Delaware Transition Plan](#)

Take Stand on the Plan

Right NOW the Delaware Division of Medicaid and Medical Assistance (DMMA) is creating a plan that will make it more likely that people with disabilities have full access to the benefits of community living. This tool will help you tell the Division of Medicaid and Medical Assistance about the future you envision for your family member in terms of living arrangements, employment, and decision-making. Once you fill this out, your comments will be made available to the Division of Medicaid and Medical Assistance.

1. Your address and contact information:

Name: _____

Address: _____

City/Town: _____

ZIP: _____

2. Are you a:

- Person with a disability (or using this tool to assist someone with a disability to answer)
- Family member of a person with a disability age 21 or younger (sharing own perspective)
- Paid Provider of Services

3. How old is your family member with a disability?: _____

4. Do you think the community supports in place now will support your loved one to be part of the community when he/she is an adult?

- Yes
- No
- Not Sure

Describe how the supports are consistent with your vision of the ways in which your family member will be a part of the community?

5. At this time, does your family member's circle of friends include people without disabilities who are not relatives or paid service providers?

- Yes
- No
- Not sure

6. Do you believe your family member will have enough support to continue to make and keep friends when he/she is an adult?

- Yes
- No
- Not sure

Describe your vision for friendships for your loved one with a disability.

7. What kind of home do you see your loved one living in as an adult?

- With parents
- With other family members
- Group home (2 or more other people with disabilities)
- A supervised or staffed apartment
- Shared living arrangement (other resident receives compensation)
- With friends
- Independently
- Not sure

Describe your vision for your family member's living arrangements; why is this important to you and what might your family member need to realize this vision.

8. Do you expect that the home choices available to your family member with a disability offer access to transportation and other supports that enable your family member to be a full community member – i.e. to go to work, go shopping, attend worship, volunteer with people without disabilities?

- Yes
- No
- Not sure

Describe your vision for community membership for your family member; why is this important to you and what might your family member need to realize this vision.

9. Do you expect there to be employment choices and supports available in your community that allow your family member to pursue a job (not in a segregated setting) that reflects their interests and abilities and allows him/her to work alongside people without disabilities?

- Yes
- No
- Not sure

Describe your vision for the type of employment your family member will have and the type of work setting where he/she would spend time.

Describe your concerns about availability of supports that would allow your family member to truly pursue a job or career aligned with his/her unique interests.

10. Do you envision your child attending college either in a degree-granting program and/or in a post-secondary education certificate program?

- Yes
- No
- Not sure

Describe the supports that would allow your family member to pursue post-secondary education.

11. In the adult service system, there is a “person-centered” planning process. This process should reflect the needs and desires of the person with the disability in describing what the person wants for his/her life. Describe which supports might be needed to ensure it is individualized to your family member’s needs, desires and future.

12. Thank you for using this tool. Your comments will be made available to the Division of Medicaid and Medical Assistance. Use the box below to add any final comments.

Please return this document before Monday, March 9th:

By email: Sharon.Summers@state.de.us

By fax: 302-255-4425 to the attention of Sharon L. Summers

By mail:

Sharon L. Summers

Division of Medicaid and Medical Assistance

Planning, Policy & Quality Unit

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