



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](mailto:Sharon.Summers@state.de.us)

**MORE DETAILS**

- [Download the Delaware Transition Plan](#)

# Take a 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 what you want for people with disabilities at home, work, and in their 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 an adult with a disability age 22 and older (sharing own perspective)
- Paid Provider of Services

## 3. Age of your family member with a disability: \_\_\_\_\_

## 4. Do you think the community supports in place or available to your family member support your loved one to be part of the community?

- Yes
- No
- Not Sure

Describe how the supports do or do not support your community vision.

**5. 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 has or will have enough support to continue to make and keep friends?**

- Yes
- No
- Not sure

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

**7. Do 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 you need to realize this vision.

**8. Are there 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 them to work alongside people without disabilities?**

- Yes
- No
- Not sure

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

**9. Has the person-centered planning process (that leads to individual supports planning) that you have been involved in truly reflect your family member's needs and desires about what they want for his/her life?**

- Yes
- No
- Not sure

Describe what you think could improve this process to ensure it is individualized to your family member's needs, desires and future.

**10. 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](mailto:Sharon.Summers@state.de.us)

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

By mail:

Sharon L. Summers

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