



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 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: _____

Email Address: _____

2. Are you a:

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

3. Can you choose what you do each day? (For example, do you decide when you eat, when you go to sleep, what to watch on TV?)

- Yes
- No
- Sometimes

Provide examples of things you cannot choose.

4. Do you choose when and where you go out in the community? (For example, can you go out in your community to places and activities that you want? Can you get help with transportation?)

Yes

No

Sometimes

Provide examples of when you haven't been able to go where you want to go.

5. Did you choose where you live? (For example: Did you make the decision about where you live or were you assigned to this place?)

Yes

No

Not Sure

Describe any time when you felt like you didn't have a choice in where you lived.

6. Did you choose who you live with? If you have roommates, are they people you chose?

Yes

No

Other (please specify)

7. Can you use the kitchen, laundry room, cabinets, closets and other rooms of your house whenever you want?

Yes

No

Describe any parts of your home that you cannot get to or things you cannot do in your home.

8. Do you have a key to your home?

Yes

No

Share a story about how not having a key is a concern for you.

9. Can you have visitors of your choice at any time in your home?

Yes

No

Describe any time when you weren't able to see somebody in your home or rules about visit times and visitors that you have to live with.

10. Do you have control over how you spend money and any accounts, such as your checking or savings account and your SSI or your SSDI check?

Yes

No

Describe what your concerns are about being able to control your money.

11. Do you work mostly with people who have disabilities?

- Yes
- No
- I don't work and am not interested in working.
- I would like to work in the community but have not been able to.

If you have not been able to find work in the community, describe the types of support you would need to find and keep the right community job.

12. Did you have a choice in the type of work that you do?

- Yes
- No

13. Did you have a choice in where you work?

- Yes
- No

14. Do you take breaks and eat lunch with people who do not have disabilities?

- Yes
- No

15. If you wanted to change jobs or work somewhere else, do you have people supporting you who would help you do that?

- Yes
- No

16. Does your work pay at least minimum wage (\$7.25 an hour)?

- Yes
- No

17. When you helped to develop the plan about your supports did people ask you about things you are good at and what you want and need to live your life? Did they listen?

- Yes
- No
- Not sure

Describe a time when you felt you were not listened to in developing your support plan.

18. Were the people who helped develop your plan people you chose?

- Yes
- No

Describe anyone you wish could help you plan your supports that were not included in your planning.

19. Do you have a copy of your support plan (on paper) that you understand and that tells you about your needs and who helps you?

Yes

No

Other (please specify)

20. Do you have choices in the supports that you could receive and the people who help you?

Yes

No

21. Which of these statements (choose as many as apply or write your own) sum up how you feel about your current supports and your wish for change in your life?

- I do not have as many choices in my life as I would like. There are some things I would like to change so I have more choice and control.
- It is important to me to be part of my community and to get to know more people.
- I do not see or get a chance to talk and make friends with many people without disabilities where I live or where I work.
- I feel isolated in my life and wish my supports could help me get out more.
- I am satisfied with my supports and the way I live my life.
- I do not currently live a full life like the people without disabilities that I know.
- I am satisfied with my job.
- I would like a job that pays more.
- I prefer working alongside people who don't have disabilities.
- None of the above

Other (please specify)

22. 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

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Planning, Policy & Quality Unit

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