As you write your comments, consider your own experience with the HCBS service system. What needs to change in order to help people with disabilities, and those who are aging to have full access to the community?

Questions YOU may want to answer:

- Can you choose what you do each day and where you want to go?
- Can you spend your money the way you would like?
- Did you choose where you live?
- Did you have a choice where you work and the type of work you want to do?

Questions FAMILY MEMBERS may want to answer:

- Does your family member have the supports he or she needs to be part of the community?
- Does your family member have friends without disabilities who are not relatives or service providers?
- Does your family member have access to transportation and other supports needed to go to work, go shopping, go to church, or volunteer?
- Does your family member have the choices and support they need to pursue a job which reflects his or her interests and abilities?

To submit feedback directly to the state, there must be an open public comment period. The state must hold additional comment periods each time there is a substantial change to the plan. Currently, the public comment period is closed, but this doesn’t mean there won’t be any more opportunities to share your feedback in the future. To receive notifications of upcoming comment periods, join the Department of Health’s mailing list at http://health.utah.gov/ltc/hcbstransition/listserv.html. When the public comment period reopens, submit your comments at http://health.utah.gov/ltc/hcbstransition/PublicComments.html, or via fax to (801) 323-1588, or by mail to:

- Utah Department of Health
  Division of Medicaid and Health Financing
  Attn: HCBS Transition Planning Comments
  PO Box 143112
  Salt Lake City, UT 84114-3112

If you’d like, you can send your comments to the Disability Law Center at any time. We will collect the comments and send them to the state for you when the next comment period opens. Feel free to use the attached comments template.

Submit your comments by:

- Email: hcbs@disabilitylawcenter.org
- Online: disabilitylawcenter.org/hcbs
- Fax: (801) 363-1437
- Mail: Disability Law Center
  Attn: HCBS Comments
  205 North 400 West
  Salt Lake City, UT 84103

If you’d like, you can send your comments to the Disability Law Center at any time. We will collect the comments and send them to the state for you when the next comment period opens. Feel free to use the attached comments template.

What should I say in my comments?

As you write your comments, consider your own experience with the HCBS service system. What needs to change in order to help people with disabilities, and those who are aging to have full access to the community?
Providing Your Input On
Home & Community-Based Services

The State of Utah is creating a plan that will make changes to the way home and community based services (HCBS) are provided to people with disabilities and those who are aging. Because the state can’t write a good plan without your help, we encourage everyone to become actively involved in the planning process. The state needs your input about where you or your family live, work, and play, and how things could be better.

You can use this form to share your thoughts about what community life means to you and what you think needs to change to make the HCBS service system better, or anything else you would like to share.

Integration and Access to the Community

• Do you get to do as much as you want to in your community? YES NO
• Do you have a chance to find a paid job in the community? YES NO
• Do you choose how to spend your money? YES NO
• Do you spend time with the people you want to? YES NO
• What needs to change to make sure the services you receive provide opportunities to be a part of your community?

Choice

• Did you choose where your services are provided? YES NO (for example—group home, own home, day program, etc.)
• Did you choose the services you receive? YES NO
• Did you choose who provides your services? YES NO
• What needs to change to make sure you have these choices?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Individual Rights**

- Do you have the privacy you want?  
  (for example—do you have time alone, can you lock your doors, can you use the phone and computer when you want, etc.)  
  YES  NO

- Are you able to come and go as you please?  
  YES  NO

- Are you able to turn down activities that you don’t want to participate in?  
  YES  NO

- What needs to change to make sure your individual rights are respected?  
  

**Independence**

- Do you have the chance to set your own schedule?  
  YES  NO

- Do you choose when and what to eat?  
  YES  NO

- Do you choose what you do for fun?  
  YES  NO

- Do you get to make decisions about your appearance?  
  (for example—hairstyle, make-up, clothing, etc.)  
  YES  NO

- What needs to change to make the services you receive promote your independence?  
  

**More About You (OPTIONAL)**

No one will know who filled out this worksheet. You can choose to fill out the information below. It will help us understand more about the people who give us feedback.

<table>
<thead>
<tr>
<th>I live...</th>
<th>During the day I...</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] with my family.</td>
<td>[ ] go to work.</td>
</tr>
<tr>
<td>[ ] in my own home.</td>
<td>[ ] go to a day program.</td>
</tr>
<tr>
<td>[ ] in a supervised apartment.</td>
<td>[ ] need more to do.</td>
</tr>
<tr>
<td>[ ] in a group home.</td>
<td></td>
</tr>
</tbody>
</table>