



Mi Via Quarterly In-Person Update

Participant: _____ Location of Update: _____

Consultant Completing the Update: _____

Time In: _____ Time Out: _____

Quarter (Circle one): **1** **2** **3** **4**

Date of Quarterly Update: _____

SSP/Budget Expiration Date: _____

Financial Eligibility End Date: _____

LOC End Date: _____

If applicable, name of person assisting Participant with update and their role:

1. How has your life been over the last few months? Accomplishments? Challenges?

2. Let's look at your Mi Via Spending Summary. Do you have any concerns with your budget?

3. Do you feel you have the opportunity to make decisions about your day and who is providing your services? If not, please explain.

4. Describe the quality of the **services** you have been able to access through Mi Via.



5. Describe your satisfaction with **goods** you have received through Mi Via.

6. Have you faced any barriers in accessing goods or services and/or any non-waiver services identified in your approved Service and Support Plan (SSP)? If so, please explain.

7. Please show me any of the goods or environmental modifications you have received through Mi Via. Are they working/usable? If not, why?

8. Do you feel you have the opportunity to fully use community resources of your choice and spend time with others in your community as you choose? If so, how? If not, why?

9. If using Mi Via Employment Services, are you satisfied with your wage and how your Mi Via service provider supports you to work with others in your community? If not, please explain.



10. During this quarter, have you requested or accessed Support Guide Services? If accessed, are you satisfied with this service? If not, what arrangements are still needed for this service?

11. Do you have any concerns regarding your employees and/or vendors? If so, please explain.

12. How would you say your Mi Via supports are working based on the measures of quality you identified in your SSP? Would you like to change any of these measures?

13. Since your last Quarterly Update, have you been in any of the following settings?

- a. Hospital (___/___/___ to ___/___/___)
- b. Nursing Home or inpatient Rehabilitation Facility
(___/___/___ to ___/___/___)
- c. Correctional setting/ Jail (___/___/___ to ___/___/___)
- d. Out of state for an extended period (one month or more)
(___/___/___ to ___/___/___)

14. Do you have any issues or concerns related to your health and/or safety? If so, what?



15. Do you feel, you have been abused, neglected or exploited? If so, how and has this been reported as required?

16. Do you feel any of your rights, including your right to privacy, have been violated in any way while receiving Mi Via services? If so, how?

17. While receiving Mi Via services, do you feel you have been restrained, restricted and/or secluded? If so, how?

18. Do you have any comments or complaints regarding Mi Via services (including Consultant Services) you have been receiving? Do you want/need assistance with filing a complaint or changing any of your current service providers?



Topics to be reviewed by the Consultant with the Participant during the Quarterly Update:

1. Any changes in needs, access to services/ caregivers or Level of Care
2. Reminders of Re-certification, Level of Care and SSP dates if needed.
3. Review of guidelines for Personal Representative and participant support, when applicable, in completing release of information or Personal Representative form.
4. Review of guidelines related to Legally Responsible Individuals and participant support, where necessary, to obtain necessary justification
5. Documentation that will be needed for justification of services/ goods anticipated in the coming budget year.
6. Assure the Participant has a copy or access to the most current Mi Via Regulations and Service Standards. (If not, the Consultant can provide a copy or show them how to access from the Mi Via Website)
7. Reminder that any complaints regarding Consultant services can be filed with other personnel at the Consultant Agency or with the Department of Health Developmental Disabilities Supports Division Mi Via Unit (DOH/DDSD/MVU) at 1-800-283-5548.

I have completed the Quarterly Update including a complete review of Topics #1-7 with the Participant. I will document any follow up on concerns requiring Consultant action in a timely manner.

Signature of Consultant completing the Quarterly Update

Date of Update:

Signature of Participant (or Legal Representative)

Date: