



## Mi Via Service and Support Plan Back-Up Plan Acknowledgement Form

**Participant's Name:** \_\_\_\_\_

**Print Name Of Person Completing Form:** \_\_\_\_\_

**Instructions for Consultants:** Please review these questions carefully with the participant as part of the process of developing the SSP. Please ensure that the participant initials each box. Provide a copy of the completed form to the participant and keep a copy for your records.

**IMPORTANT:** The SSP cannot be submitted through FOC*o*Online until you have checked the on-line acknowledgement box that confirms that you have completed this form with the participant.

Participant Initials	Acknowledgements
	I will talk with backup service providers about employment, pay, availability and my personal care needs before an emergency comes up.
	I understand I may only get my essential needs met in an emergency. I will keep a current list of my needs and tasks that must be performed in a given day because they are essential to my health and safety on the back of this page.
	<u>Emergency Contacts:</u> If I feel my health and safety is at risk or in harm's way, I will contact all of the people who are listed on my emergency back-up plan to see if they can provide assistance. I will also contact emergency personnel, if appropriate.
	I have developed and posted a list of emergency contacts (an emergency call list) that my service providers can easily refer to if necessary.
	<p><u>Abuse, Neglect and Exploitation (7 NMAC 1.14)</u>            The Division of Health Improvement's (DHI), Incident Management Bureau's (IMB) role is to ensure the health and safety of waiver participants and to ensure compliance with state and federal regulations by community-based providers. Common warning signs and indicators of abuse, neglect and exploitation may include:</p> <ul style="list-style-type: none"> <li>• Changes in normal patterns occur seemingly without explanation (sleeping pattern, eating pattern, toileting)</li> <li>• Sudden and unexplained changes in behavior</li> <li>• Unexplained injuries occur, the explanation for the injury does not match, and/or injuries occur in places not commonly injured like the inner thighs, abdomen, bottom of the feet, back and neck</li> </ul>

- Changes in the person’s health are not assessed by the nurse or no appointment is made with their community physician
- Medications are missing, missed or the individual gets someone else’s medication
- Staff are not trained, do not follow the plans written to keep the person safe (healthcare plan, medical emergency plan, physical therapy plans), or don’t pay attention to the people they are supporting
- Skin breakdown regularly appears and is not assessed, or treatment instructions are not followed
- Personal spending money or belongings go missing

**I understand that abuse, neglect, exploitation, suspicious injuries, environmental hazards and death are to be reported immediately to the IMB Hotline at 1-800-445-6242.**

If I am a child (under age 18) and I or my parent, caregiver or other support person believes that I am at risk of harm for abuse, neglect or exploitation, I know that I or my support person should contact **Child Protective Services at 1-800-797-3260 and/or the Department of Health/Division of Health Improvement at 1-800-445-6242** and report to my Consultant Agency within 24 hours.

Additional information, including how to report suspected abuse, neglect and exploitation to IMB's hotline can be found at: [dhi.health.state.nm.us](http://dhi.health.state.nm.us)

Individual Client Rights Regulation (NMAC 7.26.3)

The regulations governing client rights promote the health, safety and welfare of individuals with developmental disabilities who are receiving supports and services from provider agencies certified by or funded with state funds administered through the Department of Health, through contracts and agreements. The client rights regulations define rights of individuals with developmental disabilities so that these rights can be readily identified, exercised and protected.

Unless expressly modified by court order, or specifically granted to a guardian or conservator, all individuals served have the same legal rights guaranteed to all other individuals under the United States Constitution, the New Mexico State Constitution, and federal and state laws.

The Department of Health will enforce remedies for substantiated complaints of violation of the rights of an individual served as provided in the Client Complaint Procedures.

	<p>If you have any complaints regarding Consultant services, you can file your complaint with another personnel at the Consultant Agency or with the <b>Department of Health Developmental Disabilities Supports Division Mi Via Unit (DOH/DDSD/MVU) at 1-800-283-5548.</b></p>
	<p><u>Client Complaint Procedures Regulation (7 NMAC 26.4)</u>  As an individual receiving supports and services through a community agency contracted with the Department of Health or as a legal guardian of an individual receiving services, a complaint procedure is available to you. If, at any time, you feel that a service provider, its employee, or person acting under contract with the service provider has violated your rights, you may initiate the complaint process with the service provider within one hundred eighty (180) days of the event of the occurrence. If the complaint alleges abuse or neglect, or involves a dangerous condition, or a risk to health and safety, the complaint may be made with the division’s office without initiating a complaint with the service provider.  If your complaint initiated with the service provider is not resolved, you can file your complaint orally or in writing with the division’s designated office within twenty (20) days. A written report of the investigation will be prepared within forty-five (45) days of receipt of your complaint. The Director of the Developmental Disabilities Supports Division will review this report and issue a written decision within in ten (10) days of receipt of the report. If you as a complainant, are not satisfied with the decision of the Director, you may request an Administrative Hearing. Your request must be filed in writing within twenty (20) days from the receipt of the Director’s decision.  If you have further questions about the process, or want a copy of these State Regulations, please contact the <b>Developmental Disabilities Supports Division at (505) 827-2574.</b></p>
	<p><u>The Dispute Resolution Process (7 NMAC 26.8)</u>  As a former class member in Jackson Vs. Ft. Stanton, et al, that is, as an individual who formerly resided in a state institution or as the parent/guardian of a former class member in Jackson Vs. Ft. Stanton, et al, you have the right to file a dispute with the individual Assistance and Advocacy/Dispute Resolution Unit, if you do not agree with the content of the individual’s current Individual Service Plan (ISP). The dispute must be filed within thirty (30) days of the mailing of the completed ISP. A facilitated conference will be scheduled. Whenever possible, an attempt will be made to resolve the dispute informally.  If at any time you feel the ISP, as developed by the Team, is not being properly carried out, you have the right to file a dispute with the Individual Assistance and Advocacy/Dispute Resolution Unit, for a substantial failure to implement the Plan. A facilitated conference will be scheduled. Whenever possible, an attempt will be made to resolve the dispute informally.  If the team does not reach resolution of the disputed issues at the facilitated</p>

conference, a determination will be made by a mediator. If you do not agree with the mediator's determination you may file a request for an Administrative Hearing. This request must be made within fifteen (15) days of the mediator's determination. **A dispute can be filed by calling the Dispute Resolution Process Coordinator at (505) 841-5529 or 1-800-283-5548. You can also file the request to dispute the plan in writing. If you wish to file in writing, send a letter to the following address:**

**New Mexico Department of Health  
Developmental Disabilities Supports Division  
Individual Assistance and Advocacy/Dispute Resolution Unit  
5301 Central Avenue NE, Suite 1700  
Albuquerque, NM 87108**

**If you have further questions about this process, please contact the Dispute Resolution Process Coordinator at (505)841-5529 or 1-800-283-5548.**

Note: SSP for Mi Via Waiver

I have had the above rights which pertain to me explained to me. I have received, or have been told where to receive a copy of the relevant regulation pertaining to my rights.

Checking this box affirms there was a discussion of abuse, neglect and exploitation at this SSP meeting.

**Person Completing Form Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*It is the responsibility of the Consultant to call Guardians and family members listed in the SSP who did not attend the SSP meeting to review the SSP, including the Mi Via SSP Back Up Plan Acknowledgement Form and ANE information.

