

MI VIA REVIEW GUIDE

My Path, My Way

BACKGROUND INFORMATION

Class Member Identifier:	SS #	Date of Birth:	Age:	Gender:
Address where Class Member Resides:				
Contact for Questions:	Telephone:	E-Mail:		
Consultant:	Telephone:	E-mail:		
Relative:	Telephone:	E-Mail:		
Physician or Primary Care Provider:	Telephone:	E-Mail:		
Other People Relied Upon:	Telephone:	Relationship: <i>Select</i>		
Plan Start Date:	Plan End Date:	Plan Budget:		
Plan Approved on:	Approved by:	Budget Allocation:		
Reviewer:	Review Date:			

Background: Mi Via

The Mi Via Home and Community Based Services Waiver is a program that supports eligible New Mexicans with disabilities to live safely in their communities, and prevent or delay out of home placement. Mi Via is a self-directed waiver that allows participants to hire, fire, supervise and manage providers of their choosing with support from a representative and/or consultant.

Based on assessed need and the participant's qualifying disability, the participant develops a service and support plan through person centered planning that outlines the services and supports the participant needs in order to live independently in their own home or community. The services and supports purchased from Mi Via are in addition to natural and other paid supports and are intended to increase independence or be a substitute to human assistance.

Service and Support Plan (SSP)

The following information comes from _____'s Service and Support Plan.

There are four (4) overall categories of services in Mi Via. These categories include:

1. Living Supports;
2. Community Membership Supports
3. Health and Wellness Supports
4. Other Supports

I. Living Supports

Living Supports Definition: Individually determined supports that help you stay in your own home and community. These supports can provide needed assistance with activities of daily living home management, supports for health and safety as well as independent living skills. Supports can be provided using four different models:

- Homemaker/Direct Support Services
- Home Health Aide
- In-home Living Supports.

Identify any supports provided to this person intended to enable him/her to successfully and safely complete daily activities or build skills in the areas listed below:

Activity/Services	Non-MiVia Paid Supports (Hours per week)	Unpaid Supports (Hours per Week)	Mi Via Supports (Hours per Week)	Total Hours (Hours per Month)
Eating				
Dressing				
Bathing				
Transfers				
Toileting				
Heavy housework				
Light housework				

Activity/Services	Non-MiVia Paid Supports (Hours per week)	Unpaid Supports (Hours per Week)	Mi Via Supports (Hours per Week)	Total Hours (Hours per Month)
Cooking				
Grocery Shopping				
Taking medication				
Routine Communications				
Banking tasks				
Managing bills				
Miscellaneous finance				
Working with Vendors				
Scheduling appointments				
Managing other benefits				
Exterior Supports (gardening, yard Maintenance)				
Total Hours per Week				

Please provide description of "other services" if provided.

If other services or related goods are provided based on the person's physical or cognitive needs list below.

Services	Hours per Month
Homemaker/Direct Support	
Home Health Aid	
Assisted Living	
Customized In-Home Living Supports	Days per Month

Goods related to Living Supports that the person needs

Related Good(s)	Estimated Cost	Expected Outcome	Association to qualify condition or disability

II. Community Membership Supports

Community Membership Supports Definition: These supports help you participate in community life in order to enhance relationships with others work or participate in meaningful activities. These support include:

- Community Direct Support
- Employment Supports
- Customized Community Group Supports.

Based on the person's preferences, list the areas where he/she needs support to participate in activities in the community or to build skills related to community membership.

Activity/Services	Non-Mi Via Paid Supports (Hours per week)	Unpaid Supports (Hours per week)	Mi Via Supports (Hours per Week)	Total Hours (Hours per week)
Employment				
Volunteering				
Educational				
Leisure/Recreational				
Building Relationships				
Interpreter				
Translator/Interpreter				
Total Hours per Week				

Please describe "other support" if selected.

Identify the services or related goods needed to support the person's community supports, if any.

Community Membership Service	Hours per Month
Community Direct Support	
Employment Supports	
Customized Community Supports	
Total Hours per Month	

Goods related to Community Membership Supports that the person needs

Related Goods	Estimated Cost	Expected Outcome	Association to Qualifying Condition or Disability?

III. Health and Wellness Supports

Health and Wellness Supports Definition: These supports are made available in Mi Via to assist the person with medically related or behavioral health needs that are not covered by the person's health plan and will enhance his/her ability to remain in his/her home and community. These supports are generally provided by a licensed health professional and include:

- Skilled Therapy for Adults – OT, PT and SLP
- Behavior Support Consultation
- Nutritional Counseling
- Private Duty Nursing for Adults

- Specialized Therapies

Other Health and wellness support needed

Are there services or related goods needed to support the person's health and wellness?

Activity/Services	Non-Mi Via Paid Supports (Hours per week)	Unpaid Supports (Hours per Week)	Mi Via Supports (Hours per Week)	Total Hours (Hours per week)
OT				
PT				
SLP				
BSC				
Nutritional Counseling				
Private Duty Nursing for Adults				
Acupuncture				
Biofeedback				
Chiropractic				
Hippotherapy				
Massage Therapy				
Naprapathy				
Native American Healers				
Play Therapy				
Cognitive Rehab Therapy				
Other Support Needed				
Total Hours per Week				

Please provide a description of other support if selected.

Goods related to Health and Wellness Supports that the person needs.

Related Goods	Estimated Cost	Expected Outcome	Association to qualifying condition or disability

Q. How will health and wellness supports be measured to ensure that they are working well for the person and meet his/her needs?

Plan:

IV. Other Supports

Other Supports Definition: These supports are available to enhance or enable the person to receive other services on his/her plan, or to decrease the need for more direct services, thereby increasing his/her independence. These include:

- Transportation
- Emergency Response Service
- Respite
- Related Goods

Activity Services	Non-Mi Via Paid Supports	Unpaid Supports	Mi Via Supports	Total Hours/Miles/Trips
Transportation by Mile	Miles per month:	Miles per month:	Miles per month:	Miles per month:
Transportation by Trip	Miles per month:	Miles per month:	Miles per month:	Miles per month:
Transportation by Hour	Hours per month:	Hours per month:	Hours per month:	Hours per month:
Emergency Response Services	Hours per month:	Hours per month:	Hours per month:	Hours per month:
Respite Care	Hours per month:	Hours per month:	Hours per month:	Hours per month:

Goods related to Other Supports Needed

Related Goods	Estimated Cost	Expected Outcome	Association to qualifying condition or disability

Q. How will the person measure if all support services are working well for him/her and meet his/her needs?

Plan:

V. Environmental Modifications

If the person has had environmental modifications completed, or if some are needed, please explain and give funding source.

Item/Modification	Date Completed

VI. Backup Plan (to be easily available for employees/others)

Q. If regularly scheduled employees or service providers are unable to report to work the participant will contact: (Mandatory: must list at least one alternative provider.)

PEOPLE INTERVIEWED

The following list identifies those individuals typically interviewed as a part of this review process. Individuals who may be interviewed include:

- Class Member
- Consultant
- Guardian or legal representative
- Service Provider, if any
- Others: (list based on person interviewed)

Summary of those Interviewed Follow:

#	Date of Interview	Name of Person Interviewed	Title	Contact Information Phone & E-Mail	Type of Interview (phone, face to face)
1.					
2.					
3.					
4.					

INTERVIEWS 1:

Name: _____

Title: Title

Date of Interview : _____

Questions

1.	What has happened as a result of your participation in the Mi Via Program at home, at work and in the community related friends and relationships?
Plan	
Interview	
2.	What are your strengths? What are you really good at?
Plan	
Interview	
3.	What are your favorite places to go in the community? (Activities, clubs, church, art, etc.) What do you do?
Plan:	
Interview	

Interview	
9.	Do you have a job? Yes: No: If yes, describe (Where do you work? What do you do? How many hours a week? How long have you been employed? Do you like your job? Would you like to explore other work opportunities?)
Plan	
Interview	
10.	(If not working) Are you interested in working or having a job? If yes, what would you like to do? Yes: No:
Plan	
Interview	
11.	What can Mi Via do to help with your health related needs?
Plan	
Interview	
12.	What do you need to address any health or safety concerns?
Plan	
Interview	
13.	Do you have any health concerns that have not been addressed? (Consider medical issues, eating and nutrition concerns, and behaviors that might not be safe or helpful in his/her life).
Plan	

Interview	
14.	Has a health professional recommended a special nutritional plan or special diet for you? Yes: No:
Plan	
Interview	
15.	Has a health professional recommended that you take nutritional supplements? Yes: No:
Plan	
Interview	
16.	Do you need reminders to eat? Yes: No:
Plan	
Interview	
17.	Do you need additional health/safety supports that you don't currently have? Yes: No: If yes, explain.
Plan	
Interview	
18.	Do you have the supports you need to be physically active? Yes: No: If no, explain.
Plan	

Interview	
19.	Do you need help from a licensed nurse, therapist, and/or nutritional counselor? Yes: No: If yes, explain.
Plan	
Interview	
20.	Have you had to go to the hospital or emergency room in the past year? If yes, describe for what and how often.
Plan	N/A
Interview	
21.	Have you had any 'home modifications' made to your house in the past five (5) years? (E.g., ramps, grab bars, doorway/hallway modifications, bathroom modifications). Yes: No:
Plan	
Interview	
22.	Are there modifications that you need to your home or your car? Yes: No: If yes explain.
Plan	
Interview	

23.	Are there other special services that you need to help you be healthy and feel good that you need? Yes: No: If yes, explain.
Plan	
Interview	
24.	Do you like where you live now? Yes: No: What do you like/not?
Plan	
Interview	
25.	Do you get along with the people you live with? Yes: No:
Plan	
Interview	
26.	Do you like the people who help you at home and when you go out? Yes: No: What do you like/not about them?
Plan	N/A
Interview	
27.	Are you learning new things? Yes: No: What?

Plan	
Interview	
28.	Do you need help putting your Mi Via Plan into action? Yes: _____ No: _____ If yes, what kind of help do you need?
Plan	
Interview	
29.	Do you need assistance with any of the following program administration activities? ____ Process timesheets ____ Processing invoices ____ Identifying other resources ____ Operating a fax machine ____ Finding related goods ____ Managing program budget ____ Operating a computer If yes, explain
Plan	
Interview	
30.	Q. Does your consultant contact you monthly by phone or in person? Yes _____ No: _____
Plan	
Interview	
31.	Does your consultant see you at least 4 times in-person each year? Yes _____ No _____
Plan	

Interview	
32.	Does your consultant meet with you in your home at least one time a year? Yes: No:
Plan	
Interview	
33.	Do you want your consultant to contact you more? Yes: No:
Plan	
Interview	
34.	What services do you get from your consultant/support guide?
Plan	
Interview	
35.	Is that adequate? Yes: No:
Interview	
36.	Do you know how to report abuse, neglect or exploitation? Yes: No:

37.	Have you ever had to report abuse, neglect or exploitation? Yes: No:
Interview	If so, what happened if you feel comfortable sharing that?
38.	How do you know that your Mi Via Services are working for you?
Interview	

INTERVIEW 2:

Name: _____

Title: Consultant

Date of Interview : _____

Questions

1.	Tell me about _____.
Interview	
2.	How often are you in contact with _____ ? By phone: Face to face:
Interview	
3.	What type of assistance does _____ need from the Mi Via Waiver?
Interview	
4.	Is _____ receiving it? If not, why?
Interview	

5.	How are _____ Mi Via Services measured to be sure they are effective?
Plan	
Interview	
6.	Are there any services or supports that _____ needs that are not provided to him/her?
7.	

INTERVIEW 3:

Name: _____

Title: Title

Date of Interview : _____

Questions

1.	
2.	
3.	
4.	
5.	

OBSERVATIONS

Observation 1

Start Time: Location: Number of paid support present: Number of Consumers: Stop Time:

Notes:
Type Here

Observation 2

Start Time: Location: Number of paid support present: Number of Consumers: Stop Time:

Notes:
Type Here