New Mexico DOH / DHI / QMB Mi Via Consultant: Participant Specific Interview Survey Tool Standard of Care Surveyor Notes MET NOT NA MET

Agency/Region:	Service: Mi Via Consultant				
Surveyor:	Date/Time:				
Participant Name and Identifier:					
Services: Consultant Services					
Consultant Interviewed / Title:	Interview Format: □Telephone □In-Person	□Video			
<u>Surveyor Instruction:</u> This document must be completed for each person on the sample that the Consultant provides services for. During the interview you must directly quote what is said by the consultant and document it in the surveyor notes.					
1) Please tell me about the (Participant)?	Tag #MV1A22.1				
The following bullets are to be used as guidance to start conversation but the entire interview should be used to determine if the Consultant "knows" the individual.					
 □ Likes □ Dislikes □ Services being received under Mi Via □ Medical Conditions □ Guardian / Family □ Allergies 					
Surveyor Instruction: This question is intended to open the line of communication with the Consultant. All topics may not apply to the specific participant you are interviewing for. You are probing to identify what the Consultant is aware of. This is not an all-inclusive list. They may use the agency file to refer to information. This is met if the Consultant is able to tell you about the participant.					

New Mexico DOH / DHI / QMB Mi Via Consultant: Participant Specific Interview Survey Tool Standard of Care **Surveyor Notes** MET NOT NA MET Tag #MV1A22.1 2) Does the Participant require any type of assistive technology or adaptive devices (i.e. equipment) or environmental modification? Examples, not an all-inclusive list: □ alasses Does the Participant have all the required equipment as ☐ hearing aid described in the SSP or other therapy plans? ☐ wheelchair ☐ hospital bed ☐ grab bars □ cane/walker Surveyor Instruction: There are different sections within SSP where assistive technology needs may be identified. The SSP also includes a ☐ Ramp section for Environmental Modification (EM) services. Environmental ☐ modified utensils modification services include the purchase and/or installation of □ Communication Devices equipment and/or making physical adaptations to a participant's □ buttons/switches residence that are necessary to ensure the health, welfare, and safety ☐ DME: i.e. O2 tanks, nebulizer, CPAP of the participant or enhance the participant's level of independence. ☐ Hover Environmental modification services are limited to \$5,000.00 every five ☐ List Other Found: _____ (5) years including those previously accessed through any other Medical Assistance Division (MAD) program. For this to be MET the Consultant must be aware of the AT/AD/EM identified in the SSP. 3) What are the participant's healthcare / medical Tag #MV1A22.1 conditions? How are they being monitored and addressed? Surveyor Instruction: Consultant contacts and visits will be conducted to include monitoring of Health and safety to include current health status, recommended appointments, and any medical follow up needed. For this to be MET the consultant will need to discuss what the healthcare needs / medical conditions of the participant are and how they are being addressed and monitored. 4) What type of living supports does (Participant) receive? Tag #MV1A22.1 **Surveyor Instruction:** The Consultant may use the agency file to refer to the information. This can also be found in the SSP / budget. There are 3 types of Living Supports: 1) Homemaker / Direct Services

receives.

Supports, 2) Home Health Aide, 3) In-Home Living Supports. This is MET If the Consultant can tell you what Living Supports the Participant

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Standard of Care	Surveyor Notes	MET	NOT MET	NA
5) What type of community membership supports does (Participant) receive?	Tag #MV1A22.1			
<u>Surveyor Instruction:</u> The Consultant may use the agency file to refer to the information. This can also be found in the SSP / budget. There are 3 types of community membership supports may have: Community Direct Support, Employment Supports, Customized Community Group Supports. This is MET If the Consultant can tell you what community memberships / support the Participant receives.				
6) Does (<u>Participant</u>) receive therapies through the Mi Via Waiver? (if applicable) If no, do they receive therapies from other sources, i.e. EPSDT, Medicaid or other payee?	Tag #MV1A22.1			
<u>Surveyor Instruction:</u> The Consultant may use the agency file to refer to the information. This can also be found in the SSP / budget, if applicable and receiving services under Mi Via. If the Consultant knows what therapies are received and why the person receives them this can be met.				
7) How do you ensure <u>(Participant)</u> or their guardian is involved in developing their SSP?	Tag #MV1A22.1			Į
Surveyor Instruction: Person-centered planning is a process that places a person at the center of planning their life and supports. It is an ongoing process that is the foundation for all aspects of the Mi Via Waiver, and all supports who work with people with I/DD. The process is designed to identify the strengths, capacities, preferences, and needs of the person. The process may include other people chosen by the person, who are able to serve as important contributors to the process. The CMS requires use of PCP in the development of the SSP. PCP is facilitated by the participant or Consultant and the person is encouraged and supported to direct the process as much as possible. No matter what the nature or severity of a person's disability, there are many ways to identify a person's strengths, abilities, preferences, needs, and goals with the person's participation. The SSP can be written out by hand, or the consultant can use the Word version of the form to type in the answers. However, in order for the SSP to be submitted to the TPA, all sections completed with detailed descriptive information must be entered into the FMA online system SSP by the consultant. For this to be met the Consultant would have had to describe how the person / guardian were involved as outline above.				