



Mi Via Service and Support Plan

INSTRUCTIONS

The new Service and Support Plan (SSP) is organized by the four new categories of services:

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

There are also sections for:

5. Environmental Modifications
6. Emergency Back-up Plan
7. Consultant/Support Guide Services
8. SSP Preparation Information

You do not need to fill out every portion of every section. The questions that must be answered are marked “*mandatory*.” However, if the question does not apply to you, just put “not applicable” or “n/a” in the space provided and move on.

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 Third Party Assessor (TPA), all information must be entered into the GCESon-line SSP by the consultant.

Mi Via Overview

The Mi Via Home and Community Based Services Waiver is a program that supports eligible New Mexicans with disabilities and frail elders to live safely in their communities, and prevent or delay institutionalization. Mi Via is a self-directed waiver that allows participants to hire, fire, supervise, and manage employees 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.

My Mi Via Service and Support Plan

Q1. What do I want to have happen as a result of my participation in the Mi Via Program at home, at work and in the community related to my health, friends and relationships?

Mandatory

Q2. What strengths do I have?

Mandatory

Personal Plan Facilitation

Do you want to use an additional person centered planning activity to help you develop your SSP? Mi Via Personal Plan Facilitation service can be used for this purpose. Examples of person-centered planning tools are MAP, PATH, Eco-mapping, etc. This type of activity can help you identify your personal goals/needs, what resources you currently have and what else you may need. This is an optional service.

You can use this information to decide how the Mi Via program can be used to help you address your needs and reach your goals. You can also use this activity to help you plan for other parts of your life not covered by the Mi Via program.

Q3. If you currently have a PATH or MAP or similar information, do you want to use it as part of your SSP planning?

Yes No

Q4. Do you want to use Mi Via Plan Facilitation service as part of your SSP planning?

Yes No

If you choose yes, please stop this process and ask your consultant for a list of Personal Plan Facilitation Providers.

1. 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
- Assisted Living
- Customized In-Home Living Supports

How can Mi Via support you to live independently in your own home?

Please identify any supports needed to successfully and safely complete daily activities or build skills in the areas listed below:

<u>Activity/Services</u>	<u>Non-Mi Via Paid Supports (Hours per Week)</u>	<u>Unpaid Supports (Hours per Week)</u>	<u>Mi Via Supports (Hours per Week)</u>	<u>Total Hours (Hours per Week)</u>
Eating				
Dressing				
Bathing				
Transfers				
Toileting				
Heavy Housework				
Light Housework				
Cooking				
Grocery Shopping				
Taking Medication				
Routine Communications				

<u>Activity/Services</u>	<u>Non-Mi Via Paid Supports (Hours per Week)</u>	<u>Unpaid Supports (Hours per Week)</u>	<u>Mi Via Supports (Hours per Week)</u>	<u>Total Hours (Hours per Week)</u>
Banking				
Managing bills				
Miscellaneous finance				
Working with Vendors				
Scheduling Appointments				
Managing other benefits				
Exterior Supports(gardening, yard maintenance)				
*Other Support Needed				
Total Hours per Week				

Please provide description of "other support" if selected.

Mandatory

Based on your physical or cognitive needs and qualifying condition, please identify the services or related goods needed to support your Living Supports.

Available Living Support Services

(Totals should be from Mi Via column ONLY from above)

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

Goods related to Living Supports that I need

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

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

Q5. How will I measure if my living support services are working well for me and meet my identified needs?

Mandatory

2. 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 supports include:

- Community Direct Support
- Employment Supports
- Customized Community Supports

The Mi Via Program supports participants to become involved in the community.

Q6. How do you want to be involved in your community?

Mandatory

Q7. Are you interested in exploring what your interests or opportunities might be in the community?

Yes No

If yes, please explain.

Mandatory

Q8. Are you currently involved in any community activities such as, clubs, bowling league, scouting or other?

Yes No

If yes, please explain.

Mandatory

Q9. Do you have any interest in volunteering in areas such as, community projects, charitable organizations or other special events in the community?

Yes No

If yes, please explain.

Mandatory

Q10. Do you know how or where to access community activities or volunteer opportunities you are interested in?

Yes No

If yes, please explain.

Mandatory

Q11. Do you need transportation to participate in community or volunteer activities?

Yes No

If yes, please explain.

Mandatory

Q12. Are you currently employed?

Yes No

If yes, please explain.

Mandatory

If you are currently employed, please answer the following questions:

Where do you work?

How many hours do you work?

How long have you been employed?

Do you enjoy your employment?

Are you interested in other employment opportunities?

Yes No

If yes, please explain.

Based on your answers above, please list the areas where you need support to participate in activities in the community or build skills related to community membership.

<u>Activity/Services</u>	<u>Non-Mi Via Paid Supports (Hours per Week)</u>	<u>Unpaid Supports (Hours per Week)</u>	<u>Mi Via Supports (Hours per Week)</u>	<u>Total Hours (Hours per Week)</u>
Employment				
Volunteering				
Educational				
Leisure/Recreational				
Building				

<u>Activity/Services</u>	<u>Non-Mi Via Paid Supports (Hours per Week)</u>	<u>Unpaid Supports (Hours per Week)</u>	<u>Mi Via Supports (Hours per Week)</u>	<u>Total Hours (Hours per Week)</u>
Relationships				
Interpreter				
Translator/Interpreter				
*Other Support Needed				
Total Hours per Week				

Please provide description of "other support" if selected.

<i>Mandatory</i>

Based on your physical or cognitive needs and qualifying condition, please identify the services or related goods needed to support your community supports.

Available Community Membership Services

(Totals should be from Mi Via column ONLY from above)

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 I need

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

Q13. How will I measure if my community membership support services are working well for me and meet my identified needs?

Mandatory

3. Health and Wellness Supports

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

- Skilled Therapy for Adults - Occupational, Physical and Speech Therapy
- Behavior Support Consultation
- Nutritional Counseling
- Private Duty Nursing for Adults
- Specialized Therapies

Use the answers to these questions to think about how Mi Via can support you to be healthy and well.

Q14. What do I want to have happen as a result of my participation in the Mi Via Program related to my health and wellness needs?

Mandatory

Q15. What will I need to address any health or safety concerns?

Mandatory

**Q16. Do you have any health concerns that have not been addressed?
(Be sure to consider medical issues, eating and nutrition concerns, and behaviors that might not be safe or helpful in your life.)**

Yes No

If yes, please explain.

Mandatory

Q17. Has a health professional recommended a special nutritional plan or special diet for you?

Yes No

If yes, please explain.

Mandatory

Q18. Has a health professional recommended that you take nutritional supplements?

Yes No

If yes, please explain.

Mandatory

Q19. Do you need reminders to eat?

Yes No

If yes, please explain.

Mandatory

Q20. Do you have health and wellness needs in addition to the services provided through your regular Medicaid coverage?

Yes No

If yes, please explain.

Mandatory

Q21. Do you need additional health and safety supports from Mi Via, which are not covered by Medicaid insurance to be independent?

Yes No

If yes, please explain.

Mandatory

Q22. Do you need support from Mi Via to be physically active?

Yes No

If yes, please explain.

Mandatory

Skilled Services

Q23. Do you need the services of a licensed nurse, therapist, and/or nutritional counselor?

Yes No

If yes, please explain.

Mandatory

Q24. Do you have a need for any other specialized service(s) to address your health and wellness needs?

Yes No

If yes, please explain.

Mandatory

Other Health and Wellness Support Needed

Based on your physical or cognitive needs and qualifying condition, please identify the services or related goods needed to support your health and wellness.

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

Please provide a description of "other support if selected.

Mandatory

Goods related to Health and Wellness Supports that I need

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

Q25. How will I measure if my health and wellness supports are working well for me and meet my identified needs?

Mandatory

4. Other Supports

Other Supports Definition: These supports are available to enhance or enable you to receive other services on your plan, or to decrease the need for more direct services, thereby increasing your independence. In Mi Via these supports include:

- Transportation
- Emergency Response Services
- Respite
- Related Goods

Based on your physical or cognitive needs and qualifying condition, please identify the services or related goods needed to maintain your other supports.

<u>Activity/Services</u>	<u>Non-Mi Via Paid Supports</u>	<u>Unpaid Supports</u>	<u>Mi Via Supports</u>	<u>Total Hours/ Miles/Trips</u>
Transportation by MILE	Miles per Month:	Miles per Month:	Miles per Month:	Miles per Month:
Transportation by TRIP	Trips per Month:	Trips per Month:	Trips per Month:	Trips per Month:

<u>Activity/Services</u>	<u>Non-Mi Via Paid Supports</u>	<u>Unpaid Supports</u>	<u>Mi Via Supports</u>	<u>Total Hours/Miles/Trips</u>
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 that I need

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

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

Q26. How will I measure if each of the support services identified above are working well for me and meet my identified needs?

Mandatory

5. Environmental Modifications

Q27. Have you had any ‘home modifications’ for accessibility or safety purposes funded by a New Mexico Medicaid Waiver Program in the past five (5) years?

Examples: Ramps, Grab Bars, Doorway / Hallway Modifications, Bathroom Modification

Yes No

If yes, please explain.

Mandatory

If yes, please provide the following information.

Item/Modification	Date Completed	Cost	Paid By	Contractor
Total Cost of all Environmental Modifications to Date:				

Q28. Are there any environmental modifications covered under Mi Via that you need? (Please refer to Mi Via regulations)

****Indicated items will be subject to review / approval****

Yes No

If yes, please explain.

Mandatory

If you have had environmental modifications in the last five (5) years but need additional environmental modifications done, please contact your consultant to see if funds are still available. Each participant may be eligible to receive up to \$7,000 every five (5) years for environmental modification.

6. Backup Plan

Please print this section so that you can keep it easily available for your employees and other people who help you.

IF THERE IS AN EMERGENCY PLEASE CALL 911

Q29. If regularly scheduled employees or service providers are unable to report to work I will contact the following: *(Mandatory: You must list at least one alternate provider.)*

Service	Name (First Last)	Address, City, State, Zip	Times Available	Phone

Consultant Acknowledgement

<i>Mandatory</i>

CONSULTANT MUST

ACKNOWLEDGE: I have provided the participant with a copy of the SSP Back-Up Plan Acknowledgement Form, and I have reviewed the form with him/her. I confirm that the participant has completed the form in its entirety. A copy of the completed form will be kept by the participant and in the consultant's file.

Relative(s) *(Mandatory: You must list at least one relative, or mark “n/a”)*

Name	Relationship to Participant	Address, City, State, Zip	Phone	Email

Consultant/Support Guide *(Mandatory: You must list at least one consultant.)*

Name	Address, City, State, Zip	Phone	Email

Physician or Primary Care Provider *(Mandatory: You must list at least one health care provider.)*

Name	Type of service provided	Address, City, State, Zip	Phone	Email

Other people you rely on

Name	Relationship to Participant	Address, City, State, Zip	Phone	Email

Consultant Acknowledgement

**CONSULTANT MUST
ACKNOWLEDGE:**

Mandatory

I have provided the participant with a copy of the SSP Back-Up Plan Acknowledgement Form, and I have reviewed the form with him/her. I confirm that the participant has completed the form in its entirety. A copy of the completed form will be kept by the participant and in the consultant's file.

7. Consultant/Support Guide Services

Please answer the following questions. The answers will help you understand how much help you or your employer of record may need from your Consultant/Support Guide or others to be a successful employer.

Q30. Do you need assistance putting your Mi Via plan into action?

Yes No

If yes, please explain.

Mandatory

Q31. Do you have access to a fax?

Yes No

If no, please explain.

Mandatory

Q32. Do you know how to use a fax?

Yes No

If no, please explain.

Mandatory

Q33. Do you have access to the Internet?

Yes No

If no, please explain.

Mandatory

Q34. Do you need support using the Internet?

Yes No

If yes, please select all that apply:

- Screen Reader Computer Adaptations
 Computer Instruction Other (*Please explain*)

If you checked any of the boxes above please provide additional information.

Mandatory

Q35. Do you need assistance with any of the following program administration activities?

- Processes timesheets
- Processing invoices
- Identifying other resources
- Managing program budget
- Operating a fax machine
- Operating a computer
- Finding related goods

If you checked any of the boxes above please provide additional information.

Mandatory

Q36. Do you need help with any of your employer responsibilities and/or the management of your Mi Via program and budget?

- Yes
- No

If yes, please explain.

Mandatory

Q37. Do you need assistance with any of the following employer responsibilities?

- | | |
|---|---|
| <input type="checkbox"/> Scheduling employees | <input type="checkbox"/> Resolving employee conflicts |
| <input type="checkbox"/> Encouraging good performance | <input type="checkbox"/> Disciplinary actions |
| <input type="checkbox"/> Interviewing/Hiring employees | <input type="checkbox"/> Supervising employees |
| <input type="checkbox"/> Developing Interview Questions | <input type="checkbox"/> Checking reference |

If you checked any of the above boxes please provide additional information.

Mandatory

Q38. Your consultant will be contacting you by phone monthly and will conduct four (4) in-person visits with you per year. Do you want more contact?

- Yes No

If yes, please explain.

Mandatory

Q39. Based on your physical or cognitive needs and qualifying condition, what type and level of support will you need from your consultant/support guide?

Mandatory

Q40. How will I measure if my consultant/support guide services are working well for me and meet my identified needs?

Mandatory

Q41. Please describe the plan/agreement you have for consultant/support guide service.

Mandatory

8. SSP Preparation Information *(Mandatory – you must list at least one consultant.)*

Prepared By	Title	Date(s) of Entry



Mi Via Service and Support Plan Emergency Back-Up Plan Acknowledgement 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 GCES 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.
	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 report to my Consultant Agency within 24 hours.
	If I am an adult (age 18 or older) and I or my guardian, caregiver, employee or anyone else believes that I am at risk of harm for abuse neglect or exploitation they should contact Adult Protective Services (APS) at 1-866-654-3219 and report to my Consultant Agency within 24 hours.
	I know I or my support person may also contact Department of Health Improvement (DHI) at 1-800-445-6242 if I am receiving services from a Medicaid Waiver Provider Agency at the time of an incident.