HEALTH CARE AUTHORITY

DHI / QMB Mi Via: Participant Agency Record Review Survey Tool

Standard of Care	Surveyor Notes	MET	NOT MET	NA

Agency/Region:
Surveyor: **Date/Time:**

Participant Name and Identifier:

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description	MET	NOT MET	NA
REQUIRED DOCUMENTS:				
1) Is there a document which verifies the Participant has a **Guardian, Power of Attorney (POA), authorized representative and/or personal representative** who can act of their behalf? ***Surveyor Instruction:*** *Per Appendix A (March 2023) The consultant provider shall maintain HIPAA compliant primary records for each participant including, but not limited to: Copy of legal guardianship or representative papers and other pertinent legal designations. For this to be met, if one of the above applies there must be documented evidence of such.*	*Tag #MV108* List Name of Guardian, Power of Attorney (POA), authorized representative and/or personal representative: _____			
2) Is there an **approved document which indicates an Individual can provide paid Mi Via Services as the Legally Responsible Individual (LRI)** when appropriate? ***Surveyor Instruction:*** *Per Appendix A (March 2023) The consultant provider shall maintain HIPAA compliant primary records for each participant including, but not limited to: Legally Responsible Individual (LRI) approvals/denials. An LRI is the parent (biological, legal or adoptive) of a minor child (under age 18) or the guardian of a minor child, who must provide care to the child, or a spouse of a Mi Via participant. The initial hiring of LRIs must be approved in writing by the Department of Health (DOH). After the initial approval, ongoing approval is not required unless a participant requires changes or additional services that an LRI would need to provide. For this to be met, if an LRI is in place, there must be documented approval from the DOH.*	*Tag #MV108* Name of LRI: _____ Date approved: _____			

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3) Is there a completed **Employer of Record (EOR) Questionnaire**? ***Surveyor Instruction:*** *Consultant services and supports are delivered in accordance with the participant's identified needs. Based upon those needs, the consultant shall: … Discuss Employer of Record (EOR) including discussion and possible identification of an EOR and completion of the EOR Questionnaire form. If an EOR is identified, for this to be met there must be a completed EOR questionnaire. This is to be completed at the time of the SSP.*	*Tag #MV108* Name of EOR: Date: _____			
4) EOR Change. If there has been a change in EOR, if yes is there a new EOR Questionnaire? ***Surveyor Instruction:*** *If there is a change in the EOR, for this to be met, the consultant provider must have a new / updated EOR Questionnaire in the primary record .*	*Tag #MV108*			
5) Is there a **Primary Freedom of Choice (PFOC), Waiver Change Form (WCF) or a Consultant Agency Change Form (CACF) on file** showing that the Participant has selected this agency as their Consultant Agency? ***Surveyor Instruction:*** *Per Appendix A (March 2023) The consultant provider shall maintain HIPAA compliant primary records for each participant including, but not limited to: Primary Freedom of Choice form (PFOC) and/or, Waiver Change Form (WCF) and/or Consultant Agency Change Form (CAC) as applicable. For this to be met, the file must contain the form applicable to the Participant.*	*Tag #MV108* PFOC Signed Date: _____ WCF Signed Date: _____ CACF Signed Date: _____ Document Received by Agency: _____			
6) Is there a **signed and dated copy of the "Choosing Mi Via: Understanding Participant Responsibilities"** consent form on file? ***Surveyor Instruction:*** *The consultant provider shall provide information on Mi Via participant roles and responsibilities using the DDSD required form "Choosing Mi Via: Understanding Participant Responsibilities." For this to be met, the form must be in place and signed by Participant or Guardian.*	*Tag #MV110.1* Date: _____			

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7) Is there evidence of an **Emergency Backup Plan Acknowledgement Form initialed and signed by the Participant or Authorized Representative**? ***Surveyor Instruction:*** *The consultant provider shall provide the DDSD required Emergency Plan Acknowledgement Form. The form shall contain the ANE reporting procedures. For this to be met, the form must be in place and signed by Participant or Guardian and be completed annually*	*Tag #MV130* Date: _____			
8) Is there **evidence that the Consultant explains what goods and services are non-covered and covered in Mi Via** (e.g., consultant log)? ***Surveyor Instruction:*** *Consultant services and supports are delivered in accordance with the participant's identified needs. Based upon those needs, the consultant shall educate the participant regarding Mi Via covered and non-covered supports, services and goods. Should be reviewed initially during Orientation/Enrollment Meeting and on an on-going basis during Annual SSP Development. For this to be met, there needs to be evidence covered and non-covered goods and services were reviewed with the participant / guardian.*	*Tag #MV4.6*			
New Allocations / Waiver Change				
9) Did this Consultant Agency assign a Consultant and contact the new Mi Via Participant within five (5) working days of the receipt of the Primary Freedom of Choice to schedule an initial orientation and enrollment meeting or schedule participant enrollment meetings within five (5) working days of receipt of a Waiver Change Form (WCF) for participants transitioning from another waiver? ***Surveyor Instruction:*** *This will be N/A if participant is in services at the agency longer than a year. Consultant pre-eligibility/enrollment services are delivered in accordance with the individual's identified needs. Based upon those needs, the consultant provider selected by the individual shall: Assign a consultant and contact the individual within five (5) working days after receiving the PFOC to schedule an initial orientation and enrollment meeting. For participants transitioning from another waiver enrollment meeting should be scheduled within 5 working days. For this to be MET, the consultant agency must have assigned a consultant and contact within 5 working days.*	*Tag #MV110* PFOC Received: WCF Received: Date meeting scheduled: _____			

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10) Did the assigned Consultant conduct the orientation / enrollment meeting with 30 days of the PFOC or the WCF being received? ***Surveyor Instruction:*** *This will be N/A if participant is in services at the agency longer than a year. Consultant pre-eligibility/enrollment services are delivered in accordance with the individual's identified needs. Based upon those needs, the consultant provider selected by the individual shall: schedule participant enrollment meetings within 30 days of receiving the PFOC or WCF. For this to be met, an orientation / enrollment meeting should have been completed within 30 working days.*	*Tag #MV110* Date: _____			
11) Is the assigned Consultant making contact (either by phone or in person) with the Participant at least monthly during the development and/or eligibility phase? ***Surveyor Instruction:*** *Mark N/A if there is a Consultant Agency Change Form (CACF) or Participant is not in the development and/or eligibility phase or if at agency longer than a year. Consultant providers shall contact the participant at least monthly for follow up on eligibility and enrollment activities. This contact can either be face-to-face or by telephone. During the pre-eligibility phase, at least one (1) face to face visit is required to ensure participants are completing the paperwork for medical and financial eligibility, and to provide additional assistance as necessary. Consultants should provide as much support as necessary to assist with these processes. For the to be MET, the consultant must be making monthly contact during the development / eligibility phase.*	*Tag #MV150*			
12) SSP started within 90 calendar days of the date of program eligibility or within the consultant agency's receipt of the Waiver Change Form if a transition? If not, is there a DDSD Exception? ***Surveyor Instruction:*** *It is the State's expectation that consultants will work with the participant to ensure that an approved service and support plan (SSP) is in effect within ninety (90) days of the start of Medicaid eligibility. Additionally, It is the State's expectation that consultants will work with participants transferring from another waiver to ensure that an approved services and supports plan (SSP) is in effect within ninety (90) days of the waiver change. Any exceptions to this timeframe must be approved by the State. The consultant will submit an explanation of why the plan could not be effective within the 90-day timeline. Approval must be obtained in writing from the DOH Mi Via Program Manager or their designate for any plan not in effect ninety (90) days after eligibility is approved, prior to billing for that service. For this to be*	*Tag #MV110.1* Date of SSP: _____ No. of Days (If Deficient): _____			

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MET the SSP must start within 90 days of eligibility or waiver change. If 90 days wis exceeded then this would be MET if there was a DDSD exception.				
LOC / ASSESSMENTS				
13) Is there a **Long-Term Care Abstract on file** (annually)? ***Surveyor Instruction:*** *Per Appendix A (March 2023) The consultant provider shall maintain HIPAA compliant primary records for each participant including, but not limited to: The Approved Long-Term Care Assessment Abstract with level of care determination and Individual Budgetary Allotment from the TPA. For this to be met, there must be a current LOC in the file.*	*Tag #MV112* Date: _____			
14) Does the Participant have **current assessments** on file (annually)? ***Surveyor Instruction:*** *Consultant services and supports are delivered in accordance with the participant's identified needs. Based upon those needs, the consultant shall: Assist the participant in utilizing all program assessments, such as the in-home assessment, comprehensive individual assessment, and the level of care abstract. For this to be met, required assessments must be completed and current for SSP year.*	*Tag #MV112* VINELAND (I/DD) (date): _____ COMPREHENSIVE In-Home Assessment *(Medically Fragile only)* (date): _____			
BUDGET				
15) Medicaid **Screen Shot from the Medicaid Portal** (Annually) ***Surveyor Instruction:*** *Per Appendix A (March 2023) The consultant provider shall maintain HIPAA compliant primary records for each participant including, but not limited to: Notifications of medical and financial eligibility. The Category of Eligibility (COE) must be 95 or 96. The Income Support Division (ISD) is responsible for approving the Category of Eligibility (COE) based on both medical and financial eligibility requirements. Once eligibility is established, the 096 COE for the Mi Via Waiver will be assigned. If this to be met, the file must contain a screen shot from the Medicaid Portal.*	*Tag #MV112* COE Date: _____			

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16) Is there a **Mi Via Budget** on file or in the Mi Via On-line System? If not received, is there documentation that the agency contacted the TPA? ***Surveyor Instruction:*** *Per Appendix A (March 2023) The consultant provider shall maintain HIPAA compliant primary records for each participant including, but not limited to: historical and current budgets. For this to be MET there must be a current budget on file.*	*Tag #MV112*			
17) Did the Consultant submit participant's SSP, goals and budget online for TPA review at least 30 calendar days prior to expiration of current plan for ***on-going participants***? ***Surveyor Instruction:*** *Consultant services and supports are delivered in accordance with the participant's identified needs. Based upon those needs, the consultant shall Ensure the completion and submission of the annual SSP to the Third-Party Assessor (TPA) at least thirty (30) days prior to the expiration of the plan so that sufficient time is afforded for TPA review. For this to be met, the SSP, goals and budget must have been submitted at least 30 calendars prior to expiration.*	*Tag # MV111* Date: _____			
18) Did the Consultant submit participant's SSP, goals and budget online for TPA review to assure an approved plan is in place within 90 days for ***waiver transition***? ***Surveyor Instruction:*** *It is the State's expectation that consultants will work with participants transferring from another waiver to ensure that an approved services and supports plan (SSP) is in effect within ninety (90) days of the waiver change. Any exceptions to this timeframe must be approved by the State. Approval must be obtained in writing from the DOH Mi Via Program Manager or their designate for any plan not in effect within ninety (90) days of the waiver change. The consultant request must contain an explanation of why the ninety (90) day timeline could not be met. For this to be met, the SSP, goals and budget must have been submitted within 90 days of the waiver transition.*	*Tag #MV111* Date: _____			

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PARTICIPANT SERVICE AND SUPPORT PLAN (SSP)				
19) Does the Participant have a **current SSP**? ***Surveyor Instruction:*** *The consultant provider shall maintain HIPAA compliant primary records for each participant including: Current and historical SSPs and budgets. For this to be met, there must be a current SSP.*	*Tag # MV130* Date: _____			
20) Does the **SSP contain a completed backup plan section with all mandatory elements** as applicable? ***Surveyor Instruction:*** *This section lists who the participant will contact in an emergency or if regularly scheduled employees or vendors are unable to report to work. The backup plan details all relevant supports in a participant's life and who should be contacted and when. It is critical that this section of the SSP remain current and be available to all identified staff and family members. The Emergency Back-Up Plan is mandatory and must be completed in the SSP. For this to be MET, the SSP backup plan must be complete.*	*Tag #MV130*			
21) Is there **evidence on file that a person-centered planning process was used in the creation of the SSP** (e.g., participant signed document, or listed as participant)? ***Surveyor Instruction:*** *Person-centered planning is a process that places a person at the center of planning their life and supports. The person with I/DD is at the center of the process. 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 participant, with the assistance of the Consultant, is responsible for: 1. developing the SSP; and .2. identifying the employees and/or vendors responsible for providing the services and supports described in the SSP.*	*Tag #MV130*			

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For this to be MET, review the signature page of the SSP to ensure the Participant participated in their SSP.				
CONSULTANT MONITORING				
22) Is there documentation of mandatory monthly face-to-face visits? ***Surveyor Instruction:*** *(Effective July 1, 2023 must be completed on Therap Monthly Contact Form). Surveyors are to review a minimum of 12 months, unless the participant has not been in service for a full year. For those in service less than 12-months the Surveyor will review the term of visits once the participant became eligible and started receiving Mi Via services. Consultant providers shall conduct monthly visits with the participant and are required to meet in participants residence at least once per quarterly. For this to be met, there must be 12 months of visits (unless service time is less than 12 months).*	*Tag #MV150* **Monthly Face to Face Visits (Location: home, etc.; Type: i.e. Monthly, Quarterly):** Date / Time / Location / Type:: _____ Date / Time / Location / Type:: _____ Date / Time / Location / Type:: _____ Date / Time / Location / Type:: _____ Date / Time / Location / Type:: _____ Date / Time / Location / Type:: _____ Date / Time / Location / Type:: _____ Date / Time / Location / Type:: _____ Date / Time / Location / Type:: _____ Date / Time / Location / Type:: _____ Date / Time / Location / Type:: _____ Date / Time / Location / Type:: _____ ***** At least 4 visits per year (once per quarter) the visit must occur in the participant's home.***			
23) Is there evidence that the Consultant monitors participant spending levels on a monthly basis? ***Surveyor Instruction:*** *Review Monthly contact note, site visit forms or monthly spending reports for discussion of budget utilization and any concerns. A spending report may be attached, and is acceptable. This is MET, if there is evidence that spending is discussed .*	*Tag #MV150*			

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24) Is there evidence that the Consultant monitors the usage and effectiveness of the twenty-four 24-hour emergency backup plan during monthly face to face visits? ***Surveyor Instruction:*** *Surveyors are to review monthly contact forms to ensure that that the consultant reviewed the emergency backup plan and that it is current. For this to be met, there must evidence the emergency backup plan was reviewed with the participant / guardian during monthly visits.*	*Tag # MV150*			
25) Did the Mi Via Participant receive a copy of their approved SSP or were they informed it was available on the Mi Via On-line System? ***Surveyor Instruction:*** *Consultant services and supports are delivered in accordance with the participant's identified needs. Based upon those needs, the consultant shall Provide a copy of the final approved SSP and budget documents to participants. This is met, if there is evidence SSP was proved to the participant / guardian. Evidence may be found in notes, site visit forms or other documentation.*	*Tag #MV4.6*			