HEALTH CARE AUTHORITY

DHI / QMB Mi Via: Participant Interview Survey Tool

Standard of Care Questions	(Tag #) Surveyor Notes / Deficiency Description *Individuals are to be QUOTED on their response, including description of activity.*	MET	NOT MET	NA

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

Participant Name and Identifier:

Name and title of Personnel if Assisting *(Must list Identifier if Agency Personnel)*:

Services (Circle those that apply to Participant**):**
- **Living Supports** (Homemaker/Direct Support Services; Home Health Aide; In-Home Living Supports)
- **Community Membership Supports** (Community Direct Support; Employment Supports; Customized Community Group Supports)

Other Services: PT - OT - SLP - BSC other:_____

Surveyor Instruction: *These questions are intended to determine the Participant's satisfaction with services and if they have the services and supports needed. If the Participant identifies an area which is not met, you must document why and follow-up with appropriate parties to determine if issue is being addressed or if anyone is aware of issue. Items in this area will be a deficiency if issue has been identified, but not being addressed.*

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Participant Interview / Observation: □ (Check) Participant interviewed via phone and / or video. □ (Check) Participant interviewed via phone and / or video, with staff assistance. □ (Check) Participant choose not to participate in observation / interview process via phone and / or video. **Surveyor Instruction:** *If Participant did not to participate surveyor must indicate why, i.e., chose not to, not home, not available, etc.*	*Tag # MV150.1*			
Participant Observation				
1) Is the Participant able to express needs/wants, are they receptive to your conversation? **Surveyor Instruction:** *You are to observe the Participant as you conduct the interview to determine this. You may need to ask the Participant if they would like the staff to assist them in the interview.*	*Tag # MV150.1*			

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2) Do staff members speak to the Participant in a language they understand? If no, why not? **Surveyor Instruction:** *You are to ensure that staff working with the Participant can clearly communicate with the Participant in a language understood by the Participant.*	*Tag # MV150.1*			
Participant Interview				
3) Do you have an Employer of Record (EOR)? If yes, who is your EOR? ***Surveyor Instruction:*** *A participant may be his or her own EOR unless the participant is a minor or has an authorized representative over financial matters in place. A Mi Via participant may be his or her own EOR if he or she does not have a plenary or limited guardianship or conservatorship over financial matters. A participant may also designate an individual of his or her choice to serve as EOR, subject to EOR meeting the qualifications specified in the Mi Via Regulation. If a participant is utilizing employees, they must designate an Employer of Record (EOR). An EOR is responsible for recruiting, hiring, managing and terminating all employees. The EOR will establish work schedules and tasks, provide training and will determine payment rates (within the State-determined range of rates) and negotiate with vendors or employees. The EOR will keep track of money spent on paying employees and for services and goods if utilized for vendor services. For this to be MET the participant must know who the EOR is.*	*Tag # MV150.1*			
4) Who is your consultant? **Do you feel they assist you to get the supports and services you need?** ***Surveyor Instruction:*** *Consultants are responsible for knowing the participants they serve and having an awareness of each of their participants' unique dreams, strengths, goals, health and safety needs and individualized support needs. Consultant services provide a level of support to a participant that is unique to their individual needs to maximize their ability to self-direct in the Mi Via Program. Participants may choose to work with any Mi Via approved CA in their region. For this to be MET the Participant should report they get the need supports from the consultant.*	*Tag # MV150.1*			

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5) Did you receive information related to Mi Via, when you began services?	*Tag # MV150.1*			
6) Do you get to: • hire, • train, • schedule, • supervise • dismiss service providers?	*Tag # MV150.1*			
7) Are your staff members friendly and attentive to your requests and needs? If no, why not?	*Tag # MV150.1*			
8) Did you choose where and with whom you live? If no, why not?	*Tag # MV150.1*			
9) Do you have support to participate in community activities of your choice (activities that occur outside of the home, such as shopping, lunch with family or friends) when you want to? **If no, why not?** **What do you want to participate in that you cannot?**	*Tag # MV150.1*			

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10) Do you have access to a telephone for personal communication in private at your convenience? **If no, why not?**	*Tag # MV150.1*			
11) Have you ever had to make a complaint about vendors (if applicable) or any of your staff? **If so, did the consultant agency resolve the issue?** **If not, do you know how to make a complaint, if you wanted to?**	*Tag # MV150.1*			
12) Is there anything else you want to tell me?	*Tag # MV150.1*			
Other Notes:				