Mi Via Monthly Update

Participant: ________________________ Type of Update: _______________________________
Consultant Completing the Update: ________________________________
Time In: ____________________ Time Out: __________________________
Date of Monthly Update: ________________________________
SSP/Budget Expiration Date: ________________________________
Financial Eligibility End Date: ________________________________
LOC End Date: ________________________________

If applicable, name of person assisting Participant with update and their role:

________________________________________________________________________________________

1. Are there any new changes or events in your life that you would like to share?
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________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. Let’s look at your Mi Via Spending Summary. Do you have any concerns with your budget?
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________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

3. Are you satisfied with your Mi Via Services and are they meeting your needs?
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________________________________________________________________________________________
________________________________________________________________________________________
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4. If applicable, have you faced any barriers in accessing the non-waiver services you identified in your SSP?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
5. Do you have any complaints regarding services you are receiving through Mi Via (including Consultant Services)? If so, do you need assistance to file a complaint or to select other providers of your choice?
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6. Have you experienced or reported any incidents of abuse, neglect, or exploitation? If so, please explain?
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________________________________________________________________________
________________________________________________________________________
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7. Do you have any issues or concerns related to your health and/or safety? If so, what?
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________________________________________________________________________
________________________________________________________________________
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8. Have you had to use your emergency/backup plan since we connected last? Is it still in place and current?
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Since your last Monthly Update, have you been in any of the following settings?
   a. Hospital (__/__/__ to __/__/__)
   b. Nursing Home or inpatient Rehabilitation Facility
      (__/__/__ to __/__/__)
   c. Correctional setting/ Jail (__/__/__ to __/__/__)
   d. Out of state for an extended period (one month or more)
      (__/__/__ to __/__/__)
10. If you are currently utilizing Support Guide services, describe your satisfaction with this support.

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

11. Do you have any issues or concerns with your employees and/or vendors? If so, what are they?

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_________________________________________________________________________
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12. Is there anything else you would like to include in this monthly contact?

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_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

I have completed the Monthly Update with the Participant. I will document any follow up on concerns requiring Consultant action in a timely manner.

__________________________________________________        __________________
Signature of Consultant completing the Monthly Update  Date of Update: