



Individual and Family  
Directed Services

# EMPLOYER HANDBOOK



# **Vaya Health**

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**[vayahealth.com](https://vayahealth.com)**

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## SECTION 1

# Introduction to Self-Directed Services

The NC Innovations Waiver is a Medicaid program that provides an array of community-based services and supports for certain people with an intellectual/developmental disability (I/DD). The program is also referred to as Innovations, the Innovations Waiver, or simply “the Waiver.”

The Innovations Waiver offers participants and their guardians a choice about how services are directed. It allows members or their guardians to self-direct some or all of the member’s services, instead of having all services directed by a health care provider.

**Self-directed services are called Individual and Family Directed Services (IFDS). There are two models in the IFDS option: Employer of Record (EOR) and Agency with Choice (AWC).**

Self-direction is based on the principles of self-determination. “Self-determination” has been defined as starting with “the basic ideas of freedom to design a life plan, authority to control some targeted amount of resources, support that is organized in highly individual ways and responsibility for both the wise use of public dollars and the civic obligation to contribute to and be part of one’s community” (Nerney, T., *Challenging Incompetence: The Meaning of Self-Determination*). The IFDS option allows participants to choose and control certain services to meet their needs.

“Self-directed Medicaid services” means that participants, or their representatives if applicable, have decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports. The self-directed service delivery model is an alternative to traditionally delivered and managed services, such as an agency delivery model. Self-direction of services allows participants to have the responsibility for managing all aspects of service delivery in a person-centered planning process.

Self-direction promotes personal choice and control over the delivery of waiver and state plan services, including who provides the services and how services are provided. For example, participants are afforded the decision-making authority to recruit, hire, train, and supervise the individuals who furnish their services. The Centers for Medicare & Medicaid Services (CMS) calls this “employer authority.” Participants may also have decision-making authority over how the Medicaid funds in a budget are spent. CMS refers to this as “budget authority.”

--Medicaid.gov (2024)

Vaya Health’s (Vaya’s) IFDS Employer Handbook provides useful information on how to self-direct services under the EOR or the AWC model. Participants who select the EOR model will receive this IFDS



Handbook through their Community Navigator, and participants who select the AWC model will receive this IFDS Handbook through their AWC provider.

An electronic version is also on our website at [vayahealth.com](http://vayahealth.com). If you misplace your copy and want another one mailed to you, or if you have questions regarding the handbook, please contact the member's assigned care manager/care coordinator.

## **'Who's Who' in IFDS**

### **Member (Also Known as the Individual, Innovations Waiver Participant, or Participant)**

The member is the person who receives services funded by the Innovations Waiver. The member may or may not be the Employer. The member's care plan/Individual Support Plan (ISP) describes how the member is involved in IFDS.

### **Employer (Also Known as the "Employer of Record" or "Managing Employer")**

In the Employer of Record model, the Employer is known as the Employer of Record (EOR). In the Agency with Choice (AWC) model, the Employer is called the Managing Employer. The Employer is one of the following:

- The parent (biological or adoptive) of a child who participates in the Innovations Waiver, if the child is under age 18
- The legal guardian (sometimes referred to as the guardian of the person) of an Innovations Waiver participant (an individual who has authority under a power of attorney or who is the not the general guardian or guardian of the person is not considered the participant's legal guardian)
- The Innovations Waiver participant, if the participant is age 18 or older and does not have a legal guardian

### **Representative**

A Representative helps the Employer manage services. The Employer may choose to have a Representative if desired. In some cases, Vaya may require a Representative help the Employer. The Representative can be a family member, friend, an individual with authority under a power of attorney, an income payee, or another person who willingly accepts responsibility for required tasks the Employer is unable or does not wish to perform.

The Representative must meet Innovations Waiver requirements, which include:

- Demonstrate knowledge and understanding of the member's needs and preferences
- Respect the member's preferences
- Demonstrate evidence of a personal commitment to the member
- Be willing to carry out the member's wishes and use sound judgment when acting on their behalf
- Agree to a predetermined level of contact with the member
- Be at least age 18
- Be willing and able to comply with program requirements
- Be approved by the member or their legal representative to act in this capacity

## Direct Service Professional (also known as “Direct Service Employee” or “Employee”)

A Direct Service Professional is a person hired to provide services to the participant. They cannot be:

- Except for a minor determined to have “exceptional support needs”, the biological or adoptive parent or stepparent of a minor member
- The member’s spouse
- The Employer
- The Representative for the EOR or Managing Employer
- Anyone with power of attorney status for the member or Employer
- Anyone employed by Vaya, a Community Navigator agency, or the Financial Support Services Agency (FSSA)

If an Employer considers hiring a Relative as the Direct Service Professional (RADSE), the relative must live in the member’s home and may only deliver Innovations Waiver Community Living and Support services. Additionally, the Innovations Waiver Relative as Direct Support Employee policy must be followed. More information about this policy as it applies to Individual and Family Directed Services is available on the [Relative as Direct Support Employee](https://providers.vayahealth.com/behavioral-health/relative-as-direct-support-employee/) page of Vaya’s Provider Central website: <https://providers.vayahealth.com/behavioral-health/relative-as-direct-support-employee/>.

## Financial Support Services Agency

The Financial Support Services Agency (FSSA) assists EORs by making sure funds are managed and distributed as intended and in compliance with federal and state laws, regulations, rules, and policies; paying their employees; and making sure other financial functions are completed. Financial support is a required service for members who select the EOR model of IFDS. The FSSA functions are outlined in the NC Innovations Waiver and NC Medicaid Clinical Coverage Policy 8-P.

## Agency with Choice

The Agency with Choice (AWC) is a provider agency contracted with Vaya and serves as the common law employer with federal and state agencies for employees hired to provide services to members in the AWC model. The Managing Employer and AWC share employer authority (i.e., recruiting, hiring, training, and supervising), and the AWC generally retains budget authority (e.g., timesheets, payroll, claims submission).

## Community Navigator

A Community Navigator is a provider paid to train and coach members, Representatives, and Employers who direct their own services in the skills they need to complete their responsibilities. Members who choose IFDS are required to use the Community Navigator service until the Employer (in the EOR model) or Managing Employer (in the AWC model) can demonstrate competency in all relevant functions.

It is either the EOR’s/ Managing Employer’s and Representative’s (if applicable) responsibility to ask the Community Navigator for additional training, information, coaching, or technical assistance, if needed. Community Navigators help and support (rather than direct and manage) the EOR/ Managing Employer and Representative (if applicable) throughout the service delivery process. Community Navigator services are intended to enhance, not replace, existing natural and community resources. These services



may be intermittent and will fade as the EOR/Managing Employer builds greater community connections and self-direction skills. Community Navigators may not duplicate care management or care coordination.

### **Care Manager/Care Coordinator**

Care managers/care coordinators (together referred to as “care manager” hereinafter) provide support to members who participate in IFDS. The care manager is responsible for assessing the member’s needs and working with them to complete/update the CARE PLAN. The care manager monitors services the member receives. Care managers may not perform functions that are the Community Navigator’s responsibility, and vice versa.

## SECTION 2

# Getting Started: What to Expect

This section describes the steps for a Vaya Innovations Waiver participant, or their guardian or legally responsible person (LRP), to begin self-direction and what to expect when self-direction begins.

### Step 1: Learn More About Self-directing Services

Members/LRPs may self-direct one or more of the following services:

- Community Living and Support
- Community Networking
- Community Transition
- Natural Supports Education
- Respite
- Supported Employment
- Supported Living (Levels 1-3)
- Supported Living – Periodic

If the member/LRP opts to self-direct services, the member may also have access to Individual Goods and Services. Also, members may receive additional medically necessary, provider-managed services that they do not choose to self-direct or may not self-direct.

During the development of the initial and/or annual care plan for an Innovations Waiver participant, the assigned care manager provides general and educational information about self-directing services, if desired. At the initial and annual care plan meetings, the care manager:

- Makes a physical copy or an electronic version of the most recent version of NC Medicaid Clinical Coverage Policy 8-P (CCP 8-P), which includes information about self-direction, available to review (available on the [Program Specific Clinical Coverage Policies](https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies) page of the NC Medicaid website at <https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>)
- Provide general and educational information about self-directing services, including the types of services that may be self-directed and the difference between the EOR and AWC models
- Offer an opportunity to receive an initial orientation from a Community Navigator to the IFDS option (EOR and AWC models)
- Provide a list of provider agencies available to help with self-direction

Remember that members/LRPs may ask their care manager for information about the IFDS option at any time during the plan year.

### Step 2: Express Interest in IFDS and Attend Orientation in Model of Choice

If the member/LRP expresses interest in the IFDS option, the Community Navigator agency schedules orientation for the model of choice. If Community Navigator is not included in the member's currently

authorized services, the member/LRP works with the care manager and team to request Community Navigator services be added to the member's and Individual Budget.

The Community Navigator is responsible for providing orientation on the member's IFDS model of choice. The Community Navigator provides a copy of an employer handbook prepared by the Community Navigator agency, this IFDS Employer Handbook, and other educational materials about self-directing services. The chart below highlights some key differences between the EOR and AWC models:

EMPLOYER OF RECORD (EOR) MODEL	AGENCY WITH CHOICE (AWC) MODEL
<p>An EOR self-directs services under this model. A Representative may be chosen to help the EOR.</p> <p><b>The EOR must be one of the following individuals:</b></p> <ul style="list-style-type: none"> <li>• The parent(s) of a member under age 18;</li> <li>• The member's legally appointed guardian; or</li> <li>• The member, if they are not adjudicated incompetent or under age 18.</li> </ul> <p><b>No entity or other individual may be the EOR.</b></p> <p>The EOR has authority over employees and the budget. The EOR also assumes the other responsibilities associated with the member's self-direction of services.</p>	<p>A provider agency and a Managing Employer self-direct services under the AWC model. A Representative may be chosen to help the Managing Employer.</p> <p>The provider agency must be contracted with Vaya as an AWC provider. Ask your care manager about your AWC provider options. The AWC provider serves as the employer for employees providing services to the member. <i>No other person may be the AWC provider.</i></p> <p><b>The Managing Employer must be one of the following individuals:</b></p> <ul style="list-style-type: none"> <li>• The parent(s) of a member under age 18;</li> <li>• The member's legally appointed guardian; or</li> <li>• The member, if they are not adjudicated incompetent or under age 18.</li> </ul> <p><b>No entity or other individual may be the Managing Employer.</b></p> <p>The AWC provider is responsible for hiring employees referred to them by the Managing Employer (or the member/LRP). The AWC provider ultimately retains the responsibility of being the employer while allowing the Managing Employer to partner in managing employee training and supervision.</p>
<p>EORs and Representatives may not provide any paid services to the member.</p>	<p>Managing Employers and Representatives may not provide any paid services to the member.</p>

Training and educational materials provided at the initial orientation should include enough information to ensure the member/LRP can make informed choices about how much they wish to self-direct

services. If the member/LRP chooses to self-direct after this initial orientation, they may choose to work with a Community Navigator agency that is different than the one that provided the initial orientation.

The initial orientation between the member/LRP and the Community Navigator must be completed face-to-face or virtually using a safe, private, and secure web-based software application at the request of the EOR. The member/LRP can choose to have additional people participate in person, by telephone, or via the software application. **Please note the non-business version of Skype does not meet the standards required by health care privacy laws.**

The initial orientation may be authorized and billed under the code T2041-U1U6 (one unit) Community Navigator: IFDS Orientation. If the member/LRP decides to continue with IFDS training in the EOR model, then typically no more than three units of the T2041-U1 Community Navigator: Periodic and Start Up Training should be authorized and billed.

### **Step 3: Identify the Employer of Record/Managing Employer**

After initial orientation, the member/LRP meets with the care manager to review their options:

1. The member/LRP may decide **not to change** to the self-direction option. In that case, the member will continue receiving all Innovations Waiver services through their provider agency.
2. The member/LRP may **decide to begin the process to self-direct** some or all of their Innovations Waiver services under either the EOR or AWC model. The member/LRP may choose to continue receiving some Innovations Waiver services through a provider agency.

If the member/LRP chooses to begin the self-direction process, the next step is to identify who will serve as the EOR (under the EOR model) or the provider agency that will serve as the employer and the person who will serve as the Managing Employer (under the AWC model). The care manager can help with this selection.

### **Step 4: Discuss Having a Representative Help the Employer**

The care manager can help the member/LRP identify a prospective Representative, if desired or required. For example, a participant who is legally competent to self-direct but needs or wants help directing services may identify a Representative.

The Representative may be a family member, friend, someone who has power of attorney, an income payee, or other person who willingly accepts responsibility for performing tasks that the EOR or Managing Employer is unable to perform. The Representative must meet certain guidelines to ensure they act in the member's best interests. The Representative may not:

- Be paid for being the Representative
- Provide paid services or supports to the member (except for guardianship services)
- Be employed by any organization providing paid services (except for guardianship) to the member
- Have a history of physical, mental, or financial abuse
- Be on the NC Health Care Personnel Registry for inflicting abuse

**A paid relative is not allowed to be the actual (or de facto) EOR, Managing Employer, or Representative. This constitutes grounds for denial of or termination from the IFDS option.** If a Representative is appointed, they receive the same training as the EOR or Managing Employer.

The prospective Representative must complete the Representative Screening Questionnaire with the care manager (see **Appendix A**) before starting self-direction training.

### **Step 5: Complete Self-direction Training**

Once the prospective EOR/Managing Employer and Representative (if applicable) are identified, the Community Navigator agency will provide them with the required IFDS training. This training helps prepare the EOR/Managing Employer and Representative (if applicable) to self-direct services and provide the prospective Employer with the skills needed to participate in the IFDS option of the member's choice.

At a minimum, the EOR/Managing Employer must be present at the training. Whenever possible, the EOR/Managing Employer and Representative (if applicable) should be trained together. **Initial training takes about three months and must be completed before a member/LRP may self-direct services.** Services should start within six months of IFDS training, or training will need to be taken again.

Training curriculum and materials are developed by the Community Navigator agency and are subject to approval by Vaya. At a minimum, the training must include:

- Review of the requirements applicable to the Employer as set forth in this handbook, the Community Navigator agency's employer handbook, and other training materials developed by the Community Navigator agency about self-directing services
- Verification of an understanding of the content, assessed through self-readiness tools and/or tests, as developed by the Community Navigator agency, to measure the Employer's readiness to self-direct services

The Community Navigator attests to Vaya that the prospective EOR/Managing Employer has not only completed the training, but also that they are ready to self-direct services. The Community Navigator provides a copy of the completed attestation on the form approved by Vaya (a blank copy is included as **Appendix B**) and a copy of the prospective EOR's/Managing Employer's and Representative's (if applicable) self-direction training completion certificate to the care manager. The care manager uses the Community Navigator's attestation to complete the IFDS Assessment described in Step 8 below and submits it and the completion certificate, along with the request for services and other required documentation, to Vaya's Utilization Management (UM) Team as described in Step 11 below.

This initial self-direction training may be authorized and billed as T2041U1 Community Navigator: Periodic for up to three months. The training must begin within the first month following the UM Team's approval of the authorization. Vaya reviews any additional authorization requests to continue training on a case-by-case basis.

Please note that while EORs/Managing Employers are not required to demonstrate full and complete competency in all Employer functions prior to self-directing services, it is highly encouraged and recommended. Community Navigator services are mandatory for all EORs/Managing Employers until they can demonstrate competency in directing services. The Community Navigator agency is responsible for informing Vaya when it believes the EOR/Managing Employer and Representative (if applicable) are competent in all Employer functions.

During any program integrity or other monitoring activities, Vaya may determine competency is not met and that additional Community Navigator services are needed for the EOR/Managing Employer and Representative (if applicable) to successfully implement a Plan of Correction (POC). For more information, see the information below about quality assurance under each model.

### **Step 6: Decide Whether to Self-direct**

After completing training, the member/LRP will decide whether to self-direct services or continue with provider-managed services. The member/LRP must notify the care manager of the decision. The Community Navigator makes sure the member/LRP, prospective EOR/Managing Employer, and/or prospective Representative have a copy of the complete service definition, including employee qualifications, for each service the member/LRP wants to self-direct.

The member/LRP determines the model of IFDS to use and decides which authorized services to self-direct and to what extent. The member/LRP also determines which services, if any, to continue under the provider-managed option. The member/LRP may only select one model of IFDS at a time, either EOR or AWC, and directs the care manager to add the requested model and services to the care plan.

### **Step 7: Designate a Representative (If Applicable)**

If a prospective Representative has completed self-direction training, the care manager helps the EOR appoint the chosen Representative and works with them to complete a Designation of Representative form (see **Appendix C**).

It is important to know that Vaya makes the final decision about whether a Representative is needed and whether to approve the person the EOR/Managing Employer chooses to be the Representative (see Step 9 below). An individual who needs a Representative to self-direct services will continue receiving provider-managed services until a qualified Representative is identified and approved by Vaya.

### **Step 8: Complete and Share IFDS Assessments**

Next, the care manager completes an assessment to determine what kinds of support the member/LRP needs to self-direct services. The care manager reviews the attestation completed by the Community Navigator in Step 5 above and complete an IFDS Assessment (see **Appendix D** for the EOR model or **Appendix E** for the AWC model) with the EOR/Managing Employer/Representative.

The IFDS Assessment helps inform the parties about areas of support still needed for the EOR/Managing Employer/Representative to become and remain competent in all employer functions. The care manager uses the Community Navigator's attestation and the EOR/Managing Employer/Representative's



responses to the care manager's questions when completing the assessment. **It is critical to the success of self-directing services that the prospective EOR/Managing Employer and Representative honestly and openly share their capabilities and limitations during this assessment.**

The care manager then provides copies of the completed, signed assessments to the chosen EOR or Managing Employer, the Representative (if applicable), the Community Navigator, the AWC provider (if applicable), and Vaya's UM Team (see Step 11 below).

### **Step 9: Sign the IFDS Agreement and Representative Agreement**

Each year, the chosen EOR/Managing Employer (and Representative, if applicable) must sign the IFDS Agreement (see **Appendix F** for the EOR model or **Appendix G** for the AWC model) before self-directing services. This agreement includes the rights and responsibilities of all applicable parties. The care manager can help the member/LRP review this agreement.

The Representative must sign the Representative Agreement (see **Appendix H**), which outlines the requirements of the Representative and explains that they may be removed if their actions place the member's health and safety in jeopardy, if they misuse Innovations Waiver funds, or if they are unable or unwilling to comply with the agreement, the Innovations Waiver, or CCP 8-P requirements.

The Representative Agreement includes the care manager's approval or disapproval of the designation and appointment of the Representative for the EOR/Managing Employer. If Vaya does not approve the appointed individual to serve as Representative, the member/LRP has the right to file a grievance with Vaya; however, the member will continue to receive provider-managed services. If the member/LRP remains interested in self-directing services, Vaya will ask them to identify a different prospective Representative.

### **Step 10: Draft or Update the Member's Care Plan**

The care manager reviews and drafts (or revises) the care plan with the member/LRP as needed. The updated care plan must include the following information:

1. Confirmation that the member/LRP decided to self-direct services under one of the two models
2. Which services will be self-directed and which will be provider-managed
3. Community Navigator services (if needed) to support the decision to self-direct (including for the start-up meeting and intermediate or long-term training)
4. Financial Support Services under the EOR model
5. Confirmation the paid employee is not the member's biological or adoptive parent or stepparent (if the member is under age 18), spouse, or legal guardian
6. A backup staffing plan in case a paid employee cannot provide needed services, as well as a determination of emergency protocols and/or crisis plans
7. A statement of how the member will be involved in self-directing services (if the member is not the EOR or Managing Employer)
8. Long-range goals and outcomes focused on the supports needed for all self-directed services

9. The plan for monitoring services and supports, including how the care manager, EOR/Managing Employer, Representative, Community Navigator, and the AWC provider/Financial Support Services Agency (FSSA) will jointly ensure the member's health, safety, and welfare
10. The effective date to begin IFDS, allowing enough time for Vaya's UM (service authorization) process, continued competency trainings, and employee hiring

When drafting or updating the care plan, remember that for relatives to deliver services as an employee under either model of the IFDS option, Vaya's RADSE policy, available on the [Relative as Direct Support Employee](https://providers.vayahealth.com/network-participation/relative-as-direct-support-employee) page of the Vaya Provider Central website (<https://providers.vayahealth.com/network-participation/relative-as-direct-support-employee>), must be followed. If the member seeks to receive more than 40 hours per week of Community Living and Support (CLS) services from relative(s) in the home, irrespective of whether CLS is self-directed and/or provider-managed, they must submit a RADSE application for approval by Vaya. The EOR/AWC must receive approval from Vaya before the relative delivers services as a paid employee.

When applicable, a RADSE application must be submitted on an annual basis (or more often, if changes to employment are made). **Failure to adhere to the RADSE policy may result in denial of payment, recoupment of funds from the AWC/FSSA (as the submitter of claims for the EOR), and/or termination from the IFDS option or model of choice.**

### **Step 11: Submit the Care Plan Update Packet for Review**

The care manager then submits the care plan update packet to Vaya's UM Team for authorization. The packet must include the following, all of which reflect the requested self-directed services:

1. Care plan update
2. Individual Budget (which includes the IFDS Budget, described below)
3. Representative Screening Questionnaire, Designation of Representative, and Representative Agreement (if applicable)
4. IFDS Assessment
5. IFDS Agreement
6. Signed attestation by the Community Navigator agency
7. Self-direction completion certificate of the IFDS option training provided by a Community Navigator agency for the EOR/Managing Employer and Representative (if approved)
8. Any additional information or documents the member/LRP gives to the care manager to submit to the UM Team to review when making its authorization determination

### **Step 12: Begin the Process for Self-direction**

The care manager notifies the member/LRP when the care plan is approved. The EOR/Managing Employer can then start the process to self-direct approved services, with help from the Representative (if applicable). The process of recruiting, referring (AWC model only), and hiring staff, verifying staff qualifications, and obtaining criminal history and/or background investigation of staff begins at this time.

Under the EOR model, the member/LRP are the common law employer of workers who provide Innovations Waiver services. The FSSA, a fiscal/employer agent approved by the Internal Revenue

Service (IRS), serves as the member/LRP's agent in performing payroll and other financial employer responsibilities required by federal and state laws. The FSSA helps ensure services are managed and funds are distributed as needed. The member/LRP must sign a Financial Support Services Agreement, which outlines the responsibilities of the FSSA. The FSSA and EOR are responsible for ensuring the agreement is completed.

Under the AWC model, the member/LRP is the Managing Employer of workers who provide self-directed services. The AWC provider is the “common law employer” of staff selected (or recruited) by the member/LRP and performs necessary payroll and human resources functions.

Under both models, the Community Navigator, the AWC/FSSA provider, and the Representative (if chosen or needed) are available to help the EOR/Managing Employer conduct employer-related functions. The care manager also provides basic support to members receiving self-directed services. Vaya’s monitoring team is available to provide technical assistance to the EOR/Managing Employer. To contact the monitoring team for technical assistance, email [QualityAssuranceTeam@vayahealth.com](mailto:QualityAssuranceTeam@vayahealth.com).

### **Step 13: Fulfill Ongoing Requirements While Self-directing Services**

Members/LRPs who choose the IFDS option are choosing to function as a provider. This means that the member, the EOR/Managing Employer and Representative have rights, privileges, and responsibilities related to accessing information, managing employees and budgets, getting support and assistance, participating in audits and reviews, filing grievances and complaints, complying with the program requirements, and withdrawing from the IFDS option (if desired).

**The member/LRP must follow all applicable laws, rules, regulations, and requirements regarding employment.** This includes, but is not limited to, Title VII of the Civil Rights Act of 1964; the Age Discrimination in Employment Act; the Americans with Disabilities Act; the Family and Medical Leave Act; the Fair Labor Standards Act; the Innovations Waiver; CCP 8-P; the NC Division of Mental Health, Developmental Disabilities, and Substance Use Services (MHDDSUS) Records Management and Documentation Manual (APSM 45-2) (RMDM); this IFDS Employer Handbook; and training materials provided by the Community Navigator, FSSA, and/or AWC provider.

The EOR/Managing Employer (with the help of the Representative, if applicable) is responsible for:

- Ensuring the member’s health, safety, and welfare
- Reporting any suspected abuse, neglect, or exploitation of the member to the applicable local Department of Social Services (DSS) and the care manager
- Reporting any suspected fraud, waste, or abuse of Medicaid funds to Vaya and other federal or state authorities
- Conducting initial and periodic verification for qualifications of direct support professionals (also known as employees, staff, or workers), as required by CCP 8-P or Vaya, including primary source verification for staff credentials and education (EOR model only)
- Submitting RADSE applications or information, when required
- Completing Innovations Waiver Health and Safety Checklists as required by CCP 8-P (EOR model only)

- Participating in the person-centered planning process, including developing the care plan and attending all care plan meetings
- Developing and updating (as needed) a provider plan/short-term goals, interventions, and strategies
- Following service specifications and definitions in the Innovations Waiver and CCP 8-P
- Following service documentation requirements in the Innovations Waiver, CCP 8-P, and the RMDM, available on [the NCDHHS website](https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/policies-and-procedures/records-management-and-documentation-manual) at <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/policies-and-procedures/records-management-and-documentation-manual>
- Following incident documentation and reporting requirements, including back-up staffing reports
- Maintaining up-to-date administrative, member, and staff files
- Asking for assistance, training, or guidance from the Community Navigator agency or others, when needed
- Adhering to Vaya technical assistance
- Supervising staff who provide services, including establishing a supervision plan for each worker, and documenting supervision according to the supervision plan(s)
- Monitoring the provision of services by direct support professionals
- Allowing the care manager to monitor services provided and the member's health and welfare
- For the EOR model, reviewing monthly financial reports from the FSSA and addressing any under- or over-utilization (underspending or overspending) of the member's Individual Budget
- For the AWC model, reviewing quarterly revenue and expenditure reports from the AWC provider and addressing any under- or over-utilization (underspending or overspending) of the member's IFDS Budget
- Completing the Innovations Waiver Provider Quarterly Self-Review Tool
- Promptly responding to requests for service or staff documentation from Vaya, the AWC provider, the NC Department of Health and Human Services (NCDHHS), or the Centers for Medicare & Medicaid Services (CMS)
- Cooperating with Vaya annual monitoring reviews, payment reviews, or other investigations
- Completing and maintaining any written plans of correction resulting from out-of-compliance issues
- Meeting all responsibilities and requirements in the agreements signed with Vaya, the Community Navigator agency, the FSSA, and/or the AWC provider
- Following all other applicable federal and state rules, statutes, requirements, and guidance

## SECTION 3

# The Employer of Record Model

### Getting Started

Employer of Record (EOR) is one of two models under the IFDS option. The EOR is the person who is registered with the IRS as the employer of the self-directed services for the participant. The EOR receives support from the Community Navigator, who helps them direct Innovations Waiver services. The EOR works with the Financial Support Services Agency (FSSA) to carry out all the functions associated with employment of staff to provide services to the member.

When self-directing under another Medicaid waiver, such as the Community Alternatives Program for Children (CAP/C) or for Disabled Adults (CAP/DA), and transitioning to the Innovations Waiver, the member must begin with provider-managed services. The EOR's/Managing Employer's responsibilities under the Innovations Waiver IFDS model differ from those under other waivers. Additionally, IFDS training by the Community Navigator agency must be completed, and the paperwork to register the EOR submitted to the IRS and NC Department of Revenue, prior to the start of self-direction. In these cases, Vaya will not approve self-direction on the first day of Innovations Waiver services.

### Before the EOR Can Be Approved

To become an EOR, the member/LRP, and Representative, as needed, must be able and willing to perform all EOR functions and certain tasks that assess readiness. Also, the member/LRP must work with the care manager to submit a care plan that includes the EOR model for review by Vaya's UM Team.

Remember the EOR must be the LRP, and, if there is not one, then the member. **No entity or other individual may serve as the EOR for an Innovations Waiver participant.**

Before submitting an updated care plan to self-direct services, the EOR must:

- Complete orientation on the EOR model with a Community Navigator (T2041-U1U6 Community Navigator: IFDS Orientation/T2041-U1U6 GT [telehealth] or T2041 Community Navigator: Monthly T2041 or T2041 GT [telehealth]; see [NC Medicaid CCP 8-P](#))
- Receive a training completion certificate from the Community Navigator agency
- Choose the EOR model of IFDS for some or all Innovations Waiver services
- Appoint a Representative, if one is required, or choose a Representative, if desired (Representatives approved by Vaya must complete the same introductory training, orientation, and assessment as the EOR. In addition, the Representative must complete the Representative Screening Questionnaire and sign the Designation of Representative form and a Representative Agreement)
- Complete the EOR IFDS Assessment with the care manager (and Representative, if applicable)
- Complete the EOR IFDS Agreement with the care manager (If applicable, the agreement also indicates the duties the Representative will perform on behalf of the employer. The Representative must sign the agreement.)

- Identify start-up supplies (as permitted and within budget) with the help of the Community Navigator, including associated costs, to allow the care manager to complete the updated Individual Budget in the care plan
- Work with the care manager to update the care plan to include the EOR model, including adding Financial Support Services and Community Navigator services needed to begin self-direction

Vaya's UM Team reviews the updated care plan. When it is approved, Vaya electronically notifies the Community Navigator agency and the FSSA, and the care manager notifies the EOR. If the care plan is partially approved, the care manager will update the POC and Individual Budget (as needed) to include the approved services.

## **Representative Role**

If there is an approved Representative, the EOR IFDS Agreement defines the functions the Representative may perform on the EOR's behalf. The care manager is responsible for providing a copy of the Representative Screening Questionnaire, Designation of Representative, and Representative Agreement to the EOR, and the EOR is responsible for providing a copy of these documents to the Community Navigator agency and the FSSA.

Vaya makes the final determination about the need for a Representative and approves the person chosen by the EOR to be the Representative. In collaboration with the member/LRP, the care manager on occasion assesses whether the EOR needs to appoint a different Representative, remove a Representative, or change the Representative's function.

## **Information the EOR Must Have After Vaya Approves Self-Directing Services**

The EOR must have the following information to begin self-directing services:

- Orientation talking points (*provided by the Community Navigator*)
- Vaya Health Member Handbook (*made available by a Vaya Member and Recipient Services representative or care manager*)
- Employer Handbook (*provided by the Community Navigator*)
- This IFDS Employer Handbook (*provided by the Community Navigator*)
- Copies of training slides (*provided by the Community Navigator*)
- Copy of the training completion certificate (*provided by the Community Navigator*)
- Copy of EOR IFDS Assessment (*provided by a care manager*)
- Copy of EOR IFDS Agreement (*provided by a care manager*)
- Copy of the approved care plan and budget (*provided by a care manager*)
- Copy of CCP 8-P (*provided by the Community Navigator or a care manager*)
- Link to or copy of the RMDM (*provided by the Community Navigator*)
- Link to Vaya's RADSE webpage to complete initial and periodic RADSE applications, as applicable (*provided by a care manager*)
- Copy of the Designation of Representative, Representative Assessment, and Representative Agreement, if a Representative is appointed or chosen (*provided by the care manager*)



If the EOR needs one of these documents, they should ask the Community Navigator or care manager for a copy.

### **Start-up Meeting with Community Navigator After Self-direction is Approved**

The Community Navigator contacts the EOR/Representative to set up a start-up meeting at a place and time convenient for the EOR. The meeting typically takes place in the member's home, but it can be at another location, depending on the EOR's needs and preferences. This meeting must occur either face to face and in person between the EOR (and Representative, if there is one) and the Community Navigator or, at the EOR's request, held virtually using a safe, private, and secure web-based software application.

*Please note that provider-managed services continue while the above items are being completed. This will typically be at least 30 days.*

The start-up meeting is provided as part of the initial training but may be authorized and/or billed as T2041 Community Navigator: Monthly. At the meeting, the Community Navigator:

- Reviews the attestation and the IFDS Assessment to focus on needed areas of continued support
- Reviews the division of the EOR's and the Representative's (if applicable) responsibilities in the EOR IFDS Agreement
- Reviews the start-up process for the EOR model
- Helps the EOR assess the need for start-up supplies, including a lockbox or locking file cabinet, if needed
- Provides forms needed by the EOR and explains additional forms the Community Navigator can provide
- Asks if the EOR received a start-up letter from the FSSA that includes necessary forms to complete and return to the agency; if not, the Community Navigator follows up with the FSSA or care manager to make sure the letter/forms are mailed to the EOR
- Helps the EOR complete forms with start-up information needed by the FSSA
- Helps the EOR decide how many workers to hire to prepare for the start-up meeting with the FSSA (hiring several employees gives the EOR more flexibility in scheduling and more options for backup in emergencies)
- Helps the EOR complete a draft of the IFDS Budget calculator used to determine potential employee wages, benefits, workers' compensation insurance premiums, and funds available for other expenses in preparation for the start-up meeting with the FSSA (additional information about the budget calculator is provided below)
- Develops and reviews short-range goals and strategies to address Community Navigator services long-range outcomes in the care plan (the EOR and Representative, if applicable, sign these goals)
- As needed, help the EOR finalize the member's short-range goals and strategies to address self-directed services identified in the care plan

Community Navigator services are mandatory for all EORs **until they have demonstrated competency in self-directing services**, as evidenced by a competency completion certification (which is separate and different from the initial training certificate described in Step 5 above) issued by the Community

Navigator agency and provided to Vaya. During our annual review, Vaya may determine competency is not met and that the EOR requires additional Community Navigator services to successfully implement a care plan. If necessary, the Community Navigator may be required to meet the EOR and Representative (if applicable) in person to conduct any additional Community Navigator services needed to ensure they demonstrate competency in self-directing services.

It is the EOR's and the Representative's responsibility to ask the Community Navigator for additional information, coaching, or technical assistance, if needed. Community Navigators support (rather than direct and manage) the EOR throughout the service delivery process. Community Navigator services are intended to enhance, not replace, existing natural and community resources. These services may be intermittent and will fade as the EOR develops greater community connections and self-direction skills.

If an EOR or Representative needs ongoing help to demonstrate or maintain competency, they may request monthly Community Navigator services (T2041, with the designated modifier for monthly).

The Community Navigator may also offer the EOR/Representative safe, secure, and private web-based trainings and materials to help maintain competency or for other training purposes.

**EOR TIP:** Get a copy of the workers' compensation insurance policy (with the effective date) from the FSSA. EORs are required to have workers' compensation insurance. Premiums for workers' compensation insurance is paid from the IFDS Budget (described below). Workers' compensation insurance provides coverage to employees for financial compensation, including for loss of wages and (sometimes) medical costs if employees are injured or disabled while performing their job duties.

The FSSA facilitates the application for workers' compensation insurance. The effective date of the policy is critical. The EOR cannot make a job offer to a prospective employee until the FSSA confirms it has obtained workers' compensation insurance and conducts required background checks.

## **Initial Meeting/Contact With the FSSA Field Representative**

The Community Navigator will help the EOR set up an initial meeting/contact with the FSSA to explain how the FSSA will provide services on behalf of the EOR (and Representative, if applicable) and to complete the necessary paperwork. Specifically, the FSSA helps the EOR with required paperwork that is submitted to the federal and state revenue departments and coordinates hiring support staff.

Before or during the initial meeting with the FSSA, the EOR (not the Representative, if there is one) may obtain an Employer Identification Number (EIN) from the IRS and the NC Department of Revenue. The FSSA must verify whether the EOR has ever had an EIN. If not, the FSSA can help the EOR get one. The FSSA will also submit an application and authorization to the IRS stating the FSSA is authorized to act as the Fiscal Employer Agent on behalf of the EOR in fiscal and tax matters. During the initial meeting/contact, the FSSA:

- Answers questions the EOR or Representative may have about FSSA services

- Helps the EOR complete financial paperwork required by the state and federal governments, such as tax and payroll documents
- Reviews and signs the Financial Support Services Agreement, which describes the functions that the FSSA, the EOR, and the Representative (if there is one) will perform
- Reviews the process for hiring staff, including the FSSA's responsibility for completing criminal background checks, driver's license checks, and health care registry checks of the EOR and the direct support professional staff (on behalf of the EOR)
- Provides instruction and training on time and billing sheets, as well as payroll schedule requirements
- Discusses the process for ordering and paying for employer supplies
- Provides information and materials on tracking the budget determined by the EOR and answers any questions about the Budget Calculator
- Obtains/confirms information needed to secure workers' compensation insurance on behalf of the EOR, or to add the EOR's employees to the existing policy held by the FSSA

**Remember: It is very important for the EOR, as the common law employer, to understand their role, the Representative's role (if applicable), and the FSSA's role related to financial, tax, and employment matters.** It is the EOR's responsibility to ask for and obtain any additional information or technical assistance needed from the FSSA.

### **Financial Support Services Agency Transfer**

If an EOR decides to switch FSSAs, the EOR notifies the care manager, who coordinates with the new FSSA on the start date of the transfer and relays this information to the EOR. Once the transfer date has been established, the care manager updates the Innovations Waiver budget and SAR Signature Page, obtains signatures from the EOR, and submits the SAR.

The care manager will request an overlap month for FSSA for the new provider and the current provider so that the new FSSA can onboard all of the EOR's staff. (Both FSSAs will have an active authorization for at least one month at the same time). Please note this process takes about 30 to 60 days to complete, as all current staff must be onboarded by the new FSSA once the EOR informs the care manager they wish to change the FSSA. The EOR should consider informing the current FSSA they are choosing a new FSSA within 30 days. In cases of member-specific rates, the EOR must complete Appendix Q (EOR Member-Specific Rate Transfer Request) and coordinate with the care manager.

### **Information the EOR Must Have After Initial and Follow-up Meetings With the Community Navigator and FSSA**

After all start-up meetings are complete, the EOR must have the following to begin the hiring process:

- All forms and documents listed in **Appendix K**
- Provider plan/short-range goals, interventions, and strategies to implement the care plan (*developed by the EOR with help from the Community Navigator*)
- Final IFDS Budget (*developed by the EOR with help from the Community Navigator, using the Budget Calculator*)
- Initial employer supplies (*ordered by the FSSA*)

- A safe, secure means of storing confidential documents (*with help from the Community Navigator as needed*)
- Staff job descriptions, including duties, schedule of staff hours based on the member's needs, and staff pay rates and benefits (*developed by the EOR with help from the Community Navigator*); if the member has an individualized rate, the EOR (or the Representative, if applicable) must work with the FSSA to ensure claims submitted to Vaya match the approved individualized rates for the period of approval and to adjust employee pay rates, as needed
- Tools and knowledge to recruit, hire, manage, train, evaluate, and change employees to provide services (*with help from the Community Navigator*)
- Knowledge and understanding of staff financial forms, staff qualifications, education, and training, and staff recordkeeping requirements (*with help from the Community Navigator and the FSSA*)

The EOR is responsible for making sure they (and the Representative, if applicable), have the necessary knowledge, skills, and understanding to manage self-direction of services prior to and while services are self-directed. The EOR must manage self-direction in a manner that is compliant with the Innovations Waiver, CCP 8-P, the RMDM, signed self-direction agreements, this IFDS Employer Handbook, and other federal and state requirements.

## Recruiting and Hiring Employees

The Community Navigator is available to help the EOR/Representative recruit and hire qualified and competent direct support professionals to provide services to the member. Please note the following requirements:

- The employee is hired by the EOR
- The employee **cannot** be any of the following:
  - The biological or adoptive parent, or stepparent, of a member under age 18, unless the member has "exceptional support needs"
  - The member's spouse
  - The EOR
  - The Representative for the EOR
  - Anyone with power of attorney for the member or the EOR
  - Anyone employed by Vaya, the Community Navigator agency, or the FSSA
- If the participant is age 18 or older or under age 18 and qualifies for RADSE services, the EOR **may employ** an adult relative who lives in the home of the member/family/natural supports to provide services, but only in accordance with RADSE guidelines:
  - If one or more relatives who live in the same home as the member provide a combined total of 40 or fewer hours per week of services, their names and the number of service hours they provide must be part of the care plan. The member/LRP or EOR must discuss this option with the care manager to update or add this information to the care plan.
  - If the EOR wants to hire one or more relatives who live in the same home as the member for a combined total of more than 40 hours per week, they **must** receive prior written approval from Vaya. These kinds of requests are considered out of the ordinary. The Community Navigator can help with a RADSE request. The EOR can learn more about this process on the [Relative as Direct](#)

[Support Employee](https://providers.vayahealth.com/behavioral-health/relative-as-direct-support-employee/) page of the Vaya Provider Central website at <https://providers.vayahealth.com/behavioral-health/relative-as-direct-support-employee/>

- The employee **cannot** be on the federal or state health care registries or exclusion database:
  - The U.S. Department of Health and Human Services' Office of Inspector General (OIG) maintains a List of Excluded Individuals and Entities Database at <https://oig.hhs.gov/exclusions>. This list includes people and entities who are not allowed to participate in the Medicaid and Medicare programs. If a prospective employee is on this list, the employer may not hire the applicant.
  - The NC Division of Health Service Regulation (DHSR) maintains Health Care Personnel Registries (HCPRs) at <https://ncnar.ncdhhs.gov/index1.jsp>. The EOR must access the HCPR before hiring unlicensed health care personnel pursuant to N.C.G.S. § 131E-256. If a prospective employee is not in good standing with the HCPR, the employer may not hire the applicant.
  - The EOR or Representative should discuss concerns and questions about the OIG database and the HCPR with the Community Navigator.
- The employee **cannot** be hired if a criminal background check reflects any convictions listed in [N.C.G.S. §108C-4\(c\)](https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_108C/GS_108C-4.pdf), available at [https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_108C/GS\\_108C-4.pdf](https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_108C/GS_108C-4.pdf), and on the Convictions Barring Employment list set forth in CCP 8-P. However, if (a) the convictions is listed in [N.C.G.S. §108C-4\(c\)](https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_108C/GS_108C-4.pdf) and not on the Convictions Barring Employment list, and (b) the EOR determines the individual can perform the duties of their job while also maintaining the beneficiary's health and safety and elects to hire them, the FSSA's background check acknowledgement form must be completed, submitted to Vaya, and maintained in the staff's personnel files by the EOR. The EOR or Representative should discuss concerns or questions about applicants' criminal history with the FSSA.
- The EOR must ensure the following requirements are met before the employee begins providing services:
  - A completed Employee Hire Packet, including forms to be completed by staff hired by the EOR (*provided by the FSSA and the EOR*)
  - Employer-Employee Agreement, if in writing (*with help from the Community Navigator*)
  - An updated IFDS Final Budget Calculator (if needed) that has been submitted to Vaya (*developed by EOR with help from the Community Navigator, who submits it to Vaya*)
  - Staff orientation and training (*provided or arranged by EOR*):
    - The EOR should ask the Community Navigator for help, if needed
    - The EOR (or the Community Navigator or the FSSA, on behalf of the EOR) must maintain in the employee's personnel file certificates or other documentation showing the employee has all necessary training and education required to provide (and continue providing) services
    - The amount of training will depend on the skills needed to perform the job and the employee's experience but must include education about the service definition and documentation requirements for the services to be provided to the member (see **Appendix K** for a list of suggested employee qualifications and trainings)
    - At a minimum, employees must meet requirements specified in the Innovations Waiver, CCP 8-P, the RMDM, and the care plan
- Upon hiring, development of an Individualized Supervision Plan (for each employee) signed by EOR and staff
- Provision of a copy of the member's care plan and the short-range goals to each employee

## Self-direction of Services Begins

Once staff are hired, self-direction of services can begin. When self-directing services, the EOR (and Representative, if applicable) has the following ongoing responsibilities:

TWICE MONTHLY (OR AS OFTEN AS NEEDED) TASKS	
Employee payroll and supervision	Review employee's documentation (time sheets and service documentation)
Time and billing cards/sheets	Review and submit employee time and billing cards/ sheets to the FSSA
Backup Staffing Reporting	<p>According to <a href="https://www.ncdhhs.gov/documents/files/joint-communication-bulletin-j256-back-staffing/open">Joint Communication Bulletin (#J256)</a>, available at <a href="https://www.ncdhhs.gov/documents/files/joint-communication-bulletin-j256-back-staffing/open">https://www.ncdhhs.gov/documents/files/joint-communication-bulletin-j256-back-staffing/open</a>, if a provider or EOR employee is unable to provide a service, and the provider or EOR is unable to provide backup staff, the provider or EOR must report the lack of staffing to Vaya using the <a href="https://providers.vayahealth.com/resources/backup_staffing_form/">Back-Up Staffing Form</a>, available on Vaya's Provider Central website at <a href="https://providers.vayahealth.com/resources/backup_staffing_form/">https://providers.vayahealth.com/resources/backup_staffing_form/</a>, and submit to <a href="mailto:backupstaffing@vayahealth.com">backupstaffing@vayahealth.com</a>:</p> <ul style="list-style-type: none"> <li>• <b>Calendar days:</b> 1st-15th <ul style="list-style-type: none"> <li>○ <b>Due date:</b> Last day of the current month</li> <li>○ <b>Example:</b> Backup staffing incidents occurring between Aug. 1-15 would be reported by Aug. 31</li> </ul> </li> <li>• <b>Calendar days:</b> 16th-30th (31st) <ul style="list-style-type: none"> <li>○ <b>Due date:</b> 15th of the next month</li> <li>○ <b>Example:</b> Backup staffing incidents occurring between Aug. 16-30 would be reported by Sept. 15</li> </ul> </li> </ul>
MONTHLY TASKS	
Monitoring employee provision of services	For each self-directed service, observe each employee working with the member at least monthly and write individualized notes about the employee's work with the member to implement the short-range outcomes and goals
Monthly Revenues and Expenditures (R&E) Report	<ul style="list-style-type: none"> <li>• Review the Monthly R&amp;E Report from the FSSA to ensure the IFDS Budget is not overspent</li> <li>• Report any concerns to the FSSA</li> <li>• Work with the care manager</li> <li>• Address any corrective actions to be taken with FSSA (unresolved corrective actions can be addressed with help from the Community Navigator and care manager)</li> </ul>
QUARTERLY TASKS	
Emergency plans	<ul style="list-style-type: none"> <li>• Review emergency plans and revise as needed</li> <li>• Document review of emergency plans</li> </ul>



QUARTERLY TASKS	
<b>Backup Staffing Plan</b>	<ul style="list-style-type: none"> <li>Review and test the Backup Staffing Plan (for example, contact the people listed, including both paid staff and natural supports, to ensure they are still available)</li> <li>If the Backup Staffing Plan needs to be revised, notify the care manager</li> <li>Document the review/testing of Backup Staffing Plan</li> </ul>
<b>Provider Self-Review Tool</b>	Conduct the self-review and return a copy of the completed Provider Self-Review Tool (on the <a href="https://providers.vayahealth.com/resources/forms/">Forms</a> page of the Vaya Provider Central website at <a href="https://providers.vayahealth.com/resources/forms/">https://providers.vayahealth.com/resources/forms/</a> ) to Vaya
<b>QM Reporting</b>	Complete cumulative reporting of Level I incidents that occur in the quarter on the Quarterly Provider Level I Incident Report QM-11 form (on the <a href="https://providers.vayahealth.com/resources/forms/">Forms</a> webpage at <a href="https://providers.vayahealth.com/resources/forms/">https://providers.vayahealth.com/resources/forms/</a> ); reporting must be available for the Quality Performance Improvement Review

ONGOING TASKS	
<b>Budget</b>	<ul style="list-style-type: none"> <li>Update the IFDS Budget using the Budget Calculator, when needed</li> <li>Confirm with the care manager that Vaya has a copy of the current, signed IFDS Budget</li> </ul>
<b>Short-range goals for each service</b>	<ul style="list-style-type: none"> <li>Develop, revise, and sign the short-range goals as needed with the member/LRP (at least once a year)</li> <li>Include all required elements in the short-range goals, which must link back to a long-range outcome in the care plan</li> <li>Ensure the member/LRP agrees to the stated goals, outcomes, interventions, and strategies</li> <li>Ensure the member/LRP signs the short-range goals</li> </ul>
<b>Service documentation</b>	<ul style="list-style-type: none"> <li>Ensure employees document service delivery on the date the service is provided</li> <li>Ensure all required elements of service documentation are included</li> <li>Make sure that service notes/grids are individualized</li> </ul>
<b>Employee instruction/training</b>	<ul style="list-style-type: none"> <li>Ensure employees know the goals/strategies and have access to emergency plans, emergency numbers, short-range goals and interventions/strategies, the Behavior Support Plan (if applicable), and the crisis plan (if applicable)</li> <li>Ensure employees receive initial and ongoing required training and that training is documented in the employee's personnel record</li> <li>Ensure employees who have worked with the member for some time receive additional training, if needed (the employee may need to refresh their knowledge, or the member may have a new need requiring additional training)</li> </ul>
<b>Employee supervision (ongoing and monthly recommended)</b>	<ul style="list-style-type: none"> <li>Meet with each employee to ensure they meet ongoing competencies and skills required by CCP 8-P and the supervision plan at frequency specified in the plan</li> </ul>

ONGOING TASKS	
	<ul style="list-style-type: none"> <li>• Document the supervision at minimum at the frequency specified in supervision plan</li> <li>• Conduct supervision (recommended monthly, but at minimum at the frequency indicated in the supervision plan)</li> <li>• Ensure that the supervision plan is followed and the employee's knowledge, skills, and abilities required by the population served are demonstrated</li> <li>• Review and update supervision plan on an annual basis</li> </ul>
<b>Service delivery/ documentation of service deviations</b>	<ul style="list-style-type: none"> <li>• Ensure services are delivered as outlined in the care plan (for example, the number of service units/hours per week)</li> <li>• Document any service deviations (any instance in which a service is not delivered at the frequency or intensity outlined in the care plan)</li> </ul>
<b>Incident reports</b>	Submit incident reports (as described below and in <b>Appendix N</b> ) to Vaya as required
<b>Monitoring and audit requirements</b>	Participate in audits or monitoring reviews by Vaya, NC Medicaid, CMS, and any other governmental unit, as required
<b>Other requirements</b>	<ul style="list-style-type: none"> <li>• Develop, revise, and maintain all member and staff records required by CCP 8-P, the RMDM, other state and federal requirements and agreements with the FSSA, the Community Navigator, the Representative, and/or Vaya</li> <li>• Develop, revise (if needed), and maintain agreements with the Representative, the FSSA, the Community Navigator, and/or Vaya</li> <li>• Maintain signed copies of the care plan</li> <li>• Maintain a current copy of the workers' compensation insurance policy</li> <li>• Follow any other suggestions listed in <b>Appendix J</b> of this handbook</li> </ul>

## Additional Information to Know While Self-directing services

The next sections provide additional information about the EOR's responsibilities for the following tasks, as well as what to expect from Vaya. These are:

- The IFDS Budget
- Service documentation requirements
- Backup staffing and emergency planning
- Primary crisis response
- Quality assurance requirements

In contrast to the EOR model, in the provider-managed Agency with Choice (AWC) model, all expenditures, including administrative and direct services, are paid out of the provider's service reimbursement rate.

## What is the IFDS Budget?

Each Innovations Waiver participant has an Individual Budget. Members who choose to self-direct all or part of their approved services will have an Individual and Family Directed Services Budget (the IFDS Budget). **The IFDS Budget is part of the member's Individual Budget.** The total amount of the Individual Budget cannot be more than \$184,000 per year and will not change simply because a member decides

to participate in the IFDS option. Note that there are certain exceptions to the Individual Budget limit that apply per the Innovations Waiver.

For example, Jane Doe decides to self-direct her Community Living and Support (CLS) and to receive Community Networking through a provider agency for her plan year. Because she self-directs a service, Jane also receives FSSA and Community Navigator services. Her individual budget for the year (i.e. total cost of services) is \$20,000. Her Financial Support Services cost \$2,300, Community Navigator services cost \$1,000, Community Networking Services cost \$14,000, and CLS costs \$2,700.

Jane's annual IFDS Budget is \$2,700, and her remaining Individual Budget for provider-managed services is \$17,300.

JANE'S ANNUAL INDIVIDUAL BUDGET	
PROVIDER-MANAGED SERVICES	
<i>Financial Support</i>	\$2,300
<i>Community Navigator</i>	\$1,000
<i>Community Networking</i>	\$14,000
<b>PROVIDER-MANAGED SERVICES TOTAL</b>	<b>\$17,300</b>
SELF-DIRECTED SERVICES	
<i>Community Living and Support</i>	\$2,700
<b>SELF-DIRECTED SERVICES TOTAL</b>	<b>\$2,700</b>
ANNUAL BUDGET	
<i>PROVIDER-MANAGED SERVICES BUDGET</i>	\$17,300
<i>IFDS BUDGET</i>	\$2,700
<b>TOTAL ANNUAL INDIVIDUAL BUDGET</b>	<b>\$20,000</b>

Innovations Waiver funds are Medicaid (taxpayer) dollars that the EOR, the Representative (if there is one), and Vaya must use in accordance with applicable federal and state laws, regulations, and rules, as well as NCDHHS policies and rules. **Under federal law, Medicaid is the payor of last resort.** The EOR and Representative must be careful purchasers of services and supplies and use personal and community resources before using Medicaid and other public funds.

Vaya is responsible for reimbursing contracted providers who deliver services to members. Under the EOR model, Vaya is also responsible for making reimbursements to the participant's FSSA, which must be contracted with Vaya. The reimbursements made to the FSSA are divided into two components: an administrative portion and a direct services portion

- The administrative portion (**Administrative Rate**) received by the FSSA is used to pay for the cost of the Financial Support Services (T2025-U1), forms provided by the FSSA, and the start-up cost for functions completed for EORs. The Administrative Rate is:
  - Part of the member's Individual Budget, but not part of the IFDS Budget
  - Paid directly to the FSSA for its services and to pay up to \$750 for the cost of any of the following specific start-up costs: blood-borne pathogen supplies, first aid kits, initial employment ads, background checks of EOR/Representative/initial employees requested by the FSSA, and initial CPR and First Aid employee trainings
  - Not available to the EOR to pay for other costs or supplies
  - Payable monthly, as billed, directly to the FSSA
  - Not available to pay for Financial Support Employer Supplies (T2025-U2), more than \$750 in start-up costs (which may be authorized and billed as T2025-U2U1), for expenses not allowed to be paid with Medicaid funds, or any expense coverable by the EOR Service Reimbursement Rate

- The direct services portion (**EOR Service Reimbursement Rate**) is used to pay costs for staff payroll and benefits. It is also used to pay for certain allowable expenditures, including workers' compensation insurance, employment taxes, additional employee training, habilitation training supplies, backup staffing, and other Vaya-approved items (T2025-U2) that are directly related to the cost of providing services and not otherwise covered by the Administrative Rate or another service or funding source. The EOR Service Reimbursement Rate is:
  - The only part of the member's IFDS Budget
  - Managed by the EOR, with help from the Representative (if there is one) and the Community Navigator and/or FSSA
  - The only source of funding available to the EOR to pay for Vaya-approved Employer Supplies (T2025-U2). "Items that are directly related to the cost of providing services" are those items identified as a coverable "employer supply" under Financial Support Employer Supplies definition (T2025-U2) in NC Medicaid Clinical Coverage Policy 8-P and the Innovations Waiver. Any such item must be reviewed by Vaya's UM Team before the FSSA may reimburse or pay for the item purchased or to be purchased
  - The rate established by Vaya and cannot include the Administrative Rate

The care manager notifies the EOR of the amount in the Individual Budget, including the total cost of self-directed services reflected in the IFDS portion of the Individual Budget. The EOR/Representative has control and responsibility over how the funds in the IFDS Budget are managed and spent within Innovations Waiver and Medicaid requirements and guidelines. The Community Navigator is available to train and help the EOR and Representative manage the IFDS Budget.

### **How Does the EOR Manage the IFDS Budget?**

The EOR (with the Representative, if applicable) must make and maintain a budget for services, supplies, and items needed that are included in the approved care plan and approved as Medicaid-allowable expenses from the EOR Service Reimbursement Rate. The Budget Calculator is a computer-based auto calculator that enables the EOR/Representative to create and manage the IFDS Budget. It provides a way for the EOR to budget for costs, including employee pay and benefits and employment taxes. Additionally, the EOR budgets and directs payment for workers' compensation insurance, employment taxes, additional employee training, habilitation training supplies, backup staffing, and other items directly related to the cost of providing services.

The FSSA trains the EOR/Representative on how to use the Budget Calculator to create the IFDS Budget. After the EOR/Representative has completed and signed a final IFDS Budget, the EOR is responsible for submitting their final, approved IFDS Budget it to the FSSA.

Occasionally, the EOR will need to update the IFDS Budget. At a minimum, they must update it when any of the following occur:

- The care plan is updated, resulting in a change in frequency and/or duration of any self-directed services
- Service revenue is less than projected. The FSSA notifies the EOR that the unemployment tax or workers' compensation insurance rates have increased

Additionally, the EOR must update the IFDS Budget:

- Annually, no later than the time of the annual care plan development
- Prior to granting a pay raise for an employee
- When an employee uses overtime not budgeted in the Budget Calculator
- Anytime a new Budget Calculator is issued by the FSSA
- When an EOR transitions from one FSSA to another
- When the EOR wants to add Medicaid-allowable expenses that were not previously budgeted
- Any time additional benefits are provided to employees that affect the IFDS Budget
- As required in the Financial Support Services Agreement between the EOR and the FSSA

The EOR and Representative (if applicable) are responsible for maintaining the final and updated IFDS Budget for quality review purposes. Remember that the FSSA also must have a copy of the IFDS Budget before self-directed services begin (and each of the times described above). If the FSSA finds problems when reviewing the IFDS Budget, FSSA staff notifies the EOR and/or Community Navigator assisting the EOR. The EOR, together with the Representative and Community Navigator (if applicable), must address these problems and resubmit the updated and signed IFDS Budget to the FSSA.

The Innovations Waiver requires EORs to demonstrate competency in all EOR functions. An EOR or Representative who does not understand how to use Budget Calculators or submit IFDS Budgets as required should strongly consider requesting or continuing Community Navigator services. For example, problems in under- or over-utilization of services (in other words, if services are not used enough or used too much) may require the EOR to develop a POC. If the budget continues to be under- or over-utilized, Vaya may decide that the EOR can no longer self-direct services. If that happens, a provider agency will resume managing the member's services.

## **Guidelines for Determining Allowable Expenditures From the EOR Service Reimbursement Rate**

There are rules that must be followed when using Innovations Waiver funds. The most basic rules are that everything purchased must be related to the member's needs and that the funds are used for services and supplies allowed by the Innovations Waiver. As stated above, all employer supplies and other expenditures not covered by the Administrative Rate must be paid out of the EOR Service Reimbursement Rate, which is managed by the EOR—in other words, any fund balance accrued after deducting the costs of payroll, employment taxes, and workers' compensation from reimbursement for the direct services provided. To determine if expenditures are allowed under the EOR model, the expense must meet the following criteria:

- Must be related to the member's disability needs
- Must be for the member's benefit
- Must be needed to maintain the member's health, safety, and well-being
- Cannot be covered by another funding source
- Must be directly related to a service in the current care plan
- Must be covered by the applicable service definition and specifications
- Must be the actual cost of the item after all applicable credits, such as refunds, rebates, and discounts, are calculated

- Cannot be associated with room and board charges
- Must be clinically appropriate and adequately justified
- Cannot be prohibited under other federal, state, or local laws and/or regulations
- Cannot be prohibited under NC Medicaid policies and procedures

Payments may not be made directly to the member, the EOR, the Representative, or family. Instead, only the person (individual or entity) providing the service, supply, or other item receives the payment.

EOR expenditures that **can be paid** using Innovations Waiver funds are listed in the Innovations Waiver and CCP 8-P. Remember, any expenditures covered by the Administrative Rate should not be included as costs covered by the EOR Service Reimbursement Rate, and vice versa.

### Examples of Prohibited Expenditures

The following are examples of items that **cannot be paid** using Innovations Waiver funds (this list does not include all excluded items):

- Gifts for or loans to workers, family, or friends (**additionally, it is best to avoid giving excessive salary bonuses to new or short-term employees that do not align with the services they deliver, as these may be construed to be a gift or loan**)
- Rent, mortgage, or periodic utility payments
- Payments for someone to be the EOR or Representative
- Individual goods or services that cost more than \$2,000 per plan year
- More than one laptop/computer or electronic health record (EHR) software over the life of the Innovations Waiver
- Experimental goods or services
- Items that are restricted under state law (N.C.G.S. §122C-60)
- Items that are social or recreational
- Vacation expenses
- Services covered by a third party or that are the responsibility of a non-Medicaid program or service provider
- Purchase or lease of vehicles
- Purchase of animals
- Items that are illegal

### How Does the EOR Order Supplies?

Before requesting supplies, the EOR/Representative identifies the supplies needed to carry out EOR duties and determines the cost, including getting quotes for certain items. After reviewing the budget report to verify the available fund balance, the EOR should use these costs/quotes to update the IFDS budget using the Budget Calculator. (Note: EOR supplies do not require a formal update to the care plan.)

If the identified supplies **are on the Vaya “pre-approved” list** (see **Appendix O**), the EOR works with the FSSA to purchase the item(s) using the fund balance by sending the following to the FSSA agency:

- The completed FSSA vendor supply purchasing form(s)



- Quotes for the items that require purchasing

Vaya does not directly pay for or reimburse items that have been approved for purchase. If the identified supplies **are not on the Vaya “pre-approved” list** (Appendix O), the following process occurs:

1. The EOR submits the obtained invoice(s)/quote(s) for the supplies to the care manager after verifying funds are available in the IFDS Budget.
2. The care manager submits the EOR Expenditure Form, corresponding invoices/quotes, and a service authorization request (SAR) using the EHR system.
3. Using the Medicaid 1915(c) Authorization Guidelines for Innovations Services, available at <https://providers.vayahealth.com/authorization-information/authorization-guidelines/>, Vaya’s UM Team ensures the form is complete and determines whether the items are necessary to carry out EOR responsibilities. The standard timeframe for the UM Team’s decision is 14 calendar days, but the range may be extended another 14 days if the team needs additional information.

**If the UM reviewer finds the request appropriate**, they approve the use of the individual fund balance for purchasing the items. After receiving approval, the EOR works with the FSSA to purchase the item(s) using the fund balance by sending the following items to the FSSA:

- The completed FSSA vendor supply purchasing form(s)
- The Vaya Notice of Authorization for the approved supplies
- Invoice(s)/quote(s) for the supplies

Vaya does not directly pay for or reimburse items that have been approved for purchase.

**If the UM reviewer is unable to approve the request**, they send it to a licensed clinician for a second review. The clinician may fully approve the request or send it for peer review for partial or full denial. A Notice of Decision will be sent by certified mail if any part of the request is denied. More information on peer reviews is available on the [Peer Review](https://providers.vayahealth.com/authorization-information/peer-review/) page of the Vaya Provider Central website (<https://providers.vayahealth.com/authorization-information/peer-review/>).

**Once the EOR receives an approved, purchased item**, they must mail, fax, or email the packing slip and invoice to the FSSA so the vendor can be paid in one of three ways:

- If the item requested is covered by the Individual Goods and Services service definition (for the member only), the FSSA follows Vaya’s vendor payment process and bills Vaya with the authorized Individual Goods and Services code.
- If the item is a start-up cost covered by T2025-U2U1 (blood-borne pathogen supplies, First Aid kits, initial employment ads, background checks of EOR/Representative/initial employees requested by the FSSA, and initial CPR and First Aid employee trainings), and the cost is incurred within 90 days after approval by Vaya’s UM Team to begin self-directing services, the FSSA bills Vaya for authorized start-up supplies. To be reimbursed, the FSSA must submit a claim through the Vaya provider portal or HIPAA-compliant electronic data interface transaction .
- If the item is covered by the T2025-U2 FSSA: Employer Supplies service definition, the item is not billed to Vaya and is paid using the fund balance/reserve amount, which comes directly from the member’s IFDS Budget.

**The member must have funds available in the IFDS Budget to purchase any Employer Supplies and send the invoice to the FSSA, or, in the alternative, work out any advances with the FSSA if the FSSA is willing to be reimbursed in the future from the IFDS Budget.**

### Monthly Revenues and Expenditures Report

Under the EOR model, the FSSA, EOR (and Representative, if applicable), and Vaya all have a role in monitoring the member's approved budget. The member's Individual Budget, the Innovations Waiver cost limit, and the member's IFDS Budget may not be exceeded.

The FSSA is responsible for tracking and monitoring the IFDS Budget using a monthly revenue and expenditures report template that has been approved by Vaya. Please note:

- The FSSA must prepare a Monthly Revenue (service billing) and Expenditure (services provided) Report (called the Monthly R&E Report) of the IFDS Budget. The FSSA must use a standard reporting format and must provide a copy of the Monthly R&E Report (which can be through an online portal or by mail, email, or fax) to the EOR/Representative and care manager.
- The EOR must review each Monthly R&E Report against their records and the IFDS Budget to ensure the IFDS Budget is not overspent and that funds are used only for expenses that meet Innovations Waiver and Medicaid requirements and guidelines.
- The care manager also must review each Monthly R&E Report against the IFDS Budget to ensure the IFDS Budget is not overspent.
- If the EOR/Representative or any other person who receives the Monthly R&E Report finds that the IFDS Budget is underspent or overspent, they must report it promptly to the care manager, who immediately addresses the issue with the EOR. This may include involvement of Vaya's Quality Management (QM) Department, which may require the EOR to develop a POC.
- If needed, the member and the care manager may work together to complete an Individual Budget modification to request additional services or supplies through a SAR reviewed by Vaya's UM Team.
- The FSSA, EOR, and care manager always should pay attention to underspending or overspending funds in the IFDS Budget.

### Service Documentation Requirements

Services must be provided specifically as described in the Innovations Waiver, CCP 8-P, the care plan, and the provider plan. The EOR (and Representative, if applicable) is responsible for developing the provider plan, making sure that the care plan and provider plan are implemented as written, supervising employees, and ensuring services are timely and appropriately documented.

A timely, complete service record is the only written evidence care was provided as clinically indicated and medically necessary. Services must be documented prior to submitting time and billing claims to the FSSA. The minimum service documentation requirements for Innovations Waiver services are listed in this handbook, CCP 8-P, and the RMDM. Documentation must meet current requirements in effect at the time services are delivered. **One of the essential responsibilities of EORs and Representatives is to make sure employees document the provision of services as required.**

A Community Navigator can provide information about documentation requirements and help the EOR order a printed copy of the RMDM. The trainings offered by the Community Navigator should provide information and answer questions about documentation requirements.

### EOR Responsibilities

The EOR (and Representative, if applicable) **must monitor** all employee service documentation. The EOR must keep the following documentation:

- The care plan and all revisions to the care plan, including long-range outcomes, the Individual Budget, and all revisions to the budget
- Short-term goals to meet long-range outcomes
- Strategies for completing the outcomes/goals listed in the care plan
- Any related correspondence from Vaya
- Required service documentation

### General Records Administration

Upon request, the EOR (and Representative, if applicable) must make service-related documentation available to Vaya and any other federal or state regulatory body responsible for oversight of Medicaid funding. This documentation can be used for:

- Developing a care plan
- Monitoring the provision of services
- Monitoring the health and welfare of the member
- Supporting a claim for reimbursement of Innovations Waiver services delivered to the member

Records must be accessible for inspection and brought to a designated location for review when requested by Vaya or any other federal or state regulatory body responsible for oversight of Medicaid funding. Failure to provide documentation can result in a POC, overpayment finding, or termination from the EOR model.

### How Long Must Records Be Kept?

Service-specific documentation must be maintained for the period required by the state and federal laws. North Carolina's Records Retention and Disposition Schedule (APSM 10-5) permits the records of adults who are no longer receiving services to be destroyed 11 years after last date of service, and records of minors who are no longer receiving services may be destroyed 12 years after the minor reaches age 18. If a member withdraws from or is terminated from the IFDS option, all member-specific documentation (original records) must be brought to a Vaya regional office within 30 days of the termination.

The EOR is responsible for maintaining service documentation and employee personnel records in a locked and secure location. The service records should be stored in the member's or their family's home. The EOR should maintain a separate file for each employee. The EOR must keep copies of important documents, such as the application, schedules, job duties, time sheets, evaluations, and the Employee Support Agreement, in this file. Information about employees must be kept confidential. The

Community Navigator trains the employer on how to maintain records. See the CCP 8-P and the RMDM for more information.

## **Backup Staffing and Emergency Planning**

From time to time, paid employees may not be available to provide approved services. It is critical to develop and routinely review a backup plan for other staff to provide these services. The member/LRP and care manager develop backup staffing and emergency plans as part of the care plan. Potential emergency needs are also identified in the Health Risk Assessment (HRA) used in developing the care plan. When deciding who will be backup staff, EORs/Representatives should consider the following:

- Backup staffing may include paid or unpaid supports. At least two people (and their contact information) must be identified as backup staff in the care plan.
- The care plan should include a strategy for reviewing the backup staffing plan.
- All paid backup staff must complete the EOR and FSSA's hiring process **before** providing backup support to the member.
- EORs/Representatives must train backup staff in implementing risk strategies that are specifically related to the member's needs, including those identified in the HRA and care plan.
- EORs/Representatives must train backup staff and make sure they know what to do in cases of routine and serious medical, weather, environmental, or other emergencies.
- In addition to the backup staff and emergency plans in the care plan, the EOR/Representative should maintain any additional information they may need about the backup staff. This may include additional telephone numbers, street addresses, staff availability (for example, available only on weekends).

Under the EOR model, backup staffing does not include the use of a provider agency on a routine basis. The EOR (and Representative, if applicable) should hire enough employees so backup staff are available when a regularly scheduled employee is sick, takes vacation, or is otherwise unavailable. Offering overtime may be one way to meet emergency backup staffing needs.

The use of a provider agency to provide backup staffing should occur only in emergency situations when the existing staffing pool or natural supports are not available to ensure the member's health and safety. If the EOR or Representative believes this may occur, the EOR may need to enter into a formal agreement with a provider agency to use its staff in emergency backup situations. Upon request, the care manager helps the EOR/Representative identify a provider agency for backup services.

**Any provider agency used to provide backup staffing may not submit claims directly to Vaya for the service provided to the member. The FSSA, on behalf of the EOR who has hired the provider agency for backup staffing, is the only agency that submits claims to Vaya for backup staff.**

The IFDS Budget should set aside some funding for pay (including overtime pay) if such use is anticipated to meet non-emergency or emergency backup staffing needs. The EOR (and Representative, if applicable) must adjust the IFDS Budget when the EOR authorizes overtime pay to meet unexpected backup staffing needs not accounted for in the IFDS Budget.

Please note that using overtime pay on a regular basis will likely result in overspending the IFDS Budget. A pattern of overspending (or repeated overspending) may result in termination from the IFDS EOR model and a return to the services being delivered by a provider agency. It is important to consider backup staffing needs when the EOR/Representative develops or revises the IFDS Budget.

## **Review of Backup Staffing and Emergency Plans**

The EOR/Representative and Vaya are responsible for monitoring backup staffing and emergency plans.

The EOR/Representative must review the backup staffing and emergency plan at least once every calendar quarter to make sure plans continue to meet the member's current situation and needs. For example, if family or friends listed as backup supports move, change jobs, or have other life-changing circumstances, they may not be able to provide backup services. The EOR/Representative should contact backup employees and natural supports regularly to make sure they are still available. The EOR/Representative may want to give backup employees a few hours of work periodically to keep a relationship with them. The EOR must indicate they monitored the backup staffing plan on the Provider Self-Review Tool they complete by the 10th day of the month following the end of the quarter reviewed.

The care manager monitors the backup staffing and emergency plan once per calendar quarter and once every year during the annual care plan development process. The care manager ensures the current backup staffing plan is documented. Vaya's QM Department also reviews the care plan during the annual EOR Monitoring Review to ensure a backup staffing plan is documented.

## **Primary Crisis Response**

If the member is self-directing Community Living and Support (CLS) or Supported Living – Periodic or Supported Living – Levels 1-3 services, the EOR/Representative must have an identified primary crisis response provider within the Vaya provider network. For CLS, the EOR also may contract with an enhanced professional to provide support during a crisis if needed. The primary crisis response should be noted in the care plan, and the EOR/Representative should make sure the primary crisis response provider is aware of possible contact. The care manager can help the EOR/Representative identify potential primary crisis providers.

## **Quality Assurance Under the EOR Model**

EORs and their Representatives (if applicable) are responsible for helping Vaya maintain quality standards in managing, supervising, overseeing, and delivering services. Vaya's QM Department and the care manager, along with the EOR and Representative (if applicable) all have key roles in ensuring compliance with this handbook, CCP 8-P, the Innovations Waiver, and applicable federal and state laws and requirements.

## **The Vaya Special Investigations Unit's Role**

The Special Investigations Unit (SIU) is responsible for the following program integrity activities:

- Investigating any matters that fall within the scope of its regulatory authority, including, but not limited to, investigations into waste, abuse, overutilization, underutilization, and questionable billing practices

- Referring credible allegations of Medicaid beneficiary or provider fraud to NC Medicaid for further investigation and/or referral to the NC Department of Justice Medicaid Investigations Division (MID)

### **The Vaya Quality Management (QM) Department's Role**

Along with other duties, Vaya's QM Department receives, reviews, and follows up on incident reports from the EOR/Representative. The QM Department is also responsible for the following program integrity and other monitoring activities:

- Conducting regularly scheduled reviews of the EOR, the FSSA, and the Community Navigator agency
- Conducting focused pre- and post-payment reviews of the EOR, FSSA, and Community Navigator agency, as needed
- Responding to complaints from the EOR, the FSSA, or any interested stakeholder
- Investigating any matters that fall within the scope of its regulatory authority, including, but not limited to, quality of care concerns, health and safety issues, and violations of federal or state laws, policies, or guidance

### *Incident Reporting*

An "incident" is defined as any happening that is not consistent with the routine operation of a facility or service or the routine care of an individual and that is likely to lead to adverse effects upon an individual. Employees and Representatives of EORs are required to report any incidents to the EOR immediately.

North Carolina categorizes incidents into three distinct categories – Level I, Level II, and Level III. For more information about each level, see **Appendix N**. Different incident levels have different reporting requirements. **EORs (and Representatives, if applicable) must report all levels of incidents by completing and submitting incident reports as follows:**

- For all Level I Incidents, the EOR must complete and submit a Quarterly Incident Report Form to the QM Department no later than the 20th day following the end of each calendar quarter. For example, for the first calendar quarter of the year (Jan. 1 to March 31), the deadline for submission is April 20. Any EOR/Representative who needs paper copies of blank incident report forms should contact the Community Navigator. For electronic copies, contact Vaya's Grievance Resolution and Incident Team at [IncidentReport@vayahealth.com](mailto:IncidentReport@vayahealth.com).
- For all Level II Incidents, the EOR must electronically submit a completed incident report within 72 hours of the incident through the NC Incident Response Improvement System (IRIS) ([iris.ncdhhs.gov](https://iris.ncdhhs.gov)).
- For Level III Incidents, the EOR must conduct a peer review with the care manager that begins within 24 hours of the incident. In addition, the EOR must electronically submit a completed incident report within 72 hours of the incident through IRIS at [iris.ncdhhs.gov](https://iris.ncdhhs.gov).
- Any EOR/Representative who needs help accessing IRIS or filing an incident report in IRIS may contact Vaya's Grievance Resolution and Incident Team at [IncidentReport@vayahealth.com](mailto:IncidentReport@vayahealth.com).

For more information and specific incident reporting procedures, see **Appendix N**. This appendix also explains Vaya's role in receiving, reviewing, and following up on incidents reported to the team directly or through IRIS.

## *EOR Reviews*

The QM Department conducts scheduled, NCDHHS-required reviews of the EOR, Representative (if applicable), FSSA, and Community Navigator agency. Using a standardized annual monitoring tool, the QM Department conducts an EOR Performance Improvement Review of the EOR's records and services provided through the EOR model every year.

Vaya provides a copy of the annual EOR Performance Improvement Review Tool before monitoring occurs. The tool is also available under "Documents and Monitoring" on [the IFDS webpage](#) of Vaya's website at [vayahealth.com/benefits-services/intellectual-developmental-disabilities/individual-family-directive-services](http://vayahealth.com/benefits-services/intellectual-developmental-disabilities/individual-family-directive-services).

Vaya will notify the EOR (and Representative, if applicable) of the annual review, which may include:

- Interviews with the member, EOR, Representative (if applicable), Community Navigator, FSSA staff, and direct support professionals (employees)
- Record reviews (both individual and employee records, including, but not limited to, copies of employer-employee agreements, employer evaluations, employer representative agreements, training materials from the Community Navigator, training documents and certificates, other evaluations and assessments, timesheets, Self-Direction Assessments, care plans, crisis plans, short-range goals and tasks, service notes and grids, supervision plans, supervision notes, and other documentation)
- Reviews of incident and complaint logs or documentation
- Review of personnel practices to ensure criminal background checks for each hired employee are properly documented, necessary state and federal abuse screenings were performed prior to employment, and hired employees meet all regulatory requirements for hire

The EOR/Representative receives a copy of the annual review report, called a Report of Findings.

## *Plan Of Correction (POC)*

The Report of Findings may require the EOR (and Representative, if applicable) to take corrective action. If Vaya finds any issues to be out of compliance, the EOR (and Representative, if applicable) must develop and submit a POC to the QM Department.

The POC is the EOR's opportunity to explain how the out-of-compliance issue cited in the Report of Findings will be eliminated or minimized from recurring. The Community Navigator helps the EOR (and Representative, if applicable) develop and implement a POC. The EOR has 15 calendar days from the date of the Report of Findings to submit the plan to the QM Department or SIU for approval. (Please note that if the 15th day falls on a day when Vaya's administrative offices are closed, the plan is due on the next Vaya business day.)

Plans of correction are not allowed for any of the reasons for involuntary termination described in the Innovations Waiver or CCP 8-P. In these instances, Vaya follows procedures outlined in the Innovations Waiver and CCP 8-P to remove the member from the IFDS option.



Vaya must approve all plans of correction. The QM Department or SIU will inform the EOR if Vaya has accepted or rejected the POC within 15 calendar days of submission of a complete plan. If the plan is not approved, the EOR has an additional 10 calendar days from the date the plan was rejected to submit a revised plan for approval. Vaya makes reasonable efforts to provide the EOR with technical assistance and/or support to complete an acceptable POC. Failure to submit or complete an approved POC may result in an involuntary termination from the IFDS option.

If Vaya approves the POC, the EOR has up to 60 days to pass a QM Department or SIU implementation review to ensure they have implemented the plan as approved. Failure to pass this review may result in involuntary termination from the IFDS option.

### *All Other Program Integrity and Monitoring Activities*

Vaya's QM Department and SIU conduct program integrity or other monitoring activities, including complaint investigations, focused monitoring reviews, inspections, and site visits. Depending on the results of the review (including annual EOR monitoring reviews), audit, visit, or investigation, Vaya may take the following actions:

- Provide technical assistance
- Require a POC
- Recommend additional training or technical assistance from the Community Navigator
- If there is no assigned Community Navigator, recommend to the member, EOR/Representative, care manager, and the UM Team that the care manager request mandated Community Navigator services
- Recommend appointing a mandated Representative
- Recommend changing the IFDS model
- Recommend returning to provider-managed services (according to Innovations Waiver and CCP 8-P processes and any required consultation with NC Medicaid)
- Refer any credible allegations of provider or beneficiary fraud to NC Medicaid
- Identify overpayments and recoup funds for abuse, waste, improper billing practices, violations of Medicaid or Innovations Waiver reimbursement requirements, or other violations of federal or state laws, policies, or guidance

Vaya may arrange these activities in advance with the EOR, but this is not required. If we make an unannounced site visit, the EOR (and Representative, if applicable) must provide all documentation and records requested by the end of the visit, except for any documents Vaya allows the EOR to provide at a later time.

Vaya's QM Department or SIU may inspect, take photographs, scan, and make or request electronic or paper copies of all clinical, medical, personnel, and financial records related to claims paid on behalf of the member and services provided to the member. These may include (but are not limited to) EOR, Community Navigator, or FSSA records of employees who delivered (or supervised the delivery of) services and any other clinical or financial information Vaya determines is needed to ensure compliance with this handbook, the Innovations Waiver, CCP 8-P, the RMDM, or any other applicable federal or state laws or requirements.

## Care Manager Role

The care manager continues to perform all tasks and responsibilities required of them as if the member were continuing to receive provider-managed services. For example, the care manager monitors service delivery and the member's health and safety through monthly in-person visits. If relatives provide any services, the care manager continues to monitor the provision of RADSE services every month.

The care manager communicates with the EOR (and Representative, if applicable) and other team members monthly and reviews the Monthly R&E Report. (See the Monthly Revenues and Expenditures Report section above for more information about the care manager's role.). Quarterly, the care manager also reviews service documentation.

## EOR and Representative Role

The EOR/Representative must cooperate in all aspects of program integrity and other monitoring activities, whether announced or unannounced. The EOR must give Vaya prompt access to any requested books, documents, and records. This includes, but is not limited to, access to clinical, medical, financial, and personnel records for the services provided under the EOR model. Upon request, the EOR must give prompt access to NCDHHS, the Comptroller General of the United States, the U.S. Department of Health and Human Services (HHS), and their respective departments, divisions, vendors, or agents.

The EOR also monitors and guards against **fraud, waste, and abuse** and must take immediate action to address and report any suspected incidents. Medicaid fraud and abuse happens when a person knowingly cheats or is dishonest, resulting in a benefit such as payment or coverage. **Fraud** is an intentional deception or misrepresentation made with the knowledge that the deception could result in some unauthorized benefit. **Provider or billing abuse** includes reimbursement for services that are not medically necessary, fail to meet professionally recognized standards for care, are inconsistent with accepted fiscal or medical practices, cause financial loss to the Medicaid program, or are not reasonable.

Examples of fraud and abuse in the Medicaid program include billing for services that are not medically necessary, billing for services not actually delivered, or using or helping others to use assistance or benefits to which the person is not entitled. All suspected fraud or abuse by any EOR, a Representative, provider agency, or employee of any of these must be reported immediately by:

- Calling Vaya's 24/7 Confidential Compliance Hotline at 1-866-916-4255 (allows for anonymous reporting)
- Reporting online at [vayahealth.ethicspoint.com](https://vayahealth.ethicspoint.com) (allows for anonymous reporting)
- Calling the NC Medicaid Fraud, Waste, and Program Abuse Tip-Line at 1-877-DMA-TIP1 (1-877-362-8471)
- Calling the HHS Office of Inspector General's (OIG) National Fraud Hotline at 1-800-HHS-TIPS (1-800-447-8477) or reporting to the OIG online at [oig.hhs.gov/fraud/report-fraud](https://oig.hhs.gov/fraud/report-fraud)

The EOR must cooperate with all care management activities, including announced and unannounced telephone calls, face-to-face visits, and documentation requests. The EOR also informs the care manager if the member's needs are not being met and if the member's health, safety, or well-being is or will be harmed. If needed, the care manager makes home visits to evaluate the situation and offer help.

Help from the care manager does not replace other ways for the EOR (and Representative, if applicable) and the EOR's employees to address member health or safety issues. It is very important for the EOR/Representative to contact law enforcement, emergency medical services, the local DSS, or other people identified in the member's crisis plan if a crisis or emergency occurs.

The EOR must complete and submit the Innovations Waiver Provider Quarterly Self-Review of Member Record tool to Vaya by the 10th day of the month following the end of each calendar quarter. Additional information is included as part of the tool. During the first year the EOR self-directs services, the Community Navigator (if one is assigned) or care manager helps the EOR complete the tool. After the first year, the care manager is available to answer questions.

The EOR determines whether quality services are provided to the member in a satisfactory way. To help make this determination, the EOR may use methods such as completing self-assessments, training employees, evaluating the performance and quality of employees' work, discussing issues with staff during supervision meetings, closely reviewing and monitoring service documentation and service delivery, and planning for emergencies or crises in advance.

### Abuse, Neglect, and Exploitation of a Member

The EOR and the Representative (if applicable) must ensure member safety. EORs and Representatives have the duty to report any suspected abuse, neglect, or exploitation of any adult with a disability or juvenile. Reports should be made immediately to the local DSS, the NC Health Care Personnel Registry (if the issue involves an employee), and Vaya's Member and Recipient Service Line at 1-800-962-9003, Monday-Saturday, 7 a.m.-6 p.m. or, outside of these hours, Vaya's 24/7 Behavioral Health Crisis Line at 1-800-849-6127. When appropriate, the EOR/Representative should also contact local law enforcement.

It is important for EORs and Representatives to recognize signs of member abuse, neglect, and exploitation and to prevent these problems whenever possible. Definitions of these terms are:

- **Abuse of a Disabled Adult:** This means the willful infliction of physical pain, injury, or mental anguish toward an adult with a disability, the unreasonable confinement of an adult with a disability, or the willful deprivation by a caretaker of services necessary to maintain the adult with a disability's mental and physical health, as set forth in N.C.G.S. §108A-101(a)
- **Abuse of a Juvenile:** This occurs when a juvenile's parent, guardian, custodian, or caretaker: (a) inflicts, creates, or allows to be inflicted/created a serious physical injury or risk of injury to the juvenile (other than an accident); (b) uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or devices to modify behavior; (c) commits, permits, or encourages any type of human trafficking or sexual crime involving the juvenile; (d) creates or allows to be created serious emotional damage to the juvenile as evidenced by severe anxiety, depression, withdrawal, or aggressive behavior toward themselves or others; or (e) encourages, directs, or approves of the juvenile's delinquent acts involving moral turpitude. For details, refer to N.C.G.S. §7B-101(1).
- **Exploitation:** This means the illegal or improper use of an adult with a disability or their resources for another's profit or advantage, as set forth in N.C.G.S. §108A-101(j).
- **Neglect of a Disabled Adult:** This refers to an adult with a disability who is either living alone and not able to provide for themselves the services that are necessary to maintain their mental or physical health, or to the failure or omission on the part of the caregiver to provide the care, supervision, and

services necessary to maintain a person's physical or mental health, as set forth in N.C.G.S. §108A-101(m). This includes the failure of a caregiver to make a reasonable effort to protect the person from abuse, neglect, or exploitation by others.

- **Neglect of a Juvenile:** When a juvenile does not receive proper care, supervision, or discipline from the parent, guardian, custodian, or caretaker; is abandoned; is not provided necessary medical or remedial care; lives in an environment injurious to their welfare; or is placed for care or adoption in violation of law. For details, refer to N.C.G.S. §7B-101(15).

## Grievances and Complaints

The FSSA and the Community Navigator agency should maintain internal complaint logs with documented follow-up. Vaya's QM Department examines the logs when conducting reviews and other program integrity and monitoring activities.

An EOR, Representative, member, and/or member's family may report grievances (complaints) to Vaya at any time. We will review these grievances and investigate them as needed. For more information about grievances and other member rights and responsibilities, see the Vaya Health Member Handbook, available at [vayahealth.com](http://vayahealth.com).

If the FSSA identifies a problem with the EOR, the FSSA should first try to address the issue with the EOR. If the problem is not corrected, the FSSA should notify the Community Navigator to help with training for the EOR/Representative. Both the FSSA and Community Navigator agency must document the problem and the intervention. If there is no Community Navigator, the care manager should be notified. Depending on the problem, the care manager may address the issue with the EOR directly or refer the issue to Vaya's QM Department for technical assistance, investigation, or support.

An EOR/Representative can report concerns or complaints about the FSSA or Community Navigator agency directly to the care manager, online through Vaya's EthicsPoint reporting system available at [vayahealth.ethicspoint.com](http://vayahealth.ethicspoint.com), or by calling Vaya's Member and Recipient Service Line at 1-800-962-9003 (Monday-Saturday, 7 a.m.-6 p.m.). Following this type of report:

- Vaya's Grievance Resolution and Incident Team responds to the issue, involving the care manager, EOR/Representative, Community Navigator, FSSA, community partners, and other Vaya departments as needed.
- Vaya may attempt to first address concerns and complaints about the FSSA or Community Navigator agency through technical assistance.
- Any other Vaya departments that receive complaints or grievances or identify concerns will notify the appropriate internal departments and staff.
- Complaints may be referred to the QM Department for further investigation.

## SECTION 4

# The Agency with Choice Model

### Getting Started

Agency of Choice (AWC) is one of two models under the IFDS option. Under this model, designated Vaya network provider agencies serve as a member's AWC provider. The AWC provider is the organization registered with the IRS for legal purposes as the "employer" of self-directed services. Your care manager can help you identify Vaya AWC providers.

Under this model, a Managing Employer works with the AWC provider as a co-employer. While the AWC provider is ultimately responsible as the employer, the Managing Employer serves as a partner in certain key areas, such as employee training and supervision. For example, the AWC provider approves or disapproves hiring people referred by the Managing Employer.

The Community Navigator helps the Managing Employer, and Community Navigator services are required until the Managing Employer can demonstrate competency in all relevant employer functions, such as training, supervising, and monitoring employees. The Community Navigator then issues a competency completion certificate (which is separate and different from the initial training certificate) for Vaya's approval.

### Before the Managing Employer Can Be Approved

The Managing Employer can be **one of the following individuals** only:

- The member, if they are not adjudicated incompetent;
- The parent(s) of a member who is under age 18; or
- The member's legally appointed guardian, if they are adjudicated incompetent.

**No entity or other individual may serve as the Managing Employer for an Innovations Waiver participant.**

To become a Managing Employer, you must be able and willing to perform all functions of a co-employer and accept that the AWC provider is responsible for many essential employer functions. You must also complete certain tasks that assess your readiness to be a Managing Employer and submit a care plan that includes the AWC model for review by Vaya's UM Team. Before submitting the updated care plan, you must:

- Attend introductory training and complete orientation on the IFDS option (*provided by the Community Navigator*)
- Choose the AWC model of IFDS for some or all of the member's services
- Complete a Representative Needs Assessment with the care manager
- Appoint a Representative, if one is required, or choose a Representative if wanted (the Representative must complete the same introductory training, orientation, and assessment as the

Managing Employer; complete the Representative Screening Questionnaire; and sign the Designation of Representative form)

- Complete the AWC IFDS Assessment with the care manager (and Representative, if applicable)
- Complete the AWC IFDS Agreement with the care manager (if a Representative is appointed or chosen, the agreement indicates the duties the Representative will perform on behalf of the employer, and the Representative must sign a Representative Agreement)
- Work with the care manager to update the care plan to include the AWC model, including adding the AWC provider and Community Navigator services needed to begin self-direction

Vaya's UM Team reviews the revised care plan. When it is approved, Vaya notifies the AWC provider and Community Navigator, and the AWC provider notifies the Managing Employer. The care manager then updates the care plan and the Individual Budget, as needed, to reflect the approved services.

## **Representative Role**

The Managing Employer IFDS Agreement defines the functions the Representative, if one is approved, may perform on the Managing Employer's behalf. The care manager provides a copy of the Designation of Representative, Representative Assessment, and Representative Agreement to the Managing Employer and AWC provider. The Managing Employer is responsible for providing a copy of these documents to the Community Navigator agency, if needed.

Remember Vaya makes the final decision about whether a Representative is needed and must approve the person chosen by the Managing Employer or appointed to be the Representative. Along with the member/LRP, the member's family, and the AWC provider, the care manager occasionally assesses whether the Managing Employer needs to appoint a different Representative, remove the Representative, or change the Representative's function.

## **Information the Managing Employer Must Have After Self-Direction Is Approved**

The Managing Employer must have the following information to begin self-directing services:

- Orientation talking points (*provided by the Community Navigator*)
- The Vaya Health Member Handbook (*made available by a Vaya Member and Recipient Services representative or the care manager*)
- Employer Handbook (*provided by the Community Navigator*)
- This IFDS Employer Handbook (*provided by the Community Navigator*)
- Copies of training slides (*provided by the Community Navigator*)
- Copy of the training completion certificate (*provided by the Community Navigator*)
- Copy of AWC IFDS Assessment (*provided by the care manager*)
- Copy of AWC IFDS Agreement (*provided by the care manager*)
- Copy of the approved care plan and budget (*provided by the care manager*)
- Copy of NC Medicaid Clinical Coverage Policy 8-P (*provided by the care manager or Community Navigator*), available at [medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies](https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies)
- Link to or copy of the Division of MHDDSUS Records Management and Documentation Manual (APSM 45-2) (*provided by the Community Navigator*), available at



<https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/policies-and-procedures/records-management-and-documentation-manual>

- Information on Relative as Direct Support Employee (RADSE) requirements, if applicable (*provided by the care manager*)
- Copy of the Designation of Representative, Representative Assessment, and Representative Agreement, if a Representative is appointed or chosen (*provided by the care manager*)

The Managing Employer should ask the AWC provider, the Community Navigator, or the care manager for a copy of one of these documents, if needed.

### **Initial Meeting With AWC Provider After Self-direction Is Approved**

If needed, the Community Navigator helps the Managing Employer set up an initial meeting with the AWC provider. The purpose of the meeting is to discuss the roles of the AWC provider, the Managing Employer, and the Representative (if applicable) and to complete all required paperwork. At the initial meeting, the AWC provider:

- Answers any questions the Managing Employer/Representative has about AWC provider services
- Explains the roles of the AWC provider, the Managing Employer, and Representative (if applicable)
- Reviews and signs any agreements, along with the Managing Employer and Representative (if applicable), required by the AWC provider to help the member/LRP self-direct services
- Reviews the process for hiring employees, including the AWC provider's responsibility for completing criminal background checks, driver's license checks, and health care registry checks
- Provides information and materials on hiring, firing, supervising, and training staff
- Gathers any additional information needed to help the member/LRP self-direct services

It is the Managing Employer's responsibility to ask for and obtain any additional information or technical assistance needed from the AWC provider.

### **Start-up Meeting with Community Navigator After Self-direction Is Approved**

The Community Navigator contacts the Managing Employer/Representative to arrange a start-up meeting at the Managing Employer's convenience. The meeting typically takes place in the member/LRP's home, but it can be at another location, depending on the Managing Employer's needs and preferences. The start-up meeting must occur either face to face and in person between the Managing Employer (and Representative, if there is one) and the Community Navigator or virtually using a safe, private, and secure web-based software application based on the needs/preference of the member/LRP.

The startup meeting is provided as part of the initial training (T2041 Community Navigator: Periodic) but may be authorized and/or billed as T2041 – Community Navigator Services: Monthly.

At the meeting, the Community Navigator:

- Reviews the attestation and the IFDS Assessment to focus on needed areas of continued support
- Reviews the division of the Managing Employer's and the Representative's (if applicable) responsibilities in the AWC IFDS Agreement
- Reviews the start-up process for the AWC model



- Explains forms (such as service documentation) provided by the AWC provider
- Explains additional forms that they can provide
- Inquires whether the Managing Employer has received communication from the AWC provider, including any required forms to complete and return to the agency (if the AWC provider has not reached out to the Managing Employer, the Community Navigator follows up with the care manager or AWC provider to set up a meeting between the Managing Employer and the AWC provider)
- Helps the Managing Employer complete paperwork the AWC provider needs for self-direction to begin
- Helps the Managing Employer determine how many staff to refer/recommend to the AWC provider to hire (hiring several employees allows for more choices in scheduling and more options for backup in emergencies). **The AWC provider makes the final decision about which/how many staff to hire.**
- Develops and reviews short-range goals and strategies to support the Community Navigator services long-range outcomes in the care plan. The AWC provider, the Managing Employer, the member/LRP, and the Representative sign these goals.

Community Navigator services are required until the Managing Employer demonstrates competency in directing services. During our annual review, Vaya may determine competency is not met and the Managing Employer needs additional Community Navigator services to successfully implement a care plan. Remember, it is the responsibility of the Managing Employer and Representative (if applicable) to ask the Community Navigator for additional information, coaching, or technical assistance, if needed.

Community Navigators help and support (rather than direct and manage) the member and Managing Employer/Representative throughout the service delivery process. Community Navigator services are intended to enhance, not replace, existing natural and community resources. Community Navigator services may be intermittent (occurring from time to time) and will fade as the member develops community connections and improves their self-direction skills.

The Community Navigator is required to meet in person with the Managing Employer and Representative (if applicable) to conduct orientation and trainings and to ensure they demonstrate competency in directing services. If a Managing Employer or Representative needs ongoing help to maintain competency, monthly Community Navigator services may be appropriate. The Community Navigator may also offer the Managing Employer or Representative web-based trainings or materials to help maintain competency or for other training purposes.

### **Information the Managing Employer Must Have After Initial Meetings With the Community Navigator and AWC Provider**

The Managing Employer must complete the start-up meetings and have the following documents and information before beginning the hiring process:

- All forms and documents listed in **Appendix J** of this handbook necessary for the Managing Employer
- Provider plan/short-range goals, interventions, and strategies to implement the member's care plan *(developed by the Community Navigator, Managing Employer, and AWC provider)*
- Knowledge of the start-up supplies, such as gloves, CPR masks, and First Aid kits, and other expenditures paid for employees *(from the AWC provider)*

- Staff job descriptions, including duties and a schedule of staff hours based on the member's needs *(developed by the AWC provider)*
- Knowledge about how to recruit, hire, manage, train, evaluate, and change support staff who provide services to the member *(assisted by the Community Navigator and/or AWC provider)*
- Knowledge and understanding of staff financial forms, staff qualifications, education/training, and employee recordkeeping requirements *(assisted by the Community Navigator)*
- Knowledge and familiarity with the service definition and employee supervision documentation requirements *(assisted by the Community Navigator and AWC provider)*
- Policies and techniques to locate and contact, screen, and interview potential employees *(trained by the AWC provider)*

Remember, it is the Managing Employer's responsibility to make sure they have the necessary knowledge, skills, and understanding to manage self-directed services **both before and throughout** the period of self-direction. The Managing Employer **must** manage these services in compliance with the Innovations Waiver, CCP 8-P, the RMDM, signed self-direction agreements, this handbook, and other federal and state requirements.

## Self-direction of Services Begins

Now that the Managing Employer and Representative (if applicable) have been trained, they can help the AWC provider choose staff and direct services. While the AWC provider is ultimately responsible as the employer, the Managing Employer serves as a partner in certain key employment areas:

Employment Area	Role of AWC Provider	Role of Managing Employer/Representative
Recruiting, screening, interviewing, and hiring employees	Shared responsibility	Shared responsibility (only the AWC provider can hire employees, but Managing Employers can recommend applicants)
Training employees	Shared responsibility	Shared responsibility, as permitted by the AWC provider
Supervising employees	Shared responsibility	Shared responsibility
Monitoring employees	Shared responsibility	Shared responsibility, as permitted by the AWC provider
Billing for services	Full responsibility	No responsibility
Managing the IFDS Budget	Shared responsibility	Shared responsibility
Paying employees and for other AWC provider-related expenses	Full responsibility	No responsibility

Employment Area	Role of AWC Provider	Role of Managing Employer/Representative
Terminating employees	Full responsibility to terminate employees; shared responsibility to dismiss employee from providing member's services	Can recommend termination of employees, if necessary, and can dismiss employee from providing services to the member (only the AWC provider can terminate staff from working with other individuals)
Service documentation requirements	Shared responsibility	Shared responsibility

## Recruiting and Hiring Employees

Completing the start-up activities does not mean employees can be hired immediately. The Community Navigator and the AWC provider can help the Managing Employer ensure qualified, competent staff are hired to provide services. Managing Employers and AWC providers work together during the pre-hiring process. This includes the following tasks:

- **Creating job descriptions:** Managing Employers can provide valuable information about the member's needs, hours of paid supports needed, requested job duties, and desired employee knowledge, skills, and expertise. The job description is a way to ensure clear communication between an employer and employee. The AWC provider may create the job description or allow the Managing Employer to create job descriptions according to its policies.
- **Locating and contacting:** Finding employees can be as simple as the Managing Employer telling family and friends they are looking for someone to recommend to the AWC provider. Current employees may know of people who are looking for work. Some ways to advertise include:
  - Community newsletters
  - Posted flyers
  - Advertisements in newspapers and local print or online publications
  - Word of mouth and networking
- **Screening and interviewing:** Managing Employers can develop pre-interview and interview questions for applicants and screen and interview applicants for hire. The Community Navigator may train the Managing Employer in screening and interviewing techniques. However, if the Community Navigator's techniques or training conflicts with the AWC provider's policies, the AWC provider's policies should be followed. When interviewing applicants, Managing Employers should have the following items: a blank application, a job description, and background/reference check release forms. The AWC provider supplies these documents, unless the AWC provider's policy allows the Managing Employer to develop the forms. The Community Navigator can help the Managing Employer develop these forms, if needed.
- **Hiring (only the AWC provider can offer a job to a prospective employee):** The Managing Employer only recommends applicants to the AWC provider. The AWC provider must ensure the following are true prior to hire:
  - The employee **is not**:
    - The member's biological or adoptive parent or stepparent, **if the member is a minor**
    - The member's spouse

- The Managing Employer
- The Representative or anyone with power of attorney for the member or Managing Employer
- Anyone employed by Vaya or the Community Navigator agency
- The AWC provider has complied with Vaya's RADSE guidelines for any relative of an adult member (age 18 or older) who lives in the home of the member/family/natural supports and whom the AWC provider plans to hire to provide services:
  - If one or more relatives who live in the same home as the member provide a combined total of 40 or fewer hours per week of services, their names and the amount of service hours they are providing must be part of the care plan. Talk with the care manager to have this information added to or updated in the care plan.
  - If the AWC provider wishes to hire one or more relatives who live in the same home as the member to deliver services in a total amount greater than a combined total of 40 hours per week, **prior written approval by Vaya is required**. Such requests are considered out of the ordinary. The process for making this request is described on the [Relative as Direct Support Employee](https://providers.vayahealth.com/behavioral-health/relative-as-direct-support-employee/) webpage at [providers.vayahealth.com/behavioral-health/relative-as-direct-support-employee/](https://providers.vayahealth.com/behavioral-health/relative-as-direct-support-employee/).
- The employee **is not** on the federal or state health care registry or exclusion database.
- The employee's criminal background check does not contain any convictions listed in [N.C.G.S. §108C-4](https://ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_108C/GS_108C-4.pdf) ([ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_108C/GS\\_108C-4.pdf](https://ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_108C/GS_108C-4.pdf)).
- The employee meets the AWC provider's required reference/background check requirements.
- The employee has the knowledge, skills, and expertise required to provide services to the member.
- The employee has completed all mandatory paperwork and initial training for hire.
- The AWC provider ensures compliance with its internal hiring and employment policies and procedures and with all minimum federal, state, Innovations Waiver, CCP 8-P, and RMDM requirements.

## Training Employees

The AWC provider and Managing Employer must make sure employees are trained before they provide services. Training requirements include:

- The AWC and employee sign an Individualized Supervision Plan.
- The employee has a copy of the member's care plan and the provider plan/short-range goals.
- The employee is familiar with the member's individualized needs, crisis plan, and emergency plan, as documented in the care plan and as shared by members of the planning team.
- The employee knows service definition and documentation requirements for the services to be provided to the member.
- The Managing Employer, employee, and a qualified professional employed by the AWC provider all know their respective roles for documenting and reviewing service delivery and training, supervising employees, and overseeing employee supervision.

Based on the arrangement between the AWC provider and the Managing Employer, the Managing Employer (and/or Representative, if applicable) also may be responsible for conducting other initial and/or ongoing employee training.

## Supervising Employees

The Managing Employer supervises employees under the oversight of a qualified professional employed by the AWC provider. It is important for the Managing Employer to:

- Review the supervision plan with the AWC provider
- Ensure the supervision plan is followed
- Supervise the employee at least monthly (and more frequently, if necessary or desired) as indicated in the supervision plan
- Clearly document the supervision
- Address any concerns about supervision or services with the AWC provider's qualified professional and the employee, as appropriate
- Meet with the employee to make sure they continue to have competencies (abilities) and skills required by the service definition and supervision plan

The AWC provider must ensure the employee has the necessary credentials and experience that a qualified professional would be required to have if the services were provider-managed. The AWC provider is ultimately responsible for providing the appropriate level of supervision and oversight for the employees, the Managing Employer, and the Representative (if applicable).

## Monitoring RADSE Employees

The Managing Employer and AWC provider must monitor any Community Living and Supports (CLS) services provided by a RADSE or other employees as agreed upon by the AWC provider. When monitoring RADSE staff, the Managing Employer must:

- Ensure the RADSE provides no paid services to the member **other than** CLS
- Monitor services face-to-face with the member and the RADSE
- Monitor services in various settings, including where they are typically delivered
- Monitor services at least once per calendar month
- When monitoring, observe the short-term goals and interventions identified in the provider plan/short-term goals
- When monitoring, review the employee's service documentation
- Clearly document the monitoring visit
- Address any concerns about monitoring or services with the AWC provider's qualified professional and the employee, as appropriate
- Ensure delivered services comply with the member's care plan and any revisions to the care plan, including long-range outcomes, as well as the Individual Budget and any budget revisions
- Monitor and observe employees as they provide services to ensure compliance with short-term goals and to meet long-range outcomes

Unless otherwise agreed to by the AWC provider and Managing Employer, the AWC provider is solely responsible for monitoring the provision of services by all other staff. The AWC provider is required to monitor the same way it would for provider-managed services.

## Billing for Services

Although the AWC provider is fully responsible for billing for services, the Managing Employer plays an indirect role in this function. Before billing Vaya for self-directed services, the AWC provider must have service documentation completed in a timely manner by the employee and, in some instances, by the Managing Employer/Representative. Without the required service documentation, the AWC provider should not bill Vaya and may be subject to an overpayment decision. It is important for the Managing Employer/Representative and employee to complete and submit service and billing documentation to the AWC provider on time.

## Managing the IFDS Budget

Every Innovations Waiver participant has an Individual Budget. Members who choose to self-direct all or part of their approved services will have an Individual and Family Directed Services (IFDS) Budget. The IFDS Budget is a part of the member's Individual Budget. This IFDS Budget is managed by the AWC provider, together with the Managing Employer/Representative, who follow Innovations Waiver and Medicaid guidelines on spending funds on allowable services and supplies for the member's benefit.

The total amount of the Individual Budget (which cannot exceed the \$184,000 per year Waiver limit, unless an exception applies per the Innovations Waiver) does change simply because a member decides to participate in an IFDS option. For example, Jane Doe's Individual Budget is \$11,000. Jane's Community Navigator services cost \$1,000, and Community Networking services cost \$10,000. Jane decides to self-direct her Community Networking services through the AWC model. This means Jane's annual IFDS Budget is \$10,000 and her remaining Individual Budget for provider-managed services is \$1,000.

JANE'S ANNUAL INDIVIDUAL BUDGET	
PROVIDER-MANAGED SERVICES	
<i>Community Navigator</i>	<i>\$1,000</i>
<b>PROVIDER-MANAGED SERVICES TOTAL</b>	<b>\$1,000</b>
SELF-DIRECTED SERVICES	
<i>Community Networking</i>	<i>\$10,000</i>
<b>SELF-DIRECTED SERVICES TOTAL</b>	<b>\$10,000</b>
ANNUAL BUDGET	
<i>PROVIDER-MANAGED SERVICES BUDGET</i>	<i>\$1,000</i>
<i>IFDS BUDGET</i>	<i>\$10,000</i>
<b>TOTAL ANNUAL INDIVIDUAL BUDGET</b>	<b>\$11,000</b>

Innovations Waiver funds are Medicaid (taxpayer) dollars the AWC provider and Vaya must use in accordance with applicable federal and state laws, regulations, and rules, as well as NCDHHS policies and rules. **Under federal law, Medicaid is the payor of last resort.** Managing Employers must be a careful purchaser of services and supplies and must remember to use personal and community resources before using Medicaid and other public funds.

Under the AWC model, Vaya makes reimbursements to the AWC provider chosen by the participant. The AWC provider, in turn, uses funds received from the services billed under the AWC model to pay for all allowable expenses associated with the AWC provider's duties. Allowable expenses include the cost of employee pay, employment taxes, workers' compensation insurance, employee benefits, forms, supplies, start-up costs, First Aid supplies, employment ads, initial and ongoing employee training, criminal and other background checks, habilitation training supplies, qualified professional oversight,



maintenance of records, backup staffing, and other items as approved by Vaya's UM Team that are directly related to the cost of providing services. **NOTE: Approval of expenses does not mean the requested and approved items are funded by any source other than the IFDS Budget managed by the AWC provider and the Managing Employer/Representative.**

### Quarterly Revenues and Expenditures Report

The AWC provider, Managing Employer (and Representative, if applicable), and Vaya all have a role in monitoring the approved budget. Expenditures may not exceed the member's Individual Budget, IFDS Budget, and the Innovations Waiver cost limit:

- The AWC provider is responsible for tracking and monitoring the IFDS Budget.
- The AWC provider must prepare a quarterly revenue (service billing) and expenditure (services provided) report, known as the Quarterly Revenues and Expenditures (R&E) Report, of the IFDS Budget. The AWC provider must use a standard reporting format and provide a copy of the report to the Managing Employer/Representative (either through an online portal or by mail, email, or fax) and to the care manager no later than the 10th day following the end of the quarterly reporting period (for example, if the quarterly reporting period ends June 30, the report must be provided by July 10).
- The Managing Employer must review each Quarterly R&E Report against the IFDS Budget to make sure the IFDS Budget is not overspent and that funds are used only for expenses that meet Innovations Waiver and Medicaid requirements and guidelines.
- The care manager also must review each Quarterly R&E Report against the IFDS Budget.
- If the AWC provider, Managing Employer/Representative, or any other person who receives the Quarterly R&E Report identifies any over- or under-utilization (underspending or overspending) of the IFDS Budget, they must report it to the care manager.
- The care manager will address any issues with the Managing Employer immediately. This may include involvement from Vaya's Quality Management (QM) Department, which may require the Managing Employer to develop a POC.
- If needed, the member and care manager may work together to complete an Individual Budget modification to request additional services or supplies through a service authorization request (SAR) that is reviewed by Vaya's UM Team.
- The AWC provider, Managing Employer, and care manager should always pay attention to underspending or overspending funds in the IFDS Budget.

### Paying Employees and for Other AWC Provider-related Expenses

The Managing Employer does not have a role in paying employees or for other expenses. This is the AWC provider's role. The AWC provider determines pay rates and benefits for staff who provide services to the member.

### Terminating Employees

A Managing Employer has the right to dismiss an employee from working with the member. The Managing Employer also can recommend terminating (firing) the employee to the AWC provider. However, only the AWC provider may terminate the employee from employment providing services to other people through the AWC provider.



The Managing Employer is encouraged to discuss possible reasons for dismissing an employee and request the Community Navigator provide training on dismissal. If there is a serious problem with an employee, the Managing Employer can dismiss the employee from providing services to the member immediately.

**Anyone who suspects the member is being abused, neglected, or exploited must notify the care manager, the AWC provider, and the applicable local Department of Social Services (DSS) Child or Adult Protective Services unit.** If an employee threatens the member/LRP, the Managing Employer, or Representative (if applicable), local law enforcement may need to be contacted. The AWC provider must also be notified.

If the problem is not serious, the Managing Employer can discuss it with the AWC provider and/or the Community Navigator to get advice on how to solve it. If the problem is still unresolved, it may be necessary to change employees. In that case, the AWC provider and Managing Employer develop a plan to remove the employee from providing services to the member. The AWC provider decides whether to fire the employee altogether or offer the employee a different position.

## Service Documentation Requirements

Services must be provided specifically as described in the Innovations Waiver, CCP 8-P, the care plan, and the provider plan. The AWC provider, Managing Employer, and Representative (if applicable) are responsible for developing the provider plan/short-range goals, ensuring the care plan and the provider plan/short-range goals are implemented as written, and making sure services are timely and appropriately delivered and documented.

A timely, complete service record is the only written evidence care was delivered to the member as clinically indicated and medically necessary. Services must be documented prior to submitting time and billing claims to the FSSA. Minimum service documentation requirements for Innovations Waiver services are included in this handbook, CCP 8-P, and the RMDM in effect at the time services are delivered. **One of the most important responsibilities for Managing Employers and Representatives who train, supervise, and/or monitor employees and services is to make sure employees document the provision of services following these established requirements.**

A Community Navigator or the AWC provider can provide information about documentation requirements during meetings and trainings with the Managing Employer (and Representative, if applicable). They can also help order a printed copy of the RMDM.

## General Records Administration

Upon request, the Managing Employer (and Representative, if applicable) must make service-related documentation available to Vaya and any other federal or state regulatory body responsible for oversight of Medicaid funding. This documentation can be used for:

- Developing a care plan
- Monitoring the provision of services
- Monitoring the member's health and welfare

- Supporting a claim for reimbursement of Innovations Waiver services delivered to the member

Records must be accessible for inspection and brought to a designated location for review when requested by Vaya or any other federal or state regulatory body responsible for oversight of Medicaid funding. The Managing Employer must also make documentation available to the AWC provider as requested or agreed upon. Failure to provide documentation can result in a POC, overpayment finding, or termination from the IFDS AWC model.

### **How Long Must Records be Kept?**

Service-specific documentation must be maintained for the period required by state and federal laws. North Carolina's Records Retention and Disposition Schedule (APSM 10-5) permits the records of adults who are no longer receiving services to be destroyed 11 years after the last date of service, and records of minors who are no longer receiving services may be destroyed 12 years after the minor reaches age 18. The service records should be stored by the AWC provider. Any documentation about the member or employees created or maintained by the Managing Employer or Representative should be kept confidential and in a secure location.

The Community Navigator and/or AWC provider can train the Managing Employer on how to maintain any records they keep. For more information, see CCP 8-P and the RMDM.

### **Backup Staffing and Emergency Planning**

Sometimes, paid employees may not be available to provide approved services to the member. It is critical for the Managing Employer to develop and routinely review, along with the AWC provider, a backup plan for paid staff and unpaid supports to provide services to the member. The care plan, developed with a care manager, must include backup staffing and emergency plans. The Health Risk Assessment (HRA) used to help develop the care plan also identifies possible emergency needs. Under the AWC model, the AWC provider is responsible for ensuring backup staff are available to the member.

### **Primary Crisis Response**

If the member is self-directing CLS, Supported Living – Periodic, or Supported Living – Levels 1-3 services, they must have a primary crisis response provider within the Vaya network. The care manager can help identify potential primary crisis response providers, which can be the AWC provider or a different provider. The primary crisis response provider should be noted in the care plan. The AWC provider should make sure the primary crisis response provider (if it is a different provider) is aware of possible contact.

### **Quality Assurance Under the AWC Model**

The AWC provider, Managing Employer, and Representative (if applicable) are all responsible for helping Vaya maintain quality standards in managing, supervising, overseeing, and delivering services. The Vaya QM Department, the care manager, AWC provider, Managing Employer, and Representative (if applicable) all play key roles in ensuring compliance with this handbook, CCP 8-P, the Innovations Waiver, and applicable federal and state laws and requirements.

## The Vaya Quality Management (QM) Department's Role

Along with other responsibilities, Vaya's QM Department is responsible for receiving, reviewing, and following up on incident reports from the AWC provider and Managing Employer (or Representative, if applicable). The QM Department is also responsible for the following program integrity and monitoring activities:

- Conducting focused pre- and post-payment reviews of the AWC provider and Community Navigator, as needed
- Responding to complaints from or against the Managing Employer, Representative, AWC provider, or any interested stakeholder
- Investigating any matters that fall within the scope of its regulatory authority, including, but not limited to, investigations into waste, abuse, overutilization, underutilization, questionable billing practice(s), quality of care concerns, health and safety issues, and violations of federal or state laws, policies, or guidance
- Referring credible allegations of Medicaid beneficiary or provider fraud to NC Medicaid for further investigation and/or referral to the NC Department of Justice Medicaid Investigations Division (MID)

### *Incident Reporting*

An "incident" is any happening that is not consistent with the routine operation of a facility or service or the routine care of an individual and that is likely to lead to adverse effects upon an individual.

**Managing Employers/Representatives and employees of the AWC provider are required to report any incidents to the AWC provider immediately.** AWC providers must report all levels of incidents by completing and submitting incident reports as required by law and their contracts with Vaya.

### *Routine Post-payment Reviews*

Vaya's QM Department may conduct reviews of the AWC provider if it identifies trends related to compliance or clinical quality and reviews the Community Navigator agency at least once every three years.

### *All Other Program Integrity and Other Monitoring Activities*

Vaya's QM Department conducts program integrity and monitoring activities such as complaint investigations, focused monitoring reviews, inspections, and site visits. If a complaint is made against the Managing Employer or Representative (if applicable), Vaya has an obligation to conduct a review, audit, visit, and/or investigation. Depending on the results, Vaya may take any of the following actions:

- Provide technical assistance
- Require a POC
- Recommend additional training or technical assistance from the Community Navigator
- If there is no assigned Community Navigator, recommend to the member/LRP, AWC provider, Managing Employer/Representative, care manager, and Vaya's UM Team that mandated Community Navigator services be requested through the care manager
- Recommend the appointment of a mandated Representative
- Recommend returning to provider-managed services (according to Innovations Waiver and CCP 8-P processes and any required consultation with NC Medicaid)
- Refer any credible allegations of provider or beneficiary fraud to NC Medicaid

- Identify overpayments and recoup funds for abuse, waste, improper billing practices, violations of Medicaid or Innovations Waiver reimbursement requirements, or other violations of federal or state laws, policies, or guidance

These program integrity and other monitoring activities may be arranged in advance with the Managing Employer/Representative, but this is not required. The Managing Employer/Representative must provide all documentation and records requested by Vaya within the time allowed.

Vaya's QM Department may inspect, take photographs, scan, and make or request electronic or paper copies of all clinical, medical, personnel, and financial records concerning claims paid on behalf of and services provided to the member. These include (but are not limited to) Managing Employer, Community Navigator agency, or AWC provider records of staff who delivered or supervised the delivery of services and any other clinical or financial information that Vaya determines is necessary to ensure compliance with this handbook, the Innovations Waiver, CCP 8-P, the RMDM, or any other applicable federal or state laws or requirements. AWC providers, Managing Employers, and Representatives must cooperate with all aspects of Vaya's program integrity and other monitoring activities.

### *Plan Of Correction (POC)*

If corrective action by the Managing Employer is required, the Managing Employer (and Representative, if applicable) must develop and submit a POC to the QM Department or SIU. The Community Navigator and/or the AWC provider may be available to help the Managing Employer/ Representative develop and implement a POC. The POC is the Managing Employer's opportunity to explain how the out-of-compliance issue cited by Vaya will be eliminated or minimized from recurring. The Managing Employer has 15 calendar days from the date of the Report of Findings to submit the plan for approval. (If the 15th day falls on a day when Vaya's administrative offices are closed for business, the plan will be due on the next Vaya business day).

Vaya must approve all plans of correction. The QM Department or SIU will inform the Managing Employer if we have accepted or rejected the plan within 15 calendar days of submission of a complete plan.

If the POC is not approved, the Managing Employer has an additional 10 calendar days from the date the plan is declined to submit a revised plan for approval. Vaya will make reasonable efforts to provide the Managing Employer with technical assistance and/or support to complete an acceptable POC. Failure to submit or complete an approved POC may result in an involuntary termination from the IFDS option.

If the POC is approved, the Managing Employer has up to 60 days to pass a review that ensures the plan has been implemented as approved. The QM Department or SIU conduct this review. Failure to pass may result in involuntary termination from the IFDS option.

Note there are some instances where technical assistance or a POC is not appropriate or cannot correct the deficiency or issue. In these instances, Vaya follows the procedure outlined in the Innovations Waiver and CCP 8-P to remove the member from the IFDS option.

## Care Manager Role

The assigned care manager continues to perform their same required tasks and responsibilities as if the member still received provider-managed services. For example, the care manager monitors service delivery and the member's health and safety through monthly in-person visits. If relatives provide any services to the member, the care manager continues monthly monitoring of RADSE services.

The care manager communicates with the AWC provider, the Managing Employer/Representative, and other team members every month. The care manager also reviews service documentation and the Monthly R&E Report.

## Managing Employer (and Representative) Role

The Managing Employer (and Representative, if applicable) must cooperate in all program integrity and monitoring activities, whether announced or unannounced. The Managing Employer must give Vaya prompt access to any requested books, documents, and records. This includes, but is not limited to, clinical, medical, financial, and personnel records for services provided under the AWC model.

The Managing Employee also monitors and guards against **fraud, waste, and abuse** and must take immediate action to address and report any suspected incidents. Medicaid fraud and abuse happens when a person knowingly cheats or is dishonest, resulting in a benefit such as payment or coverage:

- **Fraud** is an intentional deception or misrepresentation made with the knowledge the deception could result in some unauthorized benefit. Examples include billing for services not actually delivered or using or helping others use benefits to which they are not entitled.
- **Provider or billing abuse** includes reimbursement for services that are not medically necessary, fail to meet professionally recognized standards for health care, are inconsistent with accepted fiscal or medical practices, cause financial loss to the Medicaid program, or are not reasonable.

All suspected fraud or abuse by any AWC provider, Managing Employee, a Representative, or employee must be reported immediately by:

- Calling Vaya's 24/7 Confidential Compliance Hotline at 1-866-916-4255 (allows for anonymous reporting)
- Reporting online at [vayahealth.ethicspoint.com](https://vayahealth.ethicspoint.com) (allows for anonymous reporting)
- Calling the NC Medicaid Fraud, Waste, and Program Abuse Tip-Line at 1-877-DMA-TIP1 (1-877-362-8471)
- Calling the Office of Inspector General's (OIG) National Fraud Hotline at 1-800-HHS-TIPS (1-800-447-8477) or reporting to the OIG online at [oig.hhs.gov/fraud/report-fraud](https://oig.hhs.gov/fraud/report-fraud)

The Managing Employer must cooperate with all care management activities, including announced and unannounced telephone calls, face-to-face visits, and requests for documentation. The Managing Employer also makes sure the care manager knows if the member's needs are not being met and if the member's health, safety, or well-being is or will be harmed. If needed, the care manager will make home visits to evaluate the situation and help. Assistance from the care manager does not replace other ways for the Managing Employer/Representative or AWC provider to address member health or safety issues. If a crisis or emergency occurs, it is very important that the AWC provider and/or Managing Employer

(and Representative, if applicable) contact law enforcement, emergency medical services, the county DSS, or other people as appropriate or as identified in the member's crisis plan.

Through surveys and other means, the AWC provider determines whether the member is receiving quality services in a satisfactory way. To help make this determination, the Managing Employer may use methods such as completing self-assessments, training employees, evaluating the performance and quality of employees' work, discussing issues with staff during supervision meetings, closely reviewing and monitoring service documentation and service delivery, and planning for emergencies or crises in advance.

The Managing Employer and the Representative (if applicable), jointly with the AWC provider, must ensure the member's safety. Managing Employers and Representatives have the duty to report any suspected abuse, neglect, or exploitation of any adult with a disability or a juvenile. Reports should be made immediately to the county DSS, the NC Health Care Personnel Registry (if the issue involves an employee), and Vaya's Member and Recipient Service Line at 1-800-962-9003 (Monday – Saturday, 7 a.m. – 6 p.m.) or after hours to Vaya's 24/7 Behavioral Health Crisis Line at 1-800-849-6127. When appropriate, the Managing Employer and Representative (if applicable) should also contact local law enforcement.

It is important for Managing Employers and Representatives to recognize signs of abuse, neglect, and exploitation and to avoid these problems whenever possible. Definitions of these terms are:

- **Abuse of a Disabled Adult:** This means the willful infliction of physical pain, injury, or mental anguish towards an adult with a disability, the unreasonable confinement of an adult with a disability, or the willful deprivation by a caretaker of services necessary to maintain the adult with a disability's mental and physical health, as set forth in N.C.G.S. §108A101(a).
- **Abuse of a Juvenile:** This occurs when a juvenile's parent, guardian, custodian, or caretaker: (a) inflicts, creates, or allows to be inflicted/ created a serious physical injury or risk of injury to the juvenile (other than an accident); (b) uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or devices to modify behavior; (c) commits, permits, or encourages any type of human trafficking or sexual crime involving the juvenile; (d) creates or allows to be created serious emotional damage to the juvenile as evidenced by severe anxiety, depression, withdrawal, or aggressive behavior toward themselves or others; or (e) encourages, directs, or approves of the juvenile's delinquent acts involving moral turpitude. For more detail, refer to the statutory definition set forth in N.C.G.S. §7B-101(1).
- **Exploitation:** This means the illegal or improper use of an adult with a disability or their resources for another's profit or advantage, as set forth in N.C.G.S. §108A-101(j).
- **Neglect of a Disabled Adult:** This refers to an adult with a disability who is either living alone and not able to provide for themselves the services that are necessary to maintain their mental or physical health or to the failure or omission on the part of the caregiver to provide the care, supervision, and services necessary to maintain the individual's physical or mental health, as set forth in N.C.G.S. §108A-101(m). This includes the failure of a caregiver to make a reasonable effort to protect the individual from abuse, neglect, or exploitation by others.

- **Neglect of a Juvenile:** This occurs when a juvenile does not receive proper care, supervision, or discipline from the parent, guardian, custodian, or caretaker; is abandoned; is not provided necessary medical or remedial care; lives in an environment injurious to their welfare; or is placed for care or adoption in violation of law. For more detail, refer to the statutory definition set forth in N.C.G.S. §7B-101(15).

## Grievances and Complaints

The AWC provider and Community Navigator should maintain internal complaint logs with documented follow-up for routine review by Vaya’s QM Department. Vaya also may review these logs during other monitoring activities.

The Managing Employer, the Representative (if applicable), and the member/LRP may report grievances (complaints) to Vaya. We will review grievances and investigate them, if needed. For more information about filing a grievance and other member rights and responsibilities, refer to the Vaya Health Member Handbook on our website at [vayahealth.com](http://vayahealth.com).

An AWC provider that identifies a problem with the Managing Employer/Representative should first attempt to address the issue with them. If the problem is not corrected, the AWC provider may decide to notify the Community Navigator to help train the Managing Employer/Representative. Both the AWC provider and Community Navigator agency must document the problem and intervention with the Managing Employer/Representative. If there is no Community Navigator, the AWC provider should notify the member’s care manager. Depending on the problem, the care manager may address the issue with the Managing Employer/Representative directly or refer the problem to the Vaya’s QM Department for technical assistance, investigation, or support.

The AWC provider should report any complaints made by the Managing Employer/Representative to the care manager. A Managing Employer/Representative also can report concerns or grievances about the AWC provider or Community Navigator directly to the care manager, online through EthicsPoint at [vayahealth.ethicspoint.com](http://vayahealth.ethicspoint.com), or by calling Vaya’s Member and Recipient Service Line at 1-800-962-9003 (Monday – Saturday, 7 a.m. – 6 p.m.). Following this type of report:

- Vaya’s Grievance Resolution and Incident Team responds to the issue and involves the care manager, Managing Employer/Representative, AWC provider, Community Navigator, community partners, and other Vaya departments as needed.
- Vaya may first attempt to address concerns and grievances about the AWC provider or Community Navigator through technical assistance.
- If other Vaya departments receive grievances or identify concerns, the appropriate Vaya department/staff members are notified.
- Grievances may be referred to the QM Department for further investigation.



## SECTION 5

# Termination and Withdrawal from the IFDS Option

Sometimes, circumstances arise that cause a member's ability to self-direct services to end. A member/LRP also may voluntarily decide to return to provider-managed services at any time. This is called "termination" or "withdrawal" from an IFDS option. **Termination or withdrawal from an IFDS option does not mean the member will be terminated, withdrawn, or removed from the Innovations Waiver.**

### Involuntary Termination from the IFDS Option

Vaya may remove a participant from the IFDS option involuntarily under the following circumstances, or any other circumstances described in the Innovations Waiver or CCP 8-P:

- Immediate health and safety concerns, including maltreatment of the participant
- Repeated unapproved expenditures or misuse of Innovations Waiver funds
- No approved Representative available when it is determined the EOR/Managing Employer needs one
- Failure to accept the necessary Community Navigator services
- Failure to cooperate with or allow a care manager to monitor services
- Failure to cooperate with or participate in monitoring by Vaya or other state or federal oversight agencies
- Non-compliance with the IFDS option, the FSSA, the AWC provider, and/or employee support agreements
- Inability to implement an approved POC or comply with Innovations Waiver requirements despite reasonable efforts to provide additional technical assistance and support (for an event requiring additional technical assistance/POC in the last 12 months)

Vaya may remove a participant from the IFDS option after consulting with NC Medicaid if the participant's health and safety are compromised or after an EOR or Managing Employer has made the same major mistake three different times in one year. A "major mistake" includes:

1. The inability to implement the POC; and/or
2. The inability to comply with Innovations Waiver requirements.

Vaya's QM Department makes reasonable efforts to provide the member/LRP, the EOR/Managing Employer, and the Representative with technical assistance and/or support before terminating the IFDS option. However, Vaya will terminate the IFDS option immediately in any of the following circumstances:

1. The member's health and/or safety are compromised.
2. Innovations Waiver funds are being misused, including suspected fraud or abuse of funds.
3. There is no approved Representative when one is required.
4. There is a failure to accept required Community Navigator services
5. There is a failure to allow or cooperate with care management monitoring.

6. There is a failure to participate in or cooperate with monitoring by Vaya or other state or federal oversight agencies.

Terminations described in numbers 1 and 2 may become effective immediately upon Vaya's decision. For more information about involuntary termination from the IFDS option, refer to the Innovations Waiver and CCP 8-P.

### **Voluntary Withdrawal from the IFDS Option**

A member may withdraw from the IFDS option and return to provider-managed services at any time by notifying the care manager. The care manager will revise the care plan and submit it as a SAR to Vaya's UM Team for review. For more information about voluntarily withdrawing from the IFDS option, refer to the Innovations Waiver and CCP 8-P.

### **Transition to Provider-managed Supports**

The care manager helps the member/LRP transition to the provider-managed model of the Innovations Waiver, a more appropriate health plan, or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) of the member's choosing (if the member can no longer be served in the home and community of their choice).

### **Return to Self-direction**

If the member voluntarily withdraws or is involuntarily terminated from the IFDS option, Vaya may consider permitting them to return to self-directing services in the future. First, we must determine enough time has passed from the date of the withdrawal/termination to make sure the reasons for it have been fully resolved and will not be repeated.

If Vaya approves the member's return to self-directed services under the IFDS option, all required trainings, agreements, and assessments must be completed again. If the member selects the IFDS option after being involuntarily terminated, the member may be required to have a new or different Representative. This depends on the reason for the previous involuntary termination.

## APPENDIX A

# IFDS Representative Screening Questionnaire

1. Member name: \_\_\_\_\_
2. Member's legally responsible person (LRP), if applicable:  
\_\_\_\_\_
3. Member record number: \_\_\_\_\_
4. Name of proposed Representative: \_\_\_\_\_
5. Home address (including city, state, and ZIP code) of proposed Representative:  
\_\_\_\_\_
6. Mailing address (including city, state, and ZIP code) of proposed Representative (if not home address):  
\_\_\_\_\_
7. Day telephone number of Representative: \_\_\_\_\_
8. Evening telephone number of Representative: \_\_\_\_\_
9. Emergency contact name for Representative: \_\_\_\_\_
10. Emergency contact telephone number for Representative: \_\_\_\_\_
11. What is your relationship with the member? (Include how long you have known the member and how frequently you have contact.)  
\_\_\_\_\_
12. What is your relationship with the member's LRP? (Include how long you have known the individual and how frequently you have contact.)  
\_\_\_\_\_
13. Are you currently paid to care for the member?     ☐ Yes     ☐ No
14. If yes, identify the source of payment and the purpose of the funds:  
\_\_\_\_\_
15. Have you ever been paid to care for the member?     ☐ Yes     ☐ No
16. If yes, identify when, the source of payment and the purpose of the funds:  
\_\_\_\_\_

17. Do you understand that while you are the member's Representative, you cannot be paid to provide any service, except for guardianship services, to the member?  
☐ Yes   ☐ No
18. Do you understand that while you are the member's Representative, you cannot be paid to provide any paid supports to the member?  
☐ Yes   ☐ No
19. Are you willing to meet face-to-face with the member and Employer of Record or Managing Employer at least monthly?  
☐ Yes   ☐ No
20. Are you age 18 or older?      ☐ Yes   ☐ No
21. How well do you know the member?
- 
- 
22. Describe, in your own words, your knowledge and understanding of the member's needs and preferences.
- 
- 
- 
23. Are you willing to respect the member's preferences to ensure that they can live a meaningful life as independently as possible?  
☐ Yes   ☐ No
24. Do you have any history of physical, mental, or financial abuse of another individual or their funds?  
☐ Yes   ☐ No
25. Have you been excluded from participating as a provider of Medicare or Medicaid services?  
☐ Yes   ☐ No
26. Have you ever been convicted of Medicare or Medicaid fraud?  
☐ Yes   ☐ No
27. Have you ever settled an allegation of Medicare or Medicaid fraud?  
☐ Yes   ☐ No
28. Are you willing and able to cooperate with Vaya Health for care management, utilization management, and monitoring functions?  
☐ Yes   ☐ No
29. Are you willing and able to receive in-person training by a Community Navigator to become competent as a Representative for the member?  
☐ Yes   ☐ No

30. Have you completed Individual and Family Directed Services Training (or has a referral to training been made)?  
☐ Yes   ☐ No
31. If yes, when? \_\_\_\_\_
32. Are you willing to volunteer to serve as the member's Representative?  
☐ Yes   ☐ No
33. If you become the member's Representative, are you willing and able to act in the member's best interest, even if that means returning the member to provider-managed services or withdrawing as the Representative?  
☐ Yes   ☐ No
34. Are you willing and able to comply with any and all program requirements, as amended from time to time, which include, but are not limited to:  
☐ Yes   ☐ No   a. NC Innovations Waiver?  
☐ Yes   ☐ No   b. NC Medicaid Clinical Coverage Policy 8-P?  
☐ Yes   ☐ No   c. Vaya Health Individual and Family Directed Services Employer Handbook?

Representative's signature: \_\_\_\_\_

Representative's printed name: \_\_\_\_\_

Date of Representative's signature: \_\_\_\_\_

**IFDS Representative Screening Questionnaire received by:**

Care manager/care coordinator signature: \_\_\_\_\_

Care manager/care coordinator printed name: \_\_\_\_\_

Date signed: \_\_\_\_\_

**NOTE:** The care manager/care coordinator submits this completed IFDS Representative Screening Questionnaire to Vaya's Utilization Management Team, along with the care plan requesting participant-directed services for the member's current/upcoming plan year, adds it to the member's administrative health record with Vaya, and provides a copy to the Employer of Record, Managing Employer, and/or Agency with Choice, as applicable.

## APPENDIX B

# Community Navigator Agency's Attestation

Member: \_\_\_\_\_

Name of Community Navigator completing attestation: \_\_\_\_\_

Community Navigator agency: \_\_\_\_\_

Name of person trained: \_\_\_\_\_

Position of person trained (check one): ☐ Employer of Record ☐ Representative

Dates Self-direction Training provided: \_\_\_\_\_

Following self-direction training, the Community Navigator agency is required to complete this attestation for consideration by Vaya Health. The purpose of this attestation is for the Community Navigator to identify areas of readiness for the member's services to be self-directed by the prospective Employer of Record (EOR) and Representative, if applicable. Please complete separate attestations for both the EOR and the Representative.

Training topic	Individual meets readiness criteria	Individual needs self-direction assistance
Has copies of all manuals and forms related to the Individual and Family Directed Services (IFDS) model selected, knows how to obtain additional forms and updates, and knows how to access the NCDHHS Innovations Waiver website and Vaya Health website	<input type="checkbox"/>	<input type="checkbox"/>
Understands the differences between IFDS and provider-managed services	<input type="checkbox"/>	<input type="checkbox"/>
Knows the difference between EOR and Agency with Choice (AWC) models of IFDS	<input type="checkbox"/>	<input type="checkbox"/>
Understands a Representative may be appointed at any time, the Representative's role, and the process for appointing a Representative	<input type="checkbox"/>	<input type="checkbox"/>
Understands how the Individual and IFDS budgets work, including what is included in each part of the budget and how to request additional funding in the IFDS Budget	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to complete the Financial Support Service Agreement (FSSA) and when and how to update it	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to contact the Community Navigator and FSSA	<input type="checkbox"/>	<input type="checkbox"/>

Training topic	Individual meets readiness criteria	Individual needs self-direction assistance
Understands certain employment and payroll taxes need to be paid	<input type="checkbox"/>	<input type="checkbox"/>
Understands workers' compensation is required and what it generally covers	<input type="checkbox"/>	<input type="checkbox"/>
Understands and is able to comply with labor laws that apply to the model selected	<input type="checkbox"/>	<input type="checkbox"/>
Understands staff qualifications for each service definition and the individual specific staff qualifications	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to write a job description and establish employee guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Understands how and where to recruit employees, including how to place a newspaper ad	<input type="checkbox"/>	<input type="checkbox"/>
Is able to interview and request background checks for potential employees	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to request the auto-calculator, use the auto-calculator, and set employee pay rates and benefits	<input type="checkbox"/>	<input type="checkbox"/>
Has a process for developing Employee Support Service Agreements, including the Employee Supervision Plan	<input type="checkbox"/>	<input type="checkbox"/>
Has resources for employee training, knows the process for obtaining training paid by the FSSA, and has a plan or training protocols for any training the employer is providing	<input type="checkbox"/>	<input type="checkbox"/>
Understands how to address problems with employees, including documenting those actions, firing employees, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Understands how to discharge an employee, including all required documentation needed by the FSSA	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to work with the Employee Security Commission should a former employee file an unemployment claim, including claims filed should the EOR decide to stop participating in the EOR model	<input type="checkbox"/>	<input type="checkbox"/>
Has a plan for backup staffing and has selected a crisis services provider (if self-directing Community Living and Supports)	<input type="checkbox"/>	<input type="checkbox"/>
Understands confidentiality requirements for both individual and employee documentation and has established methods for meeting those requirements	<input type="checkbox"/>	<input type="checkbox"/>
Understands how to write/revise short-term goals and strategies for those goals based on long-range outcomes in the care plan	<input type="checkbox"/>	<input type="checkbox"/>
Knows the difference between billable and non-billable time under Medicaid	<input type="checkbox"/>	<input type="checkbox"/>



Training topic	Individual meets readiness criteria	Individual needs self-direction assistance
Has developed emergency protocols, a plan for testing them, and a plan for documenting those tests	<input type="checkbox"/>	<input type="checkbox"/>
Understands the purpose, use, and cost of Community Navigator services (orientation, training, periodic/monthly)	<input type="checkbox"/>	<input type="checkbox"/>
Understands the care plan must be followed (service frequency and duration) and changes to it must be requested through the assigned care manager/care coordinator, including how to request additional Community Navigator services	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to manage the IFDS Budget	<input type="checkbox"/>	<input type="checkbox"/>
Knows the difference between the administrative rate and the service reimbursement rate and what they cover under the EOR model	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to review the FSSA's Monthly Revenues and Expenditures Report, including how to work with the FSSA if there are problems with the report	<input type="checkbox"/>	<input type="checkbox"/>
Understands service documentation requirements for the services provided	<input type="checkbox"/>	<input type="checkbox"/>
Understands the requirements for training and supervising employees	<input type="checkbox"/>	<input type="checkbox"/>
Understands the requirements for monitoring the provision of services	<input type="checkbox"/>	<input type="checkbox"/>
Understands that the employer may choose to terminate IFDS or transfer to a different model at any time and understands that specific processes must be followed	<input type="checkbox"/>	<input type="checkbox"/>

I attest that the above responses are true and accurate, as best known to me, and I understand that Vaya Health relies upon my attestation in determining the Employer of Record's and/or Representative's (if applicable) readiness to begin or continue self-directing Innovations Waiver services.

\_\_\_\_\_  
Community Navigator's signature

\_\_\_\_\_  
Date signed

cc: Assigned care manager/care coordinator  
Employer of Record/Representative assessed  
File

# APPENDIX C

## IFDS Designation of Representative Form

Member name: \_\_\_\_\_

Member's LRP(s) (if applicable): \_\_\_\_\_

Member record number: \_\_\_\_\_ Representative type: ☐ Voluntary ☐ Mandatory

IFDS option: ☐ Employer of Record ☐ Agency with Choice

Employer of Record/Managing Employer: \_\_\_\_\_

Prospective Representative: \_\_\_\_\_

I hereby designate \_\_\_\_\_

to serve as my Representative in the Individual and Family Directed Services (IFDS) option of the NC Innovations Waiver. I understand that I will remain the Employer and retain the status and any liability associated with my role as Employer. I understand that my appointment of a Representative is subject to approval by Vaya Health.

*(Initial next to each of the following that apply.)*

\_\_\_\_\_ My Representative will complete and sign all forms and send information to Vaya Health as required.

\_\_\_\_\_ My Representative has completed the initial orientation and initial self-direction training through a Community Navigator agency.

\_\_\_\_\_ I understand my Representative receives no monetary compensation for acting as my Representative.

\_\_\_\_\_ I may revoke this appointment at any time by notifying my care manager/care coordinator.

\_\_\_\_\_ I understand that if Vaya Health determines a different Representative is needed and there is not an approved Representative to self-direct services ready to step in the place and stead of the current Representative at the time of their removal or withdrawal, the member may be immediately transitioned to provider-managed services until a qualified Representative is identified and approved.

*(Only initial next to the one that applies.)*

\_\_\_\_\_ My Representative will direct all self-directed services on the care plan and assume all Employer of Record/Managing Employer duties.

\_\_\_\_\_ My Representative will assume only those duties I have designated in the IFDS Agreement.

\_\_\_\_\_  
Employer of Record/Managing Employer's signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date signed

cc: Employer of Record/Managing Employer

Representative

Care manager/care coordinator (receives original)

Vaya UM Team (with care plan update requesting approval of self-directed service)

Member's AHR

## APPENDIX D

# Employer of Record IFDS Assessment

Member name: \_\_\_\_\_

Care manager/care coordinator completing assessment: \_\_\_\_\_

Person assessed: \_\_\_\_\_

Position of person assessed (check one): ☐ Employer of Record ☐ Representative

Assessment date: \_\_\_\_\_

	Yes	No
Are you age 18 or older?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of Medicare or Medicaid fraud or excluded from participating in the Medicare or Medicaid programs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan to continue to use Community Navigator services?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Representative identified? If so, whom? Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to name a Representative or use Community Navigator services, if you are assessed to need one or both?	<input type="checkbox"/>	<input type="checkbox"/>

What services do you plan to self-direct?	
What are your plans for ensuring backup staffing for employees?	
What are your plans for keeping information confidential in the individual's home?	

	Assessment of assistance needed	Assessment of assistance NOT needed
Has copies of all manuals and forms related to the Individual and Family Directed Services (IFDS) model selected, knows how to obtain additional forms and updates, and knows how to access the NCDHHS Innovations Waiver website and Vaya Health website	<input type="checkbox"/>	<input type="checkbox"/>
Understands the differences between IFDS and provider-managed services	<input type="checkbox"/>	<input type="checkbox"/>
Knows the difference between Employer of Record (EOR) and Agency with Choice (AWC) models of the IFDS option	<input type="checkbox"/>	<input type="checkbox"/>
Understands a Representative may be appointed at any time, the Representative's role, and the process for appointing a Representative	<input type="checkbox"/>	<input type="checkbox"/>
Understands how the individual and IFDS budgets work, including what is included in each part of the budget and how to request additional funding in the IFDS Budget	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to complete the Financial Support Services Agreement and when and how to update it	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to contact the Community Navigator and the Financial Support Services Agency (FSSA)	<input type="checkbox"/>	<input type="checkbox"/>
Understands certain employment and payroll taxes need to be paid	<input type="checkbox"/>	<input type="checkbox"/>
Understands workers' compensation is required and what it generally covers	<input type="checkbox"/>	<input type="checkbox"/>
Understands and is able to comply with labor laws that apply to the model selected	<input type="checkbox"/>	<input type="checkbox"/>
Understands staff qualifications for each service definition and the individual specific staff qualifications	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to write a job description and establish employee guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Understands how and where to recruit employees, including how to place a newspaper ad	<input type="checkbox"/>	<input type="checkbox"/>
Is able to interview and request background checks for potential employees	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to request the auto-calculator, use the auto-calculator, and set employee pay rates and benefits	<input type="checkbox"/>	<input type="checkbox"/>
Has a process for developing Employee Support Service Agreements, including developing the Employee Supervision Plan	<input type="checkbox"/>	<input type="checkbox"/>
Has resources for employee training, knows the process for obtaining training paid by the FSSA, and has a plan or training protocols for any training the Employer is providing	<input type="checkbox"/>	<input type="checkbox"/>
Understands how to address problems with employees, including documenting those actions, firing employees, etc.	<input type="checkbox"/>	<input type="checkbox"/>

	Assessment of assistance needed	Assessment of assistance NOT needed
Understands how to discharge an employee, including all required documentation needed by the FSSA	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to work with the Employee Security Commission should a former employee file an unemployment claim, including claims filed should the EOR decide to stop participating in the EOR model	<input type="checkbox"/>	<input type="checkbox"/>
Has a plan for backup staffing and has selected a crisis services provider (if self-directing Community Living and Supports)	<input type="checkbox"/>	<input type="checkbox"/>
Understands confidentiality requirements for both individual and employee documentation and has established methods for meeting those requirements	<input type="checkbox"/>	<input type="checkbox"/>
Understands how to write/revise short-term goals and strategies for those goals based on long-range outcomes in the care plan	<input type="checkbox"/>	<input type="checkbox"/>
Knows the difference between billable and non-billable time under Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
Has developed emergency protocols, a plan for testing them, and a plan for documenting those tests	<input type="checkbox"/>	<input type="checkbox"/>
Understands the purpose, use, and cost of Community Navigator services (orientation, training, periodic/monthly)	<input type="checkbox"/>	<input type="checkbox"/>
Understands the care plan must be followed (service frequency and duration) and that changes to it must be requested through the care manager/care coordinator, including how to request additional Community Navigator services	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to manage the IFDS Budget	<input type="checkbox"/>	<input type="checkbox"/>
Knows the difference between the administrative rate and the service reimbursement rate and what they cover under the EOR model	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to review the FSSA's Monthly Revenues and Expenditures Report, including how to work with the FSSA should there be problems with the report	<input type="checkbox"/>	<input type="checkbox"/>
Understands service documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>
Understands the requirements for training and supervising employees	<input type="checkbox"/>	<input type="checkbox"/>
Understands requirements for monitoring the provision of services	<input type="checkbox"/>	<input type="checkbox"/>
Understands the Employer may choose to terminate IFDS or transfer to a different model at any time and understands that specific processes must be followed	<input type="checkbox"/>	<input type="checkbox"/>
Has completed initial orientation by Community Navigator	<input type="checkbox"/>	<input type="checkbox"/>
Has completed initial self-direction training by Community Navigator	<input type="checkbox"/>	<input type="checkbox"/>
Has read and understands the Vaya Health IFDS Employer Handbook	<input type="checkbox"/>	<input type="checkbox"/>
All Community Navigator services outcomes/short-range goals regarding startup of IFDS are met	<input type="checkbox"/>	<input type="checkbox"/>

## Assessment of Support:

The Employer of Record or Representative, if applicable (check all that apply)	
<input type="checkbox"/>	Is requesting the Community Navigator assist with training (including for the start-up meeting) and support if self-direction of services is authorized
<input type="checkbox"/>	Is not requesting the Community Navigator assist with training (including for the start-up meeting) and support if self-direction of services is authorized
<input type="checkbox"/>	Has indicated intention not to request Community Navigator services beyond the T2041-U1U6 initial training hours currently included in the care plan
<input type="checkbox"/>	Understands a Community Navigator Agency must be selected for obtaining required materials and forms and abide by procedures of that agency for obtaining those materials/forms. Only one agency may be used at any one point in time and must be noted in the care plan. If a decision has been made not to use Community Navigator services, the agency will provide no other services beyond providing the materials/forms.
<input type="checkbox"/>	Understands Community Navigator services are mandatory for all EORs until competency in directing service(s) and in all employer functions is demonstrated by the EOR and Representative, if there is one.

## Signatures:

\_\_\_\_\_  
Signature of care manager/care coordinator

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of person assessed

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Community Navigator

\_\_\_\_\_  
Date signed

cc: Employer of Record/Representative

Care manager/care coordinator (receives original)

Vaya Health UM Team (with care plan update requesting approval of self-directed services)

Member's AHR



# APPENDIX E

## Agency with Choice

### IFDS Assessment

Member name: \_\_\_\_\_

Care manager/care coordinator completing assessment: \_\_\_\_\_

Person assessed: \_\_\_\_\_

Position of person assessed (check one): ☐ Managing Employer ☐ Representative

Assessment date: \_\_\_\_\_

	Yes	No
Are you age 18 or older?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of Medicare or Medicaid fraud or excluded from participating in the Medicare or Medicaid programs?	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan to continue to use Community Navigator services?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Representative identified? If so, whom? Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to name a Representative or use Community Navigator services, if you are assessed to need one or both?	<input type="checkbox"/>	<input type="checkbox"/>

What services do you plan to self-direct?	
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	Individual meets readiness criteria	Individual needs self-direction assistance
Has copies of all manuals and forms related to the Individual and Family Directed Services (IFDS) option selected, knows how to obtain additional forms and updates, and knows how to access the NCDHHS Innovations Waiver website and Vaya Health website	<input type="checkbox"/>	<input type="checkbox"/>
Understands the differences between IFDS and provider-managed services	<input type="checkbox"/>	<input type="checkbox"/>
Knows the difference between Employer of Record (EOR) and Agency with Choice (AWC) models of the IFDS option (if both models offered)	<input type="checkbox"/>	<input type="checkbox"/>
Understands a Representative may be appointed at any time, the Representative's role, and the process for appointing a Representative	<input type="checkbox"/>	<input type="checkbox"/>
Understands how the Individual and IFDS Budgets work, including what is included in each part of the budget and how to request additional funding in the IFDS Budget	<input type="checkbox"/>	<input type="checkbox"/>
Understands what the AWC Agreement is and how to work with the AWC provider to complete it	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to contact the Community Navigator and the AWC provider	<input type="checkbox"/>	<input type="checkbox"/>
Understands how and where to recruit employees	<input type="checkbox"/>	<input type="checkbox"/>
Is able to interview prospective employees	<input type="checkbox"/>	<input type="checkbox"/>
Is able to work with the AWC to develop Employee Support Agreements	<input type="checkbox"/>	<input type="checkbox"/>
Understands the AWC provides workers' compensation insurance for employees hired	<input type="checkbox"/>	<input type="checkbox"/>
Understands that the AWC provider must complete background checks and that the Managing Employer may not review those background checks	<input type="checkbox"/>	<input type="checkbox"/>
Understands only the AWC provider may offer a job to a potential employee	<input type="checkbox"/>	<input type="checkbox"/>
Understands the purpose of Community Navigator services	<input type="checkbox"/>	<input type="checkbox"/>
Understands that the care plan must be followed (service frequency and duration) and that changes to it must be requested through the care manager/care coordinator, including how to request additional Community Navigator services	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to review the AWC Quarterly Revenues and Expenditures Reports and how to work with the AWC provider if there are problems with the report	<input type="checkbox"/>	<input type="checkbox"/>
Understands the requirements for documentation of services	<input type="checkbox"/>	<input type="checkbox"/>
Understands the Employer may choose to terminate the IFDS option or transfer to a different model at any time and that specific processes must be followed	<input type="checkbox"/>	<input type="checkbox"/>
Has completed initial orientation by the Community Navigator	<input type="checkbox"/>	<input type="checkbox"/>
Has completed initial self-direction training by the Community Navigator	<input type="checkbox"/>	<input type="checkbox"/>
Has read and understands the Vaya Health IFDS Employer Handbook	<input type="checkbox"/>	<input type="checkbox"/>

	Assistance needed?		
	Yes	No	With AWC
Understands and is able to comply with applicable labor laws that apply to the model selected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands staff qualifications for each service definition and the individual specific staff qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands how and where to recruit employees, including how to place a newspaper ad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows how to develop employee guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has resources for employee training; has a plan or training protocols for any training the Employer is providing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands how to address problems with employees, including documenting those actions and recommending dismissal of employees with poor job performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a plan for backup staffing and has selected a crisis services provider for Community Living and Supports, as applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands confidentiality requirements for both individual and employee documentation and has established methods for meeting those requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands the difference between billable and non-billable time under Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has developed emergency protocols, a plan for testing them, and a plan for documenting those tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Notes:**

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## Assessment of Support:

The Managing Employer or Representative, if applicable (check one)	
<input type="checkbox"/>	Is requesting the Community Navigator assist with ongoing training and support if self-direction of services is authorized
<input type="checkbox"/>	Is not requesting the Community Navigator assist with ongoing training and support if self-direction of services is authorized
<input type="checkbox"/>	Has indicated intention not to request Community Navigator services beyond the T2041-U1U6 initial training hours currently included in the care plan

## Signatures:

\_\_\_\_\_  
Signature of care manager/care coordinator

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of person assessed

\_\_\_\_\_  
Date signed

cc: Employer of Record/Representative

Care manager/care coordinator (receives original)

Vaya Health UM Team (with care plan update requesting approval of self-directed service)

Member's AHR

# APPENDIX F

## Employer of Record

### IFDS Agreement

Member name: \_\_\_\_\_

Member's LRP(s) (if applicable): \_\_\_\_\_

Member record number: \_\_\_\_\_

#### Purpose

The purpose of this agreement is to define responsibilities of the Employer of Record (Employer) and Representative, if applicable, in the Individual and Family Directed Services (IFDS) Option, Employer of Record model, of the NC Innovations Waiver.

#### Parties to the Agreement

- \_\_\_\_\_, the Employer of Record, an individual who participates in the Innovations Waiver and is legally competent, parents of a minor child who participates in the Innovations Waiver, or legal guardian of an individual in the Innovations Waiver (the "EOR")
- \_\_\_\_\_, the Representative, a person who willing accepts responsibility for performing EOR tasks the EOR is unable to perform (the "Representative")
- Vaya Health, \_\_\_\_\_ local management entity/managed care organization and Medicaid Prepaid Inpatient Health Plan responsible for managing the Innovations Waiver pursuant to a contract with the NC Department of Health and Human Services ("Vaya")

Other involved entities, not a party to this agreement:

- Community Navigator agency, a provider under contract with Vaya that assists the EOR, Representative, individual, and/or family in directing services
- Financial Support Services Agency (FSSA), a provider under contract with Vaya to be an agent for, and provide payroll services for, the EOR

#### Overview

A person providing services employed by the EOR is considered an employee of that Employer. The EOR is responsible for making sure that employees and payroll taxes are paid. The Employer does this by authorizing the FSSA to pay employees and taxes. The EOR may designate, or may be required to designate, a Representative to assist in performing these duties. Employees are not provided with any liability insurance coverage and are not licensed or bonded by the State of North Carolina or Vaya. The EOR is required by the Innovations Waiver to carry workers' compensation insurance. Premiums are paid

by the FSSA from the Individual and Family Directed Services Budget. In addition, certain other allowable expenditures, including additional employee training, habilitation training supplies, backup staffing, and other Vaya-approved items (T2025-U2) that are directly related to the cost of providing services and not otherwise covered by another service or funding source.

Responsibility of the Employer of Record and/or Representative	Employer of Record	Representative	Both
Complete Individual and Family Directed Services Orientation and initial self-direction training <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continue with Community Navigator services until and unless competency in all relevant employer functions is met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involve the individual as outlined in the care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide services as written in the care plan and defined in the Innovations Waiver <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the individual's health and safety are not at immediate risk <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in the development of the care plan and make decisions about the best way to meet the needs of the individual, including the responsible use of the IFDS Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete hiring packages for employees, including making sure employees provide the FSSA with a copy of their Social Security card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquire/maintain workers' compensation insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decide special skills and training employees need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train, or arrange for training of, employees as required in the Vaya Health IFDS Employer Handbook, the Community Navigator's Employer Handbook, and relevant law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find and hire people to provide services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Replace (fire) employees when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request background checks, including providing information to the FSSA needed to perform these checks and payroll functions prior to hiring applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate clearly and openly with Vaya staff, including the care manager/care coordinator, FSSA, Community Navigator, employees, the member, and the member's family <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decide how much to pay the employee, benefits to offer the employee, job duties, and work schedule by using the Budget Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop and update the IFDS Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop and update the short-range outcomes/provider plan for self-directed services with the member/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Responsibility of the Employer of Record and/or Representative	Employer of Record	Representative	Both
Send a copy of the completed Budget Calculator to the FSSA and the care manager/care coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete an Employee Support Agreement for each person hired and a Financial Support Services Agreement; update agreements as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give direction and feedback to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete the Innovations Waiver Provider Self-Review Tool on a quarterly basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorize payment for employees for time worked; send timesheets to the FSSA per the payroll schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop reliable back-up plans for coverage when employees are absent and plan for potential emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the member has a primary crisis response provider, and professionals, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approve billing of Innovations Waiver services provided by the employee(s) and make sure employees properly document services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retain documentation for 11 years after the last date of service for adults and 12 years after the last date of service for minors after the minor reaches the age of 18 (if EOR leaves the IFDS option, the EOR must return all clinical documentation to Vaya)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize services as written in care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review monthly Revenues and Expenditures Reports from the FSSA, keep track of the balance of the Individual and IFDS Budgets, and stay within the budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comply with any and all Innovations Waiver, state, and federal requirements, including, but not limited to, hiring and employing workers and observing all tax and employment laws <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep information about the member and employees confidential unless authorized to release <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete incident reporting as required by the Innovations Waiver, Vaya, and the NC Division of Mental Health, Developmental Disabilities, and Substance Use Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notify the care manager/care coordinator if the care plan or IFDS Budget needs to be changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in evaluating the effectiveness of services and inform the care manager/care coordinator of difficulties encountered <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Responsibility of the Employer of Record and/or Representative	Employer of Record	Representative	Both
Notify the care manager/care coordinator of admission to a hospital, intermediate care facility (group home or developmental center), or other facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Produce all records for Vaya, state, or federal audits/monitoring, and complete plans of correction resulting from those audits, including bringing records to the designated site when requested ( <i>select both if Representative</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accept the decision of Vaya regarding the need for a Representative and/or Community Navigator services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check to ensure the member continues to be eligible for the Innovations Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet the Member's monthly Medicaid <b>spenddown (deductible)</b> if it determined by the Department of Social Services (DSS) that this is required for Medicaid eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Responsibilities of Vaya

- Provide/arrange for care management/care coordination
- Provide general initial orientation to the IFDS option to all Employers of Record and Representatives
- Refer Employer and Representatives for initial IFDS orientation
- Assess Employers of Record for participation in the IFDS option, the need for a Representative, and Community Navigator services
- Facilitate the development of a care plan
- Approve medically necessary services based on the care plan and other supporting and/or required documentation submitted to the Vaya Utilization Management Team for consideration and review
- Contract with qualified FSSA and Community Navigator provider
- Ensure care managers/care coordinators have the skills and knowledge to assist Employers of Record and Representatives in directing services
- Provide or make available written materials about the IFDS option through the Community Navigator agencies, including, but not limited to, the Innovations Waiver, NC Medicaid Clinical Coverage Policy 8-P, and the Vaya IFDS Employer Handbook
- Monitor the provision of services the member receives
- Monitor the member's health and safety
- Monitor Employers of Record, Representatives (if there are any), and Community Navigator and FSSA providers

## Consequences For Non-Compliance with Innovations Waiver Policies and Procedures

As Employer of Record, or Representative, I understand the member may be removed from the Individual and Family Directed Services option if I mismanage the member's IFDS Budget or Individual Budget or do not follow applicable federal or state laws, rules, and regulations, or do not submit, complete, or implement plans of corrections. I also understand that, with the exception of funds

remaining in the member’s IFDS Budget rolled over from a prior year, the Individual Budget is the sum total of funds available for the member’s plan year and must be used for authorized services that meet the member’s needs and that comply with the Innovations Waiver and the Vaya IFDS Employer Handbook. No additional funds are available. If an emergency arises, I can request additional funds in accordance with Innovations Waiver guidelines. If I defraud Medicaid, I may be responsible for reimbursing Vaya for unauthorized expenditures. I further understand that Vaya may contact my employees and review my records to discuss and verify provision of services to the individual.

If the member is removed from the IFDS option, I must immediately notify my employees that the FSSA will no longer issue their paychecks and that any further employee/ employer arrangements between the employer/employee are not subject to Innovations Waiver requirements and protections. If involuntarily removed, or if the member voluntarily withdraws, from the Agency with Choice model, I also hereby direct the Agency with Choice to return any unused funds in the IFDS Budget to Vaya.

I agree to uphold all terms of this agreement. I further agree to hold harmless the state of North Carolina and Vaya, and their representatives and employees, from the consequences of my choices as Employer of Record or Representative in the IFDS option. Should I desire to obtain advocacy services, I can contact Vaya’s Member and Recipient Services Department at 1-800-962-9003 to get contact information for such organizations.

_____ Signature of Employer of Record	_____ Date signed
_____ Signature of Representative	_____ Date signed
_____ Signature of Care Manager/Care Coordinator	_____ Date signed

cc: Employer of Record/Representative  
Vaya Health Utilization Management Team  
Member’s AHR

## APPENDIX G

# Agency with Choice IFDS Agreement (Managing Employer)

Member name: \_\_\_\_\_

Member's LRP(s) (if applicable): \_\_\_\_\_

Member record number: \_\_\_\_\_

### Purpose

The purpose of this agreement is to define responsibilities of the Managing Employer and Representative, if applicable, in the Individual and Family Directed Services (IFDS) option, Agency with Choice Model, of the NC Innovations Waiver.

### Parties to the Agreement

- \_\_\_\_\_, the Managing Employer, an individual who participates in the Innovations Waiver and is legally competent, parent(s) of a minor child who participates in the Innovations Waiver, or legal guardian(s) of an individual who participates in the Innovations Waiver ("Managing Employer")
- \_\_\_\_\_, Representative, a person who willing accepts responsibility for performing Managing Employer tasks the Managing Employer is unable to perform ("Representative")
- Vaya Health, \_\_\_\_\_ a local management entity/managed care organization and Medicaid Prepaid Inpatient Health Plan (PIHP) responsible for managing the Innovations Waiver pursuant to a contract with the NC Department of Health and Human Services ("Vaya")

Other involved entities, not a party to this agreement:

- Community Navigator agency, a provider under contract with Vaya that assists the Managing Employer, Representative (if one), individual, and/or family in directing services
- Agency with Choice, a provider under contract with Vaya who serves as the employer of employees hired to provide self-directed services

### Overview

A person providing services employed by the Agency with Choice is considered an employee of that agency. The agency is responsible for making sure employees and payroll taxes are paid. The Managing Employer functions as co-employer of the employees. The Managing Employer may designate, or may be required to designate, a Representative to assist in performing these duties. Employees are not provided with any liability insurance coverage and are not licensed or bonded by the state of North Carolina or Vaya. The Agency with Choice carries workers' compensation insurance on the employees.

Responsibility of the Managing Employer and/or Representative	Managing Employer	Representative	Both
Complete IFDS orientation and initial self-direction training (select both if Representative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continue with Community Navigator services until and unless competency in all relevant employer functions is met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involve the member as outlined in the care plan (select both if Representative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide services as written in the care plan and defined in the Innovations Waiver and CCP 8-P (select both if Representative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that the member's health and safety are not at immediate risk (select both if Representative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in the development of the care plan and make decisions about the best way to meet the needs of the member, including the responsible use of the IFDS Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist the AWC provider and employees in the completion of hiring packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist employees in reporting on-the-job injuries to the AWC provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decide special skills and training employees need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with the AWC provider to ensure that employees are trained per Innovations Waiver and care plan requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer prospective employees to the AWC provider and recommend dismissal of employees to the AWC provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate clearly and openly with Vaya staff, the care manager/care coordinator, AWC provider, Community Navigator agency, employees, the member, and the member's family (select both if Representative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with the AWC provider to determine employee job duties and work schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the AWC provider, complete an Employee Support Agreement for each person hired and an Agency with Choice Agreement; update agreements as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With AWC provider, give direction and feedback to employees and sign time sheets as requested by the AWC provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop reliable backup plans for coverage when employees are absent and plan for potential emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize services as written in care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review quarterly Revenues and Expenditures Reports from the Agency with Choice provider, keep track of the balance of the Individual and IFDS Budget, and stay within the budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Responsibility of the Managing Employer and/or Representative	Managing Employer	Representative	Both
Comply with any and all Innovations Waiver, state, and federal requirements, including, but not limited to, those related to hiring and employing workers and all tax and employment laws <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comply with employment laws as requested by the AWC provider <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notify the care manager/care coordinator if the care plan or IFDS Budget needs to be changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in evaluating the effectiveness of services and inform the care manager/care coordinator of difficulties encountered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notify the care manager/care coordinator of admission to a hospital, intermediate care facility (group home or developmental center), or other facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Produce all records for Vaya, state, or federal audits/monitoring and complete plans of correction required as a result of those audits, including bringing records to the designated site when requested <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accept Vaya's decision regarding need for a Representative and/or Community Navigator services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet the member's monthly Medicaid spenddown (deductible) if determined by DSS that this is required for Medicaid eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Responsibilities of Vaya

- Provide/arrange for care management/care coordination
- Provide general initial orientation to the IFDS option to all Managing Employers and Representatives
- Refer Managing Employer and Representative for initial IFDS orientation
- Assess Managing Employer for participation in the IFDS option, the need for a Representative, and Community Navigator services
- Facilitate the development of a care plan
- Approve medically necessary services based on the care plan and other supporting and/or required documentation submitted to Vaya's Utilization Management Team for consideration and review
- Contract with qualified Agency with Choice providers and Community Navigator agencies
- Ensure that assigned care managers/care coordinators have the skills and knowledge to assist Managing Employers and Representatives in directing services
- Provide or make available written materials about the IFDS option through the Community Navigator agencies, including, but not limited to, the Innovations Waiver, NC Medicaid Clinical Coverage Policy 8-P, and the Vaya IFDS Employer Handbook
- Monitor the provision of services the member receives
- Monitor the member's health and safety
- Monitor Agency with Choice providers, Managing Employers, Representatives (if there are any), and Community Navigator agencies

**Consequences for Non-Compliance with Innovations Waiver Policies and Procedures**

As Managing Employer, or Representative, I understand the member may be removed from the Individual and Family Directed Services (IFDS) option if I mismanage the IFDS Budget; do not follow Innovations Waiver rules, regulations, and requirements; or do not submit, complete, or implement plans of correction. I also understand the Individual Budget is the total sum of funds available for the member’s plan year and must be used for authorized services that meet their needs and comply with the Innovations Waiver and Vaya IFDS Employer Handbook. No additional funds are available. If an emergency arises, I can request additional funds in accordance with Innovations Waiver guidelines.

I agree to uphold all terms of this agreement. I further agree to hold harmless the state of North Carolina and Vaya, and their representatives and employees, from the consequences of my choices as Managing Employer or Representative in the Innovations Waiver Individual and Family Directed Services option. Should I desire to obtain advocacy services, I can contact Vaya’s Member and Recipient Services Department at 1-800-962-9003 to get contact information for such organizations.

.  
If I am removed from the Agency with Choice model, I must immediately notify my Agency with Choice provider so it will no longer issue paychecks to employees and that any further arrangements between the employer/employee are not subject to Innovations Waiver funding regulations and protections. If the member is involuntarily removed or voluntarily withdraws from the Agency with Choice model, I also, hereby, direct the Agency with Choice to return any unused funds in the IFDS Budget to Vaya.

_____ Signature of Managing Employer	_____ Date signed
_____ Signature of Representative	_____ Date signed
_____ Signature of Care Manager/Care Coordinator	_____ Date signed

cc: Managing Employer/Representative  
Vaya Health Utilization Management Team  
Member’s AHR

## APPENDIX H

# IFDS Representative Agreement

Member name: \_\_\_\_\_

Member's LRP(s) (if applicable): \_\_\_\_\_

Member record number: \_\_\_\_\_ Representative type: ☐ Voluntary ☐ Mandatory

IFDS option: ☐ Employer of Record ☐ Agency with Choice

Employer of Record/Managing Employer: \_\_\_\_\_

Prospective Representative: \_\_\_\_\_

I, as proposed Representative for the above-named Employer of Record/Managing Employer,

- Have been advised of the requirements of the Innovations Waiver Individual and Family Directed Services (IFDS) option identified above.
- Have attended the initial orientation training for the IFDS option identified above.
- Have attended the self-direction training for the IFDS option identified above and had the opportunity to have my questions concerning the training and employer functions for which I may be responsible answered.
- Have received a self-direction training completion certificate issued by the Community Navigator agency of the member's choice.
- Have read and understand the Vaya Health (Vaya) IFDS Employer Handbook.
- Have read "Attachment H: Individual and Family Directed Services" of the NC Medicaid Clinical Coverage Policy 8-P: Innovations Waiver.
- Understand that I may, with the Employer of Record's/Managing Employer's consent, use periodic or monthly Community Navigator services to receive ongoing training and consultation in the implementation of the IFDS option.
- Understand that I cannot be paid for being the Representative.
- Have honestly and openly shared my capabilities and limitations with the care manager/care coordinator when completing the IFDS Assessment.
- Understand that Vaya must approve me as the Representative.
- Understand that I must comply with Vaya, state, and federal requirements for Employer of Record/Managing Employer duties for which I may be responsible.
- Understand that if I do not follow these requirements, Vaya may remove me as the Representative for this Employer of Record/Managing Employer.
- Understand the Employer of Record/Managing Employer may elect to remove me as the Representative at any time.

I agree to serve as the Representative for the above-named Employer of Record/Managing Employer and understand my responsibilities and duties under the Individual and Family Directed Services option of the Innovations Waiver. I have read and signed an IFDS Agreement, which specifies the duties the



Employer has requested I perform and agree to abide by terms of this agreement. I understand my appointment as Representative is subject to approval by Vaya.

\_\_\_\_\_  
Representative signature

\_\_\_\_\_  
Date signed

I hereby ☐ approve / ☐ disapprove of the above-referenced person to serve as the Representative for the above-named Employer of Record/Managing Employer:

\_\_\_\_\_  
Care manager/care coordinator signature

\_\_\_\_\_  
Date signed

## APPENDIX I

# Sample Employer of Record Employer-Direct Support Professional (Employee) Support Agreement

**DISCLAIMER:** The sample Employer of Record (EOR) Employer-Employee Support Agreement that follows is not, and should not be deemed to be, legal advice by Vaya Health (Vaya) on any matter included in this sample agreement. The sample agreement was not developed by Vaya and is being included in this Individual and Family Directed Services (IFDS) Handbook to assist the EOR and Representative in developing an employment agreement, if they wish to use one.

### Employer of Record Employer-Employee Support Agreement

Employee: \_\_\_\_\_

Employer of Record (EOR): \_\_\_\_\_

Representative (if applicable): \_\_\_\_\_

Date of agreement: \_\_\_\_\_

#### The Employee agrees:

1. To perform the duties in this agreement and any attachments to this agreement.
2. To maintain required documentation.
3. That all matters regarding the Innovations Waiver participant or matters discussed with my Employer are confidential. Information will not be disclosed to other persons without authorization from my Employer.
4. To complete all necessary paperwork to secure payroll deductions from my pay. This includes keeping time and billing forms that must be signed by the Employer and employee, and incident and accident reports.
5. That submission of false information on timesheets, clinical documentation, or other reports could result in termination from employment and criminal prosecution.
6. That all records are the property of the EOR and must be returned to the EOR at the time the employment relationship ends. Records will not be taken from the work site unless authorized by the EOR.
7. To notify \_\_\_\_\_, or their designee, \_\_\_\_\_, of any medical emergency or illness. The employee will notify one of them before seeking medical services for the participant, except in case of an emergency.
8. To participate in any meetings requested by the Employer.

9. That they received a copy of the Employee's job description and employee guidelines and agrees to abide by all such rules.
10. To comply with all policies and procedures of the federal and state Departments of Health and Human Services related to the provision of Medicaid services. These policies can be changed by the state or federal government at any time, including reimbursement rates for services that could change employment or salary terms.
11. That the first 30 days of employment are a trial period to determine if the relationship is working for both parties.
12. That this is an employment "at will relationship," which can be terminated by either party, at any time.
13. To give at least 10 days' written notice to my Employer if I wish to terminate this agreement.
14. That my Employer will immediately terminate this agreement and employment if I habitually neglect duties or if my actions present a threat to the health or welfare of the participant.
15. That my Employer may give me advance written notice of termination unless it is determined to be a health and safety situation, which will result in immediate termination.
16. That a Financial Support Services Agency (FSSA) will process my paycheck. Only my Employer has the authority to authorize my paycheck. If I am overpaid, I must reimburse the FSSA for the overpayment.
17. That as compensation for services rendered, I will receive a salary of \$\_\_\_\_\_ per hour as gross wages, which shall be paid \_\_\_\_\_ (frequency). Payment of wages will be made \_\_\_\_\_ days after the close of the pay period. The FSSA will withhold and remit the appropriate federal and state required taxes and deductions. A W-2 statement for the previous calendar year will be supplied to me no later than Jan. 31.
18. That I will be paid time and a half for any hours worked over 40 per week. The time is calculated from hours worked from Sunday through Saturday. My Employer or their Representative must specifically authorize overtime pay.
19. That if I am unable to work at a scheduled time due to illness or other legitimate reason, I will give the Employer as much advance notice as possible.
20. That I may not accept gifts from the individual supported, their family, or their guardian or Representative.
21. That employee performance reviews will be given once each \_\_\_\_\_.
22. To accept reimbursement of \_\_\_\_\_ per mile when asked to use my personal vehicle to perform job duties as directed by my Employer. I agree to keep an accurate record of mileage incurred, and to abide by all traffic and driving-related laws of the state of North Carolina, including proper use of seat belts at all times. I will provide adequate insurance on my vehicle. (If the Employer supplies a vehicle, the Employer will provide adequate auto insurance for vehicle to be used; furthermore, the Employer will provide proof of such insurance on the vehicle.) I must maintain a valid North Carolina driver's license to keep my job. Travel from home to work and back again or to other assignments not related to work for Employer will not be reimbursed. I understand meals or admission tickets will not be reimbursed.
23. That employment is conditional on my Employer's participation in the Innovations Waiver, IFDS option. If the Employer no longer participates in the IFDS option, I may no longer be employed.
24. That my Employer has authorized \_\_\_\_\_ to act on all supervisory matters.

**The EOR agrees to:**

1. Keep all information about the Employee confidential and release it only with the Employee's consent.
2. Pay the Employee (through the Financial Support Services Agency) the salary and benefits described in this agreement.
3. Provide or arrange required and appropriate training to/for the Employee.
4. Regularly evaluate the Employee's performance and provide appropriate feedback to ensure the individual being supported receives quality services.

If there are disputes about this agreement, they must be addressed by the EOR. The Employee may also file a complaint with Vaya. However, Vaya is not the Employer. We, the undersigned, agree to the terms of this agreement.

---

Employer of Record's (EOR's) signature

---

Date signed

---

Employee's signature

---

Date signed

---

Representative's signature, if applicable

---

Date signed**Attachment A: Sample Employee Schedule**

Start date: \_\_\_\_\_, 20\_\_\_\_

**Days/hours of employment:** The employee shall work the following schedule:

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Monday \_\_\_\_\_ to \_\_\_\_\_ Total hours per week: \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

**Scheduled holidays that the employee will not be expected to work:**

---

---

Vacation days with pay: \_\_\_\_\_ Vacation days without pay: \_\_\_\_\_  
Sick days with pay: \_\_\_\_\_ Holiday days with pay: \_\_\_\_\_  
Holiday pay rate: \_\_\_\_\_  
(Specify holidays): \_\_\_\_\_

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## **Attachment B: Sample Employee Training And Supervision Plan**

Training that must be completed before the Employee provides services to the individual they are supporting:

- CPR
- First Aid
- Blood Borne Pathogens

Other training that must be completed (with expected completion date):

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The EOR will arrange the above training at no cost to the Employee. The Employee will be paid during the actual hours of training attendance (minus any time off for lunch). The Employee will not be paid mileage for driving to the training, as this will be the Employee's assigned work site for the day. Failure to attend training will be grounds for dismissal. A training certificate must be returned to the EOR to verify attendance. The EOR may require other training to keep CPR and First Aid certifications current, or as needed, for the Employee to perform job duties.

The plan for supervising the Employee is:

- Observing the work of the Employee at least monthly
- Reviewing the time and billing forms completed by the Employee
- Reviewing the Employee's documentation at least monthly
- Meeting with the Employee at least monthly
- Documenting the supervision in the Supervision Log in the Employee's file

cc: Employee

## APPENDIX J

# Suggested Documents to Maintain (Primarily for EOR Model)

Topics	Document(s) to Maintain	Provided By
<b>Applicants</b>	Information gathered on applicants who are not hired	Employer of Record (EOR)
<b>Backup Staffing Incident Reports</b>	Backup Staffing Incident Reports	Community Navigator
<b>Criminal background check request results</b>	Criminal background check results are filed separately and not included in employee personnel files	Financial Support Services Agency (FSSA)
<b>NCDHHS Restrictive Intervention Details Report</b>	NCDHHS Restrictive Intervention Details Report, blank copies; completed reports are placed in file folder	Community Navigator
<b>Individual clinical documentation</b>	Completed documentation forms and other clinical information related to individual service provision	EOR
<b>FSSA Correspondence</b>	Information sent to EOR by FSSA	FSSA
<b>Financial Support Services Agreement and purchase request forms</b>	Agreement and forms provided by FSSA	FSSA
<b>EOR Monthly Revenues and Expenditures Reports</b>	Monthly Revenues and Expenditures (R&E) Report	FSSA
<b>Incident reports</b>	Blank incident report forms, completed copies of incident reports, back-up staffing incident reports	Community Navigator; forms completed by EOR
<b>Completed time and billing forms</b>	Copies of time and billing forms	EOR
<b>Workers' compensation insurance policy</b>	Copies of policies	Facilitated by FSSA
<b>Employee personnel files</b>	Employee applications, agreements, job descriptions, duties, training certifications, evaluations	EOR
<b>Confidentiality statement</b>	Confidentiality statement	Community Navigator

Topics	Document(s) to Maintain	Provided By
<b>Criminal background check request forms</b>	Criminal background request/release form	FSSA
<b>Criminal conviction not on Convictions Baring Employment list</b>	FSS background check acknowledgement form (if applicable) for applicant	FSSA/ EOR
<b>Documentation forms</b>	Documentation forms	Community Navigator
<b>Employee Support Agreement</b>	Employee Support Agreement	Community Navigator
<b>Employment application</b>	Employment application	Community Navigator
<b>Evaluations</b>	Evaluations	Community Navigator
<b>Hepatitis B notification</b>	Notifications	Community Navigator
<b>Job description</b>	Job description developed by EOR	EOR
<b>Reference release checks</b>	Reference release checks	Community Navigator
<b>Supervision log</b>	Supervision log	Community Navigator
<b>Time and billing forms</b>	Blank timesheets and billing forms (may submit electronically per Financial Support process)	FSSA
<b>Training documentation</b>	Obtained by EOR	EOR



# APPENDIX K

## IFDS Employee Qualifications and Training Checklist

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Date: \_\_\_\_\_

Requirement	Hiring Requirement	Before Work Begins	When Work Starts	Ongoing
A copy of a job application signed by the employee with a statement that it is true/accurate	X			Initially one-time document
Copy of a high school diploma/GED	X			Initially one-time document
Documentation the employee is at least age 18	X			Initially one-time document
Verification the employee is not excluded from participation in Medicare/Medicaid programs: question on the application or check the U.S. Department of Health and Human Services Office of Inspector General website	X			Initially one-time document
Criminal record check showing no conviction that would present a health/safety risk to member	X			Initially prior to working with the member; update as specified in the care plan
Criminal record check showing no conviction listed in N.C.G.S. §108C-4 or on the DHHS Convictions Barring Employment list	X			Initially prior to hire
Health care registry checks with no substantiated findings	X			Initially prior to working with the member

Requirement	Hiring Requirement	Before Work Begins	When Work Starts	Ongoing
Service specific requirements as specified in the Innovations Waiver and CCP 8-P	X			As required
First Aid Training		X		Every three years
CPR Training		X		Annually or for a period of time as specified on card/certificate
Orientation to Employer of Record's (EOR's) expectations			X	Initially upon hire
Medication administration (if employee is administering medications)			X – Before administering medications	Initially upon hire; updated as needed to address medication changes
Alternatives to Restrictive Interventions or Positive Behavior Support Training (e.g., NCI Part A, Getting it Right); Restrictive Intervention Training if listed in the care plan or Crisis Plan (e.g., NCI Part B, PMAB)		X		Annually following an approved curriculum
Service/documentation			X	Initially upon hire
Client rights			X	Initially upon hire
Confidentiality			X	Initially upon hire
Blood Borne Pathogens (BBP)			X	Initially upon hire and annually within 12 months from the last date of BBP training
Customized needs of individual as specified in the care plan			X	Per employer's preference and updated as specified in the care plan as needs change
Employer-employee agreement		X		Initially upon hire (if desired); updated as needed
Supervision plan		X		
Documentation of supervision				Consistent with frequency outlined in supervision plan

Requirement	Hiring Requirement	Before Work Begins	When Work Starts	Ongoing
Evidence of liability insurance in transporting members		X		As needed based on expiration date of insurance policy (typically annually)

## APPENDIX L

# Request for Out-of-State Travel

### Innovations Waiver IFDS Option: Out-of-State Travel Request Form

Date of request: \_\_\_\_\_

Name of member: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Dates of travel: *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

Destination: \_\_\_\_\_

1. Natural supports traveling with individual (include relationship to individual):

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2. Individual's daily needs:

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3. Staff requirements (based on needs above):

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4. Why are natural supports unable to meet the individual's needs?

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5. What services need to be delivered out of state? (Cannot be Respite.)

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On what schedule will these services be delivered?

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Terms and Conditions**

- If licensed professionals are involved, Vaya Health (Vaya) and NC Medicaid cannot waive other state licensure laws.
- Vaya and NC Medicaid are not responsible for room, board, or transportation costs.
- Provider agencies, Employers of Record (EORs), or Agency with Choice (AWC) providers assume all liability for their staff and the participant while out of state.
- Individual plans of care must not be changed to increase services while out of state.
- Respite, based on the definition, is not available as natural supports are present during the travel.

By signing below, the provider agency agrees with this request and to all above-listed terms and conditions:

Provider agency supervisor/AWC provider signature

Date signed

Employer of Record (EOR)/Managing Employer signature

Date signed

Send form to: [IDDUM@vayahealth.com](mailto:IDDUM@vayahealth.com) via secure email. Please CC: Care manager/care coordinator

**VAYA HEALTH USE ONLY:**

Comments:

☐ Approved    ☐ Denied

Reviewer signature

Date signed

## APPENDIX M

# Employee of Record Health and Safety Checklist (For EOR Model Only)

**Justification for Community Living and Support/Respite/Supported Living services to be provided in home of the direct support professional (employee)**

Name of direct support professional: \_\_\_\_\_

Location of service address: \_\_\_\_\_

City, state, ZIP code: \_\_\_\_\_

Telephone number at service location: \_\_\_\_\_

Assurance	Met	Not Met	Comments
The home is free from any hazards that present a risk to the participant's health and safety. Appropriate safety preventive devices are in place, including, at a minimum, a smoke detector on each level of the home.	<input type="checkbox"/>	<input type="checkbox"/>	
Medications, hazardous cleaning supplies or firearms in the home are kept in a secure (locked) location.	<input type="checkbox"/>	<input type="checkbox"/>	
Pets that the participant encounters have up-to-date vaccinations. If the pet presents a risk to the safety of the participant, the pet must be kept in a secure location separate from the portions of the home accessed by the participant.	<input type="checkbox"/>	<input type="checkbox"/>	
There is an evacuation plan specific to the participant in the home, and it is tested (practiced) at least monthly.	<input type="checkbox"/>	<input type="checkbox"/>	
If the participant requires adaptive equipment for services and supports provided in the employee's home, that equipment must be available. Medicaid does not fund duplicate equipment for the purpose of availability in the employee's home.	<input type="checkbox"/>	<input type="checkbox"/>	

Assurance	Met	Not Met	Comments
A criminal background check is performed for any adult who lives in the home and who is present during the time the participant is receiving services. The results of the background check do not present any safety risk for the participant.	<input type="checkbox"/>	<input type="checkbox"/>	
A health care registry check is performed for any adult who lives in the home and who is present during the time the participant is receiving services. The results of the health care registry check do not present any safety risk for the participant.	<input type="checkbox"/>	<input type="checkbox"/>	

- The EOR verifies this information is accurate and has been discussed with the direct support professional (employee) providing Community Living and Support or Respite in their own home. This checklist is valid for this location only.
- Services provided are documented in the care plan with the employee's home listed as the service location.
- Services provided at this location are based on the documented needs of the participant, not for the convenience of the employee.
- The care plan states how the participant's needs are better met in the employee's home.
- Community Living and Support and Respite are not billed when the employee is providing direct care to another child or person.
- The participant may not clean or perform other household tasks in the employee's home, including preparing meals for the employee's family.
- Medication administration regulations are followed for any medications the participant is assisted in taking.
- If the participant has a goal to learn to evacuate the participant's private home, that goal must be trained in the participant's home.
- The participant and/or participant's guardian/family may not be charged for any damage to the employee's property or any additional charge for the service provided. Liability insurance to cover accidents to/by the participant is addressed by the EOR and/or Financial Support Services Agency (FSSA).
- The Innovations Waiver does not pay for room and board costs.
- The EOR will make and document at least one monthly site visit during hours of service provision to make sure that the services provided are consistent with the care plan and that the environment continues to be healthy and safe for the member.
- The EOR agrees to immediately notify the participant's assigned care manager/care coordinator if there is any situation that involves the health and safety of the participant in the employee's home, including providing the care manager with a copy of any incident report.
- The care manager/care coordinator has access to the service location during hours that services are provided to the participant for both announced and unannounced monitoring visits.



- This form must be completed prior to delivery of service in the home and every six months afterward, if the service continues to be provided in that location.

_____ Signature of Direct Support Professional (Employee)	_____ Date signed
_____ Signature of participant/Legally Responsible Person	_____ Date signed
_____ Signature of Employer of Record	_____ Date signed
_____ Signature of Representative	_____ Date signed

## APPENDIX N

# Employer of Record Incident Reporting Materials

The NC Administrative Code requires Vaya Health (Vaya) to receive, review, and follow up on reports of Level II and Level III incidents that occur to a member who is receiving services from a contracted provider. This includes incidents that occur to a member who is receiving services provided under the Individual and Family Directed Services (IFDS) option. Incidents are reviewed to ensure that appropriate preventions and interventions are implemented for individuals in relation to serious occurrences.

### Level I Incidents

Level I incidents are defined as any events that, in isolation, do not significantly threaten the health or safety of an individual, but could indicate systematic problems if they were to occur more frequently, or any incident that does not meet the criteria for a Level II or III. Level I incidents are to be documented and tracked internally by the Employer of Record (EOR) and available upon request by Vaya. Level I reports must be kept on file and given to the Vaya Incident Response Team if the employer is no longer participating in the IFDS option.

If a Level I Incident occurs, the EOR or Representative must:

- Attend to the health and safety of the individual
- Analyze the causes of the incidents
- Correct issues/processes that contributed to the incident
- Review incidents to identify/develop preventive measures for similar incidents
- Keep records about the analysis, corrective action and preventive measures taken

Backup staffing reports are required when failure to provide backup staff for Innovations participants occurs. EORs are required to submit backup staffing forms twice monthly; incidents occurring on the first through the 15th of the month are submitted on the last day of the month, while incidents occurring on the 16th through the end of the month are submitted on the 15th of the following month. All backup staffing forms must be submitted to [backupstaffing@vayahealth.com](mailto:backupstaffing@vayahealth.com).

### Level II and III Incidents

Providers of publicly funded services licensed under N.C.G.S. Chapter 122C (Category A providers) as well as providers of publicly funded non-licensed periodic or community-based mental health, developmental disability, or substance use services (Category B providers) are required to report Level II and Level III incidents through the NC Incident Response Improvement System (IRIS) found at [iris.ncdhhs.gov](https://iris.ncdhhs.gov). EORs are considered to be Category B providers. EORs must submit the mandated report in IRIS within 72 hours of occurrence.

## Restrictive Intervention

Restrictive intervention as defined in 10A NCAC 27C .0102 (b) (23) means an intervention procedure that presents a risk of mental or physical harm to the client and, therefore, requires additional safeguards. Such interventions include the emergency or planned use of seclusion, physical restraint (including the use of protective devices for the purpose or with the intent of controlling unacceptable behavior), isolation time-out, and any combination thereof.

### Report any restrictive intervention that is:

- a. Used in an unplanned emergency (that is, not part of the individual's service plan)
- b. Planned but administered improperly or without proper authorization by staff without proper training or for longer than the authorized time
- c. Planned but resulting in discomfort, complaint, or injury requiring treatment by a licensed health professional

### Please note the following:

- a. Type(s) of intervention: If more than one intervention is used, number in order of use.
- b. Appropriate administration: Answer "no" if the restrictive intervention is administered by a person without current training certification for more than the authorized time and/or in an unauthorized manner.
- c. Discomfort, complaint, or injury: If the individual requires treatment beyond first aid by a licensed health professional due to discomfort, complaint, or injury, or if anyone alleges abuse of the individual, answer "yes" in this section of the reporting form.

Level II incidents are those that involve a threat to a member's health and safety or a threat to the health or safety of others and deaths due to natural causes or terminal illness. If a Level II incident occurs, the EOR or Representative must:

- Report to law enforcement agencies, as needed.
- Submit the state-mandated Incident Reporting Form to the Vaya Incident Response Team within 72 hours of occurrence.
- Review incidents to identify/develop preventive measures for similar incidents.

Level III incidents are those that result in permanent physical or psychological impairment, draw media attention, or pose significant danger to the community. If a Level III incident occurs, the EOR or Representative must take the following steps within 24 hours:

- Notify the Vaya Incident Response Team, which will notify NCDHHS.
- Notify the member's assigned care manager/care coordinator to conduct a peer review of the incident. The review must begin within 24 hours of the Level III incident.
- If the Representative is reporting, the EOR must be notified.
- Notify law enforcement authorities.
- Secure the participant's record immediately following the incident.
- Make a copy of the participant's record.
- Send a copy of the record to the Incident Response Team when requested.

The Incident Response and Reporting Manual is located at: <https://www.ncdhhs.gov/document/iris-resources>. Instructions on how to complete the form are located on the same webpage.

If IRIS is unavailable, submissions may be faxed, emailed, or hand delivered to Vaya to meet timely filing requirements. In this instance, the provider is required to submit electronically as soon as available. Paper forms can be located at <https://www.ncdhhs.gov/document/incident-response-improvement-system-iris-forms>.

**Vaya Incident Response Team fax:** 828-398-4407

**Vaya Incident Response Team email:** [IncidentReport@vayahealth.com](mailto:IncidentReport@vayahealth.com)

## APPENDIX O

# IFDS Employer Supplies: Pre-Approved Items

### Pre-approved items for T2025US to purchase using fund balance:

- Laptop computer, desktop computer, or tablet (one during life of the Innovations Waiver)
- Laptop bag
- Laptop computer protection
- Printer, scanner, fax machine
- Ink cartridges
- Paper
- Internet service through an annual plan
- Electronic health record system
- Locking file cabinet
- Computer applications: Microsoft Office Suite, Microsoft Word, Adobe Suite, QuickBooks, other accounting software
- Software protection (e.g., antivirus)
- Pens, pencils, highlighters
- File folders, tabs, labels, binders, sheet protectors
- Paper clips, Post-it notes, stapler, staples, claw staple remover
- Tape dispenser or tape
- Pencil sharpener
- Dry erase board, markers, eraser, cleaner
- Calendars
- First Aid kit, personal protective equipment, hand sanitizer

### Employee-related costs:

- Training costs – Training requirements are based on a member's needs. Some examples are training related to seizures, diabetic care, and nutritional supports such as a G-tube; Alternatives to Restraint or NCI Plus training/instructor; CPR/First Aid; CPR instructor; blood borne pathogens/instructor; and medication administration/instructor. This list is not exhaustive, and additional training may be necessary.
- Instructor supplies or materials for training staff
- Applicant background checks
- Hepatitis B vaccines
- Tuberculosis (TB) tests
- Job posting advertisements
- COVID-19 tests
- Thermometers

**Please note:** Employers of Record can request items or services not included on this list by working with their care manager/care coordinator to submit a service authorization request (SAR) to Vaya's Utilization Management Team for clinical review.

# APPENDIX P

## IFDS Key Contacts

VAYA HEALTH CONTACTS	
24/7 Behavioral Health Crisis Line	1-800-849-6127
Member and Recipient Service Line (Monday-Saturday, 7 a.m.-6 p.m.)	1-800-962-9003

My care manager/care coordinator:	Phone:
My Community Navigator:	Phone:
My Employer of Record (EOR) (if applicable):	Phone:
My Representative (if applicable):	Phone:
My Financial Support Services Agency (FSSA):	Phone:
My Agency with Choice (AWC) (if applicable):	Phone:
My Primary Crisis Responder provider agency (if applicable):	Phone:
My primary care provider (PCP):	Phone:
My pharmacy:	Phone:
My direct support professional (DSP) (1):	Phone:
My direct support professional (DSP) (2):	Phone:
Backup staff (1):	Phone:
Backup staff (2):	Phone:
My emergency contact:	Phone:

<b>What's the issue?</b>	<b>Whom to contact:</b>	<b>Phone number:</b>
<b>Contacting Vaya departments</b>	Vaya Member and Recipient Services Department	1-800-962-9003
<b>Care plan – original and any revisions and/or changes in goals</b>	Care Manager/Care Coordinator	
<b>Referral for IFDS initial training</b>	Care Manager/Care Coordinator	
<b>Appointing a Representative</b>	Care Manager/Care Coordinator	
<b>Medicaid questions</b>	Vaya Member and Recipient Services Department or Care Manager/Care Coordinator	
<b>Training handbooks and training certificate</b>	Community Navigator	
<b>care plan approval</b>	Vaya Business Line	1-800-893-6246
<b>Task analysis/strategies training</b>	Community Navigator	
<b>Emergency preparedness</b>	Community Navigator or Agency with Choice (AWC) provider	
<b>Backup staffing general questions</b>	Community Navigator or AWC provider	
<b>Health and safety issues</b>	Care Manager/Care Coordinator	
<b>Documentation forms</b>	Community Navigator	
<b>Personnel forms</b>	Community Navigator	
<b>Time/billing sheets</b>	Financial Support Services Agency (FSSA) or AWC provider	
<b>Background check forms</b>	FSSA	
<b>Workers' compensation insurance application and questions</b>	FSSA	
<b>Community resources</b>	Community Navigator	
<b>Incident reports; Incident Response Improvement System (IRIS)</b>	Vaya Incident Response Team	<a href="mailto:incidentreport@vayahealth.com">incidentreport@vayahealth.com</a>
<b>Monitoring of services</b>	Vaya Business Line	1-800-893-6246
<b>Service documentation training</b>	Community Navigator	
<b>Assistance locating resources for goods and services</b>	Community Navigator	
<b>Complaints</b>	Vaya Grievance Resolution and Incidents Team	1-800-893-6246, ext. 1600
<b>Returning to provider-managed services</b>	Care Manager/Care Coordinator	
<b>Managing employee issues</b>	Community Navigator	
<b>Individual Budget</b>	Care Manager/Care Coordinator	



<b>Understanding employee training</b>	Community Navigator or AWC provider	
<b>Questions about monthly EOR budget</b>	FSSA or Community Navigator	
<b>Obtaining and using the EOR budget tool</b>	FSSA	
<b>Hiring employees under the AWC provider model</b>	AWC provider	
<b>Additional Issues:</b> _____		

## APPENDIX Q

# EOR Member-Specific Rate Transfer Request

Complete this form to request to transfer a previously approved member enhanced rate from a previous Financial Support Service Agency (FSSA) to a new FSSA. Submit the form and any supporting documentation in a secure email via ZixMail or another encrypted service to [provider.info@vayahealth.com](mailto:provider.info@vayahealth.com).

Member name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Member DOB: \_\_\_\_\_ Request submission date: \_\_\_\_\_

Provider organization/Employer of Record (EOR):

*Include name, email, and complete business address of the EOR requesting the transfer.*

\_\_\_\_\_  
Previous FSSA:

\_\_\_\_\_  
Approved enhanced rate, including service(s), rate(s), and effective and end dates.

\_\_\_\_\_  
Date letter of approval was received: \_\_\_\_\_

New FSSA:

\_\_\_\_\_  
Date of transfer from previous to new FSSA: \_\_\_\_\_

Vaya staff reviewing request:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vaya staff completing request:

Name: \_\_\_\_\_ Date: \_\_\_\_\_