

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