# 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 that my Representative receives no monetary compensation for acting as my Representative.

_____ I may revoke this appointment at any time by notifying my care manager.

_____ I understand that if Vaya Health determines that 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-directed 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 Plan of Care (POC) and assume all Employer of Record/Managing Employer duties.

_____My Representative will only assume the duties listed on the IFDS Agreement that I have designated.

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|---|---|
| Employer of Record/Managing Employer's signature | Date signed |
| Witness signature | Date signed |

cc: Employer of Record/Managing Employer
Representative
Care manager (receives original)
Vaya UM Team (with POC update requesting approval of self-directed service)
Member's AHR