

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:

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 request ing 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