

## 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 responsible for managing the Innovations Waiver pursuant to a contract with the North Carolina 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 helps the Managing Employer, Representative (if one), individual, and/or family direct services
- Agency with Choice (AWC), a provider under contract with Vaya that serves as the Employer of employees hired to provide self-directed services

### Overview

A person providing services employed by the AWC 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 help perform 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 AWC 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 <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continue with Community Navigator services until 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 <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide services as written in the care plan and defined in the Innovations Waiver and NC Medicaid Clinical Coverage Policy 8-P <i>(select both if Representative)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the member'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 member's needs, including 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 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, including the Care Manager/Care Coordinator, and AWC provider, Community Navigator agency, employees, the member, and the member's family <i>(select both if Representative)</i>	<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 AWC Agreement; update agreements as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With the 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 back-up 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"/>

Responsibility of the Managing Employer and/or Representative	Managing Employer	Representative	Both
Review quarterly Revenues and Expenditures Reports from the AWC 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"/>
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 for Individuals with Intellectual disabilities (group home or a State 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 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 Managing Employers and Representatives
- Refer the Managing Employer and Representative for initial IFDS orientation
- Assess the Managing Employer for participation in the IFDS option, the need for a Representative, and Community Navigator services
- Facilitate the care plan development
- 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 AWC 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 Community Navigator agencies, including, but not limited to, the Innovations Waiver, NC Medicaid CCP 8-P, and the Vaya IFDS Employer Handbook
- Monitor the provision of services the member receives
- Monitor the member’s health and safety
- Monitor AWC providers, Managing Employers, Representatives, 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 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 according to 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 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.

If I am removed from the AWC model, I must immediately notify my AWC 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 AWC model, I also, hereby, direct the AWC 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 Utilization Management Team  
Member’s AHR