

## 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 North Carolina Innovations waiver.

### **Parties to the Agreement**

- \_\_\_\_\_, the Managing Employer, an individual who participates in the NC Innovations Waiver and is legally competent, parent(s) of a minor child who participates in the NC Innovations Waiver, or legal guardian(s) of an individual who participates in the NC Innovations Waiver (“Managing Employer”)
- \_\_\_\_\_, Representative, a person who willing accepts responsibility for performing Managing Employer tasks that 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 NC 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 that 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 Health. 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<br><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 member as outlined in the Plan of Care (POC)<br><i>(select both if Representative)</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide services as written in the POC and defined in the NC Innovations Waiver and CCP 8-P <i>(select both if Representative)</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure that 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 POC 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 assure that employees are trained per NC Innovations and POC 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, 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"/> |

| Responsibility of the Managing Employer and/or Representative  | Managing Employer        | Representative           | Both                     |
|--|--------------------------|--------------------------|--------------------------|
| 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 POC   | <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 that Budget  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comply with any and all NC Innovations, 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 if the POC or IFDS Budget need to be changed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participate in evaluating the effectiveness of services and inform the care manager of difficulties encountered  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Notify the care manager 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 spend down (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 coordination (care management)
- Provide general initial orientation to the IFDS Option to all Managing Employers and Representatives
- Refer Managing Employer and Representatives for initial IFDS orientation
- Assess Managing Employers for participation in the IFDS Option, the need for a Representative, and Community Navigator Services
- Facilitate the development of a Plan of Care (POC)
- Approve medically necessary services based on the POC 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 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 NC Innovations Waiver, NC Medicaid Clinical Coverage Policy 8-P, and the Vaya Health IFDS Employer Handbook
- Monitor the provision of services that the member receives
- Monitor for the health and safety of the member
- Monitor Agency with Choice providers, Managing Employers, Representatives (if there are any), and Community Navigator agencies

## **Consequences for Non-Compliance with NC Innovations**

### **Policies and Procedures**

As Managing Employer, or Representative, I understand that the member may be removed from Individual and Family Directed Services (IFDS) Option if I mismanage the IFDS Budget, do not follow NC Innovations rules, regulations and requirements or do not submit, complete, or implement plan of corrections. I also understand that 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 their needs and that comply with the NC Innovations Waiver and Vaya Health IFDS Employer Handbook. No additional funds are available. If an emergency arises, I can request additional funds in accordance with NC Innovations guidelines.

I agree to uphold all terms of this Agreement. I further agree to hold harmless the State of North Carolina and Vaya Health, and their representatives and employees, from the consequences of my choices as Managing Employer or Representative in the NC Innovations Waiver Individual and Family Directed Services Option. Should I desire to obtain advocacy services, I can contact Vaya Health'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 employee/employer arrangements between the employer/employee are not subject to NC Innovations funding regulations 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.

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Signature of Managing Employer

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Date signed

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Signature of Representative

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Date signed

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Signature of Care Manager

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Date signed

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