APPENDIX H

IFDS Representative Agreement

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, as proposed Representative for the above-named Employer of Record/Managing Employer,

- Have been advised of the requirements of the Innovations Waiver Individual and Family Directed Services (IFDS) option identified above.
- Have attended the initial orientation training for the IFDS option identified above.
- Have attended the self-direction training for the IFDS option identified above and had the opportunity to have my questions concerning the training and employer functions for which I may be responsible answered.
- Have received a self-direction training completion certificate issued by the Community Navigator agency of the member's choice.
- Have read and understand the Vaya Health (Vaya) IFDS Employer Handbook.
- Have read "Attachment H: Individual and Family Directed Services" of the NC Medicaid Clinical Coverage Policy 8-P: Innovations Waiver.
- Understand that I may, with the Employer of Record's/Managing Employer's consent, use periodic or monthly Community Navigator services to receive ongoing training and consultation in the implementation of the IFDS option.
- Understand that I cannot be paid for being the Representative.
- Have honestly and openly shared my capabilities and limitations with the care manager/care coordinator when completing the IFDS Assessment.
- Understand that Vaya must approve me as the Representative.
- Understand that I must comply with Vaya, state, and federal requirements for Employer of Record/Managing Employer duties for which I may be responsible.
- Understand that if I do not follow these requirements, Vaya may remove me as the Representative for this Employer of Record/Managing Employer.
- Understand the Employer of Record/Managing Employer may elect to remove me as the Representative at any time.

I agree to serve as the Representative for the above-named Employer of Record/Managing Employer and understand my responsibilities and duties under the Individual and Family Directed Services option of the Innovations Waiver. I have read and signed an IFDS Agreement, which specifies the duties the

Employer has requested I perform and agree to abide by terms of this agreement. I understand my appointment as Representative is subject to approval by Vaya.

Representative signature	Date signed

I hereby ☐ approve / ☐ disapprove of the above-referenced person to serve as the Representative for the above-named Employer of Record/Managing Employer:

Care manager/care coordinator signature	Date signed