

# **An Overview of the Individual and Family Directed Services (IFDS) Employer of Record Performance Improvement Review Process**

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VAYAHEALTH

# Objectives

- To discuss why Vaya's Quality Management (QM) Team reviews Employees of Record (EORs)
- To introduce review requirements
- To help EORs prepare for Performance Improvement Reviews

# Disclaimer

- The information in this presentation is specific to the Vaya Health (Vaya) region and the counties therein. It does not necessarily apply to other LME/MCO Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans.
- This presentation contains an overview of the EOR Performance Improvement Review process. The material in these slides should not be considered fully comprehensive.

# **1915(c) HCBS Waiver: NC.0423.R03.01**

## **Appendix E: Participant Direction of Services**

“The PIHP [Prepaid Inpatient Health Plan] monitors Employers of Record annually and provides any needed technical assistance to comply with Individual Family Directed policies and processes. Community Navigator agencies, Financial Supports Agencies, and Agencies with Choice are monitored at least once every three years at a frequency determined by THE PIHP.”

# The Vaya QM Team's Role

- Reviewing EORs annually
- Providing training/technical assistance
- Reviewing and following up on incident reports and grievances
- Reviewing and following up on Plans of Correction

# Types of EOR Performance Improvement Reviews

## Full EOR Review

- Personnel Record(s)
- Member Record
- Service Deviations
- Time and Billing
- Health and Safety

## Modified EOR Review

- Limited Personnel Record(s)
- Limited Member Record
- Health and Safety

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# **Preparing for Your QM Performance Improvement Review**

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- What to expect before your review
- How to prepare for your review
- What items the reviewer will require

# What to expect before your review

- Vaya Quality Management staff will contact the EOR and Representative, if applicable, by phone, and follow up with a high priority email at least 21 days in advance to schedule a desk review.
- Vaya will send an initial notification letter to the EOR and Representative, if applicable, that includes the predetermined date(s) and time(s) of the scheduled desk review as well as a copy of the review tool, an EOR Documentation Checklist, and an Attestation Desk Review Form as attachments.
- Vaya will also send a carbon copy of the initial notification letter to the assigned care manager and the member's Community Navigator, if applicable.
- The Vaya reviewer will send the EOR and Representative (if applicable) an invitation to a Microsoft Teams meeting for the opening conference, which will take place the morning of the scheduled review date. The invitation will include the care manager and Community Navigator as optional attendees.



# How to prepare for your review

- Review your notification letter and attachments.
- Submit requested documentation outlined on the EOR Documentation Checklist via email or fax by 5 p.m. the day before the review.
- Submit your completed Attestation Desk Review form, with documentation, via email or fax.
- When submitting documentation via email or fax, ensure documentation is labeled so the reviewers can easily access information (e.g., choose names that indicate what is staff file information, member record information, etc.).



# What items the reviewer will require

- Member record information
- Employee record information
- Employee training documentation
- Back-up Staffing Plan
- Documentation supporting review of Back-up Staffing Plan
- Incident reports (as applicable)

# Vaya IFDS EOR Performance Improvement Review Tools



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# Personnel Review

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- Secure individual employee records
- Employee application
- Employee qualifications
- Employee job description
- Employee Support Agreement
- Employee Supervision Plan
- Documentation of employee supervision
- Documentation supporting employee training and competency
- Documentation supporting employee was offered opportunity to accept or decline hepatitis B vaccination series

# Secure Employee Record Files

- Per 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (e), a file shall be maintained for each individual employee indicating the training, experience, and other qualifications for the position, including verification of licensure, registration, or certification.
- Per the Vaya IFDS Employer Handbook (“How Long Must Records be Kept?” Section):  
“The EOR is responsible for maintaining service documentation and employee personnel records in a locked and secure location... in the member’s or family’s home. The EOR should maintain a separate file on each employee. The EOR must keep copies of important documents, such as the application, schedules, job duties, time sheets, evaluations, and the Employee Support Agreement, in this file. Information about employees must be kept confidential.”

# Secure Employee Record Files

- Personnel or employee records include, but are not limited to, documents that show evidence of education and experience, background checks, hire date, job descriptions, Employee Agreement/Supervision Plan, documentation of supervision provided, training records, performance reviews, and separation date.
- Records may be maintained in either paper or electronic format (more information in the “Member Record Review” section of this presentation).

# Employee Qualifications

- Completed employee application
- Copy of high school diploma, equivalency, or college diploma/transcript(s)
- Disclosure of any criminal conviction by prior to provision of service(s) in accordance with NC 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (c)

# Employee Qualifications

- For verification that the required appropriate criminal background check of staff was completed prior to provision of services:
  - An applicant who has been a resident of NC for less than five years must have consented to a state and national (national checks conducted by the Department of Justice with fingerprints) record check before conditional employment.
  - An applicant who has been a resident of NC for five years or more must have consented to a state record check before conditional employment.
- A Health Care Personnel Registry check of staff must be completed prior to provision of services.
- Staff who transports the member must have a valid NC driver's license or other valid driver's license, a safe driving record, and an acceptable level of automobile liability insurance.



# Service-Specific Qualifications and Requirements

- Staff working with members in provision of Community Living and Supports services, Community Networking services, Natural Supports Education, Respite services, Supervised Living, and Supported Employment services, must follow NC Board of Nursing regulations for tasks that present health and safety risks to the member as directed by the PIHP medical director or assistant medical director.
- Registered nurses (RNs) may delegate some tasks — such as medication administration, urinary catheterization, and tube feeding — to unlicensed staff.
- For the NC Board of Nursing Position Statement on Nursing Delegation and Assignment of Nursing Activities to unlicensed assistive personnel/paraprofessional staff and referenced rules, refer to <https://www.ncbon.com/practice-position-statements-decisions-trees>.

# Service-Specific Qualifications and Requirements

- Staff working with members in provision of Natural Supports Education services must:
  - Be trained and qualified in the member's customized needs as described in the plan of care (POC), also known as the Individual Support Plan (ISP).
  - Be provided supervision according to staff licensure or certification requirements of the appropriate discipline, if applicable.
- The EOR must supervise any staff providing Natural Supports Education services.
- Staff working with members in provision of Nursing Respite must have a current license in the state of North Carolina as a licensed practical nurse (LPN) or RN.
- Respite Services provided in the homes of direct service employees are subject to the EOR Health and Safety Checklist and monthly monitoring by the EOR or Representative.

# Employee Job Description

- A job description ensures clear communication between an employer and employee.
- The information in the job description does not need to be permanent and can be changed if the member's needs change.
- There is no required format for job descriptions, but each employee must have a job description that meets the following requirements outlined in 10A NCAC 27G .0202 (a), Personnel Requirements:
  - ✓ Specifies the minimum level of education, competency, work experience, and other qualifications for the position;
  - ✓ Specifies the duties and responsibilities of the position;
  - ✓ Is signed by the staff member and the supervisor; and
  - ✓ Is retained in the staff member's file.

# Employee Support Agreement, Supervision Plan, and Supervision Documentation

- Each employee must have an Employee Support Agreement and an Employee Supervision Plan. The Supervision Plan may be an attachment to the Employee Support Agreement, or they may be two separate documents. The Employee Support Agreement and Employee Supervision Plan must:
  - ✓ Be completed at time of hire for paraprofessional and associate professional level staff.
  - ✓ Have signatures with dates by the employee and employee supervisor.
- The supervisor must review the Employee Supervision Plan with each employee a minimum of annually.
- It is recommended the Employee Supervision Plan includes frequency of supervision (e.g., monthly, quarterly).
- Supervision must be provided to the employee as outlined in the Employee Supervision Plan and be documented.

# Relative as Direct Support Employee (RADSE)

If a member is age 18 or older, the EOR may employ a relative (defined as an individual related by blood or marriage to the member) who lives in the member's home to provide Community Living and Support services, but only in accordance with RADSE guidelines, which include:

- If one or more relatives who live in the same home as the member provide a **combined total of 40 or fewer hours per week of services**, their names and the number of service hours they provide must be part of the POC.
- Vaya must give written approval for the EOR to hire one or more relatives who live in the same home as the member to provide a **combined total of more than 40 hours per week**.

More information is available on the [Relative as Direct Support Employee](#) page of the Vaya Provider Central website.

# Employee Training and Competency

The following training and documented competency is required prior to the provision of services in accordance with the NC Innovations Waiver, Clinical Coverage Policy 8P, and NC General Statutes:

- Orientation to Employer's Expectations
- Current First Aid and CPR certifications
- Medication Administration  
(by an RN – **only required if employee will administer medications to the member**)
- Confidentiality
- Client's Rights
- Infectious Diseases and Bloodborne Pathogens
- NCDHHS-approved Alternatives to Restrictive Interventions curriculum  
(list available at <https://www.ncdhhs.gov/approved-curricula-8-12-21pdf/open>)

# Employee Training and Competency

- NCDHHS-approved physical restrictive interventions curriculum, **if applicable** (list available at <https://www.ncdhhs.gov/approved-curricula-8-12-21pdf/open> ).

**Note:** Training on the use of restrictive interventions is required if restrictive interventions are identified as part of the member's Crisis Plan in their POC or Behavior Support Plan.

- Customized needs of the member as specified in the POC.

**Note:** A copy of the member's POC and short-range goals must be available to each employee during service provision.

More information on the use of Non-Restrictive and Restrictive Intervention strategies is available on the NCDHHS website at <https://www.ncdhhs.gov/training-requirements-use-non-restrictive-and-restrictive-intervention-strategies>.

# Offer of Employee Hepatitis B Vaccination Series

Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens standards require that employers offer the hepatitis B vaccination series to any employee who is reasonably anticipated to have exposure to blood or other potentially infectious materials (i.e., bodily fluids).

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EOR employees providing Innovation services fall into this category.

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The EOR must offer the hepatitis B vaccination series to employees within 10 days of employment and at no cost to the employee.



# Offer of Employee Hepatitis B Vaccination Series

The employee may decline the hepatitis B vaccine, but the EOR and/or Representative must have documentation (e.g., declination or acceptance form) indicating that they offered it and that the employee accepted or declined the offer. This documentation must be made available upon request.

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If the employee later wishes to receive the vaccine and is still employed in a position covered by the OSHA standard, the employer must provide the vaccination at no cost to the employee.

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# Member Record Review

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- Secure member record
- POC
- Short-range goals with task analyses/strategies
- Service documentation

# Member Record Information

- A member's record includes all documentation reflecting Innovation Waiver services provided to member by the EOR and direct service employees. This includes, but is not limited to the POC, short range goals/task analyses, service notes, clinical records of physical health and pharmacy services, and financial and administrative records supporting the provision of such clinical services.
- Records may be maintained in either paper or electronic format.

# Securing Member and Personnel Record Information

**For paper records** (including paper faxes):

- Paper records should be stored in a secure location like a locked filing cabinet or closet.
- The storage should protect the paper records from damage due to water, mold, insects, fire, etc.
- Individuals who are not authorized to see the records must not be able to access them where they are stored.
- If the paper records must be transported, they must be kept secure in a locked briefcase, bag, or container.
- During necessary transportation, records should be hidden from sight (ideally, in a locked trunk) and never left in an unlocked vehicle.
- During necessary transportation, records outside of a vehicle must be in direct, hands-on possession.

# Securing Member and Personnel Record Information

**For electronic records** (any document that is completed and scanned, uploaded, or otherwise saved to a computer or database system):

- Passwords or other personal identifiers must be controlled to ensure only authorized staff can access the electronic record for the purpose of documenting (a dated electronic signature is required when staff complete documentation). Passwords should be changed frequently (e.g., every 90 days).
- Any staff authorized to access an electronic record must sign a statement acknowledging their responsibility and accountability for the electronic record. The statement should explicitly express that the staff/EOR/Representative is the only person with access to and use of their specific signature code/password, and that the code/password cannot be delegated to anyone else.
- The EOR must maintain a log for staff who are authorized to access an electronic record that must be updated when there are staffing changes.



## Short-Range Goals, Task Analysis, and Strategies



EORs (and/or other providers) are required to:

- Develop and implement short-range goals
- Develop and implement task analyses and/or strategies for each short-range goal
- Ensure short-range goals and task analyses or strategies are in place prior to POC implementation
- Ensure short-range goals and task analyses or strategies are signed by the member or their legal guardian

# Purpose of Documentation

Support requested services/needs

Confirm involvement of the member

Provide evidence of appropriate intervention

Justify billing  
(services cannot be billed to any funding source without documentation)

# Types of Service Documentation



**Service notes** – Required for Crisis Services, Individual Directed Goods and Services (specifically for the service component), and Natural Supports Education services



**Service grids** – Can be used for Community Networking, Community Living and Supports, Supported Living (including Supported Living Periodic), and Supported Employment services



**Modified service/grid notes** – Can be used for Respite services



# Service Notes

- Name of Individual (on every page)
- Service record number (on every page)
- Medicaid ID number (on every page)
- Full date of service
- Name of service

# Service Notes

- Duration of service (periodic and day/night)
- Purpose of contact (must relate to a goal)
- Intervention/treatment/support provided by staff
- Assessment of individual's progress toward goals
- Signature of service provider to include:
  - Professional – credentials, degree, or licensure
  - Paraprofessional – signature and position/title

# Documenting Date and Duration of Service

## Date of service:

- Month first, day second, and year last
- Two or more digits representing year
- Examples: January 1, 2022; 1-1-22; 1-1-2022; 1/1/22; etc.

## Duration of service:

- Time billed
- Examples: 1:15, 1 hour 15 minutes, 2-3:15 p.m., etc.

# Service Grid Documentation

- Name of Individual
- Service record number
- Medicaid ID number (for Medicaid-eligible members)
- Full date of service
- Goal(s) being addressed

# Service Grid Documentation

- A letter/symbol (specified in the key) that reflects the specific intervention, activity, and/or task performed
- A number (specified in the key) that reflects the assessment of the member's progress toward their goal(s)
- Duration of service
- Initials of the person providing the service that correspond to a full signature and initials in the grid's signature log section
- Space for additional information to be documented as needed

# Service Note/Grid Documentation Exceptions

A modified service note, a service grid, or a combination of a grid/checklist and modified service note may be used in documenting the following:

- Respite Care services
- Personal care assistance as a component of the following services:
  - ❖ Community Living and Support
  - ❖ Supervised Living
  - ❖ Supervised Living Periodic

# Modified Service Notes

At a minimum, a modified service note should be made per event and contain the following:

- ✓ Service provided
- ✓ Name of the Individual (on each page)
- ✓ Service record number (on each page)
- ✓ Medicaid ID number, as applicable, or unique identifier (on each page)
- ✓ Date of service
- ✓ Duration of service
- ✓ Tasks performed
- ✓ Full signature and credentials **or** initials for each entry if the service allows the use of a grid, attendance log, or checklist (full signature/credentials must be included on the page)

# Service Note/Grid Note Staff Signatures

- Full staff signature
- Staff signature file
- Staff electronic signatures



# Electronic Signatures and Corrections

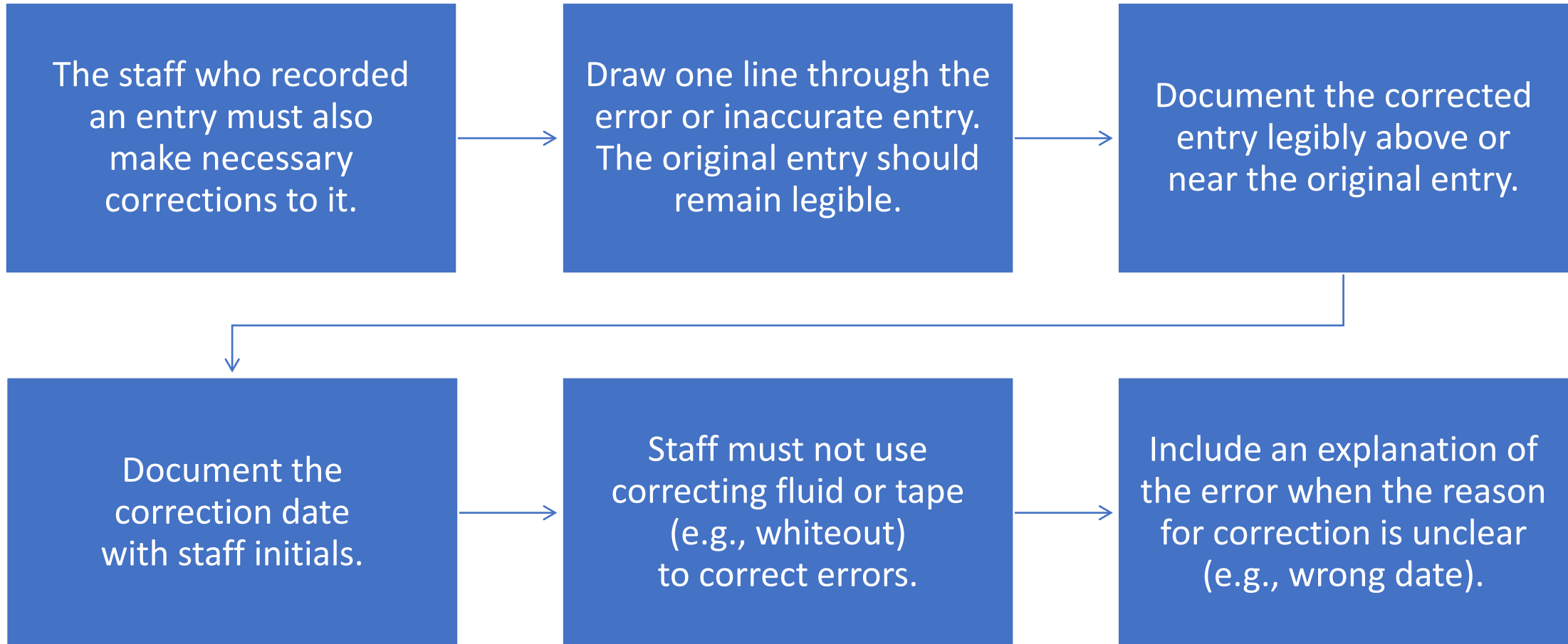
The following standards must be met when staff enter an electronic signature in an electronic health record:

- Staff must be given an opportunity to review the note for accuracy and thoroughness before adding their signature.
- Once an entry has been signed electronically, the computer system must prevent the entry from being deleted or altered. The entry must include a date stamp automatically generated by the system.
- If errors are found in the entry later, or if information must be added, an addendum to the original entry should be added. The addendum must be signed electronically and include a date stamp automatically generated by the system. Corrections must be made by the individual who recorded the entry. An explanation of the error must be included when the reason for correction is unclear (e.g., wrong date, corrected intervention).

# Electronic Signatures

- Passwords or other personal identifiers must be controlled to ensure only the authorized individual can apply a specific electronic signature. Passwords should be changed at specified intervals.
- Any staff authorized to use electronic signatures must sign a statement acknowledging their responsibility and accountability for their electronic signature. The statement should explicitly express that the staff is the only person with access to and use of their specific signature code/password, and that the code/password cannot be delegated to anyone else.
- The EOR must maintain a log for staff who are authorized to use electronic signatures. The log should be updated regularly to reflect staffing changes.

# Paper Record Corrections



# Documentation Timeframes



Best practice:  
Document on the  
date the service is  
delivered



After 24 working hours =  
late entry



Documentation and late  
entries are not billable if  
completed seven or more  
calendar days after the date of  
service

# Late Entry Documentation Requirements

## In paper record documentation:

- Document entry as “Late Entry”
- Include date documentation was made and date documentation should have been made (e.g., Late entry made on 4/15/22 for 4/12/22)

**In electronic record documentation**, late entries are tracked and date-stamped in the system, so the requirements above are not necessary.

# Documentation Timeframe Grid

Documentation Timeframe for Date of Service (DOS) or Closing DOS period:

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
[DOS, or Closing DOS Period]	[Within 24 hours of DOS, or Closing DOS Period]						
Service Note Due	Service Note Due	Late Entry; Dated Signature	Late Entry; Dated Signature	Late Entry; Dated Signature	Late Entry; Dated Signature	Late Entry; Dated Signature	Late Entry; Dated Signature
May Revise or Correct	May Revise or Correct	May Revise or Correct	May Revise or Correct	May Revise or Correct	May Revise or Correct	May Revise or Correct	May Revise or Correct  <b><u>MAY</u></b> <b><u>NOT</u></b> <b><u>BILL</u></b>

# **Service Deviations, Duration, Time, and Billing Review**

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# Service Deviations

- A service deviation is when a service the member receives differs in type, scope, amount, and/or frequency from what has been outlined in the POC and authorized by Vaya, based on the member's needs.
- Documentation is required to justify the reason a member is not receiving a service at the level and frequency indicated in their POC based on the member's indicated typical schedule of services.
  - Examples: Member is ill, family vacation, breaks in service due to lack of back-up staffing, family choosing to provide natural supports when scheduled staff is out sick, etc.
- Service deviations also include situations when the member refuses to engage in any or all service-related short-range goals.



# Service Duration, Time, and Billing

Duration on service documentation must match the reported units/time on the staff billing and time punch sheet or form that the EOR or Representative approves and submits to the Financial Support Services Agency provider.

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# Health and Safety Review

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- Incident report completion, follow-up, and reporting
- Back-Up Staffing Plan and monitoring

# Health and Safety Review Items

## Incident report completion –

The reviewer will verify that the following requirements have been met:

- Employees and Representatives of EORs are required to report any incidents to the EOR immediately.
- All level I incidents are reported and classified appropriately according to 10A NCAC 27G .0602-0604.
- Level II, III, and restrictive interventions incidents are completed in the NCDHHS Incident Response Improvement System (IRIS) and follow-up is completed per requirements.

## Back-up Staffing Plan –

The reviewer will verify that the following requirements have been met:

- The plan must be reviewed every three months, and the review must be documented.
- The EOR review process includes verifying completion and submission of back-up staffing reports.

# What is an Incident?

An incident is any happening that is not consistent with the routine operation of a facility or service or the routine care of a member and that is likely to lead to adverse effects upon the member, per 10A NCAC 27G .0103(b)(32).

Incident reporting and monitoring of facilities and services is required by 10A NCAC 27G .0600.

# Purpose of Incident Reporting

- ❖ Ensure serious adverse events are addressed quickly
- ❖ Analyze ways to prevent future occurrences
- ❖ Improve service system
- ❖ Collect data

# Incident Levels

<b>Level I</b>	No significant threat to health and safety
<b>Level II</b>	Threat to health and safety of the member or others
<b>Level III</b>	Results in death or permanent physical or psychological impairment to or by the member

# Incident Types

Individual injury	Suspension
Individual death	Expulsion
Restrictive intervention	Fire
Abuse/neglect/exploitation	Search and seizure
Medication error	Confidentiality breach
Individual behavior (suicidal behavior/sexual behavior/individual aggressive act/individual absence)	

# Restrictive Interventions

Incident report submission required if:

- Used in an unplanned/emergency situation
- Planned but administered improperly
- Planned but resulted in discomfort, complaint, death, or injury requiring treatment by a licensed health care professional

Restrictive interventions must transition from emergency to planned:

- After three restraints in one calendar month, a fourth restraint cannot be used until there is an approved Behavior Support Plan that includes planned intervention(s).



# Reporting and Follow-up Requirements

- Report suspected or alleged abuse, neglect, or exploitation immediately to the county Department of Social Services (DSS). (DSS investigates allegations made on parents, guardians and caretakers.)
- Report and submit required documentation to the Health Care Personnel Registry.
- Report suspected or alleged abuse, neglect, or exploitation within 24 hours to the Vaya's Incident Response Team at [IncidentReport@vayahealth.com](mailto:IncidentReport@vayahealth.com).
- When additional information is obtained, update and resubmit the original report.

# Reporting and Follow-up Requirements

- For level II incidents, submit an IRIS report within 72 hours.
- For level III incidents, make a report to the Vaya's Incident Response Team at [IncidentReport@vayahealth.com](mailto:IncidentReport@vayahealth.com) within 24 hours, and submit an IRIS report within 72 hours.
- An IRIS report must include preventive measures and recommendations to prevent future incidents, such as staff training, increased supervision, etc. EORs must document the implementation of preventive measures through employee supervision logs or notes, training logs or staff training sign-in sheets, or other documentation that demonstrates the EOR completed the measures in the report. This documentation must be made available upon request.

# Submission Requirements



All incidents must be documented and submitted within the required timeframe.



Staff with the most knowledge about the incident should complete the report.



# Quarterly Incident Reports

Report aggregate information on level I incidents quarterly to the Vaya Quality Management Team for:

- Restrictive interventions (seclusion, isolated time-out, restraint)
- Medication errors
- Search and seizures

Reports should be submitted even if there are no level I incidents to include:

- Submit report indicating “0” incidents
- Report aggregate information of level II and III incident reports

# Quarterly Incident Reports

- A copy of the Quarterly Provider Incident Reporting form is available on Forms page of the Vaya Provider Central website at: [https://providers.vayahealth.com/resources/qm-11-form-blank template 2021](https://providers.vayahealth.com/resources/qm-11-form-blank_template_2021)
- Submit reports to Vaya by email to [IncidentReport@vayahealth.com](mailto:IncidentReport@vayahealth.com) or fax to 828-398-4407.

# Filing Incident Reports

- Print a copy for your records and maintain the incident report number.
- Incident reports are quality assurance administrative forms and should never be filed in a member's medical record, including by uploading them to a member's electronic health record.
- **All incident reports are confidential** and protected under N.C.G.S. 122C-30, 122C-31, 122C-191, and 122C-192.

# Incident Reporting Resources

- IRIS: <https://iris.ncdhhs.gov/default.aspx>
- IRIS Technical Manual:  
<https://files.nc.gov/ncdhhs/documents/files/iris6-4-10dhhsmanual.pdf>
- IRIS Incident Response and Reporting Manual:  
<https://files.nc.gov/ncdhhs/documents/files/incidentmanual2-25-11.pdf>
- Incident Reporting page of Vaya's Provider Central website:  
<https://providers.vayahealth.com/program-integrity/incident-reporting>

# Incident Reporting Resources

- The Incident Report Online Training page of Vaya's Provider Central website: <https://providers.vayahealth.com/learning-lab/provider-trainings/incident-report-online-training-2>
- Employer of Record incident report materials on the Resources page of Vaya's Provider Central website: [https://www.vayahealth.com/resources/ifds-App-n\\_eor-incident-reporting-materials](https://www.vayahealth.com/resources/ifds-App-n_eor-incident-reporting-materials)

Any EOR or Representative who needs help accessing IRIS or filing an incident report in IRIS may contact Vaya's Incident Response Team at [IncidentReport@vayahealth.com](mailto:IncidentReport@vayahealth.com). They may also contact the Community Navigator, if the member has one.



# Back-Up Staffing Plan

Alternative arrangements for the delivery of services that are critical to the member's well-being if the provider responsible for furnishing the services fails to or is unable to deliver them

# Purpose of Back-Up Staffing Plan

## Ensure

- Another qualified person is available to provide a critical service if the assigned staff person is unable to do so
- The member's needs are met
- The member's health, safety, and welfare are protected

# Back-Up Staffing Plan Monitoring

- Documentation supporting the plan must be reviewed every three months.
- The Provider Self Review Tool must be completed and submitted quarterly.

# When to Report Absence of Back-Up Staffing

Report the absence of back-up staffing when an EOR's (or Representative's) staff member is unable to provide a service and the EOR (or Representative) is unable to provide back-up staff.

# Back-Up Staffing vs. Service Deviation

## Back-Up Staffing:

- Provider qualified staff responsible for furnishing the scheduled services fails to or is unable to deliver them

## Service Deviation:

- Assigned staff is available, but the member is not available
- Member/family is on vacation
- Member illness
- Holidays
- Inclement weather

# Back-Up Staffing Incident Reporting

- Per [NCDHHS and LME/MCO Joint Communication Bulletin #J256](#) (July 3, 2017), if a provider or EOR staff member is unable to provide a service and the provider agency or EOR is unable to provide back-up staff, the provider or EOR is required to report this lack of staffing to Vaya as the LME/MCO/PIHP/Tailored Plan.
- Vaya's Innovations Incident Reporting for Failure To Provide Back-Up Staffing form is available on the Resources page of the Provider Central website at [https://providers.vayahealth.com/resources/backup\\_staffing\\_form](https://providers.vayahealth.com/resources/backup_staffing_form).

# Back-Up Staffing Incident Reporting

- Completed back-up staffing forms for incidents occurring on the first through 15<sup>th</sup> days of a month are due the last day of that month.
  - **Example:** Back-up staffing incidents occurring between Jan. 1 and Jan. 15 must be reported on the Jan. 31 spreadsheet.
- Completed back-up staffing forms for incidents occurring on the 16<sup>th</sup> through the last day of a month are due the 15<sup>th</sup> of the next month.
  - **Example:** Back-up staffing incidents occurring between Jan. 16 and Jan. 31 must be reported on the Feb. 15 spreadsheet.
- All back-up staffing reports must be sent to [backupstaffing@vayahealth.com](mailto:backupstaffing@vayahealth.com).

# After the Review





# What to expect after your review

EOR and  
Representative (if  
applicable)  
Feedback Form

Report of Findings  
(ROF)

Plan of Correction,  
if applicable

Technical  
assistance

Follow-up Plan of  
Correction  
implementation  
review, if applicable

# Plan of Correction Elements

- Identify issue(s) during performance improvement review
- Identify the cause of each issue
- Identify detailed action plan
- Identify responsible person
- Identify target date
- **Note:** Vaya completes an Implementation Review approximately 60 days after a Plan of Correction is approved to verify that the provider has successfully corrected the issues of noncompliance.

# Review Items that Frequently Result in Errors

Each employee meets all qualifications and training requirements.

The member's service documentation is present and meets service definition requirements.

The duration on service documentation completed by staff consistently matches reported units/time on Staff Billing Sheet and timesheet punches.

Incident reports are completed as required and filed with Vaya Quality Management Team (specifically, Quarterly Provider Incident Reporting forms are completed as required).

Each employee file has documentation (e.g., completed form) of the staff hepatitis B vaccinations series acceptance or denial.

If employees are transporting member(s) in a personal vehicle, there is documentation that the employee has a minimum of liability insurance, and their insurance policy is current.

# Other Issues that Necessitate Technical Assistance and Support

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Not utilizing enough services needed to support health and welfare without reasonable explanation

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Unapproved expenditures

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Not providing services, equipment, or goods identified as critical for health and welfare

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Inability to supervise or fire an employee effectively

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Utilizing the IFDS Budget at a rate that suggests the POC will not be sustainable over the plan year

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Failure to respond to notices requesting missing information from the Financial Support Services Agency

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On-going difficulty arranging services needed for health and welfare

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Not implementing the POC as approved

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# Reasons for Termination from IFDS Model Option

- Immediate health concern, including maltreatment of the member
- Repeated unapproved expenditures/misuse of NC Innovations funds
- Suspected fraud or abuse of funds or evidence of unreported fraud
- No approved Representative available when the EOR requires one
- Refusal to accept necessary Community Navigator services

# Reasons for Termination from IFDS Model Option

- Refusal to allow care manager to monitor services
- Refusal to participate in LME/MCO/PIHP/Tailored Plan, state, or federal monitoring processes
- Non-compliance with IFDS, Financial Support Services Agency, Agency with Choice, and/or Employee Support Agreements
- Inability to implement the approved POC or comply with NC Innovations requirements, despite reasonable efforts to provide additional technical assistance and support (four events requiring additional technical assistance or a corrective action plan in 12 months)

# Links and Resources

- Vaya Health website: <https://www.vayahealth.com>
- NC Innovations Waiver and Registry of Unmet Needs: <https://www.vayahealth.com/benefits-services/intellectual-developmental-disabilities/nc-innovations-waiver-registry-unmet-needs>
- IFDS: <https://www.vayahealth.com/benefits-services/intellectual-developmental-disabilities/individual-family-directive-services>
- Provider Central: <https://providers.vayahealth.com>

# Links and Resources

- NC Medicaid Behavioral Health Clinical Coverage Policies:  
<https://medicaid.ncdhhs.gov/behavioral-health-clinical-coverage-policies>
- NC Innovations Waiver Clinical Coverage Policy 8P:  
<https://medicaid.ncdhhs.gov/media/11377/open>
- Telehealth Clinical Coverage Policy 1H:  
<https://medicaid.ncdhhs.gov/telehealth-clinical-coverage-policies>



# Links and Resources

- Medicaid Communication Bulletins:  
<http://www.ncdhhs.gov/mhddsas/communicationbulletins/index.htm>
- APSM 45-2 NC DHHS MH/IDD/SA Services Records Management and Documentation Manual:  
<https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/policies-and-procedures/records-management-and-documentation-manual>
- APSM 30-1 Rules For Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services: <https://www.ncdhhs.gov/apsm-30-01-rules-mental-health-developmental-disabilities-and-substance-abuse-facilities-and>

# Links and Resources

- APSM 45-1 NC Confidentiality Rules for MH/IDD/SA Services:  
<https://www.ncdhhs.gov/apsm-45-1-confidentiality-rules>
- NC 122C General Statutes for Client Rights and Advance Instructions:  
[https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter\\_122c/article\\_3.html#](https://www.ncleg.net/enactedlegislation/statutes/html/byarticle/chapter_122c/article_3.html#)
- APSM 95-2 Client Rights Rules in Community Mental Health, Developmental Disabilities and Substance Abuse Services: <https://www.ncdhhs.gov/client-rights-rules-community-mental-health-developmental-disabilities-and-substance-abuse-services>

# Links and Resources

- Health Insurance Portability and Accountability Act of 1996 (HIPAA):  
<https://www.cdc.gov/phlp/publications/topic/hipaa.html>
- NC General Statute § 108A-80. Confidentiality of records:  
[https://www.ncleg.gov/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_108A/GS\\_108A-80.html](https://www.ncleg.gov/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-80.html)
- Acumen Fiscal Agent: <https://www.acumenfiscalagent.com>
- Secure Direction NC: <https://www.SecureDirectionNC.com>

# Thank You

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