APPENDIX D

Employer of Record IFDS Assessment

Member name: _____

Care Manager/Care Coordinator completing assessment: _____

Person assessed: _____

Position of person assessed (check one): ☐ Employer of Record ☐ Representative

Assessment date: _____

	Yes	No
Are you age 18 or older?	☐	☐
Have you ever been convicted of Medicare or Medicaid fraud or excluded from participating in the Medicare or Medicaid programs?	☐	☐
Do you plan to continue to use Community Navigator services?	☐	☐
Do you have a Representative identified? If so, whom? Name: _____	☐	☐
Are you willing to name a Representative or use Community Navigator services, if you are assessed to need one or both?	☐	☐

What services do you plan to self-direct?	
What are your plans for ensuring back-up staffing for employees?	
What are your plans for keeping information confidential in the individual's home?	

	Assessment of assistance needed	Assessment of assistance NOT needed
Has copies of all manuals and forms related to the Individual and Family Directed Services (IFDS) model selected, knows how to obtain additional forms and updates, and knows how to access the NC Medicaid NC Innovations Waiver website and Vaya Partners website	☐	☐
Understands the differences between IFDS and provider-managed services	☐	☐
Knows the difference between Employer of Record (EOR) and Agency with Choice (AWC) models of the IFDS option	☐	☐
Understands a Representative may be appointed at any time, the Representative's role, and the process for appointing a Representative	☐	☐
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	☐	☐
Knows how to complete the Financial Support Services Agreement and when and how to update it	☐	☐
Knows how to contact the Community Navigator and the Financial Support Services Agency (FSSA)	☐	☐
Understands certain employment and payroll taxes need to be paid	☐	☐
Understands workers' compensation is required and what it generally covers	☐	☐
Understands and is able to comply with labor laws that apply to the model selected	☐	☐
Understands staff qualifications for each service definition and the individual specific staff qualifications	☐	☐
Knows how to write a job description and establish employee guidelines	☐	☐
Understands how and where to recruit employees, including how to place a newspaper ad	☐	☐
Is able to interview and request background checks for potential employees	☐	☐
Knows how to request the auto-calculator, use the auto-calculator, and set employee pay rates and benefits	☐	☐
Has a process for developing Employee Support Service Agreements, including developing the Employee Supervision Plan	☐	☐
Has resources for employee training, knows the process for obtaining training paid by the FSSA, and has a plan or training protocols for any training the Employer is providing	☐	☐
Understands how to address problems with employees, including documenting those actions, firing employees, etc.	☐	☐

	Assessment of assistance needed	Assessment of assistance NOT needed
Understands how to discharge an employee, including all required documentation needed by the FSSA	☐	☐
Knows how to work with the Employee Security Commission should a former employee file an unemployment claim, including claims filed should the EOR decide to stop participating in the EOR model	☐	☐
Has a plan for back-up staffing and has selected a crisis services provider (if self-directing Community Living and Supports)	☐	☐
Understands confidentiality requirements for both individual and employee documentation and has established methods for meeting those requirements	☐	☐
Understands how to write/revise short-term goals and strategies for those goals based on long-range outcomes in the care plan	☐	☐
Knows the difference between billable and non-billable time under Medicaid	☐	☐
Has developed emergency protocols, a plan for testing them, and a plan for documenting those tests	☐	☐
Understands the purpose, use, and cost of Community Navigator services (orientation, training, periodic/monthly)	☐	☐
Understands 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	☐	☐
Knows how to manage the IFDS Budget	☐	☐
Knows the difference between the administrative rate and the service reimbursement rate and what they cover under the EOR model	☐	☐
Knows how to review the FSSA's Monthly Revenues and Expenditures Report, including how to work with the FSSA should there be problems with the report	☐	☐
Understands service documentation requirements	☐	☐
Understands the requirements for training and supervising employees	☐	☐
Understands requirements for monitoring the provision of services	☐	☐
Understands the Employer may choose to terminate IFDS or transfer to a different model at any time and understands that specific processes must be followed	☐	☐
Has completed initial orientation by Community Navigator	☐	☐
Has completed initial self-direction training by Community Navigator	☐	☐
Has read and understands the Vaya Partners IFDS Employer Handbook	☐	☐
All Community Navigator services outcomes/short-range goals regarding startup of IFDS are met	☐	☐

Assessment of Support:

The Employer of Record or Representative, if applicable (check all that apply)	
☐	Is requesting the Community Navigator assist with training (including for the start-up meeting) and support if self-direction of services is authorized
☐	Is not requesting the Community Navigator assist with training (including for the start-up meeting) and support if self-direction of services is authorized
☐	Has indicated intention not to request Community Navigator services beyond the T2041-U1 U6 initial training hours currently included in the care plan
☐	Understands a Community Navigator agency must be selected for obtaining required materials and forms and abide by procedures of that agency for obtaining those materials/forms. Only one agency may be used at any one point in time and must be noted in the care plan. If a decision has been made not to use Community Navigator services, the agency will provide no other services beyond providing the materials/forms.
☐	Understands Community Navigator services are mandatory for all EORs until competency in directing service(s) and in all Employer functions is demonstrated by the EOR and Representative, if there is one

Signatures:

Signature of Care Manager/Care Coordinator _____ Date signed _____

Signature of person assessed _____ Date signed _____

Signature of Community Navigator _____ Date signed _____

cc: Employer of Record/Representative
Care Manager/Care Coordinator (receives original)
Vaya Partners Utilization Management Department
(with care plan update requesting approval of self-directed services)
Member's Administrative Health Record (AHR)