

Individual and Family Directed Supports Assessment Employer of Record Model

Member: _____ Record Number: _____

Person Assessed: _____ (Employer)

Person Assessed: _____ (Proposed Representative)

	Yes	No
Are you at least 18 years old?		
Are you willing to name a Representative or use Community Navigator Services, if you are assessed to need one or both?		

Assessment Date: _____	
Care Coordinator: _____	
What services are you planning to self-direct?	
What are your plans for ensuring back-up staffing for employees?	
What are your plans for keeping information confidential in the member's home?	

	Response		Assistance needed?	
	Yes	No	Yes	No
Has copies of all manuals and forms related to the Individual/Family Directed Supports Model selected, and knows how to obtain additional forms and updates; knows how to access the Cardinal Innovations Web Site				
Understands the differences between services that are Individual/Family Directed and those that are provider directed				
Knows the difference between Employer of Record and Agency With Choice Models of Individual/Family Directed Supports				
Understands that a Representative may be appointed at any time, the role of a representative, and the process for appointing a representative				
Understands how the Individual and Individual/Family Directed Budgets work, including what is included in each part of the budget, and how to request additional funding in the Individual and Family Directed Supports Budget				
Knows how to complete the Financial Support Service Agreement and when and how to update it				
Knows how to contact the Community Navigator and the Financial Support Agency				
Understands employer taxes				
Understands insurance (worker's compensation)				
Understands and able to comply with labor laws that apply to the model selected				
Knows how to write a job description and establish employee guidelines				
Understands how and where to recruit employees, including how to request that a newspaper ad be run				
Able to interview and request background checks for potential employees				
Knows how to request the auto calculator, use the auto-calculator and how to set employee pay rates and benefits				
Has a process for developing Employee Support Agreements, including developing the Employee's Supervision Plan				
Understands staff qualifications for each service definition and the individual specific staff qualifications				
Knows how to use the auto-calculator and how to set employee pay rates and benefits				
Understands the process for obtaining training that is paid by the Financial Support Agency; has a plan or training protocols for any training that the Employer is providing				

	Response		Assistance needed?	
	Yes	No	Yes	No
Understands how to address problems with employees, including documenting those actions, including firing employees etc.				
Understands how to discharge an employee, including all required documentation needed by the Financial Support Agency				
Knows how to work with the NC Division of Employment Security should a former employee file an unemployment claim, including claims filed should the Employer of Record decide to stop participating in the Employer of Record Model				
Has a plan for sufficient employees to provide back-up staffing and understands that the Cardinal Innovations back-up staffing agency is to be used only if the Employer back-up plan fails to meet back-up staffing needs.				
Has included Crisis Stabilization services in the Plan to address any potential crises if self-directing Community Living and Supports.				
Understands confidentiality requirements for both member 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 Individual Support Plan				
Knows what is billable Medicaid time versus non-billable time				
Has developed emergency protocols, has a plan for testing them, and has a plan for documenting those tests				
Understands the purpose, use, and cost of Community Navigator Services				
Understands that the Individual Support Plan must be followed (service frequency and duration) and that changes to it must be requested through the Care Coordinator, including how to request additional Community Navigator Services				
Knows how to review the Financial Support Services Monthly Reports, including how to work with the Financial Support Agency should there be problems with the Report				
Understands the requirements of the documentation of services				
Understands that the Employer may choose to terminate Individual/Family Directed Supports or transfer to a different Model at any time and also understands that specific processes must be followed				
Are additional goals/outcomes needed regarding Individual and Family Directed Supports?				

Assessment of Support:

√ all that apply	The Employer of Record or Representative, if applicable
	Is requesting Community Navigator to assist with initial training and support.
	Understands that Community Navigator services are required when the Employer of Record option is selected and will continue until it is determined they are no longer needed.

Signatures:

Care Coordinator

Date

Person Assessed (Employer)

Date

Person Assessed (Proposed Representative)

Date

Pre-Assessment

cc: Utilization Management Department (with ISP/Update requesting self-directed service, EOR model)
CI Clinical Docs
Employer of Record and Representative, if applicable
Community Navigator