NC Innovations Individual and Family Directed Supports

Employer of Record Handbook Supplement
Chapter 1: Introduction to Individual and Family Directed Services

This chapter is an introduction to self-directing services through the NC Innovations Waiver. The N.C. Innovations Waiver gives people with disabilities clear choice about how they receive services. The N.C. Innovations waiver offers participants both agency directed and participant directed supports options. Participant directed services are known as Individual and Family Directed Services (IFDS). In this section, we cover important information to introduce Self-Directed Services:

- Self-Determination
- IFDS Models of Choice
- Benefits of IFDS
- Services that can be Self-Directed
- Getting Started with IFDS

Self-Determination

The Individual & Family-Directed Supports Option is based on the concept of self-determination, also sometimes referred to as self-direction. Self-determination is a process that supports the person in designing and exercising control over their own life and directs a set amount of dollars that will be spent on authorized supports and services, often referred to as an “individual budget.”

The Principles of Self-Determination

Self-Determination is a process that is built upon these 5 principles:

- Freedom- To decide how one wants to live their life
- Authority- To control a targeted amount of dollars.
- Support- To organize resources in ways that are life enhancing and meaningful to the individual.
- Responsibility- The recognition of the contribution individuals with disabilities can make in their communities, as well as accountability for spending public dollars responsibly.
- Confirmation- The recognition of the importance of the leadership of self-advocates in the Self-Determination movement.

IFDS Options (Agency with Choice and Employer of Record)

There are two options for Individual and Family Directed Services under the Innovations waiver: Employer of Record (EOR) and Agency with Choice (AWC).

- Working with an agency that agrees to hire employees referred by you. This is known as the IFDS– Agency with Choice option. The Agency with Choice retains responsibility for being the employer while allowing you to partner in managing the employee’s training and supervision.
- Or working with a financial supports services agency and a community guide, you have the ability to recruit, hire, train or arrange for training, schedule work, evaluate and even terminate the direct service employees. This is known as the IFDS- Employer of Record option. You, as the employer of record, fulfill all requirements for managing direct care staff and completing required documentation and the financial support services agency is responsible for billing, paying salaries, and assuring that funds outlined in the ISP are managed and distributed as intended.
Benefits of IFDS

- Control over Individual Support Plan (ISP) and Budget
- Expanded information to assist in decisions around spending of resources
- Freedom to select relatives, neighbors, church members, and friends to provide care
- Increased satisfaction of care
- Increased choice, flexibility and control of services
- Improvements in health, relationships, activities and quality of life, at no greater cost

Services that may be Self-Directed

All waiver participants are offered the opportunity to direct one or more of the following services:

- Community Networking Services
- Community Living and Supports
- Individual Goods and Services (in conjunction with at least one other self-directed service)
- Natural Supports Education
- Respite Services
- Supported Employment
Chapter 2: Identified Supports & What to Expect

This chapter provides a quick overview of the resources available to you if you choose to direct some or all of your services. In this section, we cover important resources that are available when you choose to self-direct your services.

Participant

The Participant is the person approved to receive services under the NC Innovations Waiver. The participant may or may not be the Employer of Record. If the participant is not the Employer of Record, the Individual Support Plan (ISP) will include a statement of how the participant will be involved in self-directing services.

Employer

The employer is responsible for all aspects of managing your employees. Additionally, you are responsible for ensuring that services are provided as outlined in the Individual Support Plan.

Employer of Record

The adult waiver participant, parent(s) of a minor waiver individual or legal guardian is considered the Employer of Record (common law employer). The Employer of Record must be at least 18 years old. Parent(s) of a minor child who is a participant on the waiver can be the Employer of Record.

- Complete Individual and Family Supports Training
- Involve the Individual as outlined in the Individual Support Plan (ISP), and provide services as written in the ISP and defined in NC Innovations services
- Ensure that the Individual’s health and safety are not at immediate risk
- Participate in the development of the ISP, make decisions about the best way to meet the needs of the Individual, including the responsible use of the Individual and Family Directed Supports Budget
- Assist the Agency With Choice and employees in the completion of hiring packages
- Assist employees in reporting on the job injuries to the Agency With Choice
- Decide special skills and training employees need; work with the Agency With Choice to assure that employees are trained per Innovations and ISP requirements
- Refer prospective employees to the Agency With Choice and recommend dismissal of employees to the Agency
- Communicate clearly and openly with the Care Navigator, Agency With Choice, Community Guide, and employees
- Work with Agency With Choice to determine employee job duties, and work schedule
- With Agency With Choice, complete an Employee Support Agreement for each person hired and an Agency With Choice Agreement; update agreements as necessary
- With Agency With Choice, give direction and feedback to employees and sign time sheets as requested by Agency
- Develop reliable back-up plans for coverage when employees are absent, and plan for potential emergency situations
- Review monthly reports from the Agency With Choice; utilize services as written in ISP
- Comply with all applicable employment laws as requested by Agency With Choice
- Notify the Care Navigator if the ISP or Individual and Family Directed Budget need to be changed
- Participate in evaluating the effectiveness of services and inform the Care Coordinator of difficulties encountered
- Notify the Care Coordinator of admission to a hospital, intermediate care facility (group home or developmental center); or other facility
- Accept the decision of the PIHP regarding need for a Representative and/or Community Guide Services
- The Employer will meet their monthly Medicaid spend down (deductible) if it is determined by DSS that this is required for Medicaid eligibility.
- As an Employer of Record you are responsible for developing short range goals and task analysis/strategies for achieving long range Individual Support Plan (ISP) outcomes. Additionally, you are responsible for maintaining service documentation.

Alliance Health IFDS Employer Handbook 3
Care Navigator

The Care Navigator is employed by Alliance and provides support to individuals who participate in the IFDS Option. The Care Navigator responsibilities include:

- Provide orientation to the Individual and Family Directed Supports Option per the Medicaid and Health Choice Clinical Coverage Policy No: 8-P
- Provide any assistance needed to the prospective employer in selecting a Financial Support Agency contracted with Alliance Health.
- Provide the participant a list of IFDS support providers
- Complete and submit IFDS referral form from identified provider
- Complete ISP update
- Submit for Utilization Management (UM) review and approval to begin IFDS training. Upon successful completion of IFDS training. The following steps will ensue:
  - IFDS training certificate from Community Navigator
  - With Care Navigator the EOR or Representative will be assessed for IFDS competency Complete IFDS assessment.
  - Complete IFDS Agreement. The agreement is developed by Alliance Health
  - Provide a copy of the approved ISP or update to the ISP is submitted to the Community Navigator and Employer of Record.

Community Navigator

This service support participants, representatives, and Employers who direct their services by providing direct assistance in their participant direction responsibilities. Community Navigator services are intermittent and fade as community connections develop and skills increase in participant direction. If the participant is self-directing their services, the Community Navigator functions will include:

- Provide training on the Individual and Family Directed Supports Options, if the individual is considering directing services and supports (Agency with Choice and Employer of Record Models)
- Coordinate services with the Financial Support Services provider such as guidance on use of the Individual and Family Directed Budget (Employer of Record Model)
- Provide information/coaching/technical assistance on recruiting, hiring, managing, training, evaluating, and changing support staff (Agency with Choice and Employer of Record Models)
- Provide information/coaching/technical assistance with the development of schedules and outlining staff duties (Agency with Choice and Employer of Record Models)
- Provide information/coaching/technical assistance to understand staff financial forms, staff qualifications and employee record keeping requirements (Agency with Choice and Employer of Record Models)
- Provide information/coaching/technical assistance on maintenance of records in accordance with the Employer of Record Model (Employer of Record Models)
- Coordinate services with the Agency with Choice if the individual is directing services under the Agency with Choice Model
- Provide information/technical assistance to the individual on setting staff
- Training on documentation requirements, monitoring of services, labor laws, clinical coverage policy Requirements and all pertinent information required for service delivery
- Guidance with management of the Individual and Family directed budget
- Providing information on recruiting, hiring, managing, training, evaluating, and changing support staff
- Assisting with the development of schedules and outlining staff duties
- Assisting with understanding staff financial forms, qualifications and record keeping requirements
- Providing on-going information to assure that participants and their families/representatives understand the responsibilities involved with participant direction, including reporting on expenditures and other relevant information and training
**Representative**

A representative is a person who helps the Employer of Record manages their supports. The Employer of Record is assessed to determine if help is needed to manage supports. There are two types of representatives:

- **Mandated Representative**: Person who is required to assist the Employer of Record. (Alliance may decide that a representative is required to assist the Employer of Record)
- **Voluntary Representative**: Person who is not required to assist the Employer of Record, but the Managing Employer still asks that a representative be appointed.

The Representative may be a family member, friend, someone who has power of attorney, income payee, or another person who willingly accepts responsibility for performing tasks that the Employer of Record is unable to perform and must be at least 18 years old. The representative must be committed to follow the participant's needs and preferences while using sound judgment to act on the participant's behalf.

Representatives must show evidence a personal commitment to waiver participants and must be willing to follow their wishes and respect their preferences while using sound judgment to act on their behalf. Representatives receive no monetary compensation and may not serve as a service provider for the participant, with the exception of providing guardianship services. The representative may not be known to have any history of physical, mental, or financial abuse, or to have been excluded from participation in the Medicare or Medicaid programs. The Representative must also meet the following requirements:

- Demonstrate knowledge and understanding of the participant's needs and preferences and respect those preferences.
- Agree to a predetermined level of contact with the participant
- Is at least 18 years of age
- Is willing and able to comply with program requirements, including attending required training, and reading manuals/handbooks that describe program regulations
- Is approved by the employer to act in this capacity

Specific duties of the Representative are:

- Work with Employer, Care Navigator and Service Consultant, Financial Support Agency and/or Community Navigator to assure that the Employer responsibilities are completed
- Make all or some of the decisions for the Employer, depending on the waiver participant and employer's desires and abilities to make those decisions
- Manage, with the employer, the Individual and Family Directed Supports Budget, using it for services stated in the ISP
- Manage, with the Employer of Record, the employer functions
- Maintain records as required

**Financial Support Agency**

Financial Support services are utilized by Employers of Record for paying employees and ensuring that other fiscal functions are completed. Financial Support Services (FSS) is a required service for participants who choose the Employer of Record model of Individual and Family Directed supports. The cost of FSS is paid out of the individual budget as an add-on to that budget.

The Financial Support Agency will provide the following functions:

- Manages all payroll functions
- Assure that Individual and Family Directed funds outlined in the ISP are managed and distributed as intended.
- Filing claims for self-directed services and supports
• Payment of payroll to employees hired to provide services and supports;
• Deducting all required federal, state, and local taxes, including unemployment fees, prior to issuing paychecks to employees;
• Ordering employment related supplies and paying invoices for other expenses such as training of employees;
• Administering benefits for employees hired to provide services and supports;
• Maintaining ledger accounts for each individual's funds;
• Producing expenditure reports that are required, including reports to the individual/employer/family, concerning expenditures of funds against their budgets;
• Requesting criminal background checks, driver's license checks, and health care registry checks of providers of self-directed services;
• Tracking and monitoring individual budget expenditures;
• Facilitating Workers Compensation Application on behalf of the Employer of Record; and/or
• Serving as the Internal Revenue-approved Fiscal Employer Agent
Chapter 3: Participant Rights, Privileges and Responsibilities

Participants in the IFDS Option have rights, privileges, and responsibilities related to accessing information, managing employees, obtaining support, filing grievances and complaints, and withdrawing from the option. It is the policy and practice of Alliance Health to assure your basic human rights.

You have the right to:

- Be treated fairly and with respect regardless of race, ethnicity, religion, mental or physical disability, sex, age, sexual preference, or ability to pay.
- Participate in making your Individual Support Plan.
- Limit access to your protected health information.
- Get your services in a safe place.
- Make an advance directive.
- Agree to or refuse treatment services.
- Get information in your own language or have it translated.
- File a complaint, appeal or grievance without penalty.
- Choose a provider within the Provider Network.
- Use your rights with no negative action by the NC Division of MH/DD/SAS or Alliance Health; and maintain the same civil and legal rights as anyone else.

Participants and/or legally responsible persons participating in the IFDS option must follow all applicable employment laws, rules and regulations regarding employment, Medicaid, the NC Innovations Waiver, and the IFDS Option. Examples of laws, rules and regulations that may be applicable include, but are not limited to:

- The Family Medical Leave Act, 29 U.S.C §§ 2601, et.seq.

The laws, rules, and regulations cited above are provided for reference only and are in no way offered as legal advice.

Grievances

Many concerns or complaints regarding a provider’s services can often be resolved by direct communication with the provider. If you choose to allow the provider an opportunity to resolve the issue but are not happy with the outcome, you are encouraged to file a complaint or grievance by calling the Alliance Access and Information Center 24/7 at (800) 510-9132. If you prefer to discuss your concern informally before filing a complaint, contact the Alliance Office of Community and Member Engagement by calling the Access and Information Center at (800) 510-9132.

Once the complaint or grievance is received, someone will contact you either a written notice or verbal notice that it was received within 5 working days. A decision regarding the results will be provided to you within 30 business days of the initial call.
Chapter 4: Individual Support Plan (ISP), Budget & Service Documentation

Individual Support Plan

The Individual Support Plan (ISP) is developed through a person-centered planning process and is led by the participant and/or legally responsible person for the participant to identify the participant's desires, strengths, needs and identification of services and supports.

The Care Navigator will meet with you, your legally responsible person and representative as applicable and review your ISP. A decision is made about the services that you want to be participant-directed and the services to be provided under the Provider Direction Option.

The ISP must be followed in service, frequency and duration. You can make changes to your ISP and request additional services as your needs change. You must contact your Care Navigator immediately to discuss and request any changes. The ISP will be updated and submitted for review by the Care Navigator to Alliance Utilization Management department for review. Services must be authorized before the changes go into effect.

IFDS Budget

The IFDS Budget is composed of the individuals member’s authorized services. The total amount of the individual budget cannot exceed $135,000 (Innovations Waiver) per year for provider directed or IFDS. The following principles must be followed in using the IFDS Budget:

- Expenditures tracked not to exceed the annual authorized budget. The tracking is done by the Financial Support Agency on behalf of the Employer of Record.
- All items purchased with NC Innovations Waiver funding must relate to the participant's needs and are preauthorized in the ISP by Alliance Health Utilization Department (UM).
- The EOR and/or Representative, if applicable, are provided with an expenditure report monthly. The Financial Support Agency is responsible for providing this information to the Employer of Record and Representative.

Individual and Family Directed Supplemental Services

The following IFDS provide support to members, guardians, and/or representatives who are self-directing services. These services are part of the self-direction budget as they are Provider Directed.

T2041 22 Z1 Community Guide Training for Employer of Record: This service is in place while training is being provided.

T2041 Community Navigator: This service is in place when self directing begins and remains for as long as the support is needed and/or desired.

T2025 U1 Financial Supports/Management of EOR Funds: This service manages the finances and budget of self-directed services. Financial Support Services are provided to assure that funds for self-directed services are managed and distributed as intended. The service also facilitates employment of support staff by the Employer. This specifically includes: filing claims for self-directed services and supports, payment of payroll, deducting all federal, state, and local taxes, including unemployment feeds, administering benefits for employees, maintaining ledger accounts, producing expenditure reports, requesting criminal background checks, driver license checks, etc., tracking and monitoring budgets, facilitating Workers Compensation Applications, and serving as the Internal Revenue approved Fiscal Employer Agent.

T1999 Individual Goods and Services: These are items or supplies to help the person receiving services become more included in their community and/or, increase safety in the home and/or, decrease the need for Medicaid services, and per Waiver requirements, this service is to be used only if the person does not have any other way to pay for the item or supplies. These items must be pre approved.
**T2025 U2 Employer Supplies** This service is to help a person who is self directing acquire supplies necessary to self-directing services. These items must be pre approved and specific to employment related supplies and training of employees.

**Requirements for Determining Allowable Expenditures**

Some rules must be followed when using N.C. Innovations funding. The fundamental rules are that everything purchased must be associated with the member’s needs and that the funds are used for services and supplies allowed by the N.C. Innovations Waiver. All employer supplies and other expenses not covered by the Administrative Rate must be paid out of the EOR Service Reimbursement Rate, which is managed by the EOR. The following requirements are used to determine if expenditures are allowed under the EOR model:

- The expense must be related to the member’s disability needs and it must benefit the member
- The expense must be needed to maintain the health, safety and well-being of the member
- The expense cannot be covered by another funding source
- The expense must be clinically appropriate and adequately justified, and it must be directly related to a service in the current Individual Support Plan (ISP)
- The expense must be covered by the applicable service definition and specifications.
- The expense must be the actual cost of the item after all applicable credits, such as refunds, rebates, and discounts, have been calculated
- The expense cannot be associated with room and board charges
- The expense cannot be prohibited under other federal, state or local laws and/or regulations.
- The expense cannot be prohibited under NC Medicaid policies and procedures.

Payments may not be made directly to the member, the EOR, the Representative, or family. Instead, only the person (individual or entity) providing the service, supply, or other item receives the payment.

EOR expenditures that can be paid using N.C. Innovations funds are listed in the Innovations Waiver and CCP 8-P. Remember, any spending covered by the Administrative Rate must not be included as costs covered by the EOR Service Reimbursement Rate and vice versa.

**Examples of Prohibited Expenditures**

The following are examples of items that cannot be paid using N.C. Innovations funds. This list does not include all excluded items.

- Gifts for or loans to workers, family or friends
- Rent, mortgage or periodic utility payments
- Payments for someone to be the EOR or the Representative
- More than one laptop/computer or EHR software over the life of the Waiver
- Experimental goods or services
- Items that are restricted under state law (N.C.G.S. §122C-60)
- Social or recreational items
- Vacation/Holiday expenses
- Services covered by a third party
- Vehicle purchase or lease
- Animal purchase
- Items that are considered illegal
EOR Supplies

All supplies must be requested through the Financial Supports Service Agency (FSS) forms. The Community Navigator can help the EOR complete the form and update the IFDS Budget, as needed. When the EOR receives an item, the individual must mail, fax or email the packing slip and invoice to the FSS. It is significant to do this so that the vendor can be paid. The vendor is paid in one of three ways:

- If the item requested is covered by the T1999 Individual Goods and Services service definition (which is for the member only), the authorized T1999 Individual Goods and Services code is billed to Alliance Health by the FSS.
- Start-up cost covered by T2025 U2 Employer Supplies (blood-borne pathogen supplies, first aid kits, initial employment ads, background checks of Employer of Record/Representative/initial employees requested by the FSS, and initial CPR and First Aid employee trainings) and the cost is incurred within 60 days of approval by Alliance Health Utilization Management Department to begin self-directing your services. The authorized start-up supply is billed to Alliance Health by the FSS. To be reimbursed, the FSS must submit an invoice and proof of purchase within 90 days of the date of purchase to Alliance Health Finance Department at finance@alliancehealthplan.org.
- If the item is covered by the T2025 U1 Financial Supports/Management of EOR Funds Employer Supplies service definition, the item is not billed to Alliance Health and is paid using the IFDS Service Reimbursement Rate, which comes directly from the member’s IFDS Budget.

Service Documentation

The services must be provided specifically as described in the Innovations Waiver, Clinical Coverage Policy 8-P, the ISP and the provider plan/short-range goal (SRG) plan. The EOR/AWC provider, Managing Employer, and Representative (if applicable) is responsible for developing the provider plan/SRG’s, making sure that the ISP and provider plan/SRG’s are implemented as written, supervising employees and ensuring services are timely and appropriately documented.

Services must be documented prior to submitting time and billing claims to the FSS. The minimum service documentation requirements for N.C. Innovations services are listed in this handbook, Clinical Coverage Policy 8-P and the Record Management & Document Manual (RMDM). One of the essential responsibilities of EOR/AWC provider, Managing Employer, and Representative (if applicable) is to make sure that employees document the provision of services as required.

A Community Navigator or the EOR/AWC provider or Managing Employer can provide information about documentation requirements during meetings and trainings with the Managing Employer (and Representative, if applicable).

General Records Administration

Upon request, the EOR/AWC provider or Managing Employer (and Representative, if applicable) must make service-related documentation available to Alliance Health and any other federal or state regulatory body responsible for oversight of Medicaid funding. This documentation can be used for:

- Plan of correction development
- Monitoring the provision of services
- Monitoring the health and welfare of the member
- Supporting a claim for reimbursement of N.C. Innovations services delivered to the member

All Records must be accessible for inspection and must be brought to a chosen location for review when requested by Alliance Health or any other federal or state regulatory body responsible for oversight of Medicaid funding. The Managing Employer must also make documentation available to the EOR/AWC provider as requested or agreed upon. Failure to provide documentation can result in a plan of correction, overpayment finding, or termination from the IFDS EOR/AWC model.
Record Maintenance

Service-specific or clinical documentation must be maintained for the period required by state and federal laws. The service records must be stored by the EOR/AWC provider. Any documentation about the member or employees created or maintained by the Managing Employer or Representative (if applicable) must be kept confidential and in a secure location. The Community Navigator and/or EOR/AWC provider can train the Managing Employer on how to maintain any records. Additionally, once the EOR agreement ends, clinical documentation is to be submitted to Alliance. For more information, see CCP 8-P and the RMDM.

Provider Network Evaluator from Alliance will:

- Monitor the Financial Support Services provider(s) annually
- Monitoring the Community Navigator Services provider(s) at a minimum of at least once every three years
- Reviewing incident reports
- Reviewing a sample of back-up staffing plans at least annually to ensure that they function properly
- Reviewing grievance logs maintained by Alliance, Financial Support Services provider and Community Navigator Agencies at least semi-annually
- Provide technical assistance and training in completion of incident reports and service documentation

The State of North Carolina role includes:

- Completes retrospective reviews of samples of Individual Support Plans (ISP) and Individual and Family Budgets
- Review Financial Supports Providers
- Reviews a sample of Community Navigator Monitoring Reports

Medicaid Fraud & Abuse

The North Carolina Department of Health and Human Services and Alliance wants all members and provider staff to be informed that anyone with knowledge of Medicaid fraud or abuse needs to report it by calling toll-free 1-877-DMA-Tipl (1-877-362-8471), (919) 814-0181, (855) 727-6721, or online at:

https://dma.ncdhhs.gov/get-involved/report-fraud-waste-or-abuse

and


If you are unsure what Medicaid fraud or abuse is, it could include any of several dishonest acts, from letting someone else use your Medicaid card to undergoing unnecessary medical procedures. Examples of Medicaid fraud include but are not limited to:

- Billing for any services not actually performed, known as phantom billing;
- Billing for a more expensive service than was actually rendered, known as up coding;
- Billing for several services that must be combined into one billing, known as unbundling;
- Billing twice for the same medical service;
- Giving or accepting something in return for services, known as a kickback;
- Bribery;
- Billing for unnecessary services;
- False cost reports;
- Embezzlement of participant funds; and
- Falsifying timesheets or signatures in connection with the provision of services
For additional information you can also contact the Office of Compliance and Program Integrity of DMA at (919) 814-0000

Whether you are a provider, recipient or simply a taxpayer, Medicaid fraud and abuse **COSTS YOU!** If you know of Medicaid fraud or abuse call 1-877-DMA-TIP1, or call the DHHS Customer Service Center (English or Spanish) at 1-800-662-7030, or report online at [https://dma.ncdhhs.gov/get-involved/report-fraud-waste-or-abuse](https://dma.ncdhhs.gov/get-involved/report-fraud-waste-or-abuse)

**Back-Up Staffing, Risk and Emergency Planning**

**Back-Up Staffing**

As an Employer of Record and/or Representative, planning for employee vacancies and absences is important as you direct your services. There will be times when your regularly scheduled employee cannot work. You must make arrangements for "back up" employees to fill in when your regular employee is not available and for emergency situations. It is important to ensure adequate support coverage is available to meet the participant's needs. The Individual Support Plan (ISP) must describe how the participant will get their needs met if an employee is absent or any unforeseen circumstance that prevents the participant from functioning as usual.

**Risk and Emergency Planning**

Risk and Emergency Planning is important and must be made to address potential emergency situations that can create safety issues or barriers to care delivery. Having a plan for dealing with different types of emergencies, such as medical emergencies, hospitalizations, power/electrical outages, severe weather, fires, evacuation planning (including evacuation routes and shelter locations, supplies, etc.) and other natural disasters can help keep you safe and reduce the risk of injury. Potential emergency needs for the participant are identified as part of the Risk/Support Needs Assessment process that is used in developing the ISP. You will need to include in your plan a way to test your plan and document the tests. Employees must be trained on the plan and what to do in an emergency.

The Crisis Plan section of the ISP must state how each identified risk will be managed and identifies training needs of any individual responsible for implementation of managing a risk management strategy or strategies. A back up plan needs to be developed to address absence of staff and who to call when back up staffing is needed. The plan must be tested/reviewed at least quarterly.

**Monitoring of Back Up Plans**

Alliance IDD Service Consultant staff along with Quality Management (QM) staff will monitor Back-Up and Emergency Plans as a part of monitoring of services. Any situation that is identified as a health and safety issue for the participant is immediately addressed with the Employer of Record or Representative (if applicable).