

VERIFICATION OF RELATIVE/LEGAL GUARDIAN AS DIRECT SUPPORT EMPLOYEE

***Over 40 hours, not to exceed 56 hours per week**

This document is to be completed by _____ (PIHP) Network Provider Agency or Employers of Record as a part of their certification of compliance with the Innovations Relative/Legal Guardian as Provider Policy. The North Carolina Division of Medical Assistance (NC DMA) has defined a relative as the NC Innovations beneficiary's mother, father, step-mother, step-father, sister, brother, aunt, uncle, grandmother, grandfather, adoptive parent, or any other relative related by blood or marriage that lives in the home of the adult member.

This process applies to members 18 years of age or older. *No new requests of more than 56 hours will be approved. Only Relatives/Legal Guardians who were approved to provide more than 56 hours of services as of 12/31/2015 may request more than 56 hours. Please note that when an individual moves from their natural home and into the home of a relative that is not their parent then this may be considered an AFL situation and RDSE would not apply. RDSE only applies to an individual residing in their natural home.

Please check one:

New employees (including employees changing provider agencies)
Annual recertification

SECTION I

Date of Submission: _____

Network Provider Agency Name or Employer of Record: _____

Contact Name: _____

Address _____
(mailing, city, state,)

Zip Code: _____ Phone Number(s): _____ Email: _____

Beneficiary's Name: _____

Beneficiary's Date of Birth: (Month/Day/Year) _____

County from which Beneficiary's Medicaid originates: _____

Prospective Employee Name: _____

Relationship to Beneficiary: _____
Mother Father Other

Describe

- 3) Does your agency employ other staff to provide services to this member? Yes No
If yes, what other services?

SECTION IV

- The prospective employee understands that the Provider Agency/Employer of Record will monitor the service that a relative or legal guardian provides each month on-site, at a minimum of one time per month.
- The prospective employee understands that a Care Coordinator will monitor the relative/legal guardian's provision of services on-site, at a minimum of one time per month.
- The prospective employee will provide Community Living and Support. Payments are only made for service in the Individual Support Plan authorized by the Utilization Management Department.
- The relative or legal guardian must meet the provider qualifications for the service. The provider certifies that there is documented training for the specific medical task by a professional appropriately qualified in the task or equipment and that the employee receives nursing supervision to carry out this function as specified by the NC Nursing Practice Act. Provider will train all staff, including parents/guardians, who are providing medical tasks.

Signatures below certify that all information on the form is true and accurate.

Provider Agency Qualified Professional, Employers of Record, Managing Employers
(Signature, Title and Date)

Employee (*Providing Service Signature, Relationship and Date*)

SEND RELATIVE AS PROVIDER DOCUMENTS TO:

EMAIL:	FAX :	MAIL:
Tim.Patterson@TrilliumNC.org	Fax Number: 252.215.6878 ATT: Tim Patterson,	Trillium Health Resources ATT: Tim Patterson, Call Center 201 W. 1 st Street, Greenville, NC 27858

IF THIS FORM IS INCOMPLETE, IT WILL BE RETURNED.