Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

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

Legal Guardian? ☐ Yes ☐ No

Is the guardian legally able to provide services as defined in HB 543? ☐ Yes ☐ No

Does this Relative or Legal Guardian live in the same home as the member? ☐ Yes ☐ No

If no to the questions above, then this request is *not* applicable for review

SECTION II

1. Community Living and Support – How many hours are requested per week? _____
2. Will the Relative or Legal Guardian be providing: ☐ Primary ☐ Back-Up Services?
3. Who will provide required Back-up Staffing? _____

SECTION III

The NC Innovations Waiver requires that justification be provided as to why there is no other qualified provider to provide Community Living and Support, assurances of provider choice, and that the individual will not be isolated from their community.
Please complete the following:

- As the provider agency, I am attesting that no other qualified provider (who is not a relative or legal guardian) is available to provide the service. Provide employment-based justification:

- Explain how you plan to assure provider choice for the member.

- Explain how you plan to protect the member from isolation from the community. For example: What is the plan to introduce additional staff to provide some of the services that are needed by the member?

Annual Recertification

a) A qualified provider who is ***not*** a relative or legal guardian is not available to provide the service.
   1) Month and year that the relative/legal guardian was hired by your agency:

      _____

   2) Did the relative/legal guardian work for another provider agency prior to employment with your agency? If yes, ☐ Yes ☐ No which agency?

      _____

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. 1st Street, Greenville, NC 27858*

IF THIS FORM IS INCOMPLETE, IT WILL BE RETURNED.