



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

40 Hours or Less Form RELATIVE/LEGAL GUARDIAN AS DIRECT SUPPORT EMPLOYEE

Effective November 1, 2016: The new process for submitting 40 hours or less per week for Relative/Legal Guardian as Direct Support Employee will no longer require you to mail in an application. However, you are required to report to Sandhills Center the information via email. Please submit the following information below.

Member's Name: _____

Member's Date of Birth: _____ Member's Age: _____

Care Coordinator's Name: _____

Is the member living in their natural home? Yes No

Relative's Name: _____

Relationship: _____

Legal Guardian: Yes No

If yes, is the guardian legally able to provide services as defined in HB 543? Yes No

Does the Relative/Legal Guardian live in the same home as the member? Yes No
If no, then this request is not applicable for review.

Will the Relative/Legal Guardian be providing Primary or Backup Service?

Who will provide required Backup staffing? _____

Medicaid County: _____

Agency Name: _____

Agency Contact, Email & Number: _____

Community Living & Support - How many total hours per week? _____

Relatives are defined as individuals related by blood or marriage to the waiver beneficiary. The relative must live in the home of the waiver beneficiary. Excluded from this policy are the following relatives: biological or adoptive parents of a minor child, stepparents of a minor child or the spouse of a waiver beneficiary. Waiver beneficiaries under the age of 18 may receive services provided by a relative who is not the parent (biological, adoptive, or step) who resides in their home. **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 (Relative as Direct Support Employee) would not apply. RDSE only applies to an individual residing in their natural home.**

Community Living and Support is the only waiver service that may be provided by a relative who resides in the home of the individual (age 18 and older).

Employers of Record and Managing Employers participating in the Individual Family Directed option may not be employed to provide waiver services.



Annual Recertification

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 prior to employment with your agency?
 Yes No

If yes, which agency?

- 3. Does your agency employ other staff to provide services to the member?
 Yes No

If yes, what other services?

Attestation:

	The prospective employee/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/employee understands that the Care Coordinator will monitor the relative/legal guardian's provision of service on-site at a minimum of one time per month.
	The prospective employee/employee will provide Community Living and Support. Payments are only made for the service in the Individual Support Plan authorized by the Care/Utilization Management Department.
	The prospective employee/employee (relative or legal guardian) meets the provider qualifications for the specific service they are being interviewed or employed to provide. (To be verified by Network Monitoring upon on-site review).
	The relative or legal guardian must meet the provider qualifications for the service applicable, the provider certifies that there is documented training for the specific medical task(s) by a professional appropriately qualified in 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 parent/guardian, who is providing medical tasks. Include specific duties for each level of nursing care.

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

Provider Agency Qualified Professional, Employers of Record, Managing Employers Signature

Printed Name, Title and Date

Employee's Signature

Printed Name, Relation and Date:

**If this form is incomplete, it will be returned.
This form may be emailed to Sandhills Center Network Operations Department**

Attn: RDSEprocess@sandhillscenter.org

Once reviewed by Network Operations a "Confirmation of Acknowledgement" will be sent to you.