



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

In accordance with Clinical Coverage Policy 8P, it is a requirement for providers to report Relative/Legal Guardian(s) providing the service to Sandhills Center members. Please send completed form to the email address below.

Please submit the following information below.

New

Annual Certification

Member's Name:		Member's ID #:	
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
<u>If no, then this request is not applicable for review.</u>			
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 member. The relative must live in the home of the waiver member. 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 member. Waiver members 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.

qmcappd 12/17/2020

P.O. Box 9, West End, NC 27376
24-Hour Access to Care Line: 800-256-2452
TTY: 1-866-518-6778 or 711

Serving Anson, Davidson, Guilford, Harnett, Hoke, Lee, Montgomery,
Moore, Randolph, Richmond and Rockingham counties



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 the assigned Care Coordinator upon on-site review).
	The relative or legal guardian must meet the provider qualifications for the service. If applicable, <u>the provider certifies</u> that there is documented training for the specific medical task(s) 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. Applicable training requirements: Client Specific Training, Client's Rights, Confidentiality, Bloodborne Pathogens, Medication Administration, Alternative to Restrictive Interventions, CPR and First Aid.

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. Requests submitted without training certificates cannot be processed.

This form may be emailed to Sandhills Center Network Operations Department

Attn: RDSEprocess@sandhillscenter.org

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