



# SANDHILLS CENTER

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

## 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 Sandhills Center (PIHP) Network Provider Agency or Employers of Record as part of their certification of compliance with the Innovations Relative/Legal Guardian as Provider Policy. North Carolina Medicaid has defined a relative as the NC Innovations member's mother, father, stepmother, stepfather, 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 mark one.

New employee (including employees changing provider agencies).

Annual certification

### Section 1

Date of Submission:

Network Provider Agency Name or Employer of Record:

Contact Name:

Address (mailing, city, state zip):

Email address:

Phone:

Member's Name:

Member ID #:

Member's Date of Birth (Month/Day/Year)

Age:

County from which Member's Medicaid originates:

Care Manager/Care Coordinator's Name:

Is the member living in their natural home?

Yes

No

Prospective Employee's Name:

Relationship to Member:

Mother

Father

Other (describe)

Legal Guardian?:

Yes

No

Is the guardian legally able to provide the service as defined in HB 543?:

Yes

No

Does the Relative or Legal Guardian live in the same home as the member?

Yes

No

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

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

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



---

**Section 2**

1. Community Living and Support – How many total hours are requested per week?

---

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

---

3. Who will provide required Backup Staffing?

---

**Section 3**

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 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?  
Yes No

If yes, which agency?

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

If yes, what other services?

**Section 4**

	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 Manager/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 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. If applicable, <b>the provider certifies</b> 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.

<b>Signatures below certify that all information on the form is true and accurate.</b>
Provider Agency Qualified Professional, Employers of Record, Managing Employers Signature above:
Provider Agency's Printed Name, Title and Date above:
Employee's Signature above:
Employee's Printed Name, Relationship and Date above:

Care Manager/Care Coordinator Signature and Date of Approval:

Email application to member assigned Care Manager/Care Coordinator for review or send to Sandhills Center at [Innovationsprocess@sandhillscenter.org](mailto:Innovationsprocess@sandhillscenter.org)

If this form is incomplete, it will be returned.

The Care Manager/Care Coordinator signature on the form will serve as approval of the request.

Note: 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.