



Application/Annual Recertification of Relative/Legal Guardian as Direct Support Employee (RADSE)

Over 40 hours, not to exceed 84 hours per week.

This document is to be completed by Partners Health Management Network Provider Agencies or Employers of Record as part of their certification of compliance with the Innovations Relative/Legal Guardian as Direct Support Employee Policy. The North Carolina Division of Medical Assistance (NC DMA) 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 who lives in the home of the adult member. **The RADSE process applies only to Relatives/Legal Guardians who live in the home of the NC Innovations adult (age 18 or older) member or parents of children who meet the extraordinary care definition. The maximum number of hours for adult members is 84 hours per week and the maximum for children who meet the extraordinary care definition is 56 hours per week. Please note that when an individual moves from their natural home and into the home of a relative who is not their parent, it may be considered an Alternate Family Living (AFL) situation, and RADSE would not apply. RADSE 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 (street, city, state, zip): _____

Phone Number(s): _____ Email: _____

Member Name: _____ Member Date of Birth (mm/dd/yyyy): _____

County in which Member's Medicaid Originates: County

Prospective Employee Name: _____ Legal Guardian? ☐ Yes ☐ No

Relationship to Member: ☐ Mother ☐ Father Other (describe): _____

Is the guardian legally able to provide services as defined in NC G.S. 35A-1213, subsection (f) 1-3? ☐ Yes ☐ No

If the answer is "No" to the questions above, 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/Legal Guardian be providing: ☐ Primary services or ☐ 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:

1. As the provider agency, I am attesting that no other qualified provider (who is not a Relative/Legal Guardian) is available to provide the service. Provide employment-based justification: _____

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

3. 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/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 the member?
☐ Yes ☐ No If yes, what other services? _____

Section IV (check each, indicating agreement)

- ☐ The prospective employee understands that the Provider Agency/Employer of Record will monitor the service that a Relative/Legal Guardian provides on site, at a minimum of one time per month.
- ☐ The prospective employee understands that Partners Health Management Care Managers 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 services in the Individual Support Plan authorized by the Partners Health Management Utilization Management Department.
- ☐ The Relative/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. The provider will train all staff, including the Relative/Legal Guardian, who will provide medical tasks.

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

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

Employee Providing Service (Signature, Title and Date)

If this form is incomplete, it will be returned.

Please submit this form to Partners Health Management via email at RADSE@PartnersBHM.org.