



Verification of Relative/Legal Guardian as Direct Support Employee

This form is only used to report Relatives/Legal Guardians working 40 hours or less per week. All other requests must be submitted on the RADSE application, which is available on our website.

Provider Agency Name: _____

Relative/Legal Guardian First Name: _____

Relative/Legal Guardian Last Name: _____

Member Client Number: _____

Member First Name: _____ Member Last Name: _____

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

County in Which Member's Medicaid Originates: _____ County Email: _____

How many hours per week will the Relative/Legal Guardian be providing? _____

Will the Relative/Legal Guardian be providing ☐ primary OR ☐ back-up services?

Please select the appropriate response:

- ☐ The prospective employee is the member's Legal Guardian and is legally able to provide services as defined in NC G.S. 35A-1213, subsection (f) 1-3.
- ☐ The prospective employee *is not* the member's Legal Guardian and, therefore, NC G.S. 35A-1213, subsection (f) 1-3 does not apply.

By checking the boxes below, you attest to each of the following statements:

- ☐ The Relative/Legal Guardian lives in the member's home.
- ☐ 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.

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