



Respite Service Provider Site Attestation

Initial Review

Annual Review

To be completed by the Trillium Health Resources contracted provider agency representative at the Respite service review.

The respite home located at:

_____ is the respite home host/care provider, a direct support

staff providing Respite services employed by a contracted provider with Trillium Health Resources.

As per service definition in Clinical Coverage Policy 8P (North Carolina Innovations Waiver services), this facility is a private residence and not a staffed facility. This service may not be used as a regularly scheduled daily service in individual support.

I understand that the Respite site shall be licensed if serving more than two individuals are served concurrently, or either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.

Respite services will be provided on an individual basis only. Furthermore, respite will be provided for no more than 240 cumulative hours per month if the home is unlicensed.

North Carolina General Assembly Chapter 122C. Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985. Article 1. § 122C-28. Penalties. Operating a licensable facility without a license is a Class H felony, including a fine of one thousand dollars (\$1,000) per day that the facility is in operation in violation of this Article. (1983, c. 718, s. 1; 1985, c. 589, s. 2; 1993, c. 539, s. 919; 1994, Ex. Sess., c. 24, s. 14(c); 2021-77, s. 7.2(a))

This statement will stand as the provider's attestation that there are no other clients in the home that receive services of any kind unless the home is licensed for Respite.

Provider Representative Signature

Date

Provider Representative Printed Name

Provider Representative Title

Member & Recipient Services — 1-877-685-2415

Provider Support Services — 1-855-250-1539

Administrative & Business Matters — 1-866-998-2597

TrilliumHealthResources.org 201 West First St, Greenville, NC 27858-1132 Fax — 252-215-6881



6/6/24 updated



Transforming Lives. Building Community Well-Being.

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The following people currently reside in the home located at:

(Respite Service Site Home Address)

Name	Relationship	Age
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Name	Relationship	Age
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Name	Relationship	Age
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Name	Relationship	Age
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Name	Relationship	Age
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Respite Services Staff Signature with Date (signature & date should be original to each use)

Agency Representative Signature with Date (signature & date should be original to each use)