

# What You Need to Know

## as a Consumer in the Independent Provider Program



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# Welcome to the IP Program

The Independent Provider (IP) Program is an option for people living in their homes, who have been approved for Medicaid Long Term Services and Supports (LTSS) and who need assistance with personal care and homemaker services. As a consumer, you can hire, schedule, and supervise your personal care aide (PCA) to assist you with your activities of daily living.

To participate in this program, you must be eligible for traditional Medicaid (fee-for-service) and be 65 or over or 18 or over and have a disability. You must meet requirements for “high” or “highest” level of care and be able to self-direct your care or have a representative that is able to direct care for you.

Services provided under this program are limited to homemaker and personal care services.

## Homemaker services include:

- Aid in grocery shopping
- Aid in cooking
- Assistance with using the phone & looking up phone numbers
- Assistance in housework: cleaning, dusting, vacuuming, laundry
- Assistance using public transportation
- Assistance paying bills/managing bills
- Reminding the consumer to take their medication

## **Personal care services include:**

- Aid in bathing: personal hygiene & grooming, foot care, foot soak, applying foot lotion, shampoo hair, comb/brush, shaving
- Aid in dressing: dressing & undressing, applying lamb's wool & elastic stockings
- Aid in transferring: movement & mobility – moving from bed to chair
- Aid in toileting: continence-related tasks including control & hygiene
- Aid in eating: preparing food & feeding
- Aid in walking/climbing stairs
- Aid in applying dry heat & cold packs to intact skin
- Empty catheter bag, commode, urinal
- Assist with bowel/bladder retraining

## Becoming a consumer who is an employer

As the consumer/employer you hire a personal care aide (PCA) to help you stay safe and independent at home and in the community. Even though the PCA is paid through Medicaid funds, you are considered their employer. As a consumer/employer, you have the right to hire, fire, schedule work, supervise and direct your PCA. You decide who will be your PCA and what he or she helps you with based on an assessment of your needs performed by your service advisor (SA). Assessments are performed every three (3) months to be sure your needs are being attended to properly. The assessment results in an Individual Service Plan (ISP) and the number of PCA hours you can receive. If your needs change prior to your three (3) month check-in, the SA will perform a new assessment and adjust your hours.

## How does the Service Advisor (SA) help me?

The SA helps you by:

- assisting with your application for LTSS
- assessing your personal care needs
- helping you pick the right program for you
- (post February 2020) guiding you to the PCA registry if you do not have a PCA
- calling you monthly to check on how you are doing
- performing quarterly in-home evaluations (one of which will be unannounced)
- being there to answer your calls in-between visits
- assisting with choosing a different program if this program does not work for you
- recording notes that help you with your care
- monitoring for any fraud or abuse situations and reporting
- working with the Fiscal Intermediary (FI) to develop the ISP
- making sure you have established an emergency backup plan

- identifying whether your ISP will include the need for a PCA that can drive you to your non-emergency medical appointments and other community areas.

## How does the Fiscal Intermediary (FI) help me?

You have several responsibilities as an employer of a PCA, but you are not alone as the employer. The FI will guide you thru the process. Your family, friends or other members of your support system may also help you with any or all the steps.

The FI helps you by:

- obtaining Workers Compensation Insurance
- sending the PCA to get the National Criminal Background Check
- lining up and assisting in the PCA Mandatory Orientation
- instructing the PCA to obtain and maintain their CPR certification up to date
- lining up formal training for the PCA when you choose it
- making sure the formal training is finished within 90 days of the start of employment
- guiding you through procedures and forms to use when hiring or changing PCAs
- advising PCAs of their rights as employees
- helping you understand how to fill out timesheets
- crosschecking PCA timesheets to your approved service plan
- making payments to your PCA based on your instructions and approved service plan
- performing all necessary payroll functions
- checking the PCA's driving record if they will be

driving you as part of your ISP

- crosschecking that there are no Office of Inspector General (OIG) reports at every payroll run
- Instructing and monitoring the usage of Electronic Visit Verification (EVV) as required by Medicaid

**Who is the service advisory (SA) for the IP?**

**Seven Hills Rhode Island**

**[www.sevenhills.org](http://www.sevenhills.org)**

**401-229-9700**

**Who is the fiscal intermediary (FI) for the IP?**

**Public Partnerships (PPL)**

**[www.publicpartnerships.com](http://www.publicpartnerships.com)**

**1-833-976-1856**

**TTY**

**1-800-360-5899**



## How do I obtain and manage a PCA?

### Steps when you don't have a person in mind

**1. Find an interested person or PCA**



**2. Interview applicants.**



**3. Check references.**

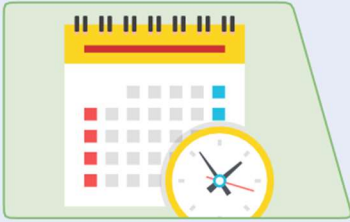


**4. Select a PCA.**



**After finding your PCA OR if your PCA is a friend or family member, you are ready to become a Consumer/Employer.**

**5. Create a schedule for your PCA.**



**6. Let the PCA know what and how to do things.**



**7. Decide who trains.**



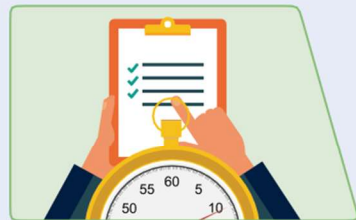
**8. Supervise your PCA.**



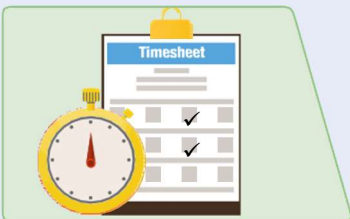
**9. Provide feedback to PCA about his or her job performance.**



**10. Keep track of the hours the PCA works for you.**



**11. Approve timesheets.**



**12. Talk to the FI if you no longer want him or her to work for you.**



## Finding and hiring a PCA

### Use your network of friends and family to find a PCA

- ✓ If you have someone interested in becoming your PCA, ask them to contact the FI so that the process can begin to qualify them as a PCA.
- ✓ Communicate to people you know and trust that you are looking to hire someone for personal assistance. Family and friends may know of someone who is looking for work and may be a good fit for you and your individual needs.
- ✓ You must have an emergency backup plan so that you always have coverage.

### Use the Registry to find an existing, fully trained PCA

- ✓ The IP registry is building as the program begins. It is located on the [www.eohhs.ri.gov](http://www.eohhs.ri.gov) website.
- ✓ The Registry will list PCAs, not by name or physical address, but by descriptions, characteristics, times available, and areas available to work in.
- ✓ When using the Registry, think about what you are interested in for a PCA, the hours you would like covered, if you prefer a non-smoker, gender, someone not allergic to pets, etc.
- ✓ When you find a PCA on the registry that you might be interested in, contact your FI to get her/his name and contact information. The PCAs will be identified by a code. This step is meant to protect you and the PCA from posting too much information on the Internet.

## **Interview potential PCA(s)**

- ✓ Interview to make sure you like the person.
- ✓ Have the list of questions you created in preparation for the interview. For example, consider asking the days they can work, hours available, do they have a driver's license, can they lift a certain weight.
- ✓ Avoid asking questions about age, race, national origin, gender, sexual orientation, religion, disability, marital status, or whether the person has or plans to have children (for example: it is not legal to ask the person's actual age so you could ask if they are at least 18 as they need to be 18 or older to be hired).
- ✓ Have ready a copy of the job description that you worked on with the FI.
- ✓ You do not have to worry about the rate of pay. The rate setting is established by the program.
- ✓ Inform the candidate of the schedule and the availability you will need.

## **In Person Interviewing.**

- ✓ It is always helpful to have another person that you trust with you during the interview. The second person offers a different perspective.
- ✓ It is recommended that the interview be conducted in a public place if you have never met this person.

## **Telephone Interviewing.**

- ✓ The goal here is to narrow down your list of interested applicants
- ✓ Your questions can be the same as in person.
- ✓ When you find someone, set up an in-person meeting in a public place with someone else.

## **Check references.**

- ✓ Check references by talking to people who have hired the person in the past.
- ✓ When you are speaking with a person's reference, explain the work the person will be doing. Tell the reference you will be keeping all information confidential.
- ✓ Some examples of questions are: what is your relationship with the applicant, how long have you known her/him, how does she/he handle stress, can she/he be trusted to be in your home?

## **Hiring requirements for the IP Program.**

- ✓ Your FI will help you with the requirements throughout the hiring process but there are points to keep in mind.
- ✓ PCA must be 18 or over.
- ✓ PCA must be able to work in this country legally.
- ✓ PCA must pass the National Criminal Background Check. Certain disqualifying results may be waived by the consumer. Other disqualifying results may not be waived. (see Appendix)
- ✓ PCAs may not be your spouse, legal guardian, Financial Power of Attorney or SSA Rep Payee.

## Selecting a PCA

- ✓ Tell the FI who you want to hire. The FI must authorize your PCA to work for you. Your employee cannot begin working for you until the FI says it is okay; otherwise, your PCA won't be paid.

## After you hire your PCA

- ✓ Review your task list with your PCA.
- ✓ Review your job description with your PCA.
- ✓ Tell your PCA your goals and what is important to you.
- ✓ Let your PCA know your expectations and house rules.

## Creating a schedule with your PCA

- ✓ Set the days and times you want your PCA to work.
- ✓ Tell your PCA how you want to be notified if he or she can't come to work or will be late.
- ✓ Have a back-up plan for when your PCA can't come to work. Your SA can help you develop one.
- ✓ Notify the FI and SA if your PCAs change shifts.

## Overseeing your PCA

### Train your PCA

After your PCA has completed the Mandatory Orientation & passed the National Criminal Background check, they can begin work in your home but have 90 days to complete the CPR certification.

You then have 2 options on training your PCA:

1. **Formal In-Classroom Training:** This option is available if your PCA is not a person you are familiar with and/or if you are not comfortable training your PCA in your home. She/he should complete the formal training within 90 days of working in your home.
2. **Trained in Home:** If you know your PCA and they know how you want to receive your services, you may not want your PCA to go through formal training. If that is the case, be sure to let your PCA know what things you want him/her to do and exactly how you want them. Your PCA must follow the service list provided in your packet of information and only do things listed on it. You will be asked to sign a formal training release letter and it will be held on file.

## **Supervise your PCA**

- ✓ Make sure your PCA is doing everything on the task list.
- ✓ If your PCA is not doing what you want, talk to her/him. If you find she/he is not able to provide what you need, talk to your FI to help resolve the disagreement.

## **Provide feedback to your PCA about job performance**

- ✓ Let your PCA know when he or she is doing a good job.
- ✓ Let your PCA know if there are things she/he can do better.
- ✓ Talk to your FI to help resolve disagreements.

## **Communications is key with FI, SA and PCA.**

**Listen** – Good communication means that both parties understand each other. If you are doing all of the talking, you will not know if you are being understood. Even when you have something important to say, you still need to hear if the other person understands the point you are trying to make. Listening may also provide you with information you did not previously have and the opportunity to learn new things.

**Try to understand** – One of the best ways to get a person to listen is to listen and understand first. If you understand the other person's point of view, you have a better chance of responding in a clear and helpful manner.

**Be assertive** - State your concerns, feelings and wishes clearly and directly. Be respectful and make eye contact. Do not attack the other person or call him/her names. In addressing problems, be clear about your concerns.

**Use “I” statements, not “you” statements** - A statement such as “I need to be able to rely on you and have you come comes in on time,” is a much better communication than, “If you cared about me, you would be here when you should be.”

An “I” statement focuses on your feelings and experiences. It is hard to argue with a person's statement of her/his own feelings. But a “you” statement is more likely to make a PCA feel defensive. It is also more likely to start an argument.



## Dismissing a PCA

**Let your PCA go if you no longer want her/him to work for you.**

- ✓ Let the FI and SA know of your plan to dismiss your PCA.
- ✓ Make sure you have a backup plan.
- ✓ Finding a new PCA will require all the same steps as mentioned when you started up.
- ✓ If your new PCA is new to the program, all the same training and validations will be required.
- ✓ When you are ready, let your existing PCA know you don't need her/him to work with you any longer.
- ✓ Approve your PCA's final timesheet.

### Note:

**Let your FI or SA know right away when you are thinking of dismissing your PCA. Also tell them why you are dismissing the PCA. Is it because she/he did something wrong (such as claim hours she/he didn't work), was mean to you, did something illegal or is it just not the correct fit?**

## Maintaining a safe environment

As an employer, you are required by law to maintain a harassment-free workplace. There are two types of workplace harassment — creating a hostile work environment and quid pro quo harassment. Please visit the United States Department of Labor’s Civil Rights Center website for more information: <https://www.dol.gov/agencies/oasam/civil-rights-center/internal/policies/workplace-harassment/2012>.

Quid pro quo harassment is the harassment of any male or female in the workplace or in a professional or social setting by another male or female involving lewd or obscene comments or unwanted sexual advances or inappropriate acts.

Examples of behaviors that may contribute to an unlawful hostile or quid pro quo environment include things such as:

- Discussing sexual activities
- Telling off-color jokes about race, sex or disability
- Unnecessary touching
- Making comments about someone’s physical attributes
- Using demeaning or inappropriate terms or epithets
- Using indecent gestures
- Using crude language
- Sabotaging the victim’s work
- Being physically hostile
- Displaying sexually suggestive or racially insensitive pictures.

You must maintain a safe workplace for your PCA, or you will not be able to participate in the IP self-directed program.

## Other responsibilities as an employer

As an employer, your PCA works for you. You have a responsibility to ensure that your PCA is given the same rights as other employees in Rhode Island. This includes the ability to access Social Security, Medicare, Unemployment, Temporary Disability Insurance (TDI) and Worker's Compensation.

As a consumer in this program, there is a budget associated with your service plan. You are not responsible for maintaining your budget. The FI will maintain and assist with your financial responsibilities. However, you need to be sure you do not exceed your hours. You may request access to review your budget, if you choose.

Taxes and fees paid by both you and the PCA fund these programs. Your PCA has their share of these taxes withheld from their paychecks and they are paid by the FI. The other major payroll related expense in employing a PCA is the cost of Worker's Compensation Insurance. This coverage is mandatory in Rhode Island and is designed to help workers in the event they get hurt on the job. Your FI will make these payments for you and provide you with the details of the costs, if you request.

As part of your ISP, the SA and FI will provide services to support you in managing the IP program. They have staff that work for you to ensure that the program runs smoothly and follows Medicaid rules. The services they provide are mandatory for every IP participant.

If your ISP requires that you supply gloves, masks and/or gowns, this will be your financial responsibility (for your safety as well as to protect the PCA).

## I need help with my employer responsibilities?

You can decide who you would like to help you meet your employer responsibilities. This person would be your representative. It should be someone you trust who has frequent contact with you, and that person should be able to help you perform your employer duties. For instance, a family member who lives out of state cannot verify your PCA worked the dates and times on the person's timesheet. However, that same family member could help you use the Registry to find a PCA, conduct a phone interview and check references.

If you choose someone to help you, please let your FI and SA know. You will need to fill out appropriate paperwork regarding this agreement.

### **Note:**

**Your PCA cannot be your representative.**

## What if I think I am being abused?

Even though it may be difficult to talk about, it is important to discuss how to deal with abuse. The vast majority of PCAs provide excellent care. In the event a problem does arise, the section below covers what abuse is and how to deal with it.

- **Physical Abuse** – Includes hitting, slapping, pinching, kicking and other forms of rough treatment. If a PCA does something intending to cause you pain, that is physical abuse.
- **Verbal Abuse** – Includes any use of spoken or written words or gestures that are meant to insult or attack you or to make you feel bad.
- **Psychological Abuse** – Includes actions or statements that are meant to humiliate or threaten you or to cause you emotional harm.
- **Sexual Abuse** – Includes sexual annoyance, touching, fondling, and/or attack. Any sexual behavior by a PCA that makes you uneasy is sexual abuse.
- **Neglect** – When a PCA is not meeting your basic needs for food, hygiene, clothing or health maintenance, this may be neglect. After you have given the PCA directions regarding your needs, the PCA should make sure your basic needs are met.

## Take Action

- In the IP program, you are responsible for dealing with PCA problems. However, your SA and FI can help you decide what to do if you are having a problem with a PCA.
- If the problem is minor, you may try talking to the PCA and tell him/her what actions or behaviors you do not like. This may work for some PCAs who may not be aware of how you are feeling.
- If you feel a PCA is abusing you, you need to take **immediate action** to protect yourself. In most abuse cases, you should (and have every right to) fire the PCA. Immediately contact your SA and FI to make sure that this is done in a way that ensures your safety. You also need to make sure that you have an Emergency Back-Up Plan in place to ensure you continue to get and receive the personal care services you need.

### Emergency phone numbers:

- For elder abuse (60 years of age & older), call the Office of Healthy Aging, Protective Services Unit 401-462-0555.
- For adult abuse (under 60 years of age), call 401-462-2629.
- For fraud, waste, program abuse, call the Executive Office of Health & Human Services, Office of Program Integrity 401-462-6503.

## What is my PCA required to do?

To be an approved PCA, an individual must:

- ✓ Complete an application packet provided by the FI
- ✓ Pass the National Criminal Background Check
- ✓ Stay off the Office Inspector General (OIG) list
- ✓ Sign a provider enrollment agreement
- ✓ Attend the Mandatory Orientation
- ✓ Get CPR certified within 90 days of hire and every two years after that
- ✓ Complete training in 90 days either: (1) in home and you will confirm that the PCA is trained to your standards or (2) formal in-classroom training to be certified by the Community College of RI
- ✓ If the formal in-classroom training route is chosen, pass the evaluation following the course and every two years after that.

During the Mandatory Orientation Training, PCAs will receive important information about:

- ✓ Program overview
- ✓ What it means to be a good employee
- ✓ The roles and expectations of being a PCA
- ✓ Program policies & procedures
- ✓ Ethical responsibilities
- ✓ Scope of work & services
- ✓ Professional boundaries

- ✓ How to communicate effectively
- ✓ Being a mandatory reporter of abuse and neglect
- ✓ Being safe
- ✓ Following universal precautions, i.e. infection control
- ✓ How and when to get paid.

At Mandatory Orientation Training, PCAs are given the *PCA Manual* that they must read and follow. They will learn their role is to:

- ✓ Provide only the services authorized on your service list. They are not allowed to do things not listed on your service list, such as yard work, moving furniture, helping you in the hospital or taking care of pets.
- ✓ Help you and only you. This means they cannot help other people who may be living in your home.
- ✓ Provide quality services based on what you want and what's important to you while following the service list.
- ✓ Only work hours she/he has been authorized to work.
- ✓ Truthfully and accurately claim time she/he works.
- ✓ Act professionally by:



- » showing up on time and ready to work
  - » dressing nicely and being well groomed
  - » treating you and your family respectfully
  - » doing what you direct him/her to do
  - » maintaining professional boundaries.
- 
- ✓ Keep information about you and your family private.
  - ✓ Practice universal precautions to prevent the spread of disease.
  - ✓ Contact your SA if she/he notices your health, safety or service needs change.
  - ✓ Immediately report abuse or suspected abuse. (Homecare workers are mandatory reporters, which means they are legally required to report abuse or suspected abuse 24 hours per day, 7 days per week.).
  - ✓ Follow all Medicaid rules.
  - ✓ Maintain a valid driver's license and auto insurance if she/he provides transportation.

## How and when does my PCA get paid?

### How my PCA is paid

The FI pays your PCA on your behalf based on the timesheets you sign, confirmation of visits through the Electronic Visit Verification (EVV) process, and the SA's case records.

Your PCA reports the:

- ✓ Specific dates worked
- ✓ Exact start time each day
- ✓ Exact stop/end time each day
- ✓ Total number of hours worked during the service period.

### What is a service period?

A service period is a specific block of time a PCA is authorized to work for you. A PCA cannot work more than 40 hours a week. Your PCA may refer to this as a pay period. A service period equals 14 days (every two weeks). Each week starts at midnight Sunday and ends at 11:59 p.m. Saturday.

### When does my PCA get paid?

Your PCA has a payroll calendar that shows pay dates and when timesheets are due. You can ask the FI for a copy of the payroll calendar. Your PCA must correctly fill out the timesheet and have you review and sign it in order to be paid on time. The timesheet will be returned to your PCA to fix if it has missing or incorrect information. This may delay when she/he gets paid. The PCA's paycheck will be in the form of direct deposit. If direct deposit is not preferred by the PCA, the paycheck will be mailed to you for distribution.

## Important things to remember

By signing your name to the timesheet, you agree your PCA worked on the days and at the times listed. Therefore, you never want to sign a blank timesheet, prefill one or sign a timesheet that does not correctly reflect the hours worked.

### Keep track of the hours your PCA works

- ✓ Have your PCA sign in and out each day.
- ✓ Your PCA will use Medicaid's Electronic Visit Verification (EVV) system.
- ✓ The EVV system, which will record the log in and out time, will be used by your PCA.
- ✓ Add up the hours your PCA works to make sure she/he is not working more hours than authorized by your FI.
- ✓ If approved to provide transportation by the FI and SA, your PCA can transport you to activities that fall within your scope of services, such as taking you to the grocery store. The PCA may transport you to non-emergency medical appointments and get paid for mileage. To do so, there is a specific process that must be followed with the State's transportation vendor, MTM. The PCA has instructions for how that MTM debit card registration works. Your PCA cannot take you out to the casino, liquor store, etc., just to primary need places. Your FI will ensure your PCA has a valid, current driver's license.

### Approve your PCA's timesheet

- ✓ Double check the dates and time your PCA writes down on the timesheet before you approve the time.

- ✓ Only sign a timesheet once it has been completely and correctly filled out. Please do not sign a blank timesheet.

### **Only sign a timesheet after your PCA:**

- ✓ Has worked all the hours during the service period
- ✓ Accurately records dates and times worked
- ✓ Has signed the timesheet

### **Always remember that you cannot pay a PCA when:**

- ✓ You are out of the State of Rhode Island
- ✓ You are out of the country
- ✓ You are in the emergency room
- ✓ You have been admitted to the hospital
- ✓ You have been admitted to a nursing home
- ✓ You have been admitted to any medical facility
- ✓ You are at an adult day care center
- ✓ You are receiving therapies or other insurance covered services.

It is considered Medicaid fraud and a crime if a PCA turns in a timesheet for time she/he did not really work. If a consumer knowingly signs off on a fraudulent timesheet, she/he is committing Medicaid fraud, too.

## **Reasons you would be asked to leave the program**

Your SA, with confirmation from EOHHS, can remove you from the IP program if either you or your representative does not comply with the rules of the program. The SA must notify you in writing stating that they intend to remove you from the IP Program, the reason for disenrollment, and inform you of other options

for receiving Long Term Care services.

Reasons this may occur are as follows:

- You lose your Medicaid financial eligibility
- You no longer meet Medicaid long term care criteria
- You are unable to self-direct your care
- Your representative is not acting in your best interest, can no longer assist you, and no replacement is available
- You or your representative fail to comply with legal/financial obligations as an employer of domestic workers and/or is unwilling to participate in training to remedy the non-compliance
- You or your representative is unable to manage the hours to be serviced. This would be shown by: repeatedly submitting timesheets for unauthorized amount of care; not using the hours in your plan of care, which results in inadequate services; and/or continuing attempts to add more hours than are in your plan of care
- Your health and well-being are not being maintained which is shown by your action and/or inaction or that of your representative
- You or your representative fails to maintain a safe working environment for your PCA
- EOHHS receives a complaint of self-neglect, neglect, or other abuse
- You or your representative refuses to cooperate with minimum program oversight activities, even when staff has made efforts to accommodate you
- You or your representative fails to pay the amount determined in the post eligibility treatment of income, also called Patient Share or Cost of Care, as described in the Rhode Island Code of Regulations, “Post-

### Eligibility Treatment of Income” to the FI

- There is evidence that Medicaid funds were used improperly/illegally according to local, state or federal regulations
- The SA determines they are unable to provide proper service to you. Proper service is defined as the agency not being able to meet repeated requests for services, being unable to satisfy your needs, and/or provide a quality working relationship
- You or your representative fails to notify both the SA and the FI of any change of address and/or telephone number within ten (10) days of the change.

## **You have the right to appeal a request to leave the Program or for any changes that have been made to your Plan**

- The SA and FI will inform you in writing of an involuntary disenrollment with the reason and will provide you with Medicaid appeal procedure and request forms.
- The SA and FI will inform you of changes to your service plan. If you do not agree with those changes, you may file an appeal.

## **If YOU decide to leave the Program**

- You or your representative may request to leave the IP Program with a thirty (30) day written notice to the SA and FI.

# How is my Individual Service Plan (ISP) created?

Once you are determined to be Medicaid LTSS eligible, the SA will perform an assessment to find the right program for you. An assessment measuring Activities of Daily Living (ADLS) and Instrumental Activities of Daily Living (IADLS) is conducted by the SA to determine your needs. Hours are determined based on the amount and level of assistance you require, frequency of the task, and presence of any secondary conditions that would require a need for more time to complete the task. There are six (6) levels of assistance for each activity (refer to chart below). In addition to medical information and self-reporting, the SA’s assessor may observe or request that you demonstrate your ability to complete a task. You may direct the assessor to speak with others who know your abilities, including friends and family. The PCA cannot provide this information.

Independent	Participant is independent in completing the task safely.
Set-Up	Participant requires brief supervision, cueing, reminder and/or set-up assistance to perform the task.
Minimum	Participant is actively involved in the activity, requires some hands-on assistance for completion, thoroughness or safety. Needs verbal or physical assistance with 25% of the task.
Moderate	Participant requires extensive hands-on assistance, but is able to assist in the process. Needs verbal or physical assistance with 50% of the task.
Extensive	Participant requires verbal or physical assistance with 75% of the task.
Total Assistance	Participant cannot participate or assist in the activity, and requires 100% assistance with the task.
Not Applicable	This task does not apply to this participant.

During the assessment, the SA or its contracted agency will determine the assistance you require to complete tasks. These tasks can be broken down into two areas: personal care and homemaker services. You will not be assessed for general supervision, watching, or companionship as these services are



not covered under the IP Program.

The ISP has several purposes:

- You will work with your SA to write your ISP. While reviewing the service plan, your SA will check to make sure it conforms to IP rules and regulations. Your SA may also ask you questions in order to get a better understanding of your ISP.
- It helps you understand how many hours of personal care assistance you will receive each month.
- It gives your SA, FI and the IP Program Administrator an understanding of how your personal care needs will be met.
- It tells your SA, FI and the IP Program Administrator your plans for when a PCA is not available and you need to call upon your emergency back-up plan.
- After your SA pre-approves your ISP, she/he will submit it to EOHHS. Your ISP will become effective once approval is received from the EOHHS Program Office. Your SA will give you a copy of your ISP that you have signed and will also keep a copy in your case file.

## What are alternatives to hiring an IP PCA?

If you are not sure if you want to hire an IP PCA or are interested in learning more about the other service options, please contact the POINT at 401-462-4444.

## For More Information

For more information about the Mandatory Orientation Training for a perspective PCA, contact the fiscal intermediary (FI) below:

**Public Partnerships (PPL)**  
[www.publicpartnerships.com](http://www.publicpartnerships.com)  
**1-833-976-1856**  
**TTY**  
**1-800-360-5899**

For more information about how to get help with your personal care needs, contact the Service Advisory Agency (SA) below:

**Seven Hills Rhode Island**  
[www.sevenhills.org](http://www.sevenhills.org)  
**401-229-9700**

You can get this manual in other languages, large print, braille or a format you prefer. To request a different printing of this manual or for more information about the program in general, email or call the following:

**Email:** [ohhs.IP@ohhs.ri.gov](mailto:ohhs.IP@ohhs.ri.gov)

**Phone:** [401-462-6634](tel:401-462-6634)

## Appendix A - Definitions

**Activities of daily living skills (ADLs)** means everyday routines generally involving functional mobility and personal care, including but not limited to, bathing, dressing, eating, toileting, mobility and transfer.

**Applicant** means new applicants to be determined for Medicaid eligibility.

**Assessment** is a meeting between the consumer, and/or their representative, and the Service Advisor. The assessment evaluates Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) to determine consumer needs. Assessments also help to identify services, equipment, home modifications and other services in the community that may help the consumer to increase their independence within the community. Assessments occur at the beginning of the program and quarterly thereafter while the consumer is enrolled in the Independent Provider Program. Either the consumer or representative may request an assessment sooner if their situation has changed and there is either an increased or decreased need for assistance. The Service Advisor may also perform an assessment sooner for any life changes where there could be a possible increase or decrease in needs assistance.

**Case management services** means the coordination of a plan of care and services provided at home to individuals with disabilities who are over the age of eighteen (18) or elders aged sixty-five (65) or over who meet either a high or highest level of care. Such programs shall be provided in the person's home or in the home of a responsible relative or other responsible adult, but not provided in a skilled nursing facility and/or an intermediate care facility.

**Consumer** means the individual, also referred to as the beneficiary, client or participant, who utilizes services in any of the self-directed models.

**Consumer Direction** is an approach where participants manage their own personal care services. Consumers assess needs, decide

how their needs are to be met, and monitor the quality of the services they receive.

**Critical incident** means any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a consumer.

**Electronic Visit Verification (EVV)** is a method used to verify that home healthcare visits are occurring by collecting data electronically about the visit.

**Environmental modifications** are defined as those physical adaptations to the home of the participant or the participant's family as required by the participant's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to attain or retain capability for independence or self-care in the home and to avoid institutionalization, and are not covered or available under any other funding source. A completed home assessment by a specially trained and certified rehabilitation professional is also required. Such adaptations may include the installation of modular ramps, grab-bars, vertical platform lifts and interior stair lifts. Excluded are those adaptations that are of general utility and are not of direct medical or remedial benefit to the participant. Excluded are any re-modeling, construction, or structural changes to the home, i.e. (changes in load bearing walls or structures) that would require a structural engineer, architect and /or certification by a building inspector.

a. Adaptations that add to the total square footage of the home are excluded from this benefit. All adaptations shall be provided in accordance with applicable State or local building codes, and prior approval on an individual basis by EOHHS, Office of Durable Medical Equipment, is required.

b. Items should be of a nature that they are transferable if a participant moves from her/his place of residence.

**Fiscal intermediary services (FI)** for the Independent Provider Program means services that are designed to assist participants in utilizing hours as outlined in the Individual Service Plan and to facilitate employment of personal assistance staff by the participant.

The FI also functions as the agency to assist in the management of financial and employer responsibilities.

**Home delivered meals** means the delivery of hot meals and shelf staples to the participant's residence. Meals are available to individuals unable to care for their nutritional needs because of a functional dependency/ disability and who require this assistance to live in the community. Meals provided under this service will not constitute a full daily nutritional requirement. Meals must provide a minimum of one third of the current recommended dietary allowance. Provision of home delivered meals will result in less assistance being authorized for meal preparation for individual participants, if applicable.

**Home Modifications** are equipment and/or adaptations to a consumer's residence to enable the consumer to remain in her/his home or place of residence, and ensure safety, security, and accessibility.

**Individual service plan (ISP)** means a plan that provides details of supports, activities, and resources required for the consumer to achieve personal goals. The ISP is developed to articulate decisions and agreements made during a person-centered process of planning and informational gathering.

**Instrumental activities of daily living (IADL)** means activities related to living independently in the community, including but not limited to, meal planning and preparation, managing finances, shopping for food, clothing, and other essential items, performing essential household chores, communicating by phone or other media, and traveling around and participating in the community.

**Mandatory Orientations** means training required by EOHHS for all PCAs participating in the Independent Provider Program. Mandatory Orientations include program overview and structure, policy and procedure explanation, review of ethics, accountability, HIPAA and Electronic Visit Verification (EVV), coverage of abuse and neglect, IP PCA scope of work and excluded duties, infection control and safety.

**Medical necessity or Medically necessary services** means medical, surgical, or other services required for the prevention, diagnosis, cure or treatment of a health-related condition including services necessary to prevent a detrimental change in either medical or mental health status.

**Minor environmental modifications** mean minor modifications to the home that may include grab bars, versa frame (toilet safety frame), handheld shower and/or diverter valve, raised toilet seats and other simple devices or appliances such as eating utensils, transfer bath bench, shower chair, aides for personal care and standing poles to improve home accessibility adaptation, health or safety.

**Nonmedical** means not involving, relating to, used in, or concerned with medical care or the field of medicine.

**Participant directed goods and services** means services, equipment or supplies not otherwise provided through Medicare or Medicaid, that address an identified need and are in the approved Individual Service Plan (including improving and maintaining the individual's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; AND/OR promote inclusion in the community; AND/OR the item or service would increase the individual's ability to perform ADLs or IADLs; AND/OR increase the person's safety in the home environment; AND, alternative funding sources are not available. Individual Goods and Services are purchased from the individual's self-directed budget through the fiscal intermediary when approved as part of the ISP. Examples include a laundry service for a person unable to launder and fold clothes or a microwave for a person unable to use a stove due to her/his disability. This will not include any good/service that would be restrictive to the individual or strictly experimental in nature.

**Personal Care Aide (PCA)** is a person who provides personal care services to the Independent Provider Consumer. Certain people are not allowed to be the Personal Care Aide including the following; a spouse, legal guardians, financial power of attorneys, and individuals with certain criminal convictions.

**Personal Care Aide (PCA) Services** mean the provision of direct support services provided in the home or community to individuals in performing tasks they are functionally unable to complete independently due to disability, based on the Individual Service Plan. Personal Care Aides (PCAs) Services may include but are not limited to:

- a. Participant assistance with activities of daily living, such as grooming, personal hygiene, toileting, bathing, and dressing.
- b. Assistance with monitoring physical condition.
- c. Assistance with preparation and eating of meals (not the cost of the meals itself).
- d. Assistance with housekeeping activities (bed making, dusting, vacuuming, laundry, grocery shopping, cleaning).
- e. Assistance with transferring, ambulation; use of special mobility devices; assisting the participant by directly providing or arranging transportation (If providing transportation in the Independent Provider Program, the PCA must have a valid driver's license and liability coverage as verified by the FI.)

**Personal emergency response (PERS)** means an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a “help” button is activated. This service includes coverage for installation and a monthly service fee. Providers are responsible to insure the upkeep and maintenance of the devices/systems.

**Registry** means the official list, maintained by EOHHS or its designee, of qualified Personal Care Aide(s) (PCAs) who are available to provide services. Consumers may utilize the registry when hiring PCAs through the Independent Provider Program.

**Representative** is a person designated by the Independent Provider Consumer to assist him/her in managing some or all the



requirements of the program. A Representative cannot be paid to provide this assistance. The representative also cannot be paid to provide direct care or hands on care.

**Self-directed** means a consumer-controlled method of selecting and providing services and supports that allows the individual maximum control of the home and community-based aid services and supports, with the individual acting as the employer of record with necessary supports to perform that function, or the individual having a significant and meaningful role in the management of a provider of service when the agency-provider model is utilized. Individuals exercise as much control as desired to select, train, supervise, schedule, determine duties, and dismiss the aid care provider.

**Service Advisory Agency (SA)** means an agency that will assess service needs, assist with planning what services are needed and how to receive them, be an additional resource to the consumer, representative, and/or family to promote safety and quality of care

**Service advisement team** means a team, consisting of the Service Advisor, a Nurse and a Mobility Specialist, that will focus on empowering participants to define and direct their own personal assistance needs and services. The Service Advisor guides and supports, rather than directs and manages the participant through the service planning and delivery process. A portion of the participant's monthly budget is set aside to pay the agency for the services it provides.

**Special medical equipment or Minor assistive devices** means the following:

- a. Devices, controls, or appliances, specified in the plan of care, which enable participants to increase their ability to perform activities of daily living;
- b. Devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; including such other durable and non-durable medical equipment not available through the participant's

medical insurance that is necessary to address participant functional limitations.

**Supports for consumer direction** or **Supports facilitation** means empowering participants to define and direct their own personal assistance needs and services, guides and supports, rather than directs and manages, the participant through the service planning and delivery process.

**Taxes** are the fees deducted from the consumer's monthly budget that are required to be paid on behalf of employees (PCAs):

- **FICA (Federal Insurance Contributions Act):** Finances care for the aging, disabled, and survivors. Including funding for Medicare for people who cannot afford medical insurance.
- **FUTA (Federal Unemployment Tax Act):** Finances employment programs at the federal level.
- **SUTA (State Unemployment Tax Act):** Finances employment programs at the state level.
- **RITDI (Rhode Island Temporary Disability Insurance):** Provides income to employees who cannot work for a period of time due to illness or injury.

**Workers' Compensation Insurance** are funds that provide for monetary awards paid to individuals who are injured, disabled or killed on the job. Workers' Compensation Insurance is a cost of employment paid by the participant from her/his monthly budget.

## Appendix B – National Criminal Background Check Guidance

### Independent Provider Program Required National Criminal Background Checks

The following crimes, upon conviction, can disqualify a potential PCA from employment:

- murder,
- voluntary manslaughter,
- involuntary manslaughter,
- first-degree sexual assault,
- second-degree sexual assault,
- third-degree sexual assault,
- assault on persons sixty (60) years of age or older,
- assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature),
- felony assault,
- patient abuse,
- neglect or mistreatment of patients,
- burglary, first-degree arson, robbery,
- felony drug offenses, felony larceny, or felony banking law violations,
- felony obtaining money under false pretenses,
- felony embezzlement,
- abuse, neglect and/or exploitation of adults with severe impairments, exploitation of elders, or
- a crime under section 1128(a) of the Social Security Act (42 U.S.C. § 1320a-7(a))

When no disqualifying information is found, the BCI Unit will inform the potential PCA and the Fiscal Intermediary (FI) of this fact.

When there is an incomplete NCBC result returned, the BCI Unit will inform the potential PCA, in writing, without disclosing the nature of the incomplete result when a charge or charges appear on the record without a disposition. In addition, the BCI Unit will inform the FI, in writing, that an incomplete NCBC result was returned, without disclosing the nature of charge or charges that appear on the record

without disposition.

When disqualifying information is discovered in a potential PCA's NCBC, the BCI Unit will inform the potential PCA, in writing, without disclosing the nature of the disqualifying information, that there is disqualifying information in their NCBC.

A potential PCA with disqualifying or incomplete information in their NCBC may request a copy of the full NCBC report from the BCI Unit at the Rhode Island Office of the Attorney General.

To obtain a copy of the NCBC, the prospective PCA must directly contact the Bureau of Criminal Identification of the Office of the Attorney General, at 4 Howard Ave, Cranston, to obtain a copy of the NCBC record containing disqualifying information or an incomplete record that may contain possibly disqualifying information.

The consumer must make a judgment regarding the employment of the potential PCA if such disqualifying information in the NCBC does not fall under a Category I offense.

Any conviction for an offense listed under Category I disqualifies an individual from serving in a caring capacity as a PCA in this Program.

Category I offenses are convictions for:

- murder, voluntary manslaughter, involuntary manslaughter;
- first-degree sexual assault;
- second-degree sexual assault;
  
- assault on persons sixty (60) years of age or older;
- assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crimes against nature);
- first-degree arson;
- crimes under section 1128(a) of the Social Security Act 42 USC § 1320a-7(a);
- criminal offense related to person's involvement in any program under Medicare and Medicaid;
- abuse, neglect and/or exploitation of adults with severe impairments, exploitation of elders;

- felony domestic violence committed less than five (5) years ago;
- car-jacking;
- felony assault committed less than five (5) years ago; and/or
- felony battery committed less than five (5) years ago.

### **Category I offenses cannot be waived by the consumer.**

Category II offenses are convictions for:

1. Transportation for indecent purposes;
2. Felony assault committed over five (5) years ago;
3. Felony battery committed over five (5) years ago;
4. Felony drug offense committed less than five (5) years ago;
5. Robbery;
6. Breaking & entering;
7. Burglary;
8. Illegal possession of a firearm;
9. Misdemeanor domestic assault;
10. Third-degree sexual assault;
11. Circulation of obscene publications & shows;
12. First or second-degree arson; and/or
13. Prior employment history of child or client abuse, neglect or mistreatment.

If the consumer chooses to employ a potential PCA who is found to have disqualifying information, listed in **Category II** offenses, the consumer shall document in writing to the FI, that they have considered all of the following factors:

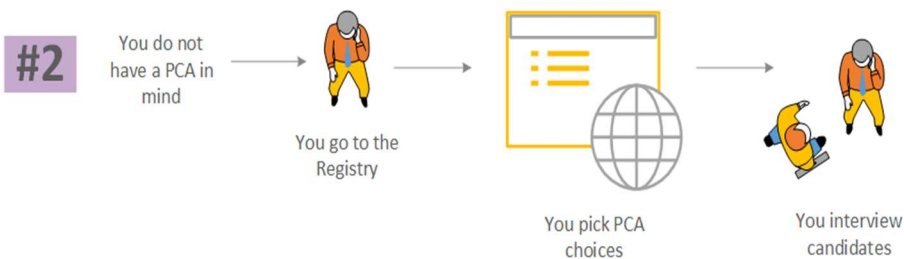
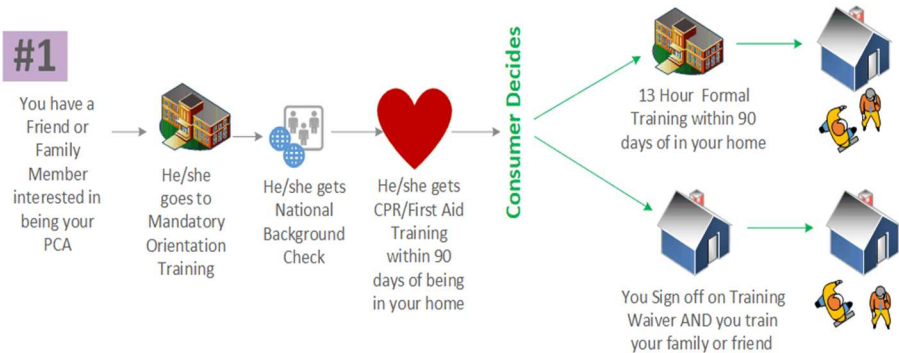
- the circumstances, severity and duration of the crime;
- whether the victim of the crime was elder adult or an individual with a developmental or other disability;
- length of time that has elapsed since the commission of the crime for which the individual was convicted;
- length of time that has elapsed since the completion of any imposed sentence;
- length of time with no further convictions of crimes;

- the individual's conduct in seeking and actively engaging in rehabilitation;
- the individual's ability to explain their remorse for the crime and/or efforts to prevent commission of such a crime in the future;
- the extent to which the crime bears a direct impact on performing the job for which the individual is applying;
- any expert opinions of health care providers and clinicians who have worked with the individual if the individual chooses to share such confidential information; and
- any work history, education and job training before and after the commission of the crime.

# Appendix C – Training Options for the PCA

## Consumer's Point of View

### Consumer Options for PCAs



## Appendix D – Activities of Daily Living (ADLs) Allowed Services Under IP:

Aid in Bathing: personal hygiene & grooming, foot care, foot soak, applying foot lotion, shampoo hair, comb/brush, shaving.

Aid in Dressing: dressing & undressing; applying lamb's wool & elastic stockings.

Aid in Transferring: movement & mobility – moving from bed to chair.

Aid in Toileting: continence-related tasks including control & hygiene.

Aid in Eating: preparing food & feeding.

Aid in walking/climbing stairs.

Aid in applying dry heat & cold packs to intact skin.

Empty catheter bag, commode, urinal; and

Assist with bowel/bladder retraining



## Appendix E – Instrumental Activities of Daily Living (IADLs) Allowed Services Under IP:

Aid in grocery shopping;

Aid in cooking;

Assistance with using the phone & looking up phone numbers;

Assist in housework: cleaning, dusting, vacuuming, laundry;

Assistance in using public transportation;

Assistance paying bills/managing finances; and reminding consumer to take medication.

## Appendix F – Activities of Daily Living (ADLs) Services Not Allowed Services Under IP:

Sterile dressing application;

Wound care;

Broken Skin Care (i.e. Any treatment to non-intact skin;

Gastric lavage or gavage (including any tube feeding);

Injections;

Vaginal Irrigations;

Cutting toenails or fingernails for diabetics;

Cutting toenails;

Giving advice on medical/nursing matters;

Changing Foley catheter;

Tracheostomy tube care;

Oxygen application;

Medication distribution and/or organization;

Total consumer lift and/or transfer;

Mechanically assisted equipment usage;

Recording of urine output with exception of none and/or changes in urine color.

## Appendix G – Instrumental Activities of Daily Living (ADLs) Services Not Allowed Services Under IP:

Transportation for  
Emergency Medical needs;

Transportation to  
non-daily-essential  
activities  
(i.e. casino, liquor store, etc.)

Appendix H – Registry, PCA descriptions

PCA Code	City or Town of Residence	Gender	Age Range 18-25, 26-40, 41-59, 60+	Do you drive?	Distance willing to travel in miles	Languages spoken	Is a CNA? Yes or No	Experience in care giving
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Number of Hours available to provide PCA care	Days of the week available	Times of day available on which days	Are you available for Emergencies? Yes or No	Must you work in a smoke free environment? Yes or No	List pets you are allergic to, if any	Any other allergies that would affect PCA work?	Short Statement
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# Appendix I – Registry on EOHHS Website

PCA Code	City or Town of Residence	Gender	Age Range 18-25, 26-40, 41-59, 60+	Do you drive?	Distance willing to travel in miles	Languages spoken	Is a CNA? Yes or No	Experience in care giving	Number of Hours available to provide PCA care	Days of the week available	Times of day available on which days	Are you available for Emergencies? Yes or No	Must you work in a smoke free environment? Yes or No	List pets you are allergic to, if any	Any other allergies that would affect PCA work?	Short Statement
A242	East Providence	Female	18-25	Y	25	English, Portuguese	No	worked 2 years as a Cna		10 M, W, F	2-5pm	No	No	Cat	latex	I have taken all of the training required for the PCA position and I am so interested in the concept of self-direction
B52	Warwick	Male	60+	N	60	English, German, French, Italian	No	none	40	M,T,W,TH, F, ST, SD	anytime	Yes	Yes	None	none	I like people and I grew up always having a grandparent around. I think I would be a great assistant for you.
A756	Block Island	Female	26-40	Y	10	English	No	have taken care of my mother	40	M,T,W,TH, F, ST, SD	Mornings	Yes	No	Birds	wool	I like to take long walks on the beach on Block Island. I have noticed there are fewer young people in the winter these days here on the island. I think I can be helpful for those that need care and have no one to help them.



## Consumer PCA Training Waiver

If the consumer chooses to train the PCA without the additional 13-Hour (ADL/IADL) being taken by the PCA, a waiver must be signed by the consumer or the consumer's representative. The form will be held on file by the FI.

Sample Consumer Training Waiver form:



### Independent Provider (IP) Program Consumer PCA 13-Hour (ADL/IADL) Training Waiver

State of Rhode Island  
Executive Office of Health and Human Services  
Office of Medicaid  
3 West Road  
Cranston, Rhode Island 02920

I, \_\_\_\_\_, being of sound mind, have decided to waive the requirement that my Personal Care Aide (PCA) attend the Independent Provider 13-hour (ADL/IADL) Training Program. Instead, I am choosing to exclusively train my PCA about my own specific needs in my own home. I accept full responsibility for this decision and any possible consequences as a result of this decision.

If, at any time, I feel that my PCA could benefit from this 13-hour training, I can contact the Fiscal Intermediary to make that request. A copy of this form will be given to me and the original will be kept in my file with the Fiscal Intermediary.

Consumer

Address \_\_\_\_\_  
\_\_\_\_\_

PCA

Name \_\_\_\_\_

Date \_\_\_\_\_

Consumer/

Representative Signature \_\_\_\_\_



RHODE ISLAND  
EXECUTIVE OFFICE OF  
HEALTH AND HUMAN SERVICES

DHS-121  
Rev. 4/14

Agency Date Stamp

Hearing Office Date Stamp

### REQUEST FOR A HEARING

## SECTION I. IDENTIFYING INFORMATION - Please Print

Name \_\_\_\_\_  
 \_\_\_\_\_  
 Recipient Social Security Number

Address				
Number and Street	City/Town	State	ZIP	

WHAT LANGUAGE DO YOU SPEAK? \_\_\_\_\_ Phone number \_\_\_\_\_

**SECTION II. STATEMENT OF COMPLAINT** (To be completed by applicant or recipient)

MY APPEAL IS ABOUT: ☐ FIP ☐ MEDICAL ASSISTANCE ☐ GPA  
☐ FOOD STAMPS ☐ CHILD CARE ☐ OTHER

IF THE HEARING DECISION IS NOT IN MY FAVOR, I UNDERSTAND THAT I MUST REPAY ANY ASSISTANCE AND/OR FOOD STAMPS FOR WHICH I AM DETERMINED INELIGIBLE.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Recipient)

**SECTION III. STATEMENT OF AGENCY POLICY** (To be completed by the Agency Representative)

THE APPEAL IS ABOUT: ☐ FIP ☐ MEDICAL ASSISTANCE ☐ GPA  
☐ FOOD STAMPS ☐ CHILD CARE ☐ MART DECISION

Indicate Specific DHS/FS Manual Reference: \_\_\_\_\_ Section(s) \_\_\_\_\_

Explain agency decision in relation to complaint and policy: \_\_\_\_\_

Agency Representative (Signature)	Supervisor (Signature)
(Print Name)	(Print Name)

Regional Manager \_\_\_\_\_ Local Office \_\_\_\_\_

Also Send Copies of the scheduled appointment for this Hearing Request to: \_\_\_\_\_

**AGENCY:**  
**MA DISABILITY ONLY CASES:** Attach Copy of InRhodes  
 Adverse Action Notice  
**ALL OTHER CASES:** Bring Notice to Hearing

reviewed for Tax Intercept appeals only  
4.3.4



## INSTRUCTIONS FOR COMPLETING DHS-121

This form is used by both the client and the agency representative to:

1. Identify in writing by the client the cause of his/her appeal; and
2. Identify, by the agency representative, the policy on which the decision causing the appeal was based.

The client receives this form at the time of notification of an Agency decision.

**For Food Stamps (FS):** A client has 90 days from the date of the Notice of Agency Action to request a hearing.

**For General Public Assistance (GPA):** A client has 10 days from the date of the Notice of Agency Action to request a hearing.

**For All Other Programs:** A client has 30 days from the date of the Notice of Agency Action to request a hearing.

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### Sections I and II

These two sections can be filled out by the client alone, or by the client and agency representative, if the client needs help in completing the form. The person requesting an appeal signs this section and returns the completed form to the appropriate regional or district office.

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### Section III

After Sections I and II are completed, the agency representative completes Section III, citing the agency policy(ies) with reference to the particular manual section(s) that was the basis for making the decision. This section is signed by the agency representative and supervisor. The area identifying the local office is completed. The form is routed promptly to the hearing office at Central Office.

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**NOTE:** When the DHS-121 is completed by the client and mailed directly to Central Office, without being routed through the regional or district office, the hearing office makes a copy of the DHS-121. The original is sent to the regional or district office for completion of Section III. The DHS-121 must be returned to the hearing office at Central Office within seven (7) days.

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### Legal Help

At the scheduled hearing, you may represent yourself, or be represented by someone else such as a lawyer, a relative, a friend, or another person. If you want free legal help, call Rhode Island Legal Services at 274-2652 (outside the Providence calling area, call toll free at 1-800-662-5034).

Mail hearing request to:

RI EOHHS  
3 West Road  
Virks Building  
Cranston, RI 02920

This manual should not be construed to replace the Self-Directed Regulations 210-RICR-50-10-2, <https://rules.sos.ri.gov/regulations/part/210-50-10-2> , but rather to supplement those Rules and Regulations. In the event of a conflict between this manual and the Rules and Regulations, the Rules and Regulations shall prevail. Moreover, this manual shall not be construed to provide any exhaustive description, criteria, definition or process and should not be construed as providing any type of legal standards whatsoever.

February 2021

