



3 West Road | Virks Building | Cranston, RI 02920

Application for Certification as a Home Stabilization Provider

Instructions

Review the **Home Stabilization Certification Standards** and complete this application fully and sufficiently, describing the applicant's approach to meeting the standards. Include all required documents in your application package. Additional materials may be appended.

NOTE: If the provider is certified from a previous application for one service (tenancy or home find) and is requesting certification for the second service, submission of a full application is not required. The provider may submit documentation described in the Application Addendum A.

Application

1. Complete the form included in Attachment 1 as the cover sheet to the application.
2. Complete the form included in Attachment 2, acknowledging all assurances and signing the application.
3. **Organizational Structure:** Describe the organization and its capacity to deliver home stabilization services, including, but not limited to, the following information (3 page limit)
 - The organization's mission and program philosophy
 - Size of the organization and annual budget
 - Why the organization is qualified to provide home stabilization services
 - Experience delivering services that support individuals in finding and maintaining housing
 - Experience delivering services that adhere to linguistic and cultural competency requirements
 - Potential conflicts of interest
 - Policy and practice of incorporating consumer voice in service provision and organizational decision making
 - Any subcontractor relationships or other informal relationships related to delivery of home stabilization (Note: The certified organization is wholly responsible for home stabilization services whether or not subcontractors are used. The certified provider agency is not relieved of any responsibility for performance of its duties as a result of the use of a subcontractor.)

Attach a list of the current Board of Directors, with affiliations (not included in page limit).

Attach an organizational chart that depicts where home stabilization fits in the organization (not included in page limit).

4. **Organizational Capability:** Briefly describe the organization's capability to conduct operational, administrative, and financial functions, including the following components:
 - Sound financial management operations, as evidenced by indicators described in the certification standards, such as internal calculations for services generated by program and type, revenue distribution, and payment tracking against claims; methods for determining future cash requirements and ensuring adequate cash flow; risk management arrangements with specific attention to general, professional, and director/officer liability; policies and procedures in third party liability and coordination of benefits in relation to Medicaid.

- Claims and billing processes
- Data collection and reporting, that may include HMIS, Electronic Health Records (EHR) that comply with Meaningful Use standards, or other data systems as approved by EOHHS

5. **Strength of Program Approach:** Outline the service delivery model, describing how the applicant will provide home stabilization services, including the details listed below.

- Intake
- Assessment and assessment tools
- Care planning
- Discharge planning
- Care coordination
- Provision of services (include staff to participant ratio)
- Monitoring service provision
- 24 hour back up service
- Suspension and termination of care
- Safety in the care environment
- Grievances and appeals
- Privacy and confidentiality

In the narrative, distinguish how you will provide the components of home find services and/or home tenancy services as described in the certification standards. Explain how you will determine who receives home stabilization services, what specific activities you will perform, role of staff and participants, timelines, and how collaboration occurs with community and healthcare organizations (5 page limit).

Attach a work flow, forms, or templates, if desired (not included in page limit).

6. **Staff Qualifications and Training:** Describe program staffing and structure, including staff supervision, executive or administrative oversight, training of staff, and standards for staff work with program participants (1 page limit).

Attach job descriptions for home stabilization service staff that detail the reporting relationship, functional tasks, required degrees or certifications, and required skills (not included in page limit).

7. **Quality Assurance:** Describe the process for quality review to monitor utilization of services by clients and to assure the quality and accessibility of care by providers in your network. Describe how often the QA plan is updated. At minimum, include the following information (2 page limit).

- Documentation and compliance with case conferences
- Audit of client records for completeness and accuracy
- Degree to which services in care plan are provided
- Degree of coordination with other systems, to ensure quality of service provided and avoid duplication, across health and behavioral health providers and service
- Identification of internal processes related to timeliness of appointments and caseload standards for personnel,
- Methods for evaluation of staff performance
- Other measures used in monitoring and ensuring quality

8. Complete the form, included in Attachment 3, attesting to compliance with organization and program functions.

**Home Stabilization Services Certification Application
Attachment 1**

Cover Sheet

**Home Stabilization Certification Application
Cover Sheet**

Name of submitting organization _____

Date of submission _____

Name and title of person authorized to
conduct business on behalf of organization _____

Address of organization _____

E-mail _____

Telephone _____

Fax _____

Parent Company (if applicable) _____

Address of parent company _____

Telephone of parent company _____

Federal ID Number _____ Medicaid Provider
Number (if available) _____

Type of organization (not for profit, LLC, sole
proprietor, etc.) _____

Yes No

Licensed to conduct business in Rhode
Island/Incorporated

Special and state designation (small business,
minority/women owned, etc.) _____

Licenses and accreditations _____

State or federal disciplinary actions Yes No
If yes, describe. Include attachment, if necessary.

Select one:

- Home find services only Tenancy services only Both home find and tenancy services

Addendum A: Complete only if requesting certification approval for a second home stabilization service after receiving approval for one service.

- Home find services Tenancy services

**Home Stabilization Services Certification Application
Attachment 2**

Assurances and Authorization

**Home Stabilization Certification Application
Assurances and Authorization**

Initial each of the following assurances to attest that the applicant understands and complies with each. For any assurance with which the applicant does not comply, provide an explanation. The State reserves the right to accept or reject any explanation regarding the assurances.

Sign the statement approving submission of this application.

_____ The applicant is a corporation or other legal entity and is properly licensed to operate in the State of Rhode Island.

_____ The applicant is, or will become, an approved Medicaid provider in good standing with the State and understands that it must be a provider in good standing to receive reimbursement for home stabilization services.

_____ The applicant or any employees, agents, independent contractors, or subcontractors have not been convicted of, pled guilty to, or pled nolo contendere to any Medicaid or health care related offense nor been debarred or suspended by any federal or governmental body.

_____ The applicant has read, understands, and accepts the mandatory requirements, responsibilities, and terms and conditions associated with the Home Stabilization Certification Standards.

_____ The applicant accepts the State’s payment rates for home stabilization services rendered.

_____ The applicant does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, sexual orientation, political affiliation, national origin, or handicap and complies with the Americans with Disabilities Act.

_____ The applicant meets federal and State requirements that govern the Medicaid program.

I approve submission of this application to the State of Rhode Island for certification as a home stabilization provider, agree to comply with requirements outlined in the Home Stabilization Certification Standards, and attest that all information included in this application is true and correct.

Signature of authorized representative

Title of authorized representative

Date

Printed name

**Home Stabilization Services Certification Application
Attachment 3**

Organization and Program Functions

Home Stabilization Certification Application
Organization and Program Functions

Initial the statements below assuring that the applicant understands and will comply with requirements related to eligibility determination.

- _____ The State has responsibility for establishing the criteria for eligibility and may change criteria for eligibility.
- _____ The State has the right to prioritize home stabilization services based on acuity of chronic conditions or any other consideration determined by the State.
- _____ The State has the right to limit or restrict the availability of Home Stabilization Services due to funding constraints, service availability, etc.
- _____ The applicant has the responsibility of verifying initial eligibility and on-going eligibility.
- _____ The applicant is responsible for understanding EOHHS policies and procedures for appeals and grievances.

Initial the statements below assuring that the applicant understands and will comply with requirements related to enrollment.

- _____ The applicant will verify program participant enrollment and disenrollment lists daily.
- _____ The State is responsible for promulgating enrollment requirements.

Initial the statements below assuring that the applicant understands and will comply with requirements related to staffing and services.

- _____ The applicant will ensure its home stabilization staff are available to meet the needs of individuals served and to respond within one business day of a request for assistance.
- _____ The applicant assures that staffing for the home stabilization program complies with all requirements outlined in the *Certification Standards for Home Stabilization, Staff Qualifications and Training*, including requirements for clinical supervision, education, and training.

Initial the statements below assuring that the applicant understands and will comply with requirements related to its financial system.

- _____ The applicant will accept a per member per month reimbursement via electronic transfer of funds.
- _____ The applicant is responsible for making timely payments for any subcontract arrangements.
- _____ The applicant assures the financial viability of the organization and agrees to comply with State requirements.
- _____ The applicant will have an annual fiscal audit conducted by an independent organization.

_____ The applicant maintains an information system that captures, stores, and reports financial data in a timely and accurate basis, includes cash flow analysis, and employs generally accepted accounting principles.

_____ The applicant will comply with the financial standards established by the State as outlined in the Home Stabilization Certification Standards.

Initial the statements below assuring that the applicant understands and will comply with requirements related to record retention.

_____ The applicant will retain the source data for its operational data reports and financial records for a minimum of ten (10) years and has written policies and procedures for storing this information.

_____ The applicant preserves and maintains all medical/participant records for a minimum of ten (10) years following termination of service.

_____ Records related to a case in litigation are retained during litigation and for seven (7) years after the disposition of the litigation.

Initial the statements below assuring that the applicant understands and will comply with requirements related to program audits.

_____ EOHHS program staff will conduct site visits and request reporting on a periodic basis or as needed.

_____ Components of site visits and reporting requests may include: (1) review of participant records, (2) interviews with program and agency staff, (3) facility review, and (4) interviews with participants.

Initial the statements below assuring that the applicant understands and will comply with requirements related to administrative sanctions.

_____ If any provision of the rules, regulations and standards herein or the application thereof to any program, agency or circumstances shall be held invalid, such invalidity shall not affect the provision or application of the rules, regulations and standards which can be give effect, and to this end the provisions of the rules, regulations and standards are declared to be severable.

_____ EOHHS is authorized to deny, suspend or revoke the Home Stabilization Certified Provider Agency participation in the Home Stabilization Program that has failed to comply with the EOHHS Medicaid Home Stabilization Programs Promulgated Rules and Certification Standards set herein.

_____ EOHHS may take any action pursuant to RIGL 40-8.2 and 210-RICR-20-00-1.

Initial the statements below assuring that the applicant understands and will comply with requirements related to reporting.

_____ The applicant will meet State requirements for data collection and reporting.

**Home Stabilization Services Certification Application
Addendum A**

Supplemental Service Application

Home Stabilization Services Certification Application Supplemental Service Application

A provider currently certified to provide one home stabilization service (home find or tenancy) may apply for certification for the second service by completing the following application.

1. Re-submit the original cover sheet included in Attachment 1 of the application. If there are no changes to information previously provided in the provider's original cover sheet, complete the final section only, noting which service the provider is now applying to offer. If there are changes to any other information, update the information and submit a corrected cover sheet.
2. Complete and sign Attachment 2 of the application.
3. Describe the service delivery model for the second service for which the provider is applying. Include details below.
 - Intake
 - Assessment and assessment tools
 - Care planning
 - Care coordination
 - Provision of services (include staff to participant ratio)
 - Monitoring service provision
 - Supervision, team meetings, and case conferencing
 - Implementation of 24 hour back up service
 - Discharge planning
 - Suspension and termination of care
 - Safety in the care environment
 - Grievances and appeals
 - Privacy and confidentiality

In the narrative, distinguish how you will provide the components of home find services or home tenancy services as described in the certification standards. Explain how you will determine who receives home stabilization services, what specific activities you will perform, role of staff and participants, and timelines (3 page limit).

Attach job descriptions for home stabilization service staff assigned to the newly requested service that detail the reporting relationship, functional tasks, and required skills (not included in page limit).

Attach a work flow, if desired (not included in page limit).

Share forms or templates (not included in page limit).