

Rlte Resources: Home Care Panels

This job aid describes how to:

- Complete the Home Care Information screens for Rlte Resources.

Getting To The Web Site

To get to Rlte Resources:

1. Go to <https://www.ricsm.net/RlteResources/>

To log in:

1. Enter the **User Name and Password** assigned

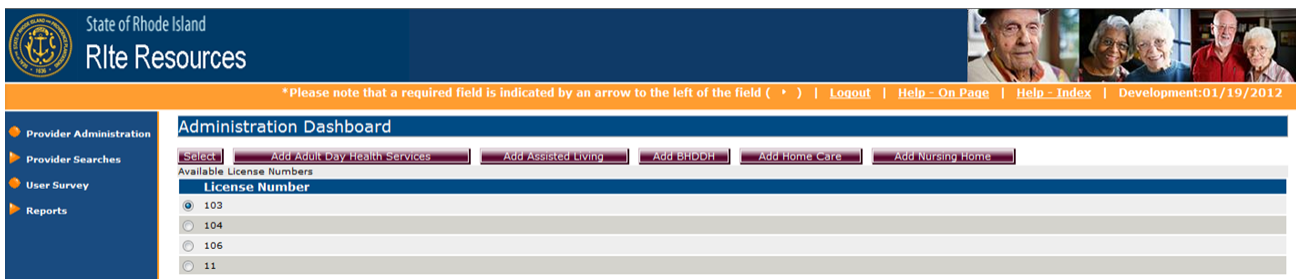
Login



Administration Dashboard

From the **Administration Dashboard**:

1. Select the **License Number**.
2. Click the **Add Home Care** button.



Home Care Administration Information

Under the **Facility Information** section:

2. Enter the **Name** of the provider.
3. Enter the **Commonly Known As Name** of the provider.
4. Enter the **address** information for **Street 1, Street 2, City, Zip**.
5. Enter the **contact** information for **Contact Person, Contact Number, Contact Title, Contact Alternate Phone and Contact Email**.



Note: This is the information that will be displayed during a search.

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Home Care Administration Information

Facility Information

License Number:

Name:

Street 1:

City:

Zip:

Commonly Known As Name:

Street 2:

State:

Contact Person:

Contact Title:

Contact Email:

Contact Number:

Contact Alternate Phone:

Under the **Please indicate when services are available** section:

6. Select **Evening**, **Weekend** and/or **Holiday** that apply.



Note: more than one may be selected.

11. Select **yes** or **no** for the two questions listed.
12. Enter the **Website URL** for your organization.

Please indicate when services are available

☐ Evening

☐ Weekend

☐ Holiday

Do you have a waiting list for services?:

Services available statewide?:

Website URL:

Under the **Staff Language** section:

13. Select each of the **Languages** that apply.



Note: more than one may be selected.

14. Select the appropriate **Corporate Structure** from the drop down list.
15. Select **yes** or **no** for each of the questions listed.

Staff Languages

☐ Sign Language

☐ English

☐ Spanish

☐ Portuguese

☐ Russian

☐ Polish

☐ Other

Corporate Structure:

Are you a Medicare provider?:

Are you a Medicaid provider?:

Do you participate in DEA Co-Pay programs?:

Under the **Category of Service** section:

16. Select **yes** or **no** for each of the questions listed.

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Category of Service
Skilled services?:
Non-skilled personal care?:
Do you provide hospice care?:

Under the **Service Criteria** section:

17. Select **yes** or **no** for each of the questions listed.
18. Select **Save**.

Service Criteria
Do you provide transportation for clients?:
Do you provide care for dialysis patients?:
Do you provide care for ventilator dependent patients?:
Do you provide care for patients with feeding tubes?:
Do you provide care for patients with a trach?:
Do you provide care for patients needing wound care specialization?:
Do you provide bariatric care?:
Do you provide rehabilitation/OT/PT services?:
Do you provide Alzheimer's/Dementia care?:

Updating Information

To update your information:

19. Log into Rlte Resources.
20. Select the entity you wish to update from the list on the **Administration Dashboard**.

Existing License Records

License Number	Type	Name	Known As	Contact Name	Contact Phone
105	Nursing Home	asdfsdfasd	asdf	asdf	(111) 111-1111 x1111

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