

Rhode Island Executive Office of Health and Human Services

Rhte Resources Web Site

November 28, 2011



Agenda



1. Welcome
2. RItE Resources Web Site Overview
3. RItE Resources Demonstration
4. Questions & Answers



Welcome



Thank you for attending today. There are several goals for today's meeting:

- Introduce you to the RItE Resources web site
- Explain your role with the web site
- Demonstrate the web site



Rlte Resources Web Site



Rlte Resources is designed for hospital discharge planners, patients, and their families.

The goal is to help improve services and to provide better information on the availability of services provided by nursing homes, assisted living facilities, home care agencies and adult daycare agencies.





Rlte Resources Web Site

Hospital discharge planners, patients, and their families will be able to search Rlte Resources to identify available services, provided by you based on criteria such as demographics, services and special needs.

In order for these searches to be successful, information about your services must be in Rlte Resources.





Rite Resources Web Site

- Home
- How To Pay For Services
- Application for Medicaid
- Measuring quality of services at agencies and facilities
- References
- Glossary of Long Term Care
- Feedback User Survey
- Contact Us
- OHHS Home
- Administration Login - Providers Only

Rite Resources Access to Available Long Term Care Services and Supports in Rhode Island

Home Care



Home Care typically includes chore, housecleaning, and personal care services, while Home Health Care is usually more medically oriented and involves helping individuals recover from an illness or injury.

Adult Day Care



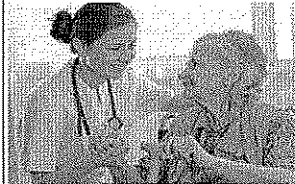
Provides a safe place during the day for meals, help with medication, health and personal care services, and participation in recreational activities. There are also special programs for people with dementia.

Assisted Living



Living accommodations in apartment-like housing with 24-hour support services, supervision, meals, housekeeping services and personal care.

Nursing Home



Nursing Homes provide 24-hour skilled nursing, personal care, and rehabilitative services. There are two basic levels of care: intermediate care and skilled nursing care.





Your Role with Rlte Resources

In order for your information to be accessed on the web site, you will need to enter it.

We have designed two roles to access Rlte Resources:

1. Provider Administrator – access to enter and update all provider information

2. Provider User – access to update availability information



Your Role with Rlte Resources



The process to register provider staff to give them access is to complete a Rlte Resources User ID Request Form.

Each user must complete a form.

A copy of the form is included with your packet.





Rite Resources Web Site





Nursing Home Administration Information

Nursing Home Administration Information

Facility Information

License Number:

Name:

Street 1:

City:

Zip:

Commonly Known As Name:

Street 2:

State:

Contact Person:

Contact Title:

Contact Number:

Evening/Weekend Admissions available:

Website URL:

Types of Living Arrangements	Rooms Available	Effective Date	License Capacity
<input type="checkbox"/> Private Room			
<input type="checkbox"/> Shared Room			



Nursing Home Administration Information



Staff Languages

<input type="checkbox"/>	Sign Language
<input type="checkbox"/>	English
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Polish
<input type="checkbox"/>	Other

Corporate Structure:

Are you a Medicaid provider?:

Facility Type:

Admission Criteria

Do you accept dialysis patients?:	<input type="text"/>
Do you accept ventilator dependent patients?:	<input type="text"/>
Do you accept patients with feeding tubes?:	<input type="text"/>
Do you accept patients with a trach?:	<input type="text"/>
Do you accept special wound care patients?:	<input type="text"/>
Do you accept morbidly obese patients?:	<input type="text"/>



Assisted Living Administration Information



Assisted Living Administration Information

Save Print Back

Facility Information

License Number: 100

Name:

Street 1:

City:

Zip:

Contact Person:

Contact Title:

Evening/Weekend Admissions available:

Website URL:

Commonly Known As Name:

Street 2:

State: RI

Contact Number:

Types of Living Arrangements	Rooms Available	Effective Date	License Capacity
<input type="checkbox"/> Private Room			
<input type="checkbox"/> Shared Room			
<input type="checkbox"/> Efficiency apartment			
<input type="checkbox"/> One bedroom			
<input type="checkbox"/> Two bedroom			



Assisted Living Administration Information



Staff Languages	
<input type="checkbox"/>	Sign Language
<input type="checkbox"/>	English
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Polish
<input type="checkbox"/>	Other

Corporate Structure:	<input type="text"/>
Are you a Medicaid provider?:	<input type="text"/>
Do you participate in DEA Assisted Living programs?:	<input type="text"/>
What is your licensure regarding medication?:	<input type="text"/>
What is your licensure regarding fire safety?:	<input type="text"/>

Admission Criteria	
Do you accept dialysis patients?:	<input type="text"/>
Do you accept residents with mobility limitations/wheelchair bound?:	<input type="text"/>
Do you accept morbidly obese patients?:	<input type="text"/>



Assisted Living Administration Information



Special Services Available	
Do you have organized programs and activities available?	<input type="text"/>
Do you have an Alzheimer's/Dementia Unit?	<input type="text"/>

General Amenities and Services	
Cable TV available?	<input type="text"/>
Transportation services available?	<input type="text"/>
Religious Services available?	<input type="text"/>
Valet or concierge services available?	<input type="text"/>
(i.e. shopping assist, ethers, social work or care coordination, house keeping)	<input type="text"/>
Do you accommodate dietary restrictions?	<input type="text"/>
Do you accommodate low sodium dietary restrictions?	<input type="text"/>
Do you accommodate diabetic dietary restrictions?	<input type="text"/>
Do you allow residential pets?	<input type="text"/>

Dietary Services	
<input type="checkbox"/> Kosher	
<input type="checkbox"/> Vegetarian	
<input type="checkbox"/> Halal	
<input type="checkbox"/> Other	
<input type="checkbox"/> No Service Available	

If Other:



Home Care Administration Information



Home Care Administration Information

Faculty Information

License Number: <input type="text" value="100"/>	Commonly Known As Name: <input type="text"/>
Name: <input type="text"/>	Street 2: <input type="text"/>
Street 1: <input type="text"/>	State: <input type="text" value="RI"/>
City: <input type="text"/>	Contact Number: <input type="text"/>
Zip: <input type="text"/>	
Contact Person: <input type="text"/>	
Contact Title: <input type="text"/>	

Days indicate when services are available

Evening

Weekend

Holiday

Services available statewide?:

Website URL:



Home Care Administration Information



Staff Languages	
<input type="checkbox"/>	Sign Language
<input type="checkbox"/>	English
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Polish
<input type="checkbox"/>	Other

Corporate Structure:	▼
Are you a Medicare provider?:	▼
Are you a Medicaid provider?:	▼
Do you participate in the Rhode Island Waiver program?:	▼
Do you participate in DEA Co-Pay programs?:	▼

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



Home Care Administration Information



Service/Care

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 care for morbidly obese patients?

Do you provide rehabilitation/OT/PT services?

Do you provide Alzheimer's/Dementia care?



Adult Day Care Administration Information



Adult Day Care Administration Information

Facility Information

License Number: <input type="text" value="100"/>	Commonly Known As Name: <input type="text"/>
Name: <input type="text"/>	Street 2: <input type="text"/>
Street 1: <input type="text"/>	State: <input type="text" value="RI"/>
City: <input type="text"/>	Contact Number: <input type="text"/>
Zip: <input type="text"/>	
Contact Person: <input type="text"/>	
Contact Title: <input type="text"/>	
Evening/Weekend services available: <input type="text"/>	
Usual timeline for admission: <input type="text"/>	
Hours Of Operation: <input type="text"/>	
Are you accepting new participants?: <input type="text"/>	
Effective Date?: <input type="text"/>	
License Capacity: <input type="text"/>	
Website URL: <input type="text"/>	



Adult Day Care Administration Information



Staff Languages

Sign Language

English

Spanish

Portuguese

Russian

Polish

Other

Corporate Structure:

Are you a Medicaid provider?:

Do you participate in DEA Co-Pay programs?:

Admission criteria

Do you accept dialysis participants?:

Do you accept special wound care participants?:

Do you accept participants needing single assist with ambulation/transfers?:

Do you accept participants needing double assist with ambulation/transfers?:

Do you accept participants needing mechanical assist with transfers?:

Do you accept morbidly obese participants?:



Adult Day Care Administration Information



Special Services Available

- Do you have a partnership with other agencies/services?
- Do you provide care coordination with other agencies?
- Do you provide rehabilitation/OT/PT services?
- Do you provide onsite bathing?
- Do you provide onsite assistance with toileting?
- Do you administer medication?
- Do you have an Alzheimer's/Dementia Unit?

General Amenities and Services

- Transportation services available?
- Do you provide transportation to / from home?
- Religious Services available?
- Do you accommodate dietary restrictions?
- Do you accommodate low sodium dietary restrictions?
- Do you accommodate diabetic dietary restrictions?

Meals Provided

- Breakfast
- Lunch
- Snack 1
- Snack 2



Adult Day Care Administration Information



Dietary Services

Kosher

Vegetarian

Halal

Other

No Service Available

If Other:



Questions...

...and answers





Thank you

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Rhode Island Rite Resources User ID Request

This form will not be processed without the user's signature on the Confidentiality Acknowledgment page.

Add New User
 Change User
 Delete User

Date Service Requested by: _____

User Information (please print): (all fields are required to process the request)

User ID (for existing users): _____

Last Name: _____ First Name: _____ Middle Initial: _____

Email Address: _____

Phone Number: _____

License Number(s): _____

Provider or Agency Name: _____

Supervisor Name: _____

Please check one:

<u>Rite Resources</u>	
Provider Administrator (access to update all information)	<input type="checkbox"/>
Provider User (access to update admission data only)	<input type="checkbox"/>
<u>For Admin Use Only</u>	

Please allow 7-10 business days to process your request

State of Rhode Island
Executive Office of Health and Human Services (EOHHS)

Rhode Island Rite Resources System

Confidentiality Acknowledgment

By signing below, I acknowledge the following:

Upon leaving the workforce of the state of Rhode Island or its business associates, my access will be terminated. The business associate organization will notify the appropriate personnel to end access.

After I leave the workforce of the state of Rhode Island or its business associates, I will continue to observe EOHHS policies and procedures with regard to access I had while a workforce Member.

I understand that if I violate EOHHS policies or procedures, I may be subject to employment or contractual sanctions, up to and including the termination of state employment or contract, and also may be subject to civil liability or criminal prosecution.

Signature (original signature required)

Date

Printed Name

Title

Authorized by(EOHHS Use Only):

Date

Submit this form to:

RI Rite Resources System
c/o Nelson Aguilar, HP Enterprise Services
301 Metro Center Boulevard
Third Floor
Warwick, RI 02886