

**FOR REFERENCE ONLY. PLEASE DO NOT COMPLETE THIS FORM.**



**COVID-19 Long Term Services and Supports Resiliency Program: Nursing Facility Supports**  
State of Rhode Island  
July 2020

All partnership applications must be completed and submitted using this online form.  
Please send questions to [OHHS.LTSSResiliency@ohhs.ri.gov](mailto:OHHS.LTSSResiliency@ohhs.ri.gov)

**Program Overview**

The Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 designated aid for State governments to support COVID-19 efforts. A portion of that funding will be used to provide additional financial assistance for long-term care facilities in Rhode Island through the establishment of a partnership program: Nursing Facility Supports Grant Program. These grant funds are an additional measure to be used as secondary to other federal CARES Act funding received by long-term care facilities, and other funding resources made available by the State over the duration of the COVID-19 response.

The **Nursing Facility Supports** partnership program will distribute a total of \$7 million in funding across all nursing facilities in Rhode Island based on the number of licensed public pay beds in each facility. These funds shall be used to increase the immediate operational resiliency of RI Nursing Homes, to help facilities pay for personal-protective equipment, and other infection control measures. Facilities will need to complete a set of deliverables demonstrating their commitment to infection control and reducing infection risk.

**Funding & Application Dates**

Key dates for this program are as follows:

- **July 3, 2020:** Applications for the partnership program and grant funding will become available.
- **August 3, 2020 at 5PM:** Applications for the partnership program and grant funding are due to the State.
- **July 31, 2020:** The State will begin to disburse funds to Applicants
- **Within 30 Days of Receiving Grant Funds:** Deliverables are due to the State

**Eligible Applicants**

Grant funding is restricted to Nursing Homes licensed in the State of Rhode Island that meet the following criteria:

- Licensed by Rhode Island Department of Health (RIDOH) and in good standing
- Not an identified Medicare "Special Focus Facility (SFF)", as specified in Table A, B, or E of the SFF listing<sup>1</sup> as of the June 2020 SFF list from Medicare.gov
- Up to date with submission of 2019 BM-64 Cost Report & Related Documents

<sup>1</sup> The Medicare Special Focus Facility Program (SFF) identifies facilities that have either: (1) More problems than other nursing homes, (2) More serious problems than most other nursing homes, and (3) A pattern of serious problems that has persisted over a long period of time. See <https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/downloads/sfflist.pdf> for additional details.

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**Instructions**

- Prior to beginning the application, you will need:
  - Provider's FEIN/Tax ID
  - Medicaid Provider ID
  - RI State Vendor Number (If applicable)
  - National Provider ID
  - Data Universal Numbering System, or "DUNS," Number
  - Bank Account Information
- Providing all requested information when submitting the application will allow us to more quickly review your request and decrease the likelihood that we will need to contact you for additional information. If you do not provide all of the requested information this may delay our ability to provide payment sooner.
- Grant funds will be disbursed via the RIFANS Supplier Portal.
- Payments will be processed by the Medicaid Management Information System (MMIS). If you are not currently enrolled as a Medicaid Fee-for-Service provider, the state will enroll you for the purpose of processing payments under the Pediatric Primary Care Relief Program. You may receive an IRS Form 1099 from the State of Rhode Island.
- Completed applications should be submitted via this online form.
- Applicant may not edit an application after it has been submitted. In the event that an Applicant has made errors in a submitted application, Applicant must submit another complete application and notify [OHHS.LTSSResiliency@ohhs.ri.gov](mailto:OHHS.LTSSResiliency@ohhs.ri.gov) to specify which application EOHHS should review.
- Applications must be received by August 3, 2020, at 5 PM.

**SECTION I - CONTACT INFORMATION**

Long-term Care Facility:	
<i>If facility is part of a Long-term care system, please enter name of system and list affiliated nursing facilities in Rhode Island:</i>	
Business Address:	
City:	
ZIP+4:	
Business Contact Name (First, Last):	
Contact Email:	
Contact Phone:	

**SECTION II - PROVIDER INFORMATION**

FEIN/Tax ID (XX-XXXXXXX):	
Provider Type:	
RI State Vendor Number:	
Medicaid Provider ID Number:	

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National Provider ID:	
Data Universal Numbering System, or "DUNS," number for the entity applying:	
Name of Bank to which funds should be disbursed:	
Bank Account Number:	
Bank Account Routing Number:	
Checking or Savings Account?	
<b>SECTION III – Form W-9</b>	
<p>All Applicants must complete and submit a US Department of the Treasury Internal Revenue Service Form W-9 (Rev. October 2018). The correct version of this form and instructions to complete it can be found on the IRS.gov website. <a href="https://www.irs.gov/forms-pubs/about-form-w-9">https://www.irs.gov/forms-pubs/about-form-w-9</a>.</p> <p>Once complete, email your W-9 to <a href="mailto:OHHS.LTSSResiliency@ohhs.ri.gov">OHHS.LTSSResiliency@ohhs.ri.gov</a>. The subject of this email must follow this format: [Facility Name]: W-9. The deadline for receiving W-9 Forms is the same deadline for applications: Monday, August 3, 2020 by 5 PM. Applications without a completed Form W-9 will not be considered.</p>	
<b>SECTION IV – COMMITMENT TO PARTNERSHIP GOALS</b>	
<p>This program is intended to drive long-term resilience through collective commitment and action toward a more balanced, sustainable and responsive continuum of long term care services that delivers the right support, at the right time, and the right cost, while promoting choice, community and quality of life for Rhode Island's elderly and disabled population.</p> <p>The primary program objectives can be described as follows:</p> <ol style="list-style-type: none"><li>1. Bolster capacity of Nursing Homes to mitigate/prevent effects of pandemic by meeting operating requirements for infection control.</li><li>2. Reduce infection risk for low-acuity ambulatory COVID-negative Medicaid beneficiaries by ensuring access to care in the most appropriate setting.</li><li>3. Ensure right services provided in the most appropriate setting to meet changes in needs/preferences resulting from COVID by facilitating access to alternative settings.</li></ol> <p><b>By signing below, I confirm our support of the partnership goals and commitment to engage with the State of Rhode Island and other entities to advance these goals.</b></p> <div><div>_____ Signature</div><div>_____ Date (MM/DD/YY)</div></div>	
<b>SECTION V – AGREEMENT TO NUMBER OF LICENSED PUBLIC PAY BEDS</b>	

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Funding for this program will be allocated based on the number of licensed public-pay beds (excluding pediatric beds) in the Applicant facility. The number of licensed public-pay beds for each nursing facility in RI is listed in Attachment A.

**By signing below, I confirm that the licensed public pay beds listed for my facility in Attachment A is accurate and acceptable for purposes of calculating the funding opportunity.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**SECTION VI – ATTESTATION OF INFECTION CONTROL COMPETENCY**

Nursing facilities in RI are required to meet the following infection control guidelines and procedures. Funding for this program requires affirming the facilities' commitment to the following:

**A. CDC COVID-19 Preparedness Checklist for Nursing Homes**

I attest that the CDC's COVID-19 **Preparedness Checklist for Nursing Homes**, as modified by RIDOH and listed in **Attachment B**, has been completed as a facility self-assessment (or will be completed within one week of signature) for the facility and that all checklist items are either "completed" or "in-progress".

(CDC Checklist available at: [https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist\\_3\\_13.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf)).

**B. Comprehensive COVID-19 Response Plan**

I attest that the facility has a written **Comprehensive COVID-19 Response Plan**, (or will have this Plan completed within one week of signature), focused on infection control across all of the facility's policies and operations. This plan should, at a minimum, include all items in CDC's *COVID-19 Preparedness Checklist for Nursing Homes and other LTC Settings*, as modified by RIDOH and listed in Attachment B. This written **Comprehensive COVID-19 Response Plan** shall be actively maintained and made available to RIDOH on-site Inspectors immediately upon request.

**C. Plan of Correction and Progress Report**

I attest that the facility has a written **Plan of Correction and Progress Report** (or will have this Plan completed within one week of signature), for any item which is not marked "completed", with a plan for every item to be completed within thirty (30) days, and that Plan shall be actively maintained and made available to RIDOH on-site Inspectors immediately upon request.

**D. Identification of Key Staff: COVID-19 Response Coordinator**

I attest that the facility has designated a **COVID-19 Response Coordinator** with the following responsibilities:

- Maintain the facility's **Comprehensive COVID-19 Response Plan**
- Maintain the facility's written **Plan of Correction and Progress Report**
- Track the name of the manager/staff person responsible for each area of correction in the Plan of Correction and Progress Report
- Document dates of progress in achieving compliance with each item.

**E. Identification of Key Staff: COVID-19 Communication Lead**

I attest that the facility has designated a **COVID-19 Communication Lead**, to be responsible for daily communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility.

**By signing below, I confirm the above attestations.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YY)

**SECTION VII – REQUIRED DELIVERABLES**

Nursing facilities must submit to EOHHS two deliverables within thirty (30) days of receiving funds, as described below.

**Deliverable #1: Completed COVID-19 Preparedness Checklist**

Facility must provide a written self-assessment using the CDC COVID-19 Preparedness Checklist, as modified by RIDOH and listed in Attachment B, demonstrating that the facility has marked all elements of the checklist as “completed”.

**Deliverable #2: Targeted Transition Report**

Facility must provide a written transition report that verifies that Section Q of the Minimum Data Set (MDS) has been completed for all current residents and that residents who have answered “yes” to Question Q0500 Return to Community have been notified of their options for transition in a person-centered manner in accordance with RIGL 40-8.9-9 (g). In addition, the facility must refer the names of all existing residents who respond in the affirmative to Question Q0500 to the Office of Community Programs, of the EOHHS within seven days of the date of the grant. All such responses by newly admitted residents must be made within 48 hours of the administration of the MDS. The state will verify the timeliness of referrals by reviewing the MDS at regular intervals during the grant period.

Applicant will email both deliverables to [OHHS.LTSSResiliency@ohhs.ri.gov](mailto:OHHS.LTSSResiliency@ohhs.ri.gov) within thirty (30) days of receiving funds. The subject of this email must follow this format: [Facility Name]: Deliverables. If Applicant fails to submit the deliverables by the deadline, Applicant will be considered in violation of the agreement at which point RI EOHHS may begin the process of recouping all or a portion of the funds awarded by reducing future a payment to the facility. The State will determine if the full award or a portion of the award must be recouped based on the State’s assessment of the unique circumstances of each violation of the agreement.

**By signing below, I confirm that I will submit the required deliverables within thirty (30) days of receiving funds.**

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Signature	Date (MM/DD/YY)
<b>SECTION VIII – ADDITIONAL ATTESTATIONS</b>	
<ol style="list-style-type: none"><li>1. This assures that Applicant is a Rhode Island corporation or other legal entity able to accept an agreement with the State.</li><li>2. Applicant agrees to conduct a full review of all slips/segments from 2018 to the present for cases that do not have a corresponding LTSS case or pending application. The State will provide a list of these slips to all facilities by July 17, 2020. If proof of application is not provided by August 31, 2020, Applicant understands that the slips will be closed out and reimbursement will not be paid. Only slips and segments sent to homes that are not linked to an application are subject to this attestation.</li><li>3. Applicant agrees to ensure that every member of their business office has reviewed the Medicaid Segment Training manual and establish a procedure for training new administrative officers in the business office as needed. The Medicaid Segment Training manual will be available on the EOHHS website by July 13, 2020.</li><li>4. Applicant hereby affirms and acknowledges beneficiaries' right to person centered options counseling. For existing residents must act in accordance with the nursing home transition standards established by the State and must provide information to each resident on how to contact the State long term care ombudsman.</li><li>5. Applicant agrees to abide by the RI Re-opening guidance for businesses for Congregate Care Settings as issued by the State and as available at <a href="https://health.ri.gov/publications/guidance/Guidance-for-Nursing-Home-and-Assisted-Living-Visitation.pdf">https://health.ri.gov/publications/guidance/Guidance-for-Nursing-Home-and-Assisted-Living-Visitation.pdf</a>.</li></ol>	
Signature	Date (MM/DD/YY)
<b>SECTION IX – NOTIFICATIONS</b>	
<ol style="list-style-type: none"><li>1. Potential Applicants are advised to review all sections of the Application carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in disqualification of the application.</li><li>2. All costs associated with developing or submitting an application proposal shall be borne by the Applicant. The State assumes no responsibility for these costs.</li><li>3. Applicants whose applications are approved and funded may receive an IRS Form 1099 at tax year end.</li><li>4. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island State government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of State employment. This policy applies to all areas where</li></ol>	

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State dollars are spent, in employment, public services, grants and financial assistance, and in State licensing and regulation.

5. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040).
6. Awarded Applicant must provide notification to EOHHS within thirty (30) days of any potential changes that may impact performance or represent material modifications to the Applicant in relation to the Application and associated approval for participation in the program (e.g. change in ownership; change in legal or financial status such as but not limited to changes due to a merger, acquisition, or any other change in legal status; change in facility "standing" with RIDOH, Medicaid or Medicare; or other material change). Upon notice and with reasonable opportunity for the Applicant to address identified deficiencies, EOHHS reserves the right to suspend or terminate facility participation in the program.
7. Awarded Applicant shall not assign or transfer any right, interest, or obligation under this program to any successor entity or other entity without the prior written consent of EOHHS.
8. EOHHS reserves the right to decide at any time not to move forward with this program, modify, or terminate the program if it is determined that it is not achieving the established principles and goals.
9. Governing Law. The construction and effect of this Agreement shall be governed and construed in accordance with the laws of the State of Rhode Island, without reference to its principles of conflict of laws, except where the federal supremacy clause requires otherwise. Any suit, action or proceeding brought in connection with this Agreement shall be brought solely in the Providence Superior Court, Providence, Rhode Island. The Parties irrevocably submit to the exclusive jurisdiction of said court and all courts of appeal from which an appeal may be taken from such court, waive any objection to the exclusive venue of said court and any claim that such suit, action or proceeding has been brought in an inconvenient forum. Nothing contained in this section shall be construed to waive any State immunity to suit or liability.
10. Changes to This Agreement. Any changes to this Agreement may only be made pursuant to a written amendment signed by both Parties.
11. Suspension. EOHHS may suspend this Agreement, in whole or in part, if the Awarded Applicant fails to comply with any terms and conditions of this Agreement.
12. Public Records. All records possessed by EOHHS in connection with this Agreement are subject to the Rhode Island Access to Public Records Act ("APRA"), R.I. Gen. Law § 38-2-1, *et seq.* In no event shall State Agency be liable to Awarded Applicant for releasing to the public any records relating to this Agreement that State Agency determines may or must be released in accordance with APRA.
13. Whistleblower Protection. An employee of an Awarded Applicant, contractor, subcontractor, or personal services contractor may not be discharged, demoted, or otherwise discriminated against as a reprisal for disclosing to a person or body information that the employee reasonably believes is evidence of gross mismanagement of a Federal award, a gross waste of Federal funds, an abuse of authority relating to a Federal award, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to this Agreement.



**14. Federal Funding.**

- a. This Agreement is contingent upon and subject to the availability of Federal funds for the purposes outlined in this Agreement. EOHHS may terminate or suspend this Agreement, in whole or in part, without penalty or further payment being required, if funds for this Agreement have not been appropriated or otherwise made available to EOHHS by the Federal funding source or if the Federal funding source issues guidance indicating that the award of funds under this Agreement is disallowed. EOHHS shall provide notice, in writing, to Awarded Applicant of any such funding failure and its election to terminate or suspend this Agreement as soon as practicable. Any termination pursuant to this Section will be effective upon the date of the written notice provided to Subrecipient unless otherwise indicated.
- b. Awarded Applicant acknowledges and understands that the funding is subject to the requirements of the U.S. Department of Treasury. EOHHS is relying on guidance issued by U.S. Department of Treasury ("Treasury Guidance"), including future guidance that may issue after the date of this Agreement. If EOHHS, in its sole and reasonable determination, determines that any Treasury Guidance indicates that any funding awarded under this Agreement, or any use of such funding, are an impermissible use of CRF funding, EOHHS may seek further clarification from the U.S. Department of Treasury and/or will work in good faith with Subrecipient to modify this Agreement to conform this Agreement to the guidance, to the extent feasible. In the event of a disallowance, EOHHS may require the Awarded Applicant to repay to EOHHS an amount of money equal to the amount provided under this Agreement that corresponds to the disallowed use.
- c. Awarded Applicant agrees to comply with all federal reporting requirements that may be specified by the U.S. Department of the Treasury.

**15. Prohibited Uses.** Funds provided pursuant to this Award must adhere to the Treasury Guidance issued or to be issued on what constitutes a necessary expenditure under Section 5001 of the CARES Act and the terms herein. Subrecipient agrees to promptly repay any funds that were used for unauthorized purposes or inappropriate expenditures to EOHHS not later than ten (10) days after a written request from EOHHS or its designated agent if EOHHS determines that any portion of this Award was expended for purposes other than those authorized under this Agreement. If the Awarded Applicant does not repay such funds upon request, EOHHS may recoup such funds as soon as possible from any current or future payments of EOHHS to the Awarded Applicant under any program administered by EOHHS and may take any other actions that it deems necessary to recovery such funds.

**16. Audit.** Awarded Applicant acknowledges that this Award is subject to audit, agrees to cooperate fully with any audits, and that any funds not spent in accordance with this Agreement or Treasury Guidance are subject to recovery and recoupment.

**17. Segregation of Funds.** Awarded Applicant agrees that it shall segregate obligations and expenditures of this Award from other funding it receives from the State, federal and/or other sources. Awarded Applicant agrees that no part of funds made available under this Award may be commingled with any other funds or used for a purpose other than that of making payments in support of projects and activities expressly authorized in this Agreement.

**18. Applicable Law and Regulations.** Awarded Applicant acknowledges and agrees to be bound by all applicable State laws, regulations and requirements pertaining to the award of funds, and the applicable portions of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards published in Title 2, Part 200 of the Code of Federal Regulations, including 2 C.F.R. §§ 200.303 Internal controls, 200.330-332 Subrecipient Monitoring and Management.



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19. Indemnification. Awarded Applicant shall indemnify, defend and hold the State of Rhode Island, its Executive Offices, agencies, branches and its officers, directors, agents or employees harmless against claims, demands, suits for judgements, losses or reasonable expenses (including attorney's fees) incurred by the State of Rhode Island, arising from the performance of this Agreement by the Awarded Applicant or its agents or employees.
20. Debarment and Suspension. By signing this Agreement, the duly authorized individual for the Awarded Applicant certifies that neither the Awarded Applicant nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in Federal assistance programs and activities including subawards, in accordance with 42 CFR part 180. Awarded Applicant is required to notify EOHHS of any changes to the status certified in this section.
21. Mandatory Disclosures. Awarded Applicant must disclose, within three (3) business days, in writing to EOHHS all violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award. Failure to make required disclosures can result in the imposition of any of the remedies described in 42 CFR 200.338.
22. Workers' Compensation. Awarded Applicant certifies that it is in compliance with the laws relating to workers' compensation and insurance coverage. Awarded Applicant's employees and agents shall not be considered employees of the State of Rhode Island. Any claims that may arise on behalf of these employees and any claims made by any third party as a consequence of any act or omission on the part of these employees are in no way the State of Rhode Island's obligation or responsibility.
23. Record Retention and Access. Awarded Applicant shall maintain all financial records, supporting documents, statistical records, and other records pertinent to this Agreement for a period of five (5) years from the date of this Agreement, or for the minimum amount of time required by federal or state law governing record retention, whichever period is greater ("Retention Period").
- a. The U.S. Treasury and its Inspector General, the Pandemic Response Accountability Committee, any other federal agencies with jurisdiction over the subject matter of this Agreement, the Office of Internal Audit within the Rhode Island Department of Administration, and the State Auditor General shall have the right to access any documents, papers or other records of Subrecipient which may be related to this Agreement in order to make audits, examinations, excerpts and transcripts. The right also includes timely and reasonable access to Subrecipient staff for the purpose of interview and discussion related to such documents.
  - b. In addition to the foregoing, the following specific retention guidelines apply:
    - i. *Litigation*. If any litigation, claim or audit is started before the expiration of the Retention Period, the records must be retained until all litigation, claims or audit exceptions involving the records have been resolved and final action is taken.
    - ii. *Written Notification*. State Agency notifies Awarded Applicant of an extension of the Retention Period.
    - iii. *Records for Real Property*. Awarded Applicant is required to retain property records for three (3) years after final disposition.
    - iv. *Program Income Transactions after Period of Performance*. When required, the retention period for the program income records starts at the end of the Awarded Applicant's fiscal year in which the program income is earned.
24. FFATA Requirements. Awarded Applicant agrees to provide EOHHS the information required for Federal Funding Accountability and Transparency Act reporting including executive compensation information, where applicable.
25. Notice of Changes. Awarded Applicant shall notify EOHHS in writing if there is a change in Awarded Applicant's

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legal status, Federal employer identification number (FEIN), valid unique entity identifier (DUNS number), entity name or address within thirty (30) days of any change.

26. Lobbying. Awarded Applicant shall not use funds received under this Agreement to lobby federal, state or local officials or their staff to receive additional funding, to influence legislation or regulation, or on any other matter.
27. Conflicts of Interest. Awarded Applicant must maintain written standards of conduct, including a conflict of interest policy. Awarded Applicant shall notify EOHHS of any and all conflicts of interest, as defined under the Rhode Island Ethics Code and its implementing regulations, between the Subrecipient and a State employee or a State official which Subrecipient is aware of or should be aware of.
28. Litigation, Investigations. In the event Awarded Applicant becomes a party to any litigation, investigation or transaction that may reasonably be considered to have a material relationship to this Agreement, Awarded Applicant shall notify EOHHS, in writing, within five (5) business days of when it determined, or should have determined, that such litigation, investigation or transaction may reasonably be considered to have a material relationship to this Agreement.
29. Audits & Financial Statement Review. Awarded Applicant shall be subject to the audit requirements based on the amount of Federal funds expended in the Awarded Applicant's fiscal year. Guidance on determining Federal funds expended is provided in 2 CFR 200.502.
- a. *Single and Program-Specific Audits*. If Awarded Applicant expends \$750,000 or more in Federal funds combined during its fiscal year, it must have a single audit or program-specific audit conducted for that year. 2 CFR 200.501(a)(b)(c), 2 CFR 200.507.
  - b. *Financial Statement Audit*. If Awarded Applicant expends between \$300,000 and \$749,999 in Federal funds combined, Subrecipient must have a financial statement audit conducted in accordance with Generally Accepted Government Auditing Standards (GAGAS).
  - c. *Financial Statement Review*. If, during its fiscal year, the Awarded Applicant expends less than \$300,000 in Federal funds, the Awarded Applicant must have a financial statement review completed by a licensed CPA conducted in accordance with standards established by the American Institute of Certified Public Accountants.
  - d. *For-Profit Entities*. A for-profit entity that expends \$750,000 or more in Federal funds during its fiscal year is required to have a program-specific audit conducted in accordance with 2 CFR 200.507. A for-profit entity with expenditures less than \$750,000 shall follow the applicable standard outlined in sections (B) or (C) above.
  - e. For those organizations required to submit an independent audit report, the audit is to be conducted by a Certified Public Accountant or Certified Public Accounting Firm licensed with the State of Rhode Island. All audits shall be prepared following the Generally Accepted Auditing Standards. Awarded Applicant shall request and maintain a copy of the auditor's most recent audit opinion or peer review report and acceptance letter. Subrecipient shall follow procedures prescribed by EOHHS for the preparation and submission of audit reports and any related documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YY)

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Name & Title

**SECTION X – ACKNOWLEDGEMENT**

By submitting this application for the Rhode Island LTSS Resiliency Grant Program, I acknowledge that I am authorized to submit this request on behalf of the facility and that all the information provided is accurate to the best of my knowledge and ability. I acknowledge the State of Rhode Island is relying upon the information as submitted in order to determine whether to issue a grant. Therefore, if I become aware of any inaccuracies in the information provided, I will immediately notify the State of Rhode Island through email at [OHHS.LTSSResiliency@ohhs.ri.gov](mailto:OHHS.LTSSResiliency@ohhs.ri.gov).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Name & Title

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**Attachment A: Licensed Public Pay Beds in RI Nursing Facilities**

Facility Name	Licensed Public Pay Beds
ALPINE NURSING HOME INC	60
APPLE REHAB CLIPPER	60
APPLE REHAB WATCH HILL	60
AVALON NURSING HOME	31
BALLOULIFE COMMUNITIES	43
BANNISTER CENTER FOR REHABILITATION AND HEALTH CARE	161
BAYBERRY COMMONS	110
BERKSHIRE PLACE	220
BETHANY HOME OF RHODE ISLAND	33
BRENTWOOD NURSING HOME	96
BRIARCLIFFE MANOR	122
CEDAR CREST NURSING CENTRE INC	156
CHARLESGATE NURSING CENTER	120
CHERRY HILL MANOR	172
CRA-MAR MEADOWS	41
CRESTWOOD NURSING & REHABILITATION CENTER, INC	76
CRYSTAL LAKE REHABILITATION AND CARE CENTER	71
EASTGATE NURSING & REHABILITATION CENTER	68
ELDERWOOD AT RIVERSIDE	57
ELDERWOOD OF SCALLOP SHELL AT WAKEFIELD	80
ELMHURST REHABILITATION AND HEALTHCARE CENTER	206
ELMWOOD NURSING AND REHABILITATION CENTER	70
EVERGREEN HOUSE HEALTH CENTER	160
FRIENDLY HOME INC THE	126
GOLDEN CREST NURSING CENTRE	152
GRACE BARKER NURSING CENTER	86
GRAND ISLANDER CENTER	146
GRANDVIEW CENTER	72
GREENVILLE SKILLED NURSING AND REHABILITATION	131
GREENWOOD CENTER	130
HALLWORTH HOUSE	57
HARRIS HEALTH CARE CENTER NORTH	32
HARRIS HEALTH CENTER LLC	31
HATTIE IDE CHAFFEE HOME	60
HEATHERWOOD REHABILITATION AND HEALTH CARE CENTER	114
HEBERT NURSING HOME	133
HERITAGE HILLS NURSING & REHABILITATION CENTER	100
HOLIDAY RETIREMENT HOME INC	170
HOPKINS MANOR LTD	200

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**Attachment A, continued**

<b>Facility Name</b>	<b>Licensed Public Pay Beds</b>
JEANNE JUGAN RESIDENCE	49
JOHN CLARKE RETIREMENT CENTER THE	60
KENT REGENCY CENTER	153
KINGSTON CENTER FOR REHABILITATION AND HEALTH CARE	55
LINN HEALTH & REHABILITATION	84
MANSION NURSING AND REHAB CENTER	62
MORGAN HEALTH CENTER	120
MOUNT ST RITA HEALTH CENTRE	98
OAK HILL CENTER FOR REHABILITATION & HEALTH CARE	129
OAKLAND GROVE HEALTH CARE CENTER	178
ORCHARD VIEW MANOR	166
OVERLOOK NURSING AND REHABILITATION CENTER	100
PAWTUCKET SKILLED NURSING AND REHABILITATION	154
RESPIRATORY AND REHABILITATION CENTER OF RI	210
RIVERVIEW HEALTHCARE COMMUNITY	190
ROBERTS HEALTH CENTRE INC	66
ROYAL MIDDLETOWN NURSING CENTER	50
ROYAL OF WESTERLY NURSING CENTER	66
SAINT ELIZABETH HOME EAST GREENWICH	168
SAINT ELIZABETH MANOR EAST BAY	133
SCALABRINI VILLA	120
SCANDINAVIAN HOME INC	74
SILVER CREEK MANOR	128
SOUTH COUNTY NURSING AND REHABILITATION CTR	120
SOUTH KINGSTOWN NURSING AND REHAB CTR	112
ST ANTOINE RESIDENCE	260
ST CLARE HOME	60
STEERE HOUSE NURSING AND REHABILITATION CTR	120
STILLWATER ASSISTED LIVING AND SKILLED NURSING COMMUNITY	80
SUMMIT COMMONS REHABILITATION AND HEALTH CARE CENTER	146
SUNNY VIEW NURSING HOME INC	57
TOCKWOTTON ON THE WATERFRONT	52
TRINITY HEALTH AND REHABILITATION CENTER	185
VILLAGE HOUSE NURSING & REHABILITATION CENTER	95
WARREN SKILLED NURSING AND REHABILITATION	63
WATERVIEW VILLA REHABILITATION AND HEALTH CARE CENTER	132
WEST SHORE HEALTH CENTER	145
WEST VIEW NURSING & REHABILITATION CENTER	120
WESTERLY HEALTH CENTER	106
WOODPECKER HILL HEALTH CENTER	41
WOONSOCKET HEALTH CENTRE	150

***FOR REFERENCE ONLY. PLEASE DO NOT COMPLETE THIS FORM.***

**Attachment B – RIDOH Modified CDC COVID-19 Infection Control Checklist for Nursing Homes**

*[Beginning on subsequent page]*

FOR EXAMPLE ONLY

# Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings



Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation). This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. Additional information can be found at [www.cdc.gov/COVID-19](https://www.cdc.gov/COVID-19). Information from state, local, tribal, and territorial health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

This checklist identifies key areas that long-term care facilities should consider in their COVID-19 planning. Long-term care facilities can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. Additional information is provided via links to websites throughout this document. However, it will be necessary to actively obtain information from state, local, tribal, and territorial resources to ensure that the facility's plan complements other community and regional planning efforts. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

**A preparedness checklist for hospitals, including long-term acute care hospitals is available.**

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf>

**Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings:**

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

**Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF):**

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

## 1. Structure for planning and decision making

- COVID-19 has been incorporated into emergency management planning for the facility.
- A multidisciplinary planning committee or team\* has been created to specifically address COVID-19 preparedness planning.

**List committee's or team's name:**

*\*An existing emergency or disaster preparedness team may be assigned this responsibility.*

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Completed	In Progress	Not Started



	Completed	In Progress	Not Started
<p><b>cont.</b></p> <ul style="list-style-type: none"> <li>■ People assigned responsibility for coordinating preparedness planning, hereafter referred to as the COVID-19 response coordinator.</li> </ul> <p><b>Insert name(s), title(s), and contact information:</b></p>       <ul style="list-style-type: none"> <li>■ Members of the planning committee include the following: (Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist.)               <ul style="list-style-type: none"> <li>▪ Facility administration</li> <li>▪ Medical director</li> <li>▪ Director of Nursing</li> <li>▪ Infection control</li> <li>▪ Occupational health</li> <li>▪ Staff training and orientation</li> <li>▪ Engineering/maintenance services</li> <li>▪ Environmental (housekeeping) services</li> <li>▪ Dietary (food) services</li> <li>▪ Pharmacy services</li> <li>▪ Occupational/rehabilitation/physical therapy services</li> <li>▪ Transportation services</li> <li>▪ Purchasing agent</li> <li>▪ Facility staff representative</li> <li>▪ Other member(s) as appropriate (e.g., clergy, community representatives, department heads, resident and family representatives, risk managers, quality improvement, direct care staff including consultant services, union representatives)</li> </ul> </li> <li>■ The facility's COVID-19 response coordinator has contacted local or regional planning groups to obtain information on coordinating the facility's plan with other COVID-19 plans.</li> </ul> <p><b>Insert groups and contact information:</b></p>			

### 3. Elements of a COVID-19 plan.

#### **General:**

- A plan is in place for protecting residents, healthcare personnel, and visitors from respiratory infections, including COVID-19, that addresses the elements that follow.
- A person has been assigned responsibility for monitoring public health advisories (federal and state) and updating the COVID-19 response coordinator and members of the COVID-19 planning committee when COVID-19 is in the geographic area. For more information, see <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

#### **Insert name, title, and contact information of person responsible.**

- The facility has a process for inter-facility transfers that includes notifying transport personnel and receiving facilities about a resident's suspected or confirmed diagnosis (e.g., presence of respiratory symptoms or known COVID-19) prior to transfer.
- The facility has a system to monitor for, and internally review, development of COVID-19 among residents and healthcare personnel (HCP) in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting), see CDC guidance on respiratory surveillance: <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>.
- The facility has infection control policies that outline the recommended Transmission-Based Precautions that should be used when caring for residents with respiratory infection. (In general, for undiagnosed respiratory infection, Standard, Contact, and Droplet Precautions with eye protection are recommended unless the suspected diagnosis requires Airborne Precautions; see: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>.) For recommended Transmission-Based Precautions for residents with suspected or confirmed COVID-19, the policies refer to CDC guidance; see: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.
- The facility periodically reviews specific IPC guidance for healthcare facilities caring for residents with suspected or confirmed COVID-19 (available here: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) and additional long-term care guidance (available here: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>).

#### **Facility Communications:**

- Key public health points of contact during a COVID-19 outbreak have been identified. (Insert name, title, and contact information for each.)

#### **Local health department contact:**

#### **State health department contact:**

#### **State long-term care professional/trade association:**

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Completed In Progress Not Started

	Completed	In Progress	Not Started
<p><b>cont.</b></p> <ul style="list-style-type: none"> <li>A person has been assigned responsibility for communications with public health authorities during a COVID-19 outbreak.</li> </ul> <p><b>Insert name and contact information:</b></p> <ul style="list-style-type: none"> <li>Key preparedness (e.g., Healthcare coalition) points of contact during a COVID-19 outbreak have been identified.</li> </ul> <p><b>Insert name, title, and contact information for each:</b></p> <ul style="list-style-type: none"> <li>A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility. (Having one voice that speaks for the facility during an outbreak will help ensure the delivery of timely and accurate information.)</li> <li>Contact information for family members or guardians of facility residents is up to date.</li> <li>Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., consultants, sales and delivery people) about the status of COVID-19 in the facility.</li> <li>A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals and hospital emergency medical services, relevant community organizations—including those involved with disaster preparedness) with whom it will be necessary to maintain communication during an outbreak. Attach a copy of contact list.</li> <li>A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during an outbreak.</li> </ul> <p><b>Supplies and resources:</b></p> <p><b>The facility provides supplies necessary to adhere to recommended IPC practices including:</b></p> <ul style="list-style-type: none"> <li>Alcohol-based hand sanitizer for hand hygiene is available in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).</li> <li>Sinks are well-stocked with soap and paper towels for hand washing.</li> <li>Signs are posted immediately outside of resident rooms indicating appropriate IPC precautions and required personal protective equipment (PPE).</li> <li>Facility provides tissues and facemasks for coughing people near entrances and in common areas with no-touch receptacles for disposal.</li> <li>Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided.</li> </ul> <p style="text-align: right;"><b>continue on next page</b></p>			

	Completed	In Progress	Not Started
<p><b>cont.</b></p> <ul style="list-style-type: none"> <li>Facilities should have supplies of facemasks, respirators (if available <i>and</i> the facility has a respiratory protection program with trained, medically cleared, <del>and fit-tested</del> HCP), gowns, gloves, and eye protection (i.e., face shield or goggles).</li> <li>Trash disposal bins should be positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room.</li> <li>Facility ensures HCP have access to EPA-registered hospital-grade disinfectants to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. <ul style="list-style-type: none"> <li><i>Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.</i></li> </ul> </li> <li>The facility has a process to monitor supply levels.</li> <li>The facility has a contingency plan, that includes engaging their health department and healthcare coalition when they experience (or anticipate experiencing) supply shortages. Contact information for healthcare coalitions is available here: <a href="https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx">https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx</a></li> </ul> <p><b>Identification and Management of Ill Residents:</b></p> <ul style="list-style-type: none"> <li>The facility has a process to identify and manage residents with symptoms of respiratory infection (e.g., cough, fever, sore throat) upon admission and <del>daily</del> <sup>once per shift</sup> during their stay in the facility, which include implementation of appropriate Transmission-Based Precautions.</li> <li>The facility has criteria and a protocol for initiating active surveillance for respiratory infection among residents and healthcare personnel. CDC has resources for performing respiratory surveillance in long-term care facilities during an outbreak, see: <a href="https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf">https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf</a></li> <li>Plans developed on how to immediately notify the health department for clusters of respiratory infections, severe respiratory infections, or suspected COVID-19.</li> <li>The facility has criteria and a protocol for: limiting symptomatic and exposed residents to their room, halting group activities and communal dining, and closing units or the entire facility to new admissions.</li> <li>The facility has criteria and a process for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on affected units.</li> </ul> <p><b>Considerations about Visitors:</b></p> <ul style="list-style-type: none"> <li>The facility has plans and material developed to post signs at the entrances to the facility instructing visitors not to visit if they have fever or symptoms of a respiratory infection.</li> <li>The facility has criteria and protocol for when visitors will be limited or restricted from the facility.</li> </ul> <p style="text-align: right;"><b>continue on next page</b></p>			

	Completed	In Progress	Not Started
<p><b>cont.</b></p> <ul style="list-style-type: none"> <li>Should visitor restrictions be implemented, the facility has a process to allow for remote communication between the resident and visitor (e.g., video-call applications on cell phones or tablets) and has policies addressing when visitor restrictions will be lifted (e.g., end of life situation).</li> </ul> <p><b>For more information about managing visitor access and movement in the facility see:</b> <a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html</a></p> <p><b>Occupational Health:</b></p> <ul style="list-style-type: none"> <li>The facility has sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill healthcare personnel (HCP) to stay home.</li> <li>The facility instructs HCP (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice.</li> <li>The facility has a process to actively screen HCP for fever and symptoms when they report to work.</li> <li>The facility has a process to identify and manage HCP with fever and symptoms of respiratory infection.</li> <li>The facility has a plan for monitoring and assigning work restrictions for ill and exposed HCP. (See: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</a>)</li> <li>The facility has a respiratory protection plan that includes medical evaluation, training, <del>and fit testing</del> of employees.</li> </ul> <p><b>Education and Training:</b></p> <ul style="list-style-type: none"> <li>The facility has plans to provide education and training to HCP, residents, and family members of residents to help them understand the implications of, and basic prevention and control measures for, COVID-19. Consultant HCP should be included in education and training activities.</li> <li>A person has been designated with responsibility for coordinating education and training on COVID-19 (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance).</li> </ul> <p><b>Insert name, title, and contact information:</b></p> <ul style="list-style-type: none"> <li>Language and reading-level appropriate materials have been identified to supplement and support education and training programs to HCP, residents, and family members of residents (e.g., available through state and federal public health agencies such and through professional organizations), and a plan is in place for obtaining these materials.</li> </ul> <p style="text-align: right;"><b>continue on next page</b></p>			

cont.	Completed	In Progress	Not Started
<ul style="list-style-type: none"> <li>Plans and material developed for education and job-specific training of HCP which includes information on recommended infection control measures to prevent the spread of COVID-19, including:               <ul style="list-style-type: none"> <li>Signs and symptoms of respiratory illness, including COVID-19.</li> <li>How to monitor residents for signs and symptoms of respiratory illness.</li> <li>How to keep residents, visitors, and HCP safe by using correct infection control practices including proper hand hygiene and selection and use of PPE. Training should include return demonstrations to document competency.</li> <li>Staying home when ill.</li> <li>HCP sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact).</li> </ul> </li> <li>See: "Strategies to prevent the spread of COVID-19 in long-term care facilities," available at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html">https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html</a></li> <li>The facility has a plan for expediting the credentialing and training of non-facility HCP brought in from other locations to provide resident care when the facility reaches a staffing crisis.</li> <li>Informational materials (e.g., brochures, posters) on COVID-19 and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic.</li> </ul>			
<p><b>Surge Capacity:</b></p> <p><i>Staffing</i></p> <ul style="list-style-type: none"> <li>A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.</li> <li>A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during a COVID-19 outbreak.</li> </ul> <p><b>Insert name, title, and contact information:</b></p> <ul style="list-style-type: none"> <li><del>Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law.</del></li> <li>The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.</li> </ul> <p style="text-align: right;"><b>continue on next page</b></p>	<hr/>		

cont.	Completed	In Progress	Not Started
<p><b>Consumables and durable medical equipment and supplies</b></p> <ul style="list-style-type: none"> <li>Estimates have been made of the quantities of essential resident care materials and equipment (e.g., intravenous pumps and ventilators, pharmaceuticals) and personal protective equipment (e.g., masks, respirators, gowns, gloves, and hand hygiene products), that would be needed during an eight-week outbreak.</li> <li>Estimates have been shared with local, regional, and tribal planning groups to better plan stockpiling agreements.</li> <li>A plan has been developed to address likely supply shortages (e.g., personal protective equipment), including strategies for using normal and alternative channels for procuring needed resources.</li> <li>A strategy has been developed for how priorities would be made in the event there is a need to allocate limited resident care equipment, pharmaceuticals, and other resources.</li> <li>A process is in place to track and report available quantities of consumable medical supplies including PPE.</li> </ul> <p><b>Postmortem care:</b></p> <ul style="list-style-type: none"> <li>A contingency plan has been developed for managing an increased need for postmortem care and disposition of deceased residents.</li> <li>An area in the facility that could be used as a temporary morgue has been identified.</li> <li>Local plans for expanding morgue capacity have been discussed with local and regional planning contacts.</li> </ul>			