



State of Rhode Island
Executive Office of Health and Human
Services

Shared Living Program Standards

Rite @ Home... A Choice for Care @ Home

Effective July 1, 2018

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Program Description

Rlte @ Home is Rhode Island's Medical Assistance Shared Living Program:

This service provides a home-like setting for individuals who choose not to alone, because a considerable amount of help is needed to perform activities of daily living, but who want to continue to live in the community as long as possible. A care recipient lives with a caregiver in the caregiver's home, though in some situations, the caregiver may agree to move into the care recipient's home. The Caregiver is responsible for personal care, including assistance with Activities of Daily Living (ADLs), homemaker services, chore services, meals, transportation, being on call 24/7, providing socialization, and providing a home-like environment. Caregivers are overseen by agencies contracted by EOHHS. Caregivers of Shared Living participants may receive a stipend for providing 24/7 care and respite or time off from full-time care. Room and board is not covered by Medicaid. Shared Living is appropriate for those individuals that are not a danger to themselves or others in the shared home, are able to take action for self-preservation in accordance with an agreed upon Service and Safety Plan, are informed of and willing to assume a certain amount of risk regarding safety inherent in this type of living arrangement (both caregiver and recipient).

Rlte @ Home expands the range of community-based services to the elderly and adults with disabilities by allowing such persons to live in a safe and secure home environment that supports their needs. Rlte @ Home is a person-centered program that facilitates individual choice regarding services and supports and who provides them. Rite @ Home is a cost-effective alternative to institutional care.

Rlte @ Home is available for individuals that are eligible for Rhode Island Medical Assistance and qualify for Long Term Services and Supports at the High or Highest Level of Care.

Agencies who are interested in providing Rlte @ Home Services are encouraged to contact the Executive Office of Health and Human Services for more information. Inquiries should be directed to:

Shared Living Administrator
3 West Road
Cranston, RI 02920
Phone: (401) 462-6278

EOHHS reserves the right to require its contracted provider agency or agencies to have the flexibility and willingness to expand to provide the service based on consumer demand, and to meet all the timeliness requirements as outlined in these program standards.

1 Section I: Organization and Administration

1.1 *Organizational Requirements*

1. Health and/or human service organizations and private companies that meet the requirements of these Program Standards may be approved as a Rlte @ Home Provider.
2. The organization shall have sufficient staff, management, and information technology to comply with these standards.
3. The Rlte @ Home provider agency shall enroll in the Medical Assistance Program as a Provider of Rlte @ Home services with the understanding that participation in the State's EOHHS Medical Assistance Program requires that all laws, rules, regulations, policies and amendments will be followed according to the specifications included in the "State of Rhode Island Executive Office of Health and Human Services Provider Agreement".

<http://www.eohhs.ri.gov/ProvidersPartners/ProviderEnrollment.aspx>

4. The provider shall be void of any major fraud and abuse actions by the Federal Medicare or State Medicaid Programs.
5. The provider shall be in "good standing" with all licensure organizations/bodies.

1.2 *State Presence*

1. The provider must maintain an office in the State of RI. The provider may be able to perform some administrative functions out-of-state, with the approval of the Executive Office of Health and Human Services (EOHHS), as long as it does not affect the quality, efficiency and delivery of Rlte @ Home services required by these standards.
2. The Program Director and critical staff will work out of the provider's office in Rhode Island and will serve as the liaison with EOHHS staff. The Program Director will be available to meet with EOHHS as needed.

1.3 Geography

The Rite @ Home provider must demonstrate that it can effectively provide coverage statewide for eligible individuals referred for services or those currently receiving Rite @ Home services.

1.4 Capacity

The Rite @ Home provider must demonstrate that it can identify qualified caregivers and home settings that adequately support the State's mission in expanding the range of community-based services to the elderly and adults with disabilities by allowing such persons to live within a safe and secure home environment. Providers must have the flexibility to expand its capacity as the need and interest in Rite @ Home expands. Waiting lists are prohibited, unless special permission granted through a request to the Executive Office of Health and Human Services, Shared Living Administrator.

1.5 Access

The Rite @ Home provider must provide a system to receive and respond to emergency calls from the caregiver and/or consumer on a 24-hour basis, 7 days a week. The provider agency must establish a written procedure to ensure that the consumer and/or caregiver know how to access the provider agency 24/7.

1.6 Financial Status

The Rite @ Home provider shall be financially solvent and able to demonstrate that it has sufficient financial resources, adequate net worth and good credit history to effectively supply the program requirements to Rite @ Home consumers.

1.7 Compliance Requirements

1. The Rite @ Home provider shall comply with these program standards throughout the enrollment period. EOHHS has the responsibility to monitor and assess the ability of Rite @ Home providers to successfully deliver and maintain Rite @ Home services pursuant to the requirements in these program standards and the State's Medical Assistance Provider Participation Agreement. EOHHS will conduct oversight activities, which may include, but is not limited to:
 - a. Requiring provider submission of periodic reports to EOHHS

- b. Record reviews
 - c. Agency and placement visits
 - d. Caregiver and participant surveys as identified herein. For purposes of review, providers will provide access to EOHHS and/or its agents at reasonable times to review personnel and written records.
 - e. Reimbursement claim reviews
2. EOHHS reserves the right to apply a range of sanctions to provider agencies that are out of compliance. These may include, but are not limited to:
 - Additional reporting requirements
 - Corrective Action Plans
 - Suspension of new referrals
 - Recoupment of funds when violations of Medicaid regulations occur
 - Suspension of Provider Agreement
 - Referral to appropriate legal authorities
 3. The Rite @ Home provider agency must comply with the requirements of State and Federal laws.
 4. The Rite @ Home provider must develop and implement policies that ensure compliance with the Health Insurance Portability Accountability Act (HIPAA).
 5. The Rite @ Home provider must develop and implement policies that ensure compliance with the Home and Community Based Services Final Rule
 6. The Rite @ Home provider agency must maintain caregiver records to track training and ability to provide Rite @ Home services to the consumer.
 7. The Rite @ Home provider agency must maintain staff personnel records that include training and professional development participation and performance evaluations.
 8. The Rite @ Home provider agency must maintain accurate records for payment of stipends and respite services for accounting and tax purposes.
 9. The Rite @ Home provider agency will be expected to comply with the following disclosures regarding ownership, control and business transactions:
 - *42 CFR 455.104 Disclosure by providers and fiscal agents: Information on ownership and control;*
 - *42 CFR 455.105 Disclosure by providers: Information related to business transactions*

10. Severability- If any provisions of the standards herein or the application thereof to any program, agency or circumstances shall be held invalid, such invalidity shall not affect the provision or the application of these standards which can affect, and to this end, the provisions of the standards are declared to be severable.
11. Deficiencies and Plans of Correction- The State Medicaid Agency is authorized to deny, suspend or revoke the Rite @ Home Providers participation in the Medicaid Program in the event the Rite @ Home Provider has failed to comply with the EOHHS Medicaid Code of Administrative Rules (MCAR), applicable federal law and regulations and the certification Standards set forth herein.

In addition, the State Medicaid Agency may take any action pursuant to RIGL-40-8.2 and EOHHS MCAR, Section 0300...40-0300.40.55

1.8 Record Retention

Medical and other records shall be retained for authorized inspection for a period of five calendar years after the calendar year in which the services were provided. However, providers are advised that the statute of limitations for the Medical Assistance Fraud Control Act is 10 years.

2 Section II: Rlte @ Home Provider Agency Scope of Services

The Rlte @ Home provider agency is responsible for ensuring that participants receive daily, ongoing personal supports including caregiver services, care management and coordination services, and provider agency administration that enables the consumer to live in a safe and home-like setting.

The Rlte @ Home Provider shall monitor the health and safety, satisfaction, and progress towards goals of consumers.

Participants may also have access to additional Medicaid benefits, including: Adult Day Care, Minor Home Modifications, Durable Medical Equipment, and Transportation.

Individuals who are receiving services from Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH), may continue to receive some services as approved and funded by BHDDH.

2.1 Eligible Populations:

Rlte @ Home is a person-centered service that requires the consumer to express his or her wishes and consent to receiving Rlte @ Home services. The consumer (or his/her designated representative) must be able to choose the caregiver and home setting, which may include homes identified by the Rlte @Home provider agency, where they wish to live and to participate in the development of his/her Service and Safety plan.

Eligibility for Rhode Island Medical Assistance Long Term Services and Supports or Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) Level of Care is required.

These eligibility groups include adults with disabilities over the age of eighteen (18) or elders aged sixty-five (65) or older who meet either a high or highest level of care or individuals with developmental disabilities who meet designated level of care criteria.

Eligible participants require ongoing supervision and/ or daily assistance in completing activities of daily living and/or instrumental activities of daily living

Eligible participants must be capable of self-preservation in accordance with an agreed upon Service and Safety Plan

Eligible participants must not exhibit behavior that poses a threat to self or others in the setting.

A Shared Living arrangement may not consist of more than one participant or two participants who have an existing relationship and both participants are in agreement with the arrangement.

2.2 Program Enrollment:

The Rlte @ Home provider shall provide, at a minimum, the services specified below to all individuals seeking enrollment in the Rlte @ Home Shared Living Program:

1. Assistance with completion of initial and renewal applications for Rhode Island Medical Assistance Long Term Services and Supports as needed, including submission of any financial, medical or functional assessment documents required.
2. Assessment of eligibility for program including the individual's functional abilities, needs, and preferences;
3. Written and dated enrollment decision:
If services denied, reason must be included and individual must receive notice of the right to a Fair Hearing in accordance with EOHHS Fair Hearing Regulations.

2.3 Development of the Service and Safety Plan:

The Rlte @ Home Provider is responsible for developing a Service and Safety Plan for each participant enrolled in the Rlte @ Home program. The Service and Safety Plan is a written document that delineates the responsibilities of the consumer, care giver and Rlte @ Home provider agency and clearly identifies goals and objectives for services and activities needed to meet the person's needs for direct care, personal care and supervisory care.

1. The Service and Safety Plan must include the following components:
 - a. *Clinical Nursing Assessment* completed by a licensed registered nurse, employed by the agency, which captures the consumer's clinical and functional support needs and informs the clinical aspects of the consumer's overall plan of care. The clinical nursing assessment will include the following elements:

- i. Primary care physician and treating specialists
 - ii. Medical history, including past surgeries, chronic health conditions and major health issues.
 - iii. Current medical conditions and cognitive and/ or emotional impairments
 - iv. Dental, vision and hearing needs and current services
 - v. Consumer's abilities, needs and preferences to be safely left unattended for intermittent periods of time without the presence of a caregiver or other responsible party
 - vi. Consumer's ability to evacuate home if needed
 - vii. Current medications, prescriber, and related diagnosis
 - viii. Immunizations
 - ix. Specific needs related to overnight/sleep
 - x. Special equipment or devices needed
 - xi. Dietary restrictions and preferences
 - xii. Behavioral interventions relevant to care and services
 - xiii. Skilled needs
 - xiv. Treatment or procedures relevant to care and services
 - xv. Allergies
 - xvi. Health insurance information
- b. *Social Service Assessment* completed by a case manager, employed by the agency which captures the consumer's social support needs and informs the social aspects of the consumer's overall plan of care. The social service assessment will include the following elements:
- i. Prior occupation
 - ii. Years of education or highest degree, military service
 - iii. Spouse or partner name and marital status
 - iv. Family members including children, grandchildren
 - v. Friends or other individuals important to individual and degree of contact
 - vi. Substance use (type, frequency), including tobacco
 - vii. Lifestyle and leisure interests and activities
 - viii. Consumer's preferences such as daily routine, grooming, food and interests
 - ix. Ancillary services including, but not limited to, Adult day health, VA services
 - x. Religious/spiritual activities and preferences
 - xi. Primary language
 - xii. Literacy level and related support needs
 - xiii. Transportation needs
 - xiv. When serving two participants in the same home, documentation of how the participants are known to each other, and their choice to live together.

- c. *Person-Centered Care Plan* that is developed with the consumer which facilitates individual choice regarding services and supports and who provides them. The consumer must be allowed to identify and include other members they wish to participate in the care planning process. The person-centered care plan must:
 - i. Be based on the identification of specific and individualized assessed needs,
 - ii. Identify aligned services and supports to be provided by whom, when, and how.
 - iii. Have goals and objectives clearly stated and written in behavioral terms to measure progress. Goals and objectives should be measurable, achievable, and results oriented.
 - iv. Include established time limits for periodic reviews to determine if modifications to the Service and Safety Plan are necessary. In some cases the goals maybe ongoing and represent the long-term management of a chronic health condition
 - v. Document positive interventions and supports used prior to any modifications to the plan
 - vi. Document less intrusive methods of meeting the need that have been tried but were not effective
 - vii. Include a clear description of the condition that is directly proportionate to the specific assessed need
 - viii. Include assurance that interventions and supports will cause no harm to the individual.
 - ix. Include an emergency back-up plan for any instance when the caregiver may temporarily not be able to provide care, including at least one respite caregiver
 - x. Include an evacuation plan in case of emergency
2. The Service and Safety Plan must be reviewed and approved by the licensed registered nurse employed by the agency.
3. The Service and Safety Plan must be signed by the consumer, the caregiver and the RItE @ Home Provider agency. For consumers who are unable to formally sign the Service and Safety Plan, the provider agency will document how the consumer documents consent by an identifiable mark, initials or other means. When applicable, the consumer's legal representative may sign the Service and Safety Plan for the consumer. The agency and caregiver must maintain a copy of the Service and Safety Plan and the consumer must be provided a copy.

4. The initial Service and Safety Plan must be completed and subsequently approved by EOHHS or Medicaid Managed Care Organization (if required) prior to service initiation. See appendix for prior authorization requirements.
5. The Service and Safety Plan will be reviewed and updated at least annually and any time the consumer or caregiver requests it or there is a change in needs or preferences.

2.4 Home Assessment and Certification

The Rlte @ Home provider agency is responsible for developing a process by which the provider agency assesses potential home settings and caregivers that most effectively meet the consumer's needs and preferences.

The provider agency must provide, whenever possible or upon the individual's request, a choice of alternate home settings and caregivers and develop a process by which the consumer, and when appropriate other family members, have the opportunity to meet potential caregivers and visit potential home settings. The setting options are identified and must be documented in the Service and Safety Plan and be based on the individual's needs and preferences.

The home setting where the consumer and caregiver reside is considered a private residence that is owned, rented or leased by the consumer or the care giver. The setting must be integrated in and support full access to the greater community to the same degree of access as individuals not receiving Medicaid Home and Community Based Services (HCBS). Consumers receiving services in this setting should have the same experience as those not receiving Medicaid HCBS. The setting shall facilitate individual choice regarding services and supports and who provides them.

Room and board costs and responsibilities are not included in the scope of Rlte @ Home services. The consumer and the caregiver determine the need for formal documents pertaining to rental agreements, leases, mortgages, rental and home owner's insurance, utilities and other costs associated with living in a private residence. The Rlte @ Home agency provider maintains basic documentation of the living arrangement and monitors the consumer's understanding of the living arrangements.

Any settings that have qualities of an institutional setting, including a setting that is located in a building that is also a publically or privately-owned facility that provides inpatient treatment, or in a building on the grounds of or immediately adjacent to a public institution, or a setting that has the effect of isolating consumers, are not permitted to be a home setting.

Prior to the completion of the Service and Safety Plan, the RItE @ Home provider agency is responsible for conducting a home visit for the purpose of evaluating and determining if the home setting meets the following requirements:

- a. The home setting is a private residence located in Rhode Island, occupied by the caregiver and/or the consumer;
- b. The home setting does not meet the definition of an institution or assisted living residence in RI;
- c. The home setting is integrated into the community;
- d. The home setting is not subject to licensing requirements by RI agencies such as the Department of Health (DOH) or the BHDDH.
- e. The home setting must have a clear and safe evacuation route and be compliant with all applicable local and state fire and safety codes, including, but not limited to the presence of:
 - i. Smoke detectors
 - ii. Carbon monoxide detectors
 - iii. Fire extinguishers
 - iv. Adequate exits or means of egress
- f. The home setting is properly heated and cooled;
- g. The home setting is free of insect or rodent infestation
- h. The home setting is physically accessible based on assessed needs;
- i. The home setting must ensure necessary safety equipment is in good repair and shows evidence of adequate maintenance and upkeep;
- j. The home setting provides unobstructed passageways throughout the house;
- k. The home setting includes private sleeping arrangements based on individualized assessment, needs and preferences. The sleeping arrangement must have adequate ventilation, including a functioning window and heat and adequate lighting. At a minimum the sleeping arrangement must have a bed and mattress, bed stand, and linens and meet the assessed needs and preferences of the individual;
 - i. The consumer has the ability to furnish and decorate sleeping unit based on individual needs and preferences

- ii. The sleeping arrangement must offer privacy and the doors have the ability to be locked by the individual, with appropriate individuals having keys to doors.
- l. The home setting includes opportunities to seek employment and work in competitive integrated settings based on individualized assessment;
- m. The home setting includes opportunities to control personal resources
- n. The home setting shall ensure the consumer's rights of privacy, dignity and respect and freedom from coercion and restraint;
- o. The home setting provides the consumer with access to a secure bathroom that assures privacy and the doors have the ability to be locked by the consumer, with appropriate individuals having keys to doors
 - i. The bathroom must be furnished with a mirror, ventilation and/or functioning window,
 - ii. The bathroom must have appropriate safety equipment as determined by individualized assessment, needs and preferences
- p. The home setting includes adequate supplies of expendable items such as facial tissues, towels, soap and laundry supplies
- q. The home setting optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes but is not limited to:
 - i. daily activities
 - ii. physical environment, and
 - iii. with whom to interact
- r. The home setting must show proof of home owner's liability insurance
 - i. Renter's liability insurance is strongly recommended for all home settings as appropriate.
- s. The home setting must document the ownership of firearms and ammunition:
 - i. Firearms must be kept in a locked storage space and ammunition must be stored separately in a locked space.

If a consumer chooses to move to a new home setting, they must notify the Rlte @ Home provider agency. The provider agency must then conduct a home assessment of the new home within 14 days of moving. If the new home setting does not meet all of the above requirements, the provider agency will work with the caregiver to bring the home setting into compliance within 30 days. Upon application to the Rlte @Home program, all parties should be notified of this policy.

The Rlte @ Home provider is responsible for conducting home assessments and approving the home setting prior to completion of the initial and annual Service and Safety Plan.

Rlte @ Home provider agency must have written policies for ensuring ongoing compliance with home setting requirements.

2.5 Caregiver Certification, Oversight and Training

2.5.1 Certification

1. Prior to the completion of the Service and Safety Plan, the Rlte @ Home provider agency is responsible to meet with all caregivers and evaluate and determine that the primary caregiver and all respite caregivers, meet the following requirements in order to be considered Certified as a Rlte @ Home caregiver:
 - a. The caregiver must be at least 18 years old
 - b. The caregiver must demonstrate competence to manage and respond to emergency situations; identify changes in consumer's medical, physical or emotional functioning and respond to the consumer's needs and concerns in a caring and effective manner
 - c. The caregiver must complete and engage in all required initial and periodic training as identified herein
 - d. The caregiver must reside in the home setting and not be legally or financially liable for the consumer; respite caregivers are not required to reside in the home setting
 - e. All paid caregivers, identified in the Service and Safety Plan, must complete and submit an annual Criminal Background Check (BCI). Any involvement with DEA protective services unit or BHDDH's quality assurance unit must also be reviewed by Rlte @ Home provider.

- f. Provider agency must review and conduct a screen on all residing members of the household over the age of 18 through the Rhode Island Judiciary Public Portal at: <https://publicportal.courts.ri.gov/publicportal> or other similarly publicly accessible records search.
 - g. Rlte @ Home providers are responsible for reviewing all positive findings and making a determination whether a caregiver can be certified based on all available information. All positive findings must be made known to the consumer and considered by all parties in the determination of certification of caregiver. Considerations must be made, at a minimum, to the following information:
 - Amount of time since conviction
 - Relationship to the participant
 - Type of offense
 - If a drug/substance abuse offense how long in recovery
 - Letters of support and references
 - h. Caregivers must be able to perform essential duties outlined in the Service and Safety Plan. The caregiver receives a comprehensive caregiver assessment, annual health screening and tuberculosis screening to document any potential issues that may impede their ability to provide care to the participant. Any limitations of the caregiver must be considered in the development of the Service and Safety Plan.
 - i. Caregiver must submit two-character references and participate in a caregiver assessment by the Rlte @ Home provider and a personal interview by the consumer and provider agency,
 - j. Caregivers must show proof of current vehicle liability insurance annually, if transportation is provided by the caregivers;
 - k. Caregivers must have a valid driver's license in good standing or with no major infractions, if transportation is provided by caregivers.
2. EOHHS must be notified of a denial of certification for any caregiver and the reason. Consumer must be notified in writing of a denial of a caregiver certification and notified of their right to a fair hearing if they dispute this decision.

2.5.2 Medication Management

1. The Rite @ Home provider agency must comply with state laws for a consumer requiring assistance with medication management and must have a policy which includes the following:
 - a. All medication, including over the counter medication, must be labeled in terms of name, dosage, and when it is taken. All medications must be stored in original packaging.
 - b. Consumers who are able to oversee their medication regime may keep medications in their own room providing medication is stored in a secure manner. If there is a change in a person's abilities to oversee their medication regime it must be documented in the Service and Safety Plan, with alternatives that have been attempted.
 - c. The caregiver and or consumer must have a list of the consumer's medications including dosage, reason for use, frequency of use, prescribing provider, and possible side effects. List must be kept updated by the provider agency nurse.
 - d. The Rite @ Home Registered Nurse must verify that the caregiver/consumer is able to correctly use glucometer, including sliding scale, or other such devices per physician orders.
 - e. The caregiver can monitor and provide reminders to the consumer about taking medication.
 - f. The caregiver cannot withhold prescribed medication without medical authorization from prescribing physician. All such instances must be documented in the consumer's record.
2. The Rite @ Home Provider Agency RN will review the consumer's medication regimen on a monthly basis and document any caregiver/consumer adherence to prescriptions, adverse actions or allergies related to the medication. Any adverse events or allergies must be immediately reported to the prescribing physician. The RN is responsible to ensure that medication refills are obtained in a timely manner and that medications are safely stored and disposed of. Assuring the safe storage and security of medications is important in ensuring consumer safety. Examples of proper storage and security of medications include confirming that refrigerated items are stored under proper conditions; that external products are stored separately from medications administered internally; assuring stored products are clearly labeled and that controlled substances are locked in an appropriate manner.

2.5.3 Caregiver Training

1. The Rlte @ Home provider agency must have policies and procedures for orientation of caregivers to the needs of the consumer, and for developing a process for continuously evaluating training needs and providing periodic training for caregivers.
2. All training sessions will be dated and signed by the trainer, the caregiver and respite caregiver and maintained in a designated section of participant record
3. The Rlte @ Home provider agency must maintain a list of mandatory training requirements in order to ensure that caregivers and respite caregivers have appropriate training. Mandatory training must include but is not limited to the following:
 - Review of the Service and Safety Plan
 - Orientation to the consumer's physical and behavioral health conditions, needs, and preferences
 - Initial and ongoing health education and training related to consumer's physical and behavioral health and well-being
 - Critical Incident Reporting requirements
 - Universal precautions
 - CPR and First Aid certification

When a consumer is in the Comfort One Program or has a duly executed Do-Not-Resuscitate Order (DNR), the requirement of CPR certification can be waived when the following have occurred:

- The provider agency has verified that the consumer is in the Comfort One Program or there is a properly executed DNR order.
- The consumer is cognizant of this and the family members are aware that this is the consumer's voluntary choice;
- The consumer's primary care provider has been consulted and is aware of the consumer's choice.
- It is documented in the Service and Safety Plan

It is recommended that the Rlte @ Home provider agency instruct the family/care consumer to register with the Department of Health's program for notification of first responders or to directly notify their local fire department of the Comfort One/DNR request.

2.5.4 Network Development

1. The Rlte @ Home provider agency must have a written marketing, recruitment and retention plan that identifies home settings/caregivers throughout the State. The provider agency must demonstrate how it will develop and manage these operations with respect to:
 - Local advertising
 - Networking through the professional community, professional organizations and the community at large.
 - Development of a program brochure and web-based advertising.
2. EOHHS has a Fact Sheet available on the EOHHS website that may be utilized by Rlte @ Home provider agencies. All agency specific program materials including a brochure and web site content must be approved by EOHHS prior to use.)
3. The Rlte @ Home provider agency must develop a network of caregivers and respite caregivers adequate to support the needs of individuals eligible for Rlte @ Home services.

2.6 Care Continuity and Coordination

1. The Rlte @ Home provider agency has the responsibility to ensure that the home and living situation is safe and that the Service and Safety Plan is being adhered to and is meeting the needs of the consumer. Visits must allow for adequate time for the caregiver and participant to meet with Rlte @ Home provider separately and together. Documentation of visits must be maintained.
 - a. Provider must conduct a weekly home visit for the first two months of enrollment.
 - b. Provider must conduct monthly home visits for the duration of enrollment.
2. Provider must document all complaints, evidence of follow-up, and resolution with applicable dates.
3. The Rlte @ Home Provider agency is responsible for developing policies and procedures that address conflict resolution that include the following:

- a. Mediation of conflicts/disputes that may arise between caregivers and consumers.
 - b. Process to transfer a consumer and to identify a new home setting or new caregiver.
4. The RItE @ Home provider agency must have policies and procedures in place that address how the provider agency will support consumers in the event of an emergency. Emergency back-up plans must be documented and must identify how the consumer will be supported in the event the caregiver is unable to provide care due to illness or other issues that may arise.
 - i. The emergency-back up plan may include alternate and respite caregivers and informal supports as appropriate.
 - ii. The emergency back- up plan must also include immediate interim placement plans.
5. The RItE @ Home Provider agency must have policies and procedures in place that address the temporary interruption of services that reserves the participant's placement and/or the resumption of RItE @ Home Services.
 - a. The consumer and RItE @ Home provider agency must clearly identify and agree to the period of time, costs, and procedures required to reserve RItE @ Home services.
 - b. When a placement interruption of 30 days or longer occurs, the EOHHS or the Managed Care Organization (if applicable) must be notified.
 - c. If the out of home placement is over 6 months the RItE @ Home agency must review the need for continued enrollment in RItE @ Home placement and/or program and notify EOHHS or the Managed Care Organization (if applicable).
 - d. A review and update to the Service and Safety Plan is required following any interruption in the RItE @ Home placement.
6. Provider agencies must report all health and safety critical incidents to EOHHS within 5 days. Critical incidents include:
 - a. Injurious falls
 - b. Pressure ulcers
 - c. Emergency Room Visits
 - d. Hospitalizations
 - e. Caregiver absences
 - f. Neglect or self-neglect

- g. Abuse
 - h. Suicide attempts
 - i. Exploitation
 - j. Missing persons
 - k. Involvement with criminal justice system
 - l. Disasters or incidents impacting home environment (such as flood in home or loss of electricity for more than 24 hours)
 - m. Death
7. In accordance with Federal and State laws, providers must report all instances of suspected abuse and/or neglect to the corresponding State agency.
 8. The Rlte @ Home provider must assess the need for, and implement if required, the policy designed to respond to unplanned or unexpected situations possibly necessitating an immediate alternative home placement. The Rlte @ Home provider should work with the consumer to activate the emergency backup plan which states the participant's choices for care in an emergency situation. The plan should include the use of an alternative caregiver, respite services, and other arrangements determined by the participant

2.7 Voluntary Disenrollment of Rlte @ Home Services

1. The Rlte@ Home consumer has the right to terminate Rlte @ Home services at any time during an authorized course of service.
 - a. The consumer is expected to give a 30-day notice to the Rlte @ Home provider agency if he/she wishes to terminate Rlte @ Home services.
 - b. Should the caregiver be unable to continue providing services, a 30-day notice must be provided to the Rlte @ Home Provider Agency.
2. The Rlte @ Home Provider Agency must ensure continuity of care for the consumer, whether through another placement if desired by consumer or through referrals as needed.

2.8 Involuntary Disenrollment of Rlte @ Home Services

1. The Rite @ Home Provider Agency may involuntarily disenroll a consumer or caregiver from the program if either the consumer or the caregiver does not comply with Program Standards or policies.
 - a. Involuntary termination must be the last resort of action taken.
 - b. The Rite @ Home Provider must show evidence of previous interventions to resolve the issues precipitating the disenrollment.
 - c. In the case of imminent harm to the consumer or caregiver, disenrollment may be effective immediately.
 - d. In the case of absence from the state or the country for longer than a three (3) month period of time.
2. Involuntary termination from the Rite @ Home Program may result from any of the following:
 - a. The loss of Medicaid LTSS eligibility
 - b. Consumer requires a more specialized level of care.
 - c. A caregiver proves incapable of acting in the best interest of the consumer
 - d. The receipt of substantiated complaints of participant self-neglect, neglect or other abuse on the part of the consumer or the caregiver
 - e. Refusal by the consumer or the caregiver to cooperate with minimum program oversight activities, even when the provider agency has made efforts to accommodate the consumer or the caregiver
 - f. The caregiver home is no longer considered a safe environment following attempts at remediation
 - g. The caregiver can no longer adequately care for the consumer and a replacement caregiver cannot be identified.
 - h. Failure by the consumer to pay the amount determined in the post eligibility treatment of income as described in DHS rules to the Rite@ Home Provider agency
 - i. The consumer is at risk of harm to self or others and cannot be stabilized.
3. The Rite @ Home provider must notify the participant and the caregiver in writing, the reason (s) for disenrollment, and the right to a fair hearing.

4. EOHHS must be notified immediately of all disenrollments.
5. The Rite @ Home provider must inform the consumer and caregiver of other HCBS service options and help to facilitate eligibility and or enrollment for those options, as appropriate.

3 Section III: Caregiver Scope of Services

1. The caregivers are responsible for ensuring the provision of personal care services and supports to the consumer on a 24/7 basis, as identified in the person-centered Service and Safety Plan. Specifically:
 - a. The caregiver shall provide a constructive, positive relationship and living experience for the participant.
 - b. The caregiver shall provide assistance with or direct provision of Instrumental Activities of Daily Living such as meal preparation, laundry, shopping and housekeeping;
 - c. The caregiver shall provide assistance with Activities of Daily Living such as bathing, dressing, grooming, toileting, transferring, and ambulation;
 - d. The caregiver shall provide companionship and opportunities for socialization;
 - e. The caregiver shall ensure consumers are able to have visitors of their choosing at any time;
 - f. The caregiver shall ensure that the participant has access to adequate and appropriate medical care as identified in the service and safety plan;
 - g. The caregiver/consumer must maintain a list of all medications used by the consumer including dosage, frequency of use, reason for medication, prescribing provider, and possible side effects. Gratuitous nursing performed pursuant to RIGL section 5.34.31 is not reimbursable as part of the Rite @Home program
 - i. The caregiver shall monitor and remind consumers about taking medications;
 - ii. the caregiver cannot withhold prescribed medication without medical authorization

- h. The caregiver shall provide, to the maximum degree possible, for maintenance of skills that are already present to foster independence and community integration;
- i. The caregiver shall provide nutritious meals, snacks and beverages, based on individualized assessment, preferences and needs and as documented in the person-centered Service and Safety Plan. The consumer shall have access to food at any time.
- j. The caregiver, with support from the provider agency, shall arrange for respite services on an as-needed basis up to the specified amount allowed by EOHHS.
- k. The caregiver, as indicated by the participant, shall participate in the development of the person-centered Service and Safety Plan.

The care giver shall provide transportation for the participant, under the guidance of the rules herein, whenever possible. If the caregiver is unable to transport, the caregiver shall make other arrangements for transportation which may include Medicaid-funded transportation.

For participants who choose to participate in an Adult Day Health Program, the caregiver must be available to provide care and supports to the consumer if he/she is unable to participate in adult day on a given day due to illness, medical appointments or other reasons.

4 Section IV: Consumer and Caregiver Rights and Responsibilities

1. Rlte @ Home participants and caregivers must be informed of their rights and what they are entitled to receive under the Rlte @ Home program requirements as well as their responsibilities to begin and maintain enrollment in the Rlte @ Home program.
2. The Rlte @ Home provider will review the participants rights and responsibilities and obtain agreement by a signed Participant Agreement Form. (See appendix) by all participants no later than the start date of enrollment.

3. The Rlte @ Home provider will review the Caregiver Statement of Responsibility and Understanding with the primary caregiver (See appendix) no later than the start date of enrollment

5 Section V: Staffing Requirements

Personnel files must be maintained for all staff. File must contain detailed job descriptions, copy of valid and applicable license(s), documentation of education or experience requirements, evidence of ongoing training and supervision, and documentation of disciplinary actions. Minimum staffing shall include:

5.1 Registered Nurse

Each Rlte @ Home provider agency must employ a registered nurse licensed in the State of RI.

The following are the requirements for the Registered Nurse:

- Must have a valid license in good standing from the Rhode Island Department of Health,
- Must have 3 years of experience working with the target population
- Must be capable of providing direction and guidance to care consumers, case managers and caregivers.

The responsibilities include but are not limited to:

- For each consumer, the Registered Nurse must complete a nursing assessment annually and as needed that captures the consumer's clinical oversight and support needs. The Registered Nurse will develop and oversee the development of the person-centered Service and Safety Plan and provide nursing supports as indicated in the Service and Safety Plan.
- The Registered Nurse must coordinate all aspects of other applicable clinical assessments. (ex: Fall risk)
- The Registered Nurse must conduct home visits to support achievement of the outcomes as specified in the individual's Service and Safety Plan. Frequency of visits should be determined by the needs of the consumer and caregiver.
- The Registered Nurse must oversee and document that the consumer's health care needs are being consistently addressed in accordance with the consumer's Service and Safety Plan.

- The Registered Nurse must conduct a home visit within 5 days post hospitalization, review the Service and Safety Plan and make any necessary changes.
- The Registered Nurse must maintain nursing progress notes for each home visit.
- The Registered Nurse must ensure participant attends annual visit with primary Care Physician or document reason otherwise.
- The Registered Nurse must document all visits or interactions with other providers when addressing a significant change in a consumer's health or psychosocial functioning.
- The Registered Nurse must coordinate and maintain communication with the consumer's health care provider(s) and collaborate with any ancillary services (e.g., physical therapy, speech therapy, or occupational therapy) that a recipient requires. The nurse must report any changes in a consumer's condition to his/her physician.
- The Registered Nurse must document all required and optional education and training of the caregiver and consumer.
- The Register Nurse must provide and document education, support and training to the caregiver relative to the consumer's condition.
- The Registered Nurse must collaborate with the Rlte @ Home care manager in addressing the needs of the consumer.

5.2 Program Director

Each Rlte @ Home Provider must employ a program director who is responsible to oversee the daily operations of the Rlte @ Home program.

The following are the requirements for the Program Director:

- The Program Director shall have at least a Bachelor's degree in a related field.
- At least 3 years of experience working with the target population,
- Experience in managing Rlte @ Home services or similar programs.

The duties of the Program Director include the administration and management of the program. The Program Director must be available to meet with EOHHS staff with reasonable notice and to provide reports and access to records as requested by EOHHS.

5.3 Case Manager

The following are requirements of the Case Manager:

- Must be at least 21 years of age,
- Must have completed an Associate's or Bachelor's degree in Human Services or related field or have documented, relevant, professional experience of 5 years or more.
- Must have training and education and/or experience in providing case management services and working with the target population including training or direct experience in providing case management service for those with Dementia.
- The duties of a case manager must be documented and support the needs of participant and caregivers during Rite @ Home enrollment.

6 Section VIII: Reporting Requirements

The following are reports which must be submitted to EOHHS as stated herein. EOHHS has the right to ask for further information as deemed necessary to monitor the performance of the Rite @ Home Providers. Required reporting templates are provided in appendix.

- The provider must submit a copy of its financial audit each year. The results of the financial audit should be submitted to EOHHS by July 10th of each calendar year.
- The provider must report all enrollments and disenrollments to EOHHS.
- The provider must submit a report detailing all complaints received by participants, caregivers, and family members with resolutions and timelines. This report must be submitted quarterly to EOHHS by the 10th of the following month of the reporting period.
- The provider must conduct an annual satisfaction survey of participants and caregivers and utilize feedback to make program improvements when possible. Survey results and an annual improvement plan based on results must be submitted to EOHHS by an agreed upon annual date.

- The provider must submit critical incident reports within 5 days of occurrence to EOHHS as indicated herein.

7 Section IX: Payment

Rlte @ Home services consists of the following reimbursable service components:

- Caregiver Stipend: The Rlte @ Home provider will submit claims and pay the caregiver a stipend. The daily stipend rate is determined based on the participant's level of care and participation in Adult Day Health Services. The Rlte @ Home provider must not alter the caregiver stipend unless approved by EOHHS.
- Respite Services: The annual cost of respite will not exceed \$3,000 per individual, per pro-rated annual period. The participant and caregiver will determine the reimbursement rate and it shall be billed as such. Respite should not be used for more than two consecutive weeks at a time.
- Administration and Care Management: The Rlte @ Home provider may submit claims for administration and care management. The rate is per diem and is determined based on the participant's level of care. The amount paid will be reduced by the participants cost of care, as determined by the Department of Human Services. Rlte @ Home providers may not charge the consumer or care giver additional funds for services provided or reduce the caregiver stipend, unless approved by EOHHS.
- Service and Safety Plan Development: The Rlte @ Home provider may submit claims for the development of the initial service and safety plan.

Medicaid Fee-for Service reimbursement rates are provided in appendix.

Conditions of payment:

- a. Rlte @ Home providers must have a signed Medical Assistance Provider Participation Agreement Form.
- b. Rlte @ Home provider must agree to comply with Program Standards
- c. Rlte @ Home services are reimbursable as of the start date only. Caregivers may not be reimbursed for previous care provided.
- d. Rlte @ Home services are not reimbursable for any time while a participant is absent from the home and not receiving Rlte @ Home services from a certified caregiver. This includes time spent in hospital, rehab or nursing facility.

- e. Temporary interruptions in placement are considered suspension days and are not reimbursable.
- f. Room and board is not a Medicaid reimbursable service. Caregiver may not charge participant more than the balance remaining in the personal needs deduction as computed by the Department of Human Services.
- g. Participants may be required to contribute to the cost of their care as determined by the Department of Human Services. The RItE @ Home provider is responsible for collection of these funds, therefore must have policies and procedures in place regarding collection of participant's cost of care. The amount submitted for reimbursement for administrative costs must be reduced by the participants cost of care.
- h. Medicaid reimbursement is considered payment in full and the provider is not permitted to seek further payment from the participant in excess of Medicaid established rates.