



Assisted Living Services Description and Certification Standards
for
Providers of Medicaid Supported Assisted Living Services

Effective: November 1, 2021 for Phase 1: Tier A and Tier B
February 1, 2022 for Phase 2: Tier A, Tier B, and Tier C

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Introduction

Assisted Living services are a critical component of the continuum of long-term services and supports (LTSS) available to meet the needs of Medicaid eligible adults. Pursuant to the passage of the LTSS Resiliency and Rebalancing Package by the Rhode Island General Assembly, the Rhode Island Executive Office of Health and Human Services (RI EOHHS) is updating its approach to both (a) certifying Assisted Living Residences (ALRs) and (b) reimbursing ALRs for their services. This document lays out the State's new policies and guidelines.

Certification. Under these provisions, ALRs will be certified at one of three levels or tiers (Facility Tier A, B, or C).

Central to certification is the package of services that an ALR demonstrates it is equipped to provide to LTSS Medicaid beneficiaries. The new certification standards build upon existing ones. In addition to Facility Tier A (formerly known as 'Basic') and Facility Tier B (formerly known as 'Enhanced'), the State has added a specialized certification tier, Facility Tier C, for ALRs that are able to offer supportive services for beneficiaries with more complex needs.

Reimbursement. Reimbursement levels for ALR services provided to Medicaid LTSS beneficiaries will be based on the ALR's certification tier and the beneficiary's level of need (Beneficiary Tier A, B, or C, reflecting low to high acuity). Three possible reimbursement levels are established (\$78 per day for Beneficiary Tier A; \$113 per day for Beneficiary Tier B; and \$136 for Beneficiary Tier C).

ALR services rendered by beneficiaries with the highest acuity needs will be reimbursed at the highest rate, but at a rate not exceeding the maximum for the ALR's certification tier. For example:

- For a person who is designated as Beneficiary Tier C and resides at a Facility Tier C building, the ALR will be reimbursed at a daily rate of \$136.
- The daily reimbursement rate for that same person residing at a Tier B certified ALR will be the maximum amount for that Tier, or \$113.
- The daily rate for a Beneficiary Tier A resident residing at a Facility Tier A or Facility Tier B ALR will be \$78.

Certain grandfathering actions are taken to ensure a smooth transition to these new certification and payment arrangements. For more information on the transition period see 'Medicaid Assisted Living Program Advisory Notice as to Program Changes' in the Appendix.

This document includes the following information:

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I. Background and Basis for Medicaid Coverage of Assisted Living Services

Medicaid covers a range of services and supports to meet a beneficiary’s LTSS needs in a manner that promotes self-reliance, dignity, and independence. Examples of LTSS services include home and community-based services (HCBS), including assisted living residents, and long-term care or nursing home services. Historically, in Rhode Island and nationwide, a high proportion of Medicaid expenditures have been for institution based (e.g. nursing home) services rather than for HCBS. To address this, many states have implemented “rebalancing” initiatives to enhance peoples’ abilities and choice to safely remain in community settings if desired and as appropriate and reduce reliance on high-cost care in more restrictive settings.

The HCBS Final rule general description of Assisted Living as the following:

An "assisted living residence" (ALR) refers to any residence licensed by the State pursuant to R.I.G.L. 23.17-4 and regulated by the Rhode Island Department of Health (DOH) in accordance with R23-17.4-ALR. For the purposes of these provider certification standards, ALRs are considered a community-setting and not a medical institution or health facility because assisted living does not include 24-hour skilled nursing care and the living environment is a home-like setting. ‘Home-like’ means an environment having the qualities of a home, including privacy, comfortable surroundings, and the opportunity to decorate one’s living area and arrange furnishings to suit one’s personal preferences. A home-like environment provides opportunities for self-expression, encourages interaction with the community, family, and friends, allows for control over one’s own schedule, ensures freedom from coercion and restraint, and has a legally enforceable agreement comparable to a lease.

Assisted Living is a service option for people with different levels and types of physical, behavioral, and cognitive support needs.

The State approach to certify and reimburse ALRs according to beneficiaries' level of need is an effort to enhance the range of community-based services appropriately gauged to meet a fuller spectrum of beneficiary needs. R.I.G.L.

Chapter 40-8.9 sets forth a broad mandate for ensuring a comprehensive array of person-specific services and supports to ensure those in need of long-term care and support services receive them in the least-restrictive setting appropriate to their needs and preferences. Through Rhode Island's 1115 Waiver, EOHHS has the authority to provide specialized home and community based LTSS services to Medicaid beneficiaries who are assessed to have a High or Highest Level of Care need. One of these LTSS services is assisted living services. Under the terms of the Waiver, assisted living services may be provided in licensed settings at various levels that:

“Reflect their capacity to provide different kinds of Medicaid services, depending on the beneficiary's level of need based on their licensure authority and capacity to provide specific packages of services to Medicaid beneficiaries with varying levels of acuity needs”.

In the past, EOHHS has certified ALRs to provide Medicaid funded assisted living services at two service capacity levels (Basic and Enhanced). Medicaid payment rates were identical for both service levels. Additionally, separate from Medicaid, certification standards were linked to two State Supplemental Payment (SSP) amounts paid to ALRs to subsidize room and board costs. Under these new provisions, effective November 1, 2021, there are no longer two payment levels for SSP. There is a single SSP payment level.

Effective November 1, 2021, Medicaid will institute a services payment differential related to beneficiary acuity and ALR service capacity, recognizing that some ALRs have a greater service capacity and that beneficiaries have varying levels of need.

II. Medicaid Covered ALR Services

Assisted living services are a Medicaid-covered Core LTSS, as established in the 1115 Waiver. EOHHS defines ALR services in terms of specified covered Medicaid service packages. Three distinct ALR service packages are recognized as Medicaid-covered and eligible for Medicaid reimbursement. They are as follows:

Service Package #1: Tier A Services

Each ALR must provide a minimum service package of Home and Community Based Services (HCBS) to a Medicaid funded resident, which will be considered as Tier A Services. This includes:

- Daily assistance with at least two (2) activities of daily living (ADLs).
- Personal care and attendant services performed by a certified nursing assistant (CNA). At least one (1) hour of service must be provided per week. The CNA hours must be adequate to meet the resident's needs as determined by the ALR Assessment and person-centered Service Plan.
- Housekeeping/homemaker services.
- Chore services (e.g., washing rugs or any heavy maintenance chores).
- Companion services.
- Meal preparation.
- Medication administration and/or oversight.
- Social and recreational programming that reflects a resident's interests and needs. These activities should promote integration in the ALR and the greater community. The programming may include therapeutic type activities based on the needs of the resident such as access to counseling, AA meetings, or activities which focus on maintaining or promoting life skills.
- Transportation or coordination of transportation services as specified in the person-centered Service Plan.
- Provision of twenty-four (24) hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence and provides for the supervision and safety of the resident.

Service Package #2: Tier B Services

The Tier B Service Package includes all services included in the Tier A Service Package, plus any or a combination of the following types of services to a Medicaid funded resident:

- Provision of Personal Care, including:
 - Extensive assistance with at least two (2) ADLs, or
 - Seven (7) hours or more of ADL care as documented in the resident's ALR Assessment and person-centered Service Plan.
 - And/Or complex medication management, comprising organizing an enhanced number of medications, more complex delivery of medications, and/or increased time spent delivering medications.

AND/OR

- Coordination of Behavioral and/or Dementia Care, including:
 - Cognitive assessments and care planning.
 - Therapeutic activities specific to people who are diagnosed with dementia, and/or behavioral health conditions requiring support.

- Cuing, redirection, and management of behaviors for a resident who has been diagnosed with Alzheimer’s disease, other related dementia, or a behavioral health condition as determined by a physician.
- Providing support and education to the resident about managing specific health conditions as documented in their person-centered Service Plan.
- Regular staff intervention due to safety concerns related to elopement risk or other behaviors that adversely impact the resident and/or others.
- Documentation of such behaviors and interventions in the resident’s person-centered Service Plan and in nursing notes.

AND/OR

- Coordination of Limited Health Services, including:
 - Stage I and Stage II pressure ulcer treatment and prevention.
 - Simple wound care including postoperative suture care/removal and stasis ulcer care.
 - Ostomy care including appliance changes for residents with established stomas.
 - Urinary catheter care.

Service Package #3: Tier C Services

The Tier C Service Package includes all services within the Tier A & B Service Packages, plus any or a combination of the following types of services to a Medicaid funded resident:

- Provision of Personal Care, including:
 - Extensive assistance with at least three (3) ADLs, and
 - Sixteen (16) hours or more of ADL care as documented in the resident’s ALR Assessment and person-centered Service Plan.

AND/OR

- Coordination of Behavioral Health services and/or Dementia Care, including:
 - Cognitive assessments and care planning
 - Therapeutic activities specific to individuals who are diagnoses with Dementia and/or behavioral health conditions requiring support.
 - Cuing, redirection, and management of behaviors, for an individual who has been diagnosed with Alzheimer’s disease or other related dementia, or a behavioral health diagnosis as determined by a physician.
 - Providing support and education to the resident about managing specific health conditions as documented in the resident’s person-centered service plan.
 - Regular staff intervention due to safety concerns related to elopement risk or other behaviors that adversely impact themselves or others.

- Documentation of such behaviors and interventions in place in the person-centered service plan and in nursing notes.

AND/OR

- Coordination of Limited Health Services, including:
 - Stage I and stage II pressure ulcer treatment and prevention
 - Simple wound care including postoperative suture care/removal and stasis ulcer care
 - Ostomy care including appliance changes for residents with established stomas
 - Urinary catheter care

III. Eligibility to be a Medicaid Provider of ALR Services – Certification Requirements

In order to be entitled to receive payment for one or more of the service packages identified above, an ALR must be certified as a Medicaid eligible provider of those services. Certification is the means by which the ALR is deemed to be a qualified provider.

EOHHS recognizes three tiers of ALR certification - Facility Tier A, Facility Tier B, and Facility Tier C. Certification is contingent on demonstration that the ALR is equipped to provide the respective service packages to meet a Medicaid beneficiary's LTSS needs in a manner that promotes choice, dignity, and independence.

Facility Tier A Certification Requirements:

In order to be certified as a Facility Tier A provider, an ALR must demonstrate that it is licensed in accordance with the Rhode Island Department of Health (DOH) Rules and Regulations at R23-17.4-ALR and is compliant with the following conditions:

Requirements for Certification

A.1 Licensure

Residence must attain a level of licensure applicable to the provision of the Tier A Service Package. This includes:

A.1.1 Fire Code

A minimum of fire code classification of F2 licensure specified in 216-RICR-40-10-2 section 2.4.2(A)(1) for provision of a basic level of services that do not include limited health services and/or Alzheimer's disease and dementia enhanced services.

A.1.2 Medication Classification

Medication classification of M1 licensure specified at, 216-RICR-40-10-2 section 2.4.2(A) pertaining to the capacity to serve more than one beneficiary who requires central storage of and/or administration of medications, or level M2 licensure for residents who require assistance as elaborated in 216-RICR-40-10-2 section 2.4.2.4(A)(3)(a) with self-administration of medications.

A.2 Service Package #1: Tier A Services

Residence has capacity and is equipped to provide Tier A Services to all Medicaid eligible residents. This service package includes:

A.2.1 Daily assistance with at least two (2) ADLs.

A.2.2 Personal care and attendant services performed by a Certified Nursing Assistant (CNA). Hours of service must be least 1 hour per week. The hours of the CNA must be adequate to meet the needs as determined by the ALR Assessment and person- centered service plan.

A.2.3 Housekeeping/homemaker services.

A.2.4 Chore services (e.g. washing rugs or any heavy maintenance chores).

A.2.5 Companion services.

A.2.6 Meal preparation.

A.2.7 Medication administration and /or oversight.

A.2.8 A program of social and recreational programming that reflects a resident's interests and needs. These activities should promote integration in the ALR and the greater community. The programing may include therapeutic type activities based on the needs of the residents which may include access to, but not limited to, counseling, AA meetings, or activities which focus on maintaining /promoting life skills.

A.2.9 Transportation or coordination of transportation services as specified in the person-centered service plan.

A.2.910 Provision of twenty-four (24) hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence and provides for supervision and safety of the residents.

A.2.11 Minimum of two (2) hours of staff orientation and on-going training.

A.3 Central Common Spaces

Residence must have a central dining room, living room or parlor, and common activity center(s) that may also serve as a living or dining room.

A.4 Appropriate Placement

Residence must provide a placement that is appropriate to a person's needs and preferences and meet the licensure requirements of the ALR, 216-RICR-40-10-2 section 2.4.16(B).

A.5 Person-Centered Service Plan

Residence must employ or contract with a licensed registered nurse or a qualified licensed practical nurse to monitor and review each Medicaid funded resident's person-centered Service Plan every thirty (30) days. The person-centered Service Plan must be developed with the resident and in cooperation with the assigned Rhode Island Office of Healthy Aging (OHA) case manager. The Service Plan should accurately reflect the resident's Beneficiary Tier level.

A.6 CNAs to Perform Personal Care

Residence must utilize certified nursing assistants (CNAs) to perform appropriate hands-on personal care as specified in the resident's person-centered Service Plan. CNA hours must be adequate to meet the resident's needs as detailed in the person-centered Service Plan.

A.7 Employee Orientation, Documentation, and Records Availability

A.7.1 Employee Orientation

Residence must conduct a minimum of two (2) hours of orientation with each new employee (DOH ALR regulations 2.4.12) in addition to providing specialized training required for a specific job classification in the ALR. This includes training for staff members (e.g. CNA, housekeeper, nurse assigned to have regular contact with residents. .

Documentation of completion of orientation and specialized training must be placed in the personnel files at the ALR.

A.7.2 Ongoing in-service training shall be provided to all staff on an annual basis.

A.7.3 Documentation that in-service training was completed shall be placed in personnel files of all employees.

A.7.4 Residence will ensure staff are available to meet every six (6) months, or more frequently as needed, with the OHA case manager responsible for the resident's person-centered Service Plan.

A.7.5 Residence will make all records pertaining to the Medicaid resident available to the OHA staff for review.

A.8 Separate Living Unit

Residence maintains separate and distinct living units, includes toilet facilities and sufficient living space for eating meals, sleeping, and engaging in other daily activities, and the right to privacy and the opportunity to lock the door to their living unit, their bedroom, or the bathroom unless determined by the ALR Assessment and person-centered Service Plan that locking doors may pose a risk to the health and safety of the resident or other residents in the ALR.

A.9 HCBS Final Rule

Residence must also meet the HCBS Final Rule standards and have a current approval letter from EOHHS.

Facility Tier B Certification Requirements

Facility Tier B certification represents the capability to provide both an enhanced level of personal care services and/or to provide coordination of behavioral and/or dementia care, or limited health care services.

General Requirements for Certification

In order to be certified as a Facility Tier B provider, an ALR must:

B.1 Be certified as a Facility Tier A provider and have an active Special Care Unit (Dementia) license and/or a Limited Health Care Services license.

OR

Demonstrate ability to provide additional hours of personal care beyond the Tier A services which may include:

B.2 Demonstrated ability to provide the Personal Care/Assistance services package including:

B.2.1 Either extensive assistance with at least two (2) ADLs or

B.2.2 Enhanced staffing sufficient to provide seven (7) hours or more of ADL care to an individual as documented in the ALR assessment and person-centered Service Plan and complex medication management comprising enhanced numbers of meds, more complex delivery of meds, and/ or increased time spent delivering meds.

AND/OR

Meet the Requirements for Provision of Dementia Care

- B.3 Be licensed by the Rhode Island Department of Health (DOH) at a Dementia Care level of licensure as set forth in 216-RICR-40-10-2.4.2(3) in accordance with DOH Rules and Regulations.
 - B.3.1 Attain fire code classification of F1 licensure specified at 216-RICR-40-10-2, section 2.6.2(C) for the provision of limited health services and/or Alzheimer Dementia Special Care Unit 216-RICR-40-10-2 section 2.5.1.
 - B.3.2 Residence includes a special care unit. This includes designated, separate units (e.g. ‘neighborhoods’ or closed areas) dedicated solely to the care of individuals with dementia, including Alzheimer’s disease.
- B.4 Demonstrate capacity to provide coordination of behavioral health and/or dementia care including:
 - B.4.1 Cognitive assessments and care planning.
 - B.4.2 Therapeutic activities specific to individuals who are diagnosed with Dementia and/or behavioral health conditions requiring support.
 - B.4.3 Cueing, redirection, and management of behaviors, for an individual who has been diagnosed with Alzheimer’s disease or other related dementia, or a behavioral health diagnosis as determined by a physician.
 - B.4.4 Providing support and education to the resident about managing specific health conditions as documented in the resident’s person-centered service plan.
 - B.4.5 Regular staff intervention due to safety concerns related to elopement risk or other behaviors that adversely impact themselves or others.
 - B.4.6 Documentation of such behaviors and interventions in place in the person-centered service plan and in nursing notes.

AND/OR

Meet the Requirements for Pprovision of Limited Health Services

- B.5 Be Licensed by RI DOH at a Limited Health Care Services level of licensure as set forth in 216-RICR-40-10-2.4 and 2.6
 - B.5.1 Attain fire code classification of F1 licensure specified at 216-RICR-40-10-2, section 2.6.2(C) for the provision of limited health services and/or Alzheimer Dementia Special Care Unit 216-RICR-40-10-2 section 2.5.1.
- B.6 Demonstrate capacity to provide limited health services package including:
 - B.6.1 Stage I and stage II pressure ulcer treatment and prevention.
 - B.6.2 Simple wound care including postoperative suture care/removal and stasis ulcer care.
 - B.6.3 Ostomy care including appliance changes for residents with established stomas.
 - B.6.4 Urinary catheter care.

Facility Tier C Certification Requirements: Intensive and Specialized Services

General Requirements for Certification

In order to be certified as a Facility Tier C provider, an ALR must:

- C.1 Be certified as a Facility Tier B provider.

AND

Demonstrate ability to provide additional hours of personal care beyond the Tier B services which may include:

- C.2 Meeting two of the following requirements:
 - C.2.1 Proven ability to provide extensive assistance with at least 3 ADL's and 16 hours or more of ADL care as documented in the ALR assessment and person-centered Service Plan.
 - C.2.2 Single rooms or apartment-like settings.

C.2.3 Special trained staff such as individuals licensed and/or certified in behavioral health, dementia, or another specialty area of care available 24/7.

C.2.4 Intermittent skilled care or stabilization services upon transition.

AND/OR

Meet the Requirements for Provision of Dementia Care

AND/OR

Meet the Requirements for Provision of Limited Health Services

IV. Beneficiary Tiers and Eligibility for ALR Services

Rhode Island's 1115 Waiver provides the basis for the State's authority to reimburse for Assisted Living services. Assisted Living is one of the "Core" LTSS services set forth in Attachment B of the Waiver. Under the terms of the Waiver, in order to be eligible for a Core LTSS service, a Medicaid beneficiary must be determined by EOHHS to have a "High" or "Highest" Level of Care need. In accordance with the Waiver, EOHHS has established criteria and a process for determining Level of Care need.

To be eligible, a beneficiary must meet the the Rhode Island Department of Health definition of a 'resident'. As defined in 216-RICR-40-10-2¹:

"Resident" means a person not requiring medical or nursing care as provided in a health care facility, but who as a result of choice and/or physical or mental limitation requires personal assistance, lodging, and meals and may require the administration of medication and/or limited health services. A resident must be capable of self-preservation in emergency situations, unless the facility meets a more stringent Life Safety Code as required under R.I. Gen. Laws § 23-17.4-6(b)(3). Persons needing medical or skilled nursing care, including daily professional observation and evaluation, as provided in a health care facility, and/or persons who are bedbound or in need of the assistance of more than one (1) person for ambulation are not appropriate to reside in assisted living residences. However, an established resident may receive daily skilled nursing care or therapy from a licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of additional days as approved by the

¹ Title 216, Department of Health, Chapter 40, Professional Licensing and Facility Regulation, Subchapter 10, Facilities Regulation, Part 2, Licensing Assisted Living Residences, paragraph 2.3-34 Definitions

Department, or if the resident is under the care of a Rhode Island licensed hospice agency provided the assisted living residence assumes responsibility for ensuring that the required care is received. Furthermore, a new resident may receive daily therapy services and/or limited skilled nursing care services, as defined through these regulations, from a Rhode Island licensed health care provider for a condition that results from a temporary illness or injury for up to forty-five (45) days subject to an extension of additional days as approved by the Department, or if the resident is under the care of a Rhode Island licensed hospice agency provided that assisted living residence assumes responsibility

for ensuring that the care is received. Notwithstanding the aforementioned, residents who are bed bound or in need of assistance of more than one (1) staff person for ambulation may reside in a residence if they are receiving hospice care in accordance with these regulations "Resident" shall also mean the resident's agent as designated in writing or legal guardian.

For the purposes of Assisted Living acuity-based payment and service packages for residents, EOHHS determines three levels of need within the population of “High” and “Highest” need individuals.² These are established as follows:

Beneficiary Tier A	Beneficiary Tier B	Beneficiary Tier C
Assistance with a minimum of two (2) of six (6) ADLs (Bathing, Eating, Toileting, Ambulation, Transfers, Dressing)	Extensive assistance with a minimum of two (2) ADLs.	Extensive assistance with a minimum of three (3) ADLs.
AND	OR	AND
At least one (1) hour of personal care	Seven (7) or more hours per week of any combination of: <ul style="list-style-type: none"> • Personal care • Limited health care services • Care coordination, including behavioral health or memory care (cognitive decline) or complex medication management 	(Sixteen) 16 hours or more per week of any combination of: <ul style="list-style-type: none"> • Personal care • Limited health care services • Care coordination, including behavioral health or memory care (cognitive decline) or complex medication management

V. Method for Establishing Beneficiary Tier

Beneficiary Tiers shall be determined by EOHHS or it’s designee.

² Note that these three levels of care need are the basis for an acuity adjustment to the ALR payment rate for a beneficiary eligible for Core services under the 1115 Waiver. However, these three acuity levels are not directly tied to the waiver Level of Care criteria.

1.1 New Medicaid LTSS-Eligible Beneficiaries

Any new Medicaid LTSS-eligible beneficiaries will be designated and reimbursed at their appropriate Beneficiary Tier. These can include:

- New ALR residents who are not yet Medicaid LTSS eligible and who have not previously resided in a ALR but are now seeking to do so; or
- Existing ALR residents who are not yet Medicaid LTSS eligible.

In these cases:

- The ALR certification tier must be approved to meet the beneficiary's Level of Need.
- The ALR will make a referral to the Office of Healthy Aging (OHA) case management agency.
- The case management agency will conduct an assessment to determine the resident's Level of Need.
- EOHHS or its designee will designate the resident's Beneficiary Tier at the time of eligibility determination.
- The case management agency or its designee will notify the ALR of the resident's Beneficiary Tier.

1.2 Changes in Circumstance for Existing Medicaid LTSS Beneficiaries

Residents may also be reassessed to address changing circumstances. These can include:

- Existing Medicaid LTSS eligible ALR residents who have emerging needs; or
- Existing Medicaid LTSS eligible beneficiaries who have not previously resided in a ALR but are now seeking to do so.

In these cases:

- The ALR will make a referral to the Case Management agency to request an assessment.
- The Case Management agency will conduct an assessment to determine the beneficiary's Level of Need.
- EOHHS or its designee will designate the beneficiary's Beneficiary Tier.
- The Case Management agency will notify the ALR of the Beneficiary Tier.
- If the Beneficiary Tier has changed, retrospective payment will be provided beginning with the date the ALR made the request for a Tier redetermination.

VI. Reimbursement for ALR Services

Assisted Living services are reimbursed on a per diem basis for the respective Service Package appropriate to the beneficiary’s Level of Need and the ALR’s certification tier as shown below:

		ALR Certification		
		Facility Tier A:	Facility Tier B:	Facility Tier C:
Individual Beneficiary Tier (Level of Need)	Beneficiary Tier A			
	<i>Daily Rate</i>	\$78	\$78	\$78
	Beneficiary Tier B			
	<i>Daily Rate</i>	\$78	\$113	\$113
	Beneficiary Tier C			
<i>Daily Rate</i>	\$78	\$113	\$136	

Facility room and board are excluded from coverage. Services that are similar to, or duplicative of, those included in the respective service package are excluded from coverage.

In order to qualify for Medicaid reimbursement, all records must be kept in accordance with state and federal regulations, including compliance with HCBS Final Rule. This includes at minimum, a treatment record for each beneficiary receiving Assisted Living services. All resident records must be kept in accordance with state and federal regulations.

APPENDICES

APPLICATION GUIDE FOR CERTIFICATION

Overview

This application guide provides information and instructions regarding the submission process and the review of applications. By submitting a certification application, the applicant agrees to comply with the requirements as outlined in this document.

Certification by EOHHS as an Assisted Living Residence (ALR) is achieved through State approval of a written application and possibly an on-site review. This application guide identifies the information required to conduct the certification review. All sections should be completed fully so as to sufficiently describe the Facility Tier and type of certification sought and describe the applicant's qualifications for certification. Additional materials may be included or appended as appropriate.

An ALR seeking certification to provide Medicaid funded Assisted Living Services must apply using the attached Certification Applications.

Application for certification of each ALR site and for each service capacity is considered separately even when made by the same licensed ALR. Applications can be made for each of the following certification types using the Tier A, Tier B, or Tier C Certification Applications included below.

Recertification shall occur every three years, based on the date of approval, and be conducted by staff at EOHHS.

Letter of Transmittal

Each application must include a letter of transmittal signed by an owner, officer, or authorized agent of the applicant. The letter shall identify that in submitting the application it is understood that the applicant agrees to comply with the program requirements and Certification Standards as issued and amended from time to time. EOHHS reserves the right to amend these requirements with reasonable notice to participating providers. The applicant further understands that as a provider within the Medicaid program, it is obligated to comply with all state and federal rules and regulations that apply to all Medicaid providers.

Application Submission and Review

Applications will be evaluated based on written materials and other pertinent information submitted to the State. The State reserves the right to conduct an on-site review and to otherwise seek additional clarifications from the applicant prior to final action on the application.

Submitted applications will be reviewed for completeness and for compliance with core requirements. Incomplete applications will be returned with questions for clarification. Applicants are advised that all materials submitted to the State for consideration in response to these Certification Standards will be considered to be Public Records as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception.

Completed applications should be emailed to the Medicaid Office of Community Programs (OCP) at: OHHS.OCP@ohhs.ri.gov

Upon submittal, the OCP will send an acknowledgement of receipt to the applicant. The OCP will initiate review of applications.

Follow-up Site Visit

An initial visit and survey will be conducted by the designated agent at EOHHS to review the ALR's application and its compliance with these Certification Standards.

Certification Determination

Based on review of the submitted application, subsequent materials, and the Follow-up Site Visit, EOHHS will decide as to certification of the ALR.

Note:

EOHHS may terminate a certification with no less than thirty (30) days' notice. EOHHS and its sister agencies will work with the residents to find alternative settings which meet the needs of beneficiaries should an ALR lose its certification. Payments may stop immediately in instances which the health, safety, or general welfare of a Medicaid beneficiary is determined to be in imminent jeopardy.

Medicaid Assisted Living Program Advisory Notice as to Program Changes

1. Purpose

Assisted Living services are a critical component of the continuum of long-term services and supports (LTSS) available to meet the needs of Medicaid eligible adults. Pursuant to the passage of the LTSS Resiliency and Rebalancing Package by the Rhode Island General Assembly, RI EOHHS is revising its approach to:

- Certifying Assisted Living Residences (ALRs) and
- Reimbursing ALRs for their services
 - o Daily rates will be based on acuity levels of residents as determined by EOHHS or its designee

Under these provisions, Assisted Living residences will be certified at one of three Tiers (Facility Tier A, B, or C). Reimbursement levels for services provided to LTSS-eligible Medicaid residents will be based on both the ALR certification tier and the resident's Level of Need (Beneficiary Tier A, B, C)

Implementation of these changes will proceed in three phases:

- **Phase I: Initial Implementation**
 - o Effective November 1, 2021
 - Implementation of Tier A and B payments
 - Grandfathering of current beneficiaries and Medicaid-participating ALRs
- **Phase II: Tier C Stakeholder Engagement**
 - o November and December 2021
 - Stakeholder engagement meetings with certified and non-certified ALRs will be held to gain feedback on the Tier C standards
 - Feedback from community advocates will also be collected during this time

- **Phase III: Full Implementation**

- o Effective in Early 2022

- EOHHS will:

- Publish a final Provider Certification Standards, to include a third level of certification for Tier C
 - Update the Beneficiary Tier Standards for Tier A, B, C
 - Finalize the business processes for re-assessing a Beneficiary Tier. For qualifying ALRs, this will enable a higher Medicaid daily rate.

The purpose of this Advisory Notice is to provide updated information and guidance as to the changes that will occur between November 1st, 2021 (Phase I) and Early 2022 (Phase III).

Further information on Phase III will be provided as specific standards and procedures are finalized.

What happens on November 1st?

For current beneficiaries and Medicaid-participating ALRs, certain “grandfathering” actions are being taken to ensure a smooth transition to these new certification and payment arrangements.

Existing Category F Beneficiaries

Effective November 1, 2021, all established LTSS beneficiaries qualified as Category F clients as of October 31, 2021 will be designated as Beneficiary Tier B. Providers may bill a modifier “UB” for these residents to receive a \$113 daily rate. All other established LTSS beneficiaries will be designated as Beneficiary Tier A. ALRs will automatically receive a \$78 daily rate for these residents.

To verify a resident’s Beneficiary Tier designation, ALRs currently certified for Category F will receive a provider report listing all their residents formerly on Category F who are now eligible for Beneficiary Tier B. This provider report will provide the updated room and board and cost of care (if any) for each beneficiary. ALRs may bill modifier “UB” for these beneficiaries beginning 11/1/21.

Note that assessments for beneficiaries take place annually. Beneficiary Tier designations, effective on November 1, 2021, will remain in effect until the annual re-assessment.

Provider Certifications for Existing Medicaid-Participating ALRs

All Medicaid-participating ALRs are currently certified with a “Basic” certification level or an “Enhanced” certification level. These certifications, now termed Facility Tier A or Facility Tier B respectively, will continue in effect on November 1 and forward.

How will payments to ALRs be impacted on November 1st?

Up to and including October 31, 2021, EOHHS reimbursement rates for ALRs remain unchanged. Effective November 1, 2021, the new arrangements for Phase I, Initial Implementation, go into effect.

As of November 1, there are two possible reimbursement levels.

Two factors in combination will determine the actual reimbursement level:

- The ALR’s certification level (Facility Tier A or B)
- The resident’s Level of Need (Beneficiary Tier A or B)

Residents at the higher Beneficiary Tier will be reimbursed at the higher rate, but at a rate not exceeding the maximum for the ALR’s Facility Tier.

That is, the level of payment to an ALR will be determined by the combination of a resident’s Beneficiary Tier and ALR certification Tier. For a person designated as Beneficiary Tier B (formerly Category F) residing at a Tier B-certified ALR, the ALR will be reimbursed at a daily rate of \$113. ALRs may bill modifier “UB” for these beneficiaries beginning 11/1/21.

The daily rate for that same person residing at a Tier A-certified ALR will be reimbursed at the maximum amount for that Facility Tier, or \$78. In effect, daily rates for a resident with a Beneficiary Tier A need residing at a Tier A or Tier B ALR will be \$78. These provisions are summarized as follows:

		ALR Certification	
		Facility Tier A:	Facility Tier B:
Individual Beneficiary Tier (Level of Need)	Beneficiary Tier A		
	<i>Daily Rate</i>	\$78	\$78
	Beneficiary Tier B		
	<i>Daily Rate</i>	\$78	\$113

What happens if a new or Established Medicaid-Participating ALR wants to seek new certification during Phase I?

ALRs that wish to participate in Medicaid’s new payment arrangement will be eligible to receive the increased reimbursement rates if they become certified with the Facility Tier A (previously “Basic”) certification level or the Facility Tier B (previously “Enhanced”) certification level during Phase I, effective on November 1. More specifically, these include:

- An ALR that has not previously been certified as a Medicaid provider but seeks to do so now.
- An ALR certified as a Facility Tier A provider may want to seek certification as Facility Tier B

In these cases, interested applicants should follow the existing certification processes through the Office of Community Programs. There are no changes to those processes at this point.

For specific guidance, please refer to Appendix A.

How will the Beneficiary Tier be determined for new beneficiaries during Phase I?

Any new LTSS-eligible beneficiaries will be designated and reimbursed at their appropriate Beneficiary Tier. These can include:

- New ALR Residents who are not yet LTSS eligible and who have not previously resided in a ALR but are now seeking to do so
- Existing ALR Residents who are not yet LTSS eligible

Clients who apply and become approved for Medicaid LTSS as of November 1, 2021 will be integrated into the new tiered payment arrangement. In these cases, the ALR should follow the existing referral processes to the CAP Agency. The CAP agency will conduct an assessment to determine the resident’s Level of Need. A state agency will designate the client as either Beneficiary Tier A or Beneficiary Tier B at the time of eligibility determination. The CAP Agency will notify the ALR of the Beneficiary Tier via the HCBS-2 Turnaround Form.

What happens if an existing LTSS eligible beneficiary has change in circumstances that may require an updated Beneficiary Tier determination during Phase I?

During Phase I, residents may be reassessed to address changing circumstances. These can include:

- Existing LTSS eligible ALR residents who have emerging needs
- Existing LTSS eligible individuals who have not previously resided in a ALR but are now seeking to do so, such as:
 - New residents living in community
 - New residents transitioning from SNF

In these cases, ALRs should make a referral to the CAP Agency to request an assessment. A state agency will designate the client as either Beneficiary Tier A or Beneficiary Tier B. The CAP Agency will notify the ALR of the Beneficiary Tier via the HCBS-2 Turnaround Form. If the Beneficiary Tier has changed, the payment will be effective back to the date the ALR made the request for a Tier redetermination.

APPENDICES

Appendix A

<https://eohhs.ri.gov/providers-partners/certification-standards>

APPLICATION FOR TIER A CERTIFICATION

To be completed by a representative of the requesting Assisted Living Residence and submitted to the Office of Community Programs at OHHS.ocp@ohhs.ri.gov

Cover Sheet:

Name of Corporation Submitting Application: _____

Name and Title of Person Authorized to Conduct Business on Behalf of Corporation:

Name: _____

Title: _____

Name of ALR Site for which certification is sought:

Address of AR Site: _____

Telephone #: _____ F.E.I.N. #: _____

Contact Person: _____

Medicaid Provider Number (if applicable): _____

Date of Application Submission: _____

Identification of Certification Tier and Type Sought:

Assisted Living Facility Certification Types	Certification Status Applied For
	<i>Check all that apply</i>
Facility Tier A	
Facility Tier B	
Facility Tier C	

Applicant must demonstrate that it meets the requirements for Tier A certification as set forth in Section III of these Certification Standards.

Please respond to the following:

A.1 Licensure Status

Does the ALR site have an active license issued by the RI Department of Health in accordance with 216-RICR-40-10-2 and “posted in a conspicuous place in the residence?

Yes _____

No _____

Comments:

A.1.1 Fire Code

Does the ALR provide satisfactory documentation that they have a minimum of fire code classification of F2 licensure specified in 216-RICR-40-10-2 section 2.4.2(A 1) for provision of basic level of services that do not include limited health services and/or Alzheimer Dementia enhanced services?

Yes _____

No _____

Comments:

A1.2 Medication Classification

Does the ALR have Medication Classification of M1 licensure specified at, 216-RICR-40-10-2 section 2.4.2 (a) pertaining to the capacity to serve more than one beneficiary who requires central storage of and/or administration of medications or level M2 licensure, for residents who require assistance (as elaborated in 216-RICR-40-10-2 section 2.4.2 4(A)(3)(a) with self-administration of medications?

Yes _____
No _____

Comments:

A.2 Capacity to provide the Service Package #1: Tier A Services

Is the ALR equipped to provide Service Package #1: Tier A Services to all Medicaid eligible residents?

Yes _____
No _____

This service package includes:

A.2.1 Daily Assistance with at least two (2) ADLS

A.2.2 Personal care and attendant services performed by a CNA. A minimum of (1) hour per week must be provided. The hours of the CNA must be adequate to meet the needs as determined by the ALR Assessment and person-centered Service Plan.

Yes _____
No _____

A2.3 Housekeeping/homemaker services

Yes ____
No ____

A2.4 Chore services (e.g. washing rugs or any heavy maintenance chores)

Yes ____
No ____

A2.5 Companion services

Yes ____
No ____

A2.6 Meal preparation

Yes ____
No ____

A.2.7 Medication administration and /or oversight

Yes ____
No ____

A.2.8 A program of social and recreational programming that reflects a resident's interests and needs. These activities should promote integration in the ALR and the greater community. The programming may include therapeutic type activities based on the needs of the residents which may include access to, but not limited to, counseling, AA meetings, or activities which focus on maintaining /promoting life skills.

Yes ____
No ____

A.2.9 Transportation or coordination of transportation services as specified in the person-centered service plan.

Yes ____
No ____

A.2.10 Provision of 24-hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence and provides for supervision and safety of the residents.

Yes ____
No ____

Comments on capacity to provide Services Package #1: Basic Services

A.3 Central Common Spaces

Does the ALR have a central dining room, living room or parlor, and common activity center(s), which may also serve as a living or dining room?

Yes _____

No _____

Comments:

A.4 Appropriate Placement

Does the ALR have clear procedures to provide a placement which is appropriate to a person's needs and preferences and meet the licensure requirements of the ALR (216-RICR-40-10-2section 2.4.16 B)?

Yes _____

No _____

Comments:

A.5 Person-Centered Service Plan

4.5.1 Does the residence employ or contact with a licensed registered nurse or a qualified licensed practical nurse to monitor each Medicaid funded resident's person-centered service plan every thirty (30) days?

Yes ____
No ____

Comments:

4.5.2 Is the person-centered Service Plan developed with the resident and in cooperation with the Office of Healthy Aging (OHA) case manager?

Yes ____
No ____

Comments:

The service plan should reflect whether a resident is at a Tier A or Tier B level of need.

Comments:

A.6 CNAs Utilized to Perform Personal Care

Does the ALR must utilize certified nursing assistants to perform appropriate hands on personal care as specified in the Resident's Service Plan?

Yes ____
No ____

Are the hours of the CNA adequate to meet the resident's needs as detailed in the person-centered plan service plan?

Comments:

A.7 Employee Orientation, Documentation, Records

A.7.1 Employee Orientation

Does the ALR conduct a minimum of two (2) hours of orientation with each new employee (DOH ALR regulations 2.4.12) in addition to training required for a specific job classification in the ALR including those staff members (CNA, Housekeeping, Nurse, etc.) assigned to have regular contact with Medicaid member?

Yes _____

No _____

Comments:

Is there documentation that the orientation and specialized training took place and is placed in the personnel files at the Residence?

Yes _____

No _____

Comments:

A.7.2 Is ongoing In-Service Training provided to all staff on an annual basis?

Yes _____

No _____

Comments:

A.7.3 Is documentation that this training was completed placed in the personnel files of all employees?

Yes _____

No _____

Comments:

A.7.4 Does the residence make staff available staff every six (6) months, or as necessary, to meet with the case manager responsible for the Resident's person centered service plan?

Yes _____

No _____

Comments:

A7.5 Does the ALR agree to make available for review all records pertaining to Medicaid residents to the staff of Office of Health Aging/Department of Human Services/EOHHS?

Yes _____

No _____

Comments:

A.8 Maintains separate and distinct living unit from other living units

Yes _____

No _____

Comments:

A.9 HCBS Final Rule

Does the ALR provide evidence in the form of a current approval letter from OHHS that it meets the HCBS Final Rule standards?

Yes _____

No _____

APPLICATION FOR TIER B CERTIFICATION

Application for a Tier B Certification is an enhancement to a Tier A Certification. An ALR must meet all certification requirements for Tier A in order to qualify for Tier B. Tier B Application requires compliance with all federal and state regulations.

Applicant must demonstrate that it meets the requirements for Tier B Certification as set forth in Section III of these Certification Standards.

Please respond to the following:

B.1. Certification as a Tier A Provider

Is the ALR site certified as a Tier A provider or does it demonstrate that it meets all the requirements of a Tier A provider?

Yes _____

No _____

Comments:

B.2 Capacity to provide the Service Package #1: Tier B Services

This service package includes:

B.2.1 Either extensive assistance with at least two (2) ADLs, or

Yes _____

No _____

B.2.2 Enhanced staffing sufficient to provide seven (7) hours or more of ADL care to an individual as documented in the ALR Assessment and person-centered Service Plan and complex medication management comprising enhanced numbers of meds, more complex delivery of meds, and/ or increased time spent delivering meds.

Yes _____

No _____

Comments:

B.3 Dementia Care Licensure Status

Does the residence hold a level of licensure applicable to the provision of Dementia Care?

Does the ALR site have an active Dementia Care level of licensure license issued by the RI Department of Health in accordance with 216-RICR-40-10-2.4.2(3)?

Yes _____

No _____

Comments:

B.3.1 Fire Code

Does the ALR provide satisfactory documentation that they have attained Fire code classification of F1 licensure specified at 216-RICR-40-10-2, section 2.6.2(C) for the provision of limited health services and /or Alzheimer Dementia Special Care Unit 216-RICR-40-10-2 section 2.5.1?

Yes _____

No _____

Comments:

B.3.2 Dedicated Care Unit

Does the ALR include a special care unit that is dedicated solely to the care of individuals with dementia, including Alzheimer's disease?

Is the ALR arranged in separate “neighborhoods” or closed areas with separate units dedicated solely to the care of individuals with dementia, including Alzheimer’s disease?

Yes _____

No _____

Comments:

B.4 Capacity to provide Service Package for Coordination of Behavioral and/or Dementia Care

Is the ALR equipped to provide Service Package for the Coordination of Behavioral and/or Dementia Care?

This service package includes:

B.4.1 Cognitive assessments and care planning

Yes _____

No _____

B.4.2 Therapeutic activities specific to individuals who are diagnosed with dementia.

Yes _____

No _____

B.4.3 Cuing, redirection, and management of behaviors, for an individual who has been diagnosed with Alzheimer’s disease or other related dementia, or a behavioral health diagnosis as determined by a physician.

Yes _____

No _____

B.4.4 Providing support and education to the resident about managing specific health conditions as documented in the resident’s person-centered service plan.

Yes _____

No _____

B.4.5 Regular staff intervention due to safety concerns related to elopement risk or other behaviors that adversely impact themselves or others.

Yes _____

No _____

B.4.5 Documentation of such behaviors and interventions in place in the person- centered service plan and in nursing notes.

Yes _____

No _____

Comments on capacity to provide Services Package for Coordination of Behavioral and/or Dementia Care

B.5 Limited Health Services Licensure Status

Does the residence hold a level of licensure applicable to the provision of Limited Health Services?

Does the ALR site have an active Limited Health Services level of licensure issued by the RI Department of Health in accordance with 216-RICR-40-10-2.4 and 2.6

Yes _____

No _____

Comments:

B.5.1 Fire Code

Does the ALR provide satisfactory documentation that they have attained Fire code classification of F1 licensure specified at 216-RICR-40-10-2, section 2.6.2(C) for the provision of limited health services and /or Alzheimer Dementia Special Care Unit 216-RICR-40-10-2 section 2.5.1?

Yes _____

No _____

Comments:

B.6 Capacity to provide Service Package of Limited Health Services

Is the ALR equipped to provide Service Package of Limited Health Services?

This service package includes:

B.6.1 Stage I and stage II pressure ulcer treatment and prevention;

Yes _____

No _____

B.6.2 Simple wound care including postoperative suture care/removal and stasis ulcer care

Yes _____

No _____

B.6.3 Ostomy care including appliance changes for residents with established stomas

Yes _____

No _____

B.6.4 Urinary catheter care

Yes _____

No _____

Comments on capacity to provide Limited Health Services Package

B.7 Staffing and Policies and Procedures

Is there staffing sufficient to provide seven (7) or more hours per week of ADL care to an individual, including physical assistance with bathing and toilet use for residents who require caregivers to perform these activities and subtasks of these activities, and required oversight and supervision, encouragement, and cueing.

Yes _____

No _____

Comments:

Is there staffing adequate to respond to the assessed sleeping and waking patterns and needs of residents?

Yes _____

No _____

Comments:

Is there adequate staffing and proven ability to support coordination of behavioral and/or dementia care including cuing, redirection, and management of behaviors, for an individual who has been diagnosed with Alzheimer's disease or other related dementia, or a behavioral health condition as determined by a physician.

Yes _____

No _____

Comments:

Is there adequate staffing and proven ability to provide support and education to the resident about managing specific health conditions as documented in the resident's person-centered Service Plan.

Yes _____

No _____

Comments:

Is there adequate staffing and demonstrated ability to manage elopement risk or other challenging behaviors that adversely the resident or others.

Yes _____

No _____

Comments:

APPLICATION FOR TIER C CERTIFICATION

Application for a Tier C Certification is a supplement to a Tier A and a Tier B Certification. An ALR must meet all certification requirements for Tier A and Tier B in order to qualify for Tier C. The Tier C Application must be accompanied by fully completed Tier A and Tier B applications.

C.1 Certification as a Tier C Provider

Is the ALR site certified as a Tier A&B provider or does it demonstrate that it meets all the requirements of a Tier A&B provider?

Yes _____

No _____

C.2 Does the ALR meet two of the following requirements:

Proven ability to provide Extensive assistance with at least three (3) ADLs and sixteen (16) hours or more of ADL care as documented in the ALR Assessment and person-centered Service Plan

Yes _____

No _____

Single rooms or apartment-like settings

Yes _____

No _____

Special trained staff such as licensed, certified in BH, dementia, or other specialty area available 24/7.

Yes _____

No _____

Intermittent skilled care or stabilization services upon transition

Yes _____

No _____

C.3 Dementia Care Licensure Status

C.3.1 Does the ALR site have an active Dementia Care level of licensure license issued by the RI Department of Health in accordance with 216-RICR-40-10-2.4.2(3)?

Yes _____

No _____

Comments:

C.3.2 Fire Code

Does the ALR provide satisfactory documentation that they have attained Fire code classification of F1 licensure specified at 216-RICR-40-10-2, section 2.6.2(C) for the provision of limited health services and /or Alzheimer Dementia Special Care Unit 216-RICR-40-10-2 section 2.5.1?

Yes _____

No _____

Comments:

C.3.3 Dedicated Care Unit

Is the Special Care Unit organized into designated, separate units dedicated solely to the care of individuals with dementia, including Alzheimer’s disease?

Is the ALR arranged in separate “neighborhoods” or closed areas with separate units dedicated solely to the care of individuals with dementia, including Alzheimer’s disease?

Yes _____

No _____

Comments:

C.4 Capacity to provide Service Package for Coordination of Behavioral and/or Dementia Care

Is the ALR equipped to provide Service Package for the Coordination of Behavioral and/or Dementia Care?

This service package includes:

C.4.1 Cognitive assessments and care planning

Yes _____

No _____

C.4.2 Therapeutic activities specific to individuals who are diagnosed with dementia

Yes _____

No _____

C.4.3 Cuing, redirection, and management of behaviors, for an individual who has been diagnosed with Alzheimer's disease or other related dementia, or a behavioral health diagnosis as determined by a physician.

Yes _____

No _____

C.4.4 Providing support and education to the resident about managing specific health conditions as documented in the resident's person-centered service plan.

Yes _____

No _____

C.4.5 Regular staff intervention due to safety concerns related to elopement risk or other behaviors that adversely impact themselves or others.

Yes _____

No _____

C.4.5 Documentation of such behaviors and interventions in place in the person-centered service plan and in nursing notes.

Yes _____

No _____

Comments on capacity to provide Services Package for Coordination of Behavioral and/or Dementia Care

C.5 Limited Health Services Licensure Status

Does the residence hold a level of licensure applicable to the provision of Limited Health Services?

Does the ALR site have an active Limited Health Services level of licensure issued by the RI Department of Health in accordance with 216-RICR-40-10-2.4 and 2.6

Yes _____

No _____

Comments:

C.5.1 Fire Code

Does the ALR provide satisfactory documentation that they have attained Fire code classification of F1 licensure specified at 216-RICR-40-10-2, section 2.6.2(C) for the provision of limited health services and /or Alzheimer Dementia Special Care Unit 216-RICR-40-10-2 section 2.5.1?

Yes _____

No _____

Comments:

C.6 Capacity to provide Service Package of Limited Health Services

Is the ALR equipped to provide Service Package of Limited Health Services?

This service package includes:

C.6.1 Stage I and stage II pressure ulcer treatment and prevention;

Yes _____

No _____

C.6.2 Simple wound care including postoperative suture care/removal and stasis ulcer care

Yes _____

No _____

C.6.3 Ostomy care including appliance changes for residents with established stomas

Yes _____

No _____

C.6.4 Urinary catheter care

Yes _____

No _____

Comments on capacity to provide Limited Health Services Package
