



Assisted Living Certification Application Tier Designation

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 Tier A Services

Is the ALR equipped to provide Tier A Services to all Medicaid eligible residents?

Yes _____
No _____

Tier A services 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 Tier A, 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:

A.7.5 Does the ALR agree to make available for review all records pertaining to Medicaid residents to the staff of Office of Health Aging/EOHHS?

Yes _____

No _____

Comments:

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

Yes _____

No _____

Comments:

Please see also the CMS HCBS Review Agency Checklist. This checklist contains a list of policies and procedures that also need to be submitted with the Assisted Living Tier A application.

Documentation may also include any data previously collected through National Core Indicator (NCI) or Sherlock Center Surveys that demonstrates current agency-/site-specific activities related to each focus area.

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

The Tier B Certification is inclusive of Tier A. This application is 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)?

Yes _____

No _____

Comments:

Does the ALR have the provision of Limited Health Services and/ or a Dementia Special Care Unit as defined in Department of Health Licensing Assisted Living Residences (216 RICR-40-10-2 section 2.5 and 2.6).

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 Tier A Services

Is the ALR equipped to provide Tier A Services to all Medicaid eligible residents?

Yes _____
No _____

Is the ALR equipped to provide Tier B Services to all Medicaid eligible residents?

Yes _____
No _____

Tier B services includes:

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

A.2.2 Personal care and attendant services performed for a minimum of (7) seven hours or more of ADL care as documented in the ALR's 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 _____

Is the ALR equipped to provide 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 diagnosis as determined by a physician.

Yes _____*
No _____

*Please provide supporting documentation including but not limited to: Policies, procedures, and demonstration of staff in-service on 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 diagnosis.

Is the ALR able 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 _____

Does the ALR show a demonstrated ability to manage elopement risk or other challenging behaviors that can adversely affect the resident or others.

Yes _____ *
No _____

*Please provide supporting documentation inducing but not limited to: Policies, procedures, and demonstration of staff in-service on managing elopement risk or other challenging behaviors. This can include Behavioral health 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 diagnosis.

Is the ALR equipped to provide 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 diagnosis as determined by a physician.

Yes _____ *
No _____

*Please provide supporting documentation inducing but not limited to: Policies, procedures, and demonstration of staff in-service on 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 diagnosis.

Comments:

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 _____

*Please provide examples of the typical staffing pattern, inclusive of census, in addition to policies and procedures addressing meeting the resident's needs.

Comments on capacity to provide Tier B 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 _____

Is there documentation of special trained staff such as licensed, certified in BH, dementia, or other specialty area available 24/7.

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:

A.7.5 Does the ALR agree to make available for review all records pertaining to Medicaid residents to the staff of Office of Health Aging/EOHHS?

Yes _____

No _____

Comments:

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

Yes _____

No _____

Comments:

Does the ALR offer intermittent skilled care or stabilization services upon transition

Yes _____

No _____

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 C CERTIFICATION

The Tier C Certification is inclusive of Tier A and Tier B. 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. This application is 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

C.1 Certification as a Tier C Provider

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

Does the ALR have 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 ____

*Please provide examples of the typical staffing pattern, inclusive of census, in addition to policies and procedures addressing meeting the resident's needs.

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 Does the ALR show a demonstrated ability to manage elopement risk or other challenging behaviors that can adversely affect the resident or others.

Yes ____*
No ____

*Please provide supporting documentation inducing but not limited to: Policies, procedures, and demonstration of staff in-service on managing elopement risk or other challenging behaviors. This can include Behavioral health 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 diagnosis.

Is the ALR able 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 ____

Is the ALR equipped to provide 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 diagnosis as determined by a physician.

Yes ____*

No ____

*Please provide supporting documentation inducing but not limited to: Policies, procedures, and demonstration of staff in-service on 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 diagnosis.

C.4.5 Documentation of such behaviors and interventions in place in the person- centered service plan and in nursing notes. Documentation is inclusive of demonstration of coordination health conditions requiring a high level of care, including but not limited to behavioral health and/or Dementia Care

Yes ____

No ____

Comments on capacity to provide Tier C services for coordination health conditions requiring a high level of care, including but not limited to behavioral health and/or Dementia Care

C.5 Limited Health Services Licensure Status

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

Does the ALR offer intermittent skilled care or stabilization services upon transition

Yes _____

No _____

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 _____

