



Nursing Facility Specialized Psychiatric Units Certification Standards

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Introduction

These Medicaid certification standards are issued by the State of Rhode Island Executive Office of Health and Human Services (EOHHS), in consultation with the Department of Health (RIDOH),

and Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), which is the State Mental Health Authority. This document provides guidance to Medicaid certified nursing facilities, licensed by RIDOH, about the requirements and application process for providing one or more certified Nursing Facility Specialized Psychiatric Units (NFSPUs). EOHHS may change these standards to comply with federal or state regulations and/or to comply with the Centers for Medicare & Medicaid Services (CMS), or to ensure funding, with reasonable notice to facilities. Substantial changes to the standards will require certified facilities to submit revised or new program policies and an agreement to comply with any changes.

A Medicaid-certified and RIDOH-licensed nursing facility may apply for the certification of an NFSPU that will remain a distinct and separate unit within its facility. The NFSPU must be dedicated exclusively to individuals who live with serious/serious and persistent mental illness (SMI and SPMI) and who (a) meet the NFSPU eligibility requirements; and (b) have been approved for admission to the NFSPU.

The goal of NFSPUs is to provide a safe and less restrictive environment for individuals who require nursing home level of care and have complex needs that can be barriers to placement in a traditional nursing home unit. Facilities certified to provide NFSPUs will provide planned and integrated medical and behavioral supports through comprehensive, person-centered treatment and care. Services shall include the daily participation of each NFSPU resident in an active treatment program in accordance with a person-centered treatment plan individualized to the needs of the resident. A multi-disciplinary team at the nursing facility shall develop and review supervised activities, interventions and therapies to:

1. Ameliorate the NFSPU resident's psychiatric and behavioral symptoms;
2. Increase independent functioning; and,
3. Support the achievement of a functional level that will:
 - a. Promote and improve independence; and,
 - b. Promote the reduction in the need for intensive mental health services so that the NFSPU resident may transition from an NFSPU to the general units of the nursing facility or into the community.

In addition to meeting the terms of these certification standards, nursing facilities must maintain compliance with state and federal Medicaid regulations in their entirety, but specifically 210-RICR-50-00-5, "Medicaid Long-Term Services and Supports: Functional/Clinical Eligibility" as it relates to this agreement

Definitions

- Unit: a separate functional area of the nursing facility that includes a group of residents/patients where necessary organized nursing, ancillary, and administrative services are provided to the occupants of the rooms.
- Level of Care: Pursuant to 210-RICR-50-00-5.3 A (10): the amount of services and supports necessary to meet a person’s needs. When associated with a licensed health care institution, the term refers to the set of services and supports the institution is authorized and typically provides to people with a specific range of needs.
- Peer Recovery Specialist: A person who has lived experience in recovery, whether that is their own recovery, the recovery of a loved one, or both. They serve people in treatment and offer insight into the recovery and wellness process based on their own experiences.
- Preadmission Screening and Resident Review -Level II— (PASRR [Level II]): The function of evaluating and determining whether Nursing Facility services and specialized service are needed, pursuant to 42 CFR 483.128 *et. seq.*
- Record Review: A record review to ensure that all components included in the “Reporting and Oversight” section of these standards are documents in resident records.

State Agency Responsibilities

BHDDH

1. Facilitates Preadmission Screening and Resident Review (PASRR) determination
2. Approves specialized services identified by PASRR screening
3. Determines resident eligibility for NFSPUs
4. Manages priority admission guidelines, list, and updates
5. Refers eligible residents to certified nursing facilities with NFSPUs
6. Approves admissions to facilities with NFSPUs
7. Helps NFSPUs locate providers of specialized services required by PASRR screening.
8. Receives, reviews, and **approves** annual treatment plan for each NFSPU resident, if changes occur before the annual review, copies will be provided to BHDDH
9. Oversees and conducts Record Reviews

EOHHS

1. Reviews applications of nursing facilities seeking Medicaid eligible NFSPUs
2. Certifies Medicaid eligible facilities to operate NFSPUs, and notifies BHDDH and RIDOH when a facility is certified to operate a NFSPU.

3. Issues additional per diem payments to certified NFSPU facilities
4. Receives a copy of the initial approved treatment plan for each NFSPU resident from BHDDH, and each annual update to the treatment plan thereafter
5. Updates NFSPU certification standards, as needed

RIDOH

1. Oversees facility State licensure and compliance with the Medicare and Medicaid participation requirements for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) (otherwise known as “the Final Rule for LTC”).
2. Operates the Healthcare Quality Reporting Program which publishes a Nursing Home Summary Report which compares the quality of care provided by different nursing facilities, as well as staff vaccination metrics.
3. May appoint an independent quality monitor, engage an independent quality consultant or temporary manager, and/or develop and implement a plan of correction to address concerns regarding resident care and coincident financial solvency.

Resident Eligibility

Admission Criteria

1. Individuals shall be eligible for admission to an available bed in an NFSPU based on an assessment of the following factors:
 - a. The individual has been hospitalized for six (6) months or more and is clinically appropriate for discharge to a nursing facility.
 - b. Admission to an NFSPU is consistent with the least restrictive setting requirement enunciated in the landmark U.S. Supreme Court case, *Olmstead v. L.C* (1999)
 - c. The individual does not oppose community-based treatment, which is a requirement of *Olmstead*.
 - d. The individual must meet nursing facility level of care criteria and has been approved by BHDDH for specialized services through the BHDDH Level II PASRR Determination process prior to admission to a NFSPU.
 - i. Admission to an NFSPU shall be reviewed and approved by BHDDH through the BHDDH Level II PASRR process for mental health conditions.
 - a) PASRR Level II determines whether specialized services are needed and offers recommendation that allow the individual to make an informed choice. The determination

of the Level II PASRR will consider if a NF is the most appropriate placement, considering the person's needs and possible specialized services required.

b) The PASRR process complies with the Rhode Island PASRR Mental Health Screen for Nursing Facility Applicants and Residents under guidelines approved by the Center for Medicaid and Medicare Services and with the applicable requirements set forth in the Code of Federal Regulations (CFR).

ii. For those individuals who meet the level of care for a nursing facility and for whom an NFSPU is the least restrictive placement that is appropriate to the individual's needs, and for those with a positive PASRR II screening, BHDDH shall authorize the admission of eligible individuals to an NFSPU. If the PASRR II screening recommends specialized services in addition to the NFSPU placement, the nursing facility is required to work with a licensed behavioral health provider to ensure the recommended specialized services are provided to the individual. The NFSPU itself **is not** a specialized service.

2. The individual agrees to become a resident in the nursing facility and to receive the services appropriate to the resident's needs by signing, or having a legally authorized representative sign, a consent to treatment form.
3. A PASRR resident review will be completed when there has been a significant change in condition, either an improvement or decline, and will be conducted through an entity that has a contractual agreement for this purpose with EOHHS¹. A recommendation may be made through a resident review for a higher level of psychiatric care if adequate services cannot be provided in the NFSPU. The resident review may also result in the need for additional specialized services to address the individual's condition.

¹ The CMS Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, version 1.5 or later, is used to provide guidance for nursing facilities who are seeking a referral for a review of change in circumstances for residents if a mental illness, intellectual disability, or related condition is present or is suspected to be present.

- a. BHDDH will recommend specialized services needed and assist NFSPU's in the identification of licensed behavioral health providers within Rhode Island that offer such services.
4. The NFSPU is required to work with additional providers to offer services, as needed. If NFSPU facilities have difficulty locating and/or working with vendors, the facilities, at any time, should notify BHDDH. Specialized Services must be provided by a provider other than the nursing facility, for example a Community Mental Health Center, which can bill for Medicaid off a service fee schedule. Specialized services include but are not limited to psychiatry, therapy or ACT.

Admissions Prioritization

In addition to the requirement that an individual must meet the clinical criteria for admission to an NFSPU, eligible individuals will be admitted to an NFSPU based on priority guidelines of BHDDH. BHDDH will manage the priority list for admission of eligible individuals. In determining priority, the following factors will be considered:

1. The date in which the application was received and approved
2. Gender for the available bed, based on client's self-identified gender.
3. Current acuity of the NFSPUs.
4. A six-month psychiatric inpatient treatment at Eleanor Slater Hospital or other psychiatric inpatient hospitals or units
5. Other factors that will be considered include, but are not limited to, recent treatment history, repeated failed traditional nursing facility stays, and the length of time that the eligible individual has been on the waitlist for an NFSPU.

Nursing facilities will have an opportunity to review a resident's application to the NFSPU and make a final determination on acceptance of applicant into the NFSPU.

Exclusions

An individual will be ineligible for an NFSPU, if the BHDDH PASRR Level II screening determines that the individual's mental health needs are not able to be safely managed in an NFSPU setting because the individual exhibits one (1) or more of the following:

1. Acute substance intoxication.
2. Mania that impairs judgement and impulse control that cannot be safely maintained in the environment.

3. Active assaultive ideation or active threatening behavior, with potential to harm, kill or injure self or others.
4. History of assaultive behaviors, as may be evidenced by recent active threatening behavior and/or restraining orders.
5. The individual is unwilling to be admitted voluntarily. NFSPUs are in nursing facilities that lack the legal authority to accept involuntary residents.

Facility Requirements

Eligible Facilities

1. Only Medicaid certified nursing facilities licensed by RIDOH that are in good standing and in compliance with all state and federal regulations are eligible to be considered to provide NFSPU Medicaid-funded services to eligible individuals.
2. Facilities must not be in CMS's Special Focus Facility (SFF) Program or on the SFF Candidate list at the time of application (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/SFFList.pdf>)
3. Facilities must be compliant with the minimum staffing requirements set forth in RIGL 23-17.5-32. Pursuant to RIGL 23-17.5-33, RIDOH determines compliance with the minimum staffing requirements quarterly. If a facility is found to be non-compliant, it will not receive the additional \$175 per day.

Facilities that have received a RIDOH violation within the eighteen (18) months prior to NFSPU certification application for a serious violation (e.g., immediate jeopardy or substandard quality of care) are ineligible, unless the facility has submitted a RIDOH approved corrective action plan and corrected the violations.

Physical Environment

1. The location of one NFSPU that is dedicated exclusively to individuals who are approved and referred by BHDDH through the BHDDH Level II PASRR process. The NFSPU shall have no more than sixteen (16) beds.
2. All NFSPU residents will be assigned to a bed in the NFSPU that will remain a distinct and separate unit within the nursing facility. The unit shall be a separate functional area of the nursing facility that includes a group of residents/patients where necessary organized nursing, ancillary, and administrative services are provided to the occupants of the rooms.

3. The NFSPU shall not be locked, and NFSPU residents will have access to usual amenities for group dynamics (i.e., dining room, activity rooms, unless indicated otherwise in an individual treatment plan.
4. Pursuant to existing law, all plans for new construction or the renovation, alteration, extension, modification or conversion of an existing nursing facility that may affect compliance with 216 RICR-40-10-1 §§ 1.19.4, 1.19.6, 1.19.7, 1.19.8, 1.19.9, and 1.19.15 of this Part, and "Guidelines for Design and Construction of Residential Health, Care and Support Facilities, 2014 edition, shall be reviewed by a Rhode Island licensed architect. Said architect shall certify that the plans conform to the construction requirements of 216 RICR-40-10-1 §§ 1.19.4, 1.19.6, 1.19.7, 1.19.8, 1.19.9, and 1.19.15 of this Part, and "Guidelines for Design and Construction of Hospital and Health Care Facilities", 2010 Edition, prior to construction. The nursing facility shall maintain a copy of the plans reviewed and the architect's signed certification, for review by the Department of Health upon request.

Readmissions/Referrals

If there is bed availability, the facility shall readmit NFSPU residents who have been discharged from the NFSPU within ninety (90) days of the original discharge date provided that the individual remains eligible for admission. Any break in NFSPU care triggers new PASRR Level I and Level II screens.

NFSPU facilities shall accept all referrals of Medicaid enrolled clients determined to be eligible for NFSPU services unless the certified facility has provided a written explanation for a refusal that is consistent with one or more of the eligibility exclusions delineated above. A NFSPU facility's repeated refusal of referrals shall result in a comprehensive review and possible revocation of the NFSPU certification status of such a facility.

Functional Psychiatric Rehabilitation Program

A facility shall demonstrate the overall treatment and mission of its psychiatric rehabilitation program that addresses major domains of functioning and skill development. This includes:

1. Defined psychiatric rehabilitation principles detailing specific rehabilitation techniques and methods, and the type/level of staff utilized to provide each service to the residents and the evidence-based practices supporting such principles.
2. How the facility provides a therapeutic environment for referred individuals that meets and addresses the clinical needs of NFSPU residents. The program shall provide an array of individual and group therapeutic activities. These activities shall address the major domains of functioning and skill development of residents to include:

- a. Daily therapeutic and skill-training groups
- b. Therapeutic recreation programming
- c. Community safety and life skills training
- d. Substance use and self-help groups
- e. Crisis intervention services

Items A through D are included in the \$175 per diem rate and should not be considered specialized services mandated by PASRR Level II screening. If NFSPU facilities need assistance providing these services, facilities may consult with BHDDH for help identifying vendors who provide such services in Rhode Island.

- 3. The creation of active treatment programs in accordance with a person-centered treatment plan which includes enhanced supervision.
- 4. The coordination of specialized services as required by a PASRR Level II screen. These can include habilitative, rehabilitative and training activities with which the NFSPU resident participates inside or outside of the facility. The nursing facility shall utilize consistent and uniform approaches outlined in the NFSPU resident's person-centered treatment plan.
- 5. The administration and monitoring of psychotropic medication.

Staffing

Certified facilities shall maintain facility-employed or contracted trained staff qualified to work with NFSPU residents and in sufficient quantity to ensure the safety of residents. These staff members shall provide professional and other necessary services and supports to NFSPU residents, with staffing patterns approved by BHDDH. More specifically, the facility shall have:

- i. A clear current organizational chart at the time of application.
- ii. Evidence of at least two (2) years of a combination of management skills, experience, and the capability to reliably support behavioral health residents/services.
- iii. Established standards for screenings, assessments, staff supervision and evaluation.
- iv. A board-certified psychiatrist, engaged as a facility employee or under contract with the facility, who leads a multidisciplinary team that provides skilled nursing services with behavioral health specialists available for every NFSPU resident. Providers

offering specialized services related to a PASRR Level II screen shall have the opportunity to participate in multidisciplinary care team meetings.

- v. Documentation of staff completion of specialized training in the following topics:
 - a. Psychotropic medication administration and monitoring.
 - b. Behavior management.
 - c. Crisis intervention and de-escalation, with staff participation in a nationally recognized de-escalation training program.
 - d. Determining when a resident urgently requires a higher level of psychiatric care, as follows:
 - 1. The need to transfer to a higher level of psychiatric care is to be approved by the prescribing physician or Advanced Practice Registered Nurse (APRN) that may be in consultation with the resident's treatment team. This decision is to be based upon increased acuity as it affects the health and safety of the resident and a finding that the resident is a danger to self or others.
 - 2. The specific behavior or statements of the resident that support the conclusion of the physician or APRN that a higher level of care is needed must be documented by the individual(s) who has/have observed the behavior or statements.
 - 3. The credentials of the physician or APRN must appear in the documentation.
- 6. The facility must provide in its application a start-up plan that details how its staffing pattern will accommodate the first residents in the NFSPU and how it will change as the NFSPU reaches capacity.

Transition Planning and Discharge

Transition and discharge planning must begin as soon as possible after admission and be an integral part of the person-centered treatment plan. Poor transition planning increases the risk of adverse events and readmission.

- 1. Transition and discharge planning will have a core of standardized components to address a myriad of information such as medications, follow-up tasks and appointments.
- 2. Transition and discharge planning will focus on resident goals and treatment preferences.

3. Discharge information will be written clearly and adapted to the resident's learning style, social determinants, and health literacy needs.
4. Resident and/or caregiver concerns in addition to consequences associated with non-compliance should be addressed.
5. Follow-up appointment coordination will be complete prior to discharge, including addressing transportation issues if necessary.
6. Social determinants should be discussed if applicable.
7. A post-discharge care plan should be provided to the resident and the resident's new care team.
8. A discharge checklist should be utilized to ensure all required components are addressed for a safe and effective discharge.
9. A follow-up call to the resident and/or caregiver should be made 48 hours after discharge.

Culturally and Linguistically Appropriate Services (CLAS)

The facility must demonstrate how it shall:

1. Provide services to persons for whom English is not a primary language;
2. Provide qualified sign language interpreters and other accommodations that are necessary to communicate effectively with persons who are deaf or hard of hearing; and,
3. Work effectively to be respectful and responsive to the health beliefs and practices of diverse population groups.

Health Information Technology

The facility shall use health information technology to facilitate appropriate communication between staff members, specifically the facility shall maintain electronic resident-specific written behavioral plans.

Grievance and Complaint Process

Facilities shall have a well-publicized complaint process and established policies, procedures, and related records to track all complaints to ensure a focus on resident care, individual input, documentation and response to complaints, and prompt complaint resolution. Upon request, facilities shall produce complaints/resolution reports to EOHHS/BHDDH/RIDOH.

[210 RICR 10-05-2](#) contains the appeals process for EOHHS agencies and programs

Medicaid Rate Reimbursement

1. The NFSPU rate shall be an extra \$175 per day above the normal RUG reimbursement rate described in the “Method for Determining Nursing Facility Payment Rates” in the Medicaid State Plan and is applicable to fee-for-service payment.
2. The \$175 NFSPU bed rate is not influenced by annual inflationary indices.
3. The \$175 NFSPU bed rate is effective January, 1, 2023

Appeal Process

All appeals of any adverse agency decisions shall be made in accordance with the Appeals Process and Procedures for EOHHS Agencies and Programs contained in [210 RICR 10-05-2](#).

Performance Measures

Coordination and referral protocols with other entities including, but not limited to BHDDH, EOHHS, Community Mental Health Centers, Primary Care Physicians (PCPS), Peer Specialists and Peer Navigators

The facility must submit monthly and quarterly reports to EOHHS and BHDDH (to be reviewed by the Division of Behavioral Healthcare within BHDDH) that describe the current census, anticipated discharges, complaints/grievances, waiting list, readmissions, problem areas, and proposed resolutions and any other requested information.

1. Monthly census data reports include the following components:
 - a. Number of residents in the unit;
 - b. Number of new admissions;
 - c. Number of applicants not accepted ;
 - i. Reason not accepted;
 - d. Number of readmissions;
 - e. Number of discharges;
 - f. Average length of stay; and
2. A Quarterly report showing open facility complaint/grievances/appeals which shall include the following:
 - a. Date of initial complaint/grievance/appeal;
 - b. Nature of complaint/grievance/appeal;
 - c. Status of complaint/grievance/appeal;
 - d. Date of resolution of complaint/grievance/appeal; and
 - e. Resolution/disposition of complaint/grievance/appeal.
3. Annual Quality Improvement Project Report on Hospital Admissions

- a. The facility shall submit annually a report detailing the percentage of NFSPU residents readmitted to any hospital (excluding ER-only visits) from the nursing facility within thirty (30) days of admission.
- b. The reported hospital readmissions shall identify those that are psychiatric readmissions and those that are readmissions to a hospital due to medical conditions that impacted the resident's mental health.
- c. This measure shall be calculated as follows:
 - i. Denominator: Total number of NFSPU residents admitted to a nursing facility from an acute hospital who received an MDS admission assessment during the prior twelve (12) months (Data Element A).
 - ii. Numerator: Total number of NFSPU residents readmitted to any hospital from the SNF within thirty (30) days of admission (Data Element B).

EOHHS may modify/create additional improvement project reports, as needed.

Monthly and Quarterly reports shall be due by the 15th day of the following month. The Annual Quality Improvement Project Report is due by the 15th day of January for the previous calendar year.

BHDDH and/or EOHHS may request ad-hoc reports which shall be due within ten (10) business days of the request.

Quality and Compliance Control

Reporting and Oversight

A facility shall create an annual treatment plan for each NFSPU resident. The treatment plan must be updated annually. During the annual update, a resident record review must also be conducted. A record review may be conducted earlier if there is a change in resident status and care plan. A treatment plan and record review will include the items below.

1. Documentation of Resident Eligibility
 - a. Hospitalized for six (6) or more months (inpatient at ESH, LTBHU, or other psychiatric facility)
 - b. Resident agrees to be a resident utilizing a consent to treatment form.
 - c. Requires specialized services as per PASRR Level II screening
2. Documentation that the supports and services meet all the minimum requirements contained within these certification standards.

3. Documentation that the treatment plan is reviewed annually; however, if there is a change in treatment, the treatment plan shall be updated contemporaneously with the change.
4. Documentation of Individual and Group Therapeutic Activities
 - a. Active person-centered treatment plans that detail interaction of non-resident peer specialists, Certified Nursing Assistants, and behavioral health specialists. The plan must also note any coordination of specialized services with other habilitative, rehabilitative and training activities with which the NFSPU resident participates outside of the facility
 - b. The resident's record must document the name and frequency of at least one of the following activities which addresses major domains of functioning and skill development of residents to include.
 - i. Daily therapeutic and skill-training groups
 - ii. Therapeutic recreation programming
 - iii. Community safety and life skills training
 - iv. Substance use and self-help groups
5. Documentation of the administration and monitoring of psychotropic medication.
6. Documentation of transition and discharge planning as described in these standards
7. Facilities are required to notify BHDDH, EOHHS, and RIDOH of any material changes or program operations. Examples of material change include, but are not limited to, loss of Medicaid certification, licensing action, facility financial hardship, Medicaid Program Integrity investigations, and investigation by state and/or federal agencies.
8. EOHHS, BHDDH, and RIDOH, reserve the right to conduct on-site reviews and the review of any clinical records and documentation without prior notice to the nursing facility.
9. A facility's continued participation in the NFSPU program may be modified based on identified deficiencies during ongoing monitoring and review of service delivery by EOHHS, BHDDH, and RIDOH.

Record Keeping

1. Facilities shall maintain confidential individual records arranged in a systematic manner which will provide easy access for use by staff and ease of review by EOHHS/BHDDH/RIDOH, as necessary. When possible, facility shall use health information technology to assist in record keeping.

2. All records must be maintained for the period required under state and/or federal law and regulations.
3. Facilities shall comply with the most current federal and state laws and regulations pertaining to privacy and security of all Personal Health Information (PHI)
4. Facilities shall have policies for sharing information about individuals with direct treatment providers, primary care providers, community resources, and others as necessary and in accordance with R.I. Gen. Laws Chapter 5-37.3, “Confidentiality of Health Care Communications and Information Act.”
5. Facilities shall retain proof of financial solvency and produce as requested.

Nursing Facility Certification Application Process

1. In accordance with these certification standards, an eligible facility may submit to EOHHS and BHDDH an application to be certified to provide NFSPU Medicaid-funded services to eligible individuals. EOHHS and BHDDH shall review all NFSPU certification applications. EOHHS/BHDDH/RIDOH reserve the right to conduct on-site reviews and to seek additional documentation, as needed.
2. The application shall include evidence that the facility meets the requirements defined in the “Facility Requirements”.
3. Applicants are advised that all materials submitted to the State of Rhode Island for consideration in response to these certification standards may be considered public record as defined in [Title 38 Chapter 2](#) of the Rhode Island General Laws.
4. Upon application approval, an owner, officer, or authorized agent of the facility must sign these Certification Standards to acknowledge adherence with certification standards as issued or amended. The facility further understands that as a facility within the Medicaid program, it is obligated to comply with all state and federal laws, rules and regulations that apply to Medicaid facilities.

Recertification

1. On an annual basis, and no later than sixty 60 days before a facility’s certification end date, the facility shall submit to EOHHS the items below:
 - a. Clear organizational chart at the time of recertification

- b. Evidence of a facility-employed or contracted board-certified psychiatrist who leads a multidisciplinary team that provides skilled nursing services with behavioral health specialists available for every NFSPU resident.
 - c. Evidence of how the nursing facility:
 - i. Provides services to persons for whom English is not a primary language.
 - ii. Provides qualified sign language interpreters and other accommodations that are necessary to communicate effectively with persons who are deaf or hard of hearing.
 - iii. Is respectful and responsive to the health beliefs and practices of diverse population groups.
 - d. Evidence on how the facility uses health information technology, including electronic resident-specific written behavioral plans.
 - e. Documentation of staff completion of specialized training in the following:
 - i. Psychotropic medication administration and monitoring;
 - ii. Behavior management;
 - iii. Crisis intervention and de-escalation, with staff participation in a nationally recognized de-escalation training program; and,
 - iv. Determining when a resident requires a higher level of care, as described above, under *Staffing*, subsection (5)(d).
 - f. Evidence of established policies and procedures and related records to track all complaints to ensure a focus on resident care, individual input, documentation and response to complaints, and prompt complaint resolution.
 - g. Evidence of the nursing facility's compliance with mandatory readmission requirements for residents who have been discharged within the last ninety (90) days.
 - h. Evidence that all appropriate Medicaid referrals were accepted into the NFSPU(s).
 - i. Denied referrals have been documented as to the reason that the applicant was not appropriate for the program.
 - ii. Number of accepted and denied referrals.
2. Every twelve (12) months the facility shall submit a self-attestation to EOHHS that it maintains documentation of items 1(a) through 1(h) above.
3. At the time of recertification, EOHHS will validate that the facility:

- a. Is not on CMS's Special Focus Facility (SFF) Program or on the SFF Candidate list at the time of recertification.
- b. Is compliant with the minimum staffing requirements set forth in RIGL 23-17.5-32 *et seq.*