



DRAFT Certification Standards for the RItE @ Home Shared Living Program
Medicaid Home and Community-Based Services

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I. INTRODUCTION

This document establishes the Rhode Island Medicaid certification standards for Provider Agencies supporting the RItE @ Home Shared Living Program administered by the Executive Office of Health and Human Services (EOHHS). These standards do not apply to shared living programs and services administered by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH).

EOHHS has the authority to establish standards for providers of shared living services as the designated single state Medicaid authority under R.I. Gen. Laws § 42-7.2-2. Such services are described under Rhode Island's approved Section 1115 Demonstration Waiver. EOHHS shall maintain a separate program manual describing how the standards outlined herein shall be operationalized.

A certificate issued by EOHHS is required for a provider to receive Medicaid reimbursement, and the issuance of such a certificate requires full compliance with these certification standards. The issuance of such a certificate does not commit or bind EOHHS or the State of Rhode Island to the funding of any particular program or entity.

RItE @ Home Shared Living Program

Shared Living provides a home-like setting for individuals who choose not to live alone, want to continue living in the community for as long as possible, and need a considerable amount of assistance in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Shared Living is an alternative to institutional care.

RItE @ Home is a person-centered Shared Living program that facilitates individual choice regarding who provides services and supports to the Participant. A Shared Living Participant lives with a Caregiver in the Caregiver's home or the Caregiver lives in the Shared Living Participant's home. The Participant (or their designated representative) can choose the Caregiver and home setting. This can include homes identified by the Participant or by the RItE @ Home Provider Agency. The Participant can expect to be offered a home setting in a vicinity where they wish to live and in an environment that supports the Participant's Person-Centered Plan.

The Participant and the Caregiver must cohabitate within the same living space; however, a respite Caregiver is not required to reside in the home setting. Shared Living **does not** include, for example, separate apartments within the same building or separated spaces within a duplex.

The Caregiver is responsible for full-time care of the Participant, including providing assistance with ADLs and IADLs, homemaker services, meals, and, in many cases, transportation. The Caregiver also provides socialization and a home-like environment to foster independence and community integration to the maximum extent possible. Caregivers and the safety of the home setting are overseen by RItE @ Home Shared Living Provider Agencies certified by EOHHS according to these standards.

Caregivers receive a daily stipend for providing full-time care to the Participant; however, room and board costs are not covered by Medicaid and room and board agreements are between the Participant and Caregiver. Generally, the Participant and the Caregiver determine the need for

formal documents pertaining to rental agreements, leases, mortgages, rental and homeowner's insurance, utilities, and other costs while the Provider Agency maintains basic documentation of the living arrangement and the Participant's understanding of the living arrangement. The Caregiver may be pre-approved to take time away from full-time care of the Participant and the Participant may be provided with respite Caregivers to provide care while the Caregiver takes their requested time off.

RIte @ Home expands the range of community-based services and supports available to older adults and adults with disabilities who need an institutional level of care, such as a nursing home. RIte @ Home allows such persons to live in a safe and secure home environment that supports their needs. This is accomplished through a collaborative relationship between the Participant, the Caregiver, the Participant's Conflict-Free Case Manager, the Provider Agency, and EOHHS.

Eligible Populations

RIte @ Home is available for individuals who are eligible for Rhode Island Medicaid and qualify for Long Term Services and Supports (LTSS). These eligibility groups include adults with disabilities over the age of eighteen (18) and older adults aged sixty-five (65) and over. Eligible Participants must meet the financial and clinical eligibility requirements as determined by the Department of Human Services (DHS) or have been found eligible for services through the BHDDH's Division of Developmental Disabilities. Note that BHDDH also licenses and manages its own Shared Living Arrangements that are separate and distinct from the RIte @ Home program. While Participants eligible through BHDDH may participate in RIte @ Home, these certification standards do not apply to the BHDDH program. More information about the BHDDH shared living program may be found at this website:

<https://bhddh.ri.gov/developmental-disabilities/services-adults/shared-living-arrangement-sla>.

Shared Living is appropriate for those individuals who are not a danger to themselves or others in the shared home. An individual who may be assaultive to themselves or others may not be appropriate for this program.

II. RITE @ HOME PROVIDER AGENCY STANDARDS

RIte @ Home Provider Agencies shall meet all applicable State and federal requirements. The Provider Agency shall have a physical location in Rhode Island or a border community as defined in 210-RICR-20-00-3.6 that is welcoming, safe, publicly accessible, and complies with all Americans with Disabilities Act (ADA) guidelines.

RIte @ Home Provider Agencies shall have a sound organizational approach to ensure the provision of effective, timely, and high quality Shared Living services. Agencies are responsible for ensuring that staff and Caregivers comply with these certification standards, related RIte @ Home Provider Agency Policies, and any regulations or guidance documents promulgated by EOHHS.

An organizational chart that includes the names and titles of those in leadership roles shall be made available to EOHHS. This organizational chart shall be updated on a yearly basis and be maintained as Provider Agency personnel changes.

EOHHS shall monitor and assess the ability of RItE @ Home Provider Agencies to successfully deliver and maintain RItE @ Home services pursuant to the requirements contained in these standards and the Medicaid Provider Agreement. Specific requirements include:

1. Knowledge of and compliance with all relevant State and Federal laws and regulations.
2. Policies that ensure compliance with the Health Insurance Portability Accountability Act (HIPAA).
3. Policies that ensure compliance with the Home and Community Based Services Settings Rule (42 C.F.R. § 441.301(c)(4)).
4. Maintenance of Caregiver records to track the Caregiver's ongoing training and ability to provide RItE @ Home services to the Participant.
5. Maintenance of Provider Agency staff personnel records that include staff training, professional development, and performance evaluations.
6. Collection, validation, and storage of documentation in support of claims in accordance with the State's Medicaid reimbursement requirements.
7. Compliance with the following disclosures regarding ownership, control, and business transactions:
 - a. 42 C.F.R. § 455.104 Disclosure by providers and fiscal agents: Information on ownership and control; and
 - b. 42 C.F.R. § 455.105 Disclosure by providers: Information related to business transactions.

Cultural Competency

The RItE @ Home Provider Agency shall demonstrate its ability to work effectively in multiple community and cultural settings with people of different racial, ethnic, economic, linguistic, and religious backgrounds, as well as gender expressions and sexual orientations. The Provider Agency shall have a policy that describes how individuals with limited English proficiency shall be assured meaningful access to services provided by the Provider Agency. The policy shall comply with all State and federal laws and regulations.

Policies and Procedures

The RItE @ Home Provider Agency shall have policies and procedures for operating the program to meet the requirements of these standards. At a minimum, these shall include:

1. Policies and procedures consistent with the requirements of the Home and Community Based Services Settings Rule (42 C.F.R. § 441.301(c)(4)).
2. Policies and procedures for new program enrollments (Provider Agency staff matching, Participant and Caregiver onboarding, Caregiver selection, etc.) in accordance with State requirements and the Participant's Person-Centered Plan. These shall include:
 - a. Policies and procedures for enrollment of an applicant who at the time of application has an identified Caregiver; and
 - b. Policies and procedures for enrollment of an applicant who at the time of application does not have an already identified Caregiver.
3. Policies and procedures regarding the transition of all new Participants into Shared Living, including, at a minimum:

- a. Facilitating the start of Shared Living services within five (5) business days of the Participant's start date for services, including the development of an interim Services Implementation Plan;
 - b. Conducting structured meetings on or before the Participant's start date;
 - c. Conducting weekly meetings with new Participants and Caregivers for the first month of program enrollment; and
 - d. Development of a final Services Implementation Plan and complete Participant record within thirty (30) calendar days of the Participant's start date for services.
4. Policies and procedures for identification, selection, and initial and ongoing inspection of home settings, including the opportunity for Participants to tour potential home settings if desired, to ensure that home settings will effectively meet the Participant's needs, goals, and preferences. These shall include, at a minimum:
- a. Identification and selection of appropriate home settings that:
 - i. Are located in Rhode Island;
 - ii. Are private residential settings (i.e., not licensed by a State agency as a provider-operated setting, such as assisted living or group home);
 - iii. Are chosen by the Participant; and
 - iv. Meet the applicable requirements of 42 C.F.R. § 441.301(c)(4).
 - b. Minimum home safety requirements:
 - i. Clear and safe evacuation routes;
 - ii. Compliance with all applicable State and local fire and safety codes, including smoke detectors, carbon monoxide detectors, fire extinguishers, and adequate means of egress;
 - iii. Proper heating, cooling, and ventilation, including in the bedroom and bathroom;
 - iv. Freedom from insect and/or rodent infestation;
 - v. Necessary safety equipment in good repair;
 - vi. Adequate maintenance and upkeep;
 - vii. Physical accessibility, including unobstructed passageways, appropriate lighting, and assistive devices as needed throughout the residence;
 - viii. Opportunities to have privacy, including window coverings and lockable bedroom and bathroom doors;
 - ix. Appropriate bedroom furnishings, including a bed and mattress, bed stand, and linens to meet the assessed needs and preferences of the Participant (the Participant has the right to provide their own bedroom furnishings if desired);
 - x. Adequate supplies of expendable items such as facial tissues, towels, soap, and laundry supplies provided as part of room and board, where applicable;
 - xi. Proof of homeowner's liability insurance (renter's insurance is encouraged but not required); and

- xii. Documentation of ownership and safe storage of legally owned firearms, including firearms stored in a locked storage space and ammunition stored separately in a locked space.
- 5. Policies and procedures establishing minimum requirements for Provider Agency staff, including selection, screening, training, and supervision.
 - a. Governance structure;
 - b. Minimum education and/or work experience requirements;
 - c. Method for conducting screening and background checks as mandated by State and federal law;
 - d. Method for verifying qualifications;
 - e. Job descriptions and duties;
 - f. Orientation procedures for new staff;
 - g. Process for initial and ongoing training;
 - h. How supervision is provided; and
 - i. Performance evaluations.
- 6. Policies and procedures for qualifications, recruitment, selection, screening, assessment, orientation, training (including any training required by EOHHS), evaluation, ongoing supervision and coaching of Caregivers (including respite Caregivers), and ongoing monitoring of quality and home safety, including frequency and method of contact. These policies and procedures shall include, at a minimum:
 - a. Procedures to ensure that participants receive daily, ongoing personal supports from their Caregiver(s) in accordance with their level of need as indicated in their Person-Centered Plan.
 - b. Policies and procedures must be consistent with the following minimum Caregiver qualifications:
 - i. Caregivers shall be at least eighteen (18) years old;
 - ii. Caregivers shall have a valid license in good standing and insurance if providing transportation;
 - iii. Caregivers shall demonstrate the ability to meet the Participant's needs in a caring and effective manner, perform essential duties, manage and respond to emergency situations, and identify changes in the Participant's medical, physical, or emotional functioning;
 - iv. Caregivers shall undergo an annual health and tuberculosis screening;
 - v. Caregivers cannot be legally or financially responsible for the Participant. The Caregiver **cannot** have any of the following relationship(s) to the Participant:
 - 1. Spouse
 - 2. RItE @ Home Personal Representative
 - 3. Legally or financially responsible (e.g., Guardian, Power of Attorney, Health Care Proxy, Supported Decision Maker, or Representative Payee)
 - c. Policies and procedures must be consistent with the following minimum Caregiver screening requirements:

- i. All Caregivers, including alternate Caregivers and respite Caregivers, are required by 210-RICR-20-00-1 to undergo a national criminal background check supported by fingerprints at least every five (5) years.
 - 1. If there is a disqualifying conviction, as defined in R.I. Gen. Laws §§ 42-7.2-18.2 and 42-7.2-18.4, and the individual makes a request to EOHHS to permit the individual's participation as a Caregiver in the Shared Living Program despite positive findings on the individual's criminal record, the Provider Agency shall make a recommendation to EOHHS regarding the individual's participation as a Caregiver.
 - ii. The Provider Agency shall conduct a judiciary portal screening for other members of the household over the age of eighteen (18).
- d. Policies and procedures must be consistent with the following minimum Caregiver training/certification requirements and verified and documented in the Participant's record:
 - i. HCBS Provider Training developed by EOHHS;
 - ii. Review of the Services Implementation Plan;
 - iii. Orientation to the Participant's needs, goals, and preferences;
 - iv. Health education and training related to the Participant's needs, including managing and understanding the progression of health conditions and medication management;
 - v. Critical incident reporting requirements;
 - vi. Universal precautions; and
 - vii. CPR and First Aid training. The CPR training may be waived if:
 - 1. The Participant has a Medical Orders for Life Sustaining Treatment (MOLST) document that indicates a desire not to be resuscitated or has a Do Not Resuscitate (DNR) order;
 - 2. The Caregiver is informed of the terms of the MOLST or DNR;
 - 3. The Participant agrees to a waiver; and
 - 4. The waiver is properly documented in the Services Implementation Plan.
- e. Ongoing monitoring:
 - i. The Provider Agency must have weekly contact during the first month of the Participant's enrollment in the program, with at least two (2) home visits during the month.
 - ii. The Provider Agency must conduct home visits at least monthly for the duration of the Participant's enrollment in the program after the first month. The Provider Agency may conduct certain visits through alternative means, such as secure video or telephone communication, if the Participant requests an alternative modality (i.e., it is the Participant's choice), the alternative modality is accessible to the Participant, and the alternative modality is appropriate for the Provider Agency to gather sufficient information to determine continued Participant safety and

quality of care. An in-person home visit must be conducted at least quarterly.

7. Policies and procedures regarding the assignment of program Participants to staff within the RItE @ Home Provider Agency. The policy shall state how the Provider Agency ensures that the Provider Agency has sufficient staff to support the program and that individual staff have a reasonable caseload that allows adequate time to meet the needs of their assigned Participants and comply with all federal and State rules, regulations, and standards. These policies and procedures shall be consistent with the staff records and minimum staffing requirements identified herein.
8. Policies and procedures relating to multiple Participants sharing a single shared living home. Shared Living Program Applicants may apply to live together in a shared living home. A maximum of two (2) Participants may live together in a single home, so long as both Participants are LTSS-eligible and agree with the living arrangement.
9. Policies and procedures for initial and ongoing clinical (nursing) assessment, care planning and ongoing clinical care coordination, including coordination with clinical service providers and the development, oversight and monthly monitoring of a medication management plan by a Registered Nurse in accordance with State laws for Participants requiring assistance with medication management. This shall include procedures regarding the development, review and approval by a Registered Nurse, and ongoing implementation of a Services Implementation Plan. The Services Implementation Plan is a written document that delineates the responsibilities of the Participant, Caregiver(s), and Provider Agency that identifies the services and activities that will meet the participant's identified needs and goals under the RItE @ Home program, including the scope of full-time care and assessing whether the participant may be left alone for periods of time. The Services Implementation Plan is distinct, but related to, the Participant's Person-Centered Plan. The Services Implementation Plan shall be updated at least annually, or if there is a change in the Participant's Person-Centered Plan.
10. Policies and procedures regarding collection of the Participant's cost of care, if applicable. This shall include, at a minimum, that the amount submitted to EOHHS by the Provider Agency for administrative costs is reduced by the Participant's cost of care.
11. Policies and procedures regarding room and board arrangements between the Caregiver and the Participant. While such agreements are generally the responsibility of the Caregiver and the Participant, the Provider Agency must ensure the following:
 - a. Participants are informed of their rights to enter into such agreements if desired;
 - b. Leases or rental agreements are in place if the Participant moves into the Caregiver's home; and
 - c. Room and board arrangements shall not exceed the Participant's maintenance of need allowance as determined by the Department of Human Services.
12. Policies and procedures addressing how the Provider Agency will support Participants in the event of an emergency. Emergency Backup Plans shall be documented in the Services Implementation Plan and must identify how the Participant will be supported in the event the Caregiver is unable to provide care due to illness or other issues that may arise.

- a. The Emergency Backup Plan shall include, at a minimum, an immediate interim plan for care, plus the name and contact information for any person who is responsible for assisting the Participant in the event that the Caregiver is unavailable in an emergency. The Emergency Backup Plan may include alternate and respite Caregivers and informal supports as appropriate.
 - b. The Participant's Conflict-Free Case Manager must receive a copy of the current Emergency Backup Plan with a new copy provided if the Emergency Backup Plan is updated.
- 13. Policies and procedures addressing the temporary interruption of services that protects and preserves the Participant's placement and/or the resumption of RItE @ Home Services. Such policies and procedures shall include the following requirements:
 - a. Documentation that establishes that the RItE @ Home Provider Agency shall inform the Participant and Caregiver about the potential period of time, costs, and procedures required to resume RItE @ Home services, as well as how this information is provided to Participants and Caregivers.
 - b. When a placement interruption of fourteen (14) days or longer occurs, the Participant's Conflict-Free Case Manager must be notified.
 - c. If the placement interruption is over six (6) months, the RItE @ Home Provider Agency shall review the need for continued enrollment in RItE @ Home placement and/or program and notify the Participant's Conflict-Free Case Manager.
 - d. A review and update to the Participant's Services Implementation Plan following any interruption in the RItE @ Home placement.
- 14. Policies and procedures addressing a Participant's desire or need to change home settings, including notification procedures and the timeframe for conducting an assessment of the new home for compliance with the minimum home safety requirements identified herein. This timeframe must be no more than fourteen (14) calendar days.
- 15. Policies and procedures that address conflict resolution that include the following:
 - a. Mediation of conflicts/disputes that may arise between Caregivers and Participants.
 - b. Process to identify a new home setting or new Caregiver, and/or to transfer a Participant to a new home, Caregiver, or alternate program if necessary.
- 16. Policies and procedures to rectify a Caregiver's or Participant's noncompliance with program requirements or other concerns with the Caregiver's or Participant's continued involvement with the program. Involuntary termination of the Participant from the program must be the last resort of action taken.
- 17. Policies and procedures relating to Participant grievances. The policy shall outline the process for internal grievances and other grievances as follows:
 - a. The internal grievance policy shall outline: how the RItE @ Home Provider Agency will respond to Participant grievances that involve the RItE @ Home Provider Agency, RItE @ Home Provider Agency staff, or other individuals acting on behalf of the RItE @ Home Provider Agency; how the RItE @ Home Provider Agency will internally resolve such grievances; and how the RItE @ Home

Provider Agency will communicate information about Participant grievances to EOHHS. In addition, the RItE @ Home Provider Agency shall have a policy which outlines the RItE @ Home Provider Agency's response to staff grievances and discusses, at a minimum, the acceptance and resolution of grievances brought by employees as a result of RItE @ Home Provider Agency management practices.

- b. The policy for other grievances shall outline how the RItE @ Home Provider Agency will respond to Participant grievances that do not involve the RItE @ Home Provider Agency (such as grievances about a Participant's Caregiver or case manager) and how the RItE @ Home Provider Agency will communicate information about such grievances to EOHHS.
18. Policies and procedures addressing how the RItE @ Home Provider Agency will respond in cases of suspected abuse, neglect, and/or exploitation of Participants in compliance with State and federal requirements.
19. Policies and procedures in place that support coordination with the Participant's Conflict-Free Case Manager, including but not limited to, frequency and methods of contact.
20. Policies and procedures governing the use, storage, and removal of Participant records, including conditions and authorizations for release of information contained in Participant records. This shall include, at a minimum, maintenance of records relating to the delivery and documentation of Shared Living services and financial records for a minimum of seven (7) years and compliance with the Health Insurance Portability and Accountability Act (HIPAA).
21. Policies and procedures for financial management that outline the operational steps for conducting internal controls for claim submission, billing process, oversight of recordkeeping, monitoring expenditure controls, and clearly define staff roles and responsibilities.
22. Policies and procedures outlining the RItE @ Home Provider Agency's ongoing quality improvement plan regarding Shared Living services, including identification and remediation of performance issues.
23. Policies and procedures outlining the RItE @ Home Provider Agency's responsibilities to a Participant disenrolling from the program or transitioning to another Provider Agency to ensure continuity of care, including working with the Participant and their Conflict-Free Case Manager to facilitate enrollment in an alternative program, if applicable.

After Hour Coverage Policy

The RItE @ Home Provider Agency shall be available to Participants during regular business hours (8am-5pm, Monday-Friday) and provide evening/weekend coverage when needed. The protocol shall, at a minimum, ensure that Participants can leave a non-emergency message with the Provider Agency after close of business.

Emergency Access

The RItE @ Home Provider Agency shall demonstrate the capacity to receive and respond to emergency calls from the Caregiver and/or Participant on a twenty-four (24) hour basis, seven (7) days a week. The RItE @ Home Provider Agency shall establish and implement a written

procedure to ensure that the Participant and Caregiver both know how to access the RIte @ Home Provider Agency on a twenty-four (24) hour basis, seven (7) days a week if needed.

Reporting

The RIte @ Home Provider Agency shall demonstrate the ability to submit the following required reports:

1. **Annual Independently Audited Financial Statement:** Annual report of the RIte @ Home Provider Agency's financial status and solvency.
2. **Enrollment:** The RIte @ Home Provider Agency shall track and report all Participant enrollments and disenrollments, and any changes or breaks in Caregiver/home services provision monthly, by the tenth (10th) of the following month after the end of the reporting period.
3. **Complaints and Grievances:** The RIte @ Home Provider Agency shall submit a report detailing all complaints and grievances received by the RIte @ Home Provider Agency from Participants, Caregivers, and family members with resolutions and timelines. This report shall be submitted quarterly to EOHHS by the tenth (10th) of the following month after the end of the reporting period. The format of this report shall be defined by EOHHS in its Program Manual. This report shall include information on internal grievances and other grievances as described in the RIte @ Home Provider Agency policies and procedures.
4. **Monthly Critical Incident Report:** The RIte @ Home Provider Agency shall report observed or suspected abuse, neglect, mistreatment, and exploitation ("critical incidents") involving Participants in the RIte @ Home program. Critical incidents must be reported within twenty-four (24) hours to law enforcement and/or the appropriate State agency. The RIte @ Home Provider Agency shall also provide EOHHS with a monthly summary of critical incidents that are reported to law enforcement and/or the State. This report shall be submitted monthly to EOHHS by the tenth (10th) of the following month after the end of the reporting period.
5. **Fraud, Waste, and Abuse:** The RIte @ Home Provider Agency shall report any misuse of Medicaid funds and/or system abuse to the EOHHS Program Integrity Unit at (401) 462-6503 and the Office of Attorney General's Medicaid Fraud Control Unit.

These reports shall be utilized as part of EOHHS' monitoring of the Shared Living Program and the RIte @ Home Provider Agency's performance. EOHHS reserves the right to ask for further information as deemed necessary to monitor the performance of the RIte @ Home Provider Agency.

III. ORGANIZATION AND ADMINISTRATION

Organization Requirements

1. Health and/or human service organizations and private companies that meet the requirements of these Certification Standards may be approved as a RIte @ Home Provider Agency.

2. The RIte @ Home Provider Agency shall have sufficient qualified staff, management infrastructure, and information technology to comply with these standards. This shall include a toll-free telephone number and company-assigned email addresses that allow for secure email communication.
3. The RIte @ Home Provider Agency shall enroll in the Medicaid Program as a RIte @ Home Provider with the understanding that participation in the State's Medicaid Program requires that all State and federal laws, rules, regulations, policies, and amendments will be followed according to the specifications included in the Medicaid Provider Agreement and Medicaid Provider enrollment requirements. Information about enrolling as a Medicaid Provider may be found here: <https://eohhs.ri.gov/providers-partners/provider-enrollment>.
4. The RIte @ Home Provider Agency shall not have been excluded from the Medicaid program or the subject of any fraud and abuse actions or investigations by the Federal Medicare or State Medicaid Programs or EOHHS.
5. The RIte @ Home Provider Agency shall be in good standing with all appropriate licensure and certification organizations/bodies.
6. The RIte @ Home Provider Agency shall protect itself by providing professional insurance protection/malpractice insurance/errors and omission protection coverage. The Agency shall maintain customary commercial general liability insurance (including automobile coverage) and professional liability insurance in commercially reasonable amounts, and any additional bonding that EOHHS may require.

Staffing Requirements

The RIte @ Home Provider Agency shall employ, at a minimum, a Program Director and a sufficient number of Registered Nurses (or LPNs working under the auspices of a Registered Nurse) and Care Managers to provide support to all Participants served by the Provider Agency and their Caregivers. Provider Agencies may employ staff under different titles than required by these standards; however, staff qualifications and duties must meet these requirements.

The Program Director is responsible for overall administration and management of the program and the primary liaison with EOHHS. The Program Director shall have at least a Bachelor's Degree in a related field, at least three (3) years of relevant experience working with older adults and/or adults with disabilities, and demonstrated experience in managing RIte @ Home services or other similar programs.

Each Registered Nurse (or LPN working under the auspices of a Registered Nurse) is responsible for overall oversight of each Participant's Services Implementation Plan to ensure that the Participant's needs are being met. Each Registered Nurse (or LPN working under the auspices of a Registered Nurse) must be licensed in the State of Rhode Island, in good standing, with at least three (3) years of relevant experience working with older adults and/or adults with disabilities, and demonstrated capacity to provide direction and guidance to Participants, Caregivers, and Conflict-Free Case Managers.

Each Care Manager is responsible for acting as the liaison for Participants, Caregivers, and Conflict-Free Case Managers and ensuring that services are provided in accordance with the

Services Implementation Plan. Each Care Manager must have completed an Associate's or Bachelor's Degree in human services or a related field or have at least five (5) years of relevant experience in lieu of a Degree; and have training and education and/or experience in providing care coordination services for older adults and/or adults with disabilities.

Staff qualifications and job duties must be documented as required by the Provider Agency's personnel policies as required by these standards.

State Presence

The RIte @ Home Provider Agency must maintain an office in the State of Rhode Island or a border community. EOHHS has the sole discretion to allow the RIte @ Home Provider Agency to complete the performance of some administrative functions out-of-state (outside of Rhode Island and not in border community). Such EOHHS approval must be in writing with a specific finding that the performance of such administrative functions outside of the State does not affect the quality, efficiency, and delivery of RIte @ Home services as required under these standards.

The Program Director and all critical staff shall work at the RIte @ Home Provider Agency's office in Rhode Island or a border community. The Program Director shall be available to meet with EOHHS as needed.

Geography

The RIte @ Home Provider Agency must demonstrate that it can effectively provide statewide coverage, including but not limited to Participants currently receiving RIte @ Home services as well as eligible Participants referred for enrollment in the RIte @ Home Program.

Financial Status

The RIte @ Home Provider Agency shall be financially solvent and able to demonstrate that it has sufficient financial resources, adequate net worth and good credit history to effectively meet all RIte @ Home Program requirements as detailed in this document.

IV. PERFORMANCE STANDARDS

Certified RIte @ Home Provider Agencies shall maintain ongoing compliance with these standards. However, issues or gaps may be identified through monthly reports submitted to EOHHS, grievances or incident reports received by EOHHS, or other information sources. EOHHS in some circumstances may develop a Corrective Action Plan (CAP) to address issues or gaps in work process or operations that could impact quality, safety, or state or federal rules. A CAP may be used:

1. To correct an identified problem.
2. To prevent a reoccurrence of a problem.

The CAP should:

1. Describe the situation and identify the root causes.
2. Identify actions required to correct the situation and prevent its reoccurrence in the future.

3. The timeframe required to achieve desired results.
4. Describe the reporting parameters.
5. Provide any necessary signatures and agreements by all parties involved.

EOHHS may take other action against certified RItE @ Home Provider Agencies pursuant to 210-RICR-20-00-1.

V. CERTIFICATION PROCESS

Certification Period

Certification periods under these standards include:

1. **Initial certification:** One (1) year following the initial certification date, unless sooner suspended or revoked.
2. **Recertification:** Two (2) years following the date of renewal, unless sooner suspended or revoked.

Certification Process

1. The initial certification process applies to entities that are not already certified as a RItE @ Home Provider Agency according to these standards. The recertification process applies to entities with an active certificate issued under these standards.
 - a. Applicants shall apply for initial certification using the RItE @ Home Application for Certification.
2. Recertification shall be in accordance with all State and Federal provider enrollment requirements, and EOHHS is further developing recertification standards. EOHHS will convene a Certification Review Committee to evaluate applications for certification and recertification. A periodic review process will be established by EOHHS, depending on the submission of applications.
3. Prior to technical review, submitted applications will be reviewed for completeness and for compliance with core expectations. Incomplete applications will be returned without further review. A full application is required for resubmission following a determination of incompleteness.
4. Initial certification will be effective on the date specified by EOHHS once EOHHS determines that the Provider Agency is in compliance with these certification standards and other applicable laws and regulations.

Issuance and Transfer or Assignment of Certificate

Upon receipt of a completed application for a certificate, EOHHS shall issue a certificate if the Provider Agency meets the requirements of the standards included herein. A certificate issued hereunder shall be the property of the State and loaned to such certified Provider Agency. Each certificate shall be issued only for the premises and persons named in the application and shall not be transferable or assignable except with the prior written approval of EOHHS.

Change of Ownership, Operation, or Location

- A. When a change of ownership or operation or location of a certified Provider Agency is planned or when discontinuation of services is contemplated, EOHHS shall be given written notice ninety (90) calendar days in advance of any proposed changes in location, name, or ownership or closure of the Provider Agency.
- B. A certificate shall immediately become void and shall be returned to EOHHS when operation of a Provider Agency is discontinued or when any significant changes in ownership occur. EOHHS shall determine whether a change in ownership is significant.
- C. When there is a significant change in ownership or in the operation or control of a Provider Agency, EOHHS reserves the right to extend the expiration date of such certificate, allowing the Provider Agency to operate under the same certificate which applied to the prior certificate holder for such time as shall be required for the processing of a new application or reassignment of participants, not to exceed six (6) weeks.

Denial, Suspension or Revocation of Certificate or Curtailment of Activities

RI EOHHS is authorized to deny, suspend, or revoke the certificate or curtail activities of any Provider Agency that receives State or federal funding and:

- A. Has failed to comply with EOHHS rules and regulations;
- B. Has failed to comply with the standards herein;
- C. Has offered or provided services to participants outside of the scope of its certificate;
- D. Has jeopardized the health and safety of any Participant; or
- E. Has been excluded or suspended from a Medicaid Program by and State or Federal agency.

VI. SEVERABILITY

If any provisions of the certification standards herein or the application thereof to any program, agency or circumstances shall be held invalid, such invalidity shall not affect the provision or the application of these standards which can affect, and to this end, the provisions of the standards are declared to be severable.