



Rhode Island Executive Office of Health and Human Services
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Certification Standards
For
Home Stabilization Services

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I. Program Overview

These certification standards are issued by the Rhode Island Executive Office of Health and Human Services (EOHHS) for providers of services under the Home Stabilization Initiative. These standards provide guidance to interested parties interested in applying for certification to provide Home Stabilization services and layout the requirements for maintaining continued certification. The State reserves the right to amend these certification standards at any time. These standards define the Home Stabilization services that will be provided by certified providers and reimbursed by the Medicaid Program. The goal is to ensure timely access to appropriate, high quality services for individuals who require support to establish or maintain a home.

The Home Stabilization program will provide an array of time-limited services, including home tenancy, life skills and other modeling and teaching services for individuals who require support in obtaining and maintaining a home, or home find services to individuals who require support in finding and transitioning to housing. Services are intended to be flexible and support recipients in becoming self-sufficient in their housing needs. Through collaboration with home stabilization providers and other delivery systems serving Medicaid beneficiaries, a system will be established that meets the needs of individuals facing home stabilization concerns, the State and eventually managed care organizations (MCOs)

This program will ensure that Home Stabilization services are available to all Rhode Islanders who are Medicaid eligible and meet needs-based eligibility criteria. Home Stabilization services are intended to enhance statewide capacity to implement a broad array of community-based housing support services and result in positive health outcomes and housing retention.

II. Principles of Design and Operation

A. Home Stabilization Providers

Home Stabilization services will be reimbursed through Medicaid Fee-For-Service for Medicaid beneficiaries who are deemed eligible for the services. Home Stabilization providers can provide a set of services related to either tenancy services or home find services or both services. These two (2) services shall not be provided concurrently to each Medicaid beneficiary and shall not be rendered for more than a combined total of twenty-four (24) months.

Certified Home Stabilization providers will be authorized by Medicaid to provide one (1) or both of the following sets of services:

1. A set of *home tenancy services* to Medicaid beneficiaries who require support in maintaining a home, and/or;
2. A set of *home find services* to help Medicaid beneficiaries who require support in finding and transitioning to housing.

Home Stabilization providers may utilize subcontractors. Prior to entering into a subcontract agreement, the Certified Home Stabilization provider must submit the subcontract for

EOHHS approval. Any subcontract that the certified agency enters into with respect to Home Stabilization services shall not relieve the certified agency in any way of responsibility for performance of its duties.

Home Stabilization services are voluntary, and beneficiaries shall have choice in the provider from whom they receive Home Stabilization services. Beneficiaries shall not be coerced into receiving Home Stabilization services and can terminate services or transition to another provider at any point in time.

Providers may be separately approved by EOHHS to provide tenancy and/or home find services. Home find or tenancy services can be rendered in any order, depending on a Medicaid beneficiary's need, interest and readiness. Medicaid beneficiaries may not receive tenancy or home find services concurrently. Tenancy services can only be provided when a beneficiary is in a home. A beneficiary living in a homeless shelter or other emergency shelter shall initially only be eligible only for home find services. For example, a beneficiary may be referred for assistance with the housing application and search process. All Home Stabilization services are intended to support an individual in promoting self-sufficiency and improving health outcomes for Medicaid beneficiaries.

For current certified providers in one (1) of the service categories who wish to become certified for both sets of home stabilization services, the provider must file an addendum to their Home Stabilization application which will be reviewed by EOHHS. The provider must demonstrate that they are able to meet the Certification Standards for the additional services. Please see Home Stabilization Application Addendum section of the Application Guide for Certification as a Home Stabilization Provider.

B. Severability

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

C. Deficiencies and Plans of Correction

The State Medicaid Agency is authorized to deny, suspend, or revoke the Home Stabilization Provider's participation in the Medicaid Program in the event that the Home Stabilization Provider has failed to comply with the EOHHS Medicaid Code of Administrative Rules, applicable federal law and regulations, the Programs and the Certification Standards set forth herein. In addition, the State Medicaid Agency may take any action pursuant to R.I. General Laws chapter 40-8.2 and the EOHHS Medicaid Code of Administrative Rules, Section 0300.40-0300.40.55.

D. Eligibility

Home Stabilization services are Medicaid services which are eligible for reimbursement by the State for Medicaid eligible beneficiaries who do not receive home-based case management housing services through another federally funded program administered by the State.

Per the Section 1115 Demonstration Waiver Special Terms and Conditions, Home Stabilization Services will be available to a beneficiary who meets at least one (1) of the following health needs-based criteria and is expected to benefit from the provision of Home Stabilization Services:

1. The individual is assessed to have a mental health need, and the individual would benefit from stabilization and support to decrease risk of losing housing as a result of the mental health condition; and/or
2. The individual is assessed to have any complex physical health need, which is defined as a long continuing or indefinite physical condition requiring improvement, stabilization, or prevention of deterioration of functioning (including ability to live independently without support).

AND the individual has at least one (1) of the following risk factors:

1. History of eviction and/or unstable housing (an individual must establish one (1) of the following: notices from the landlord/housing authority to resolve issues, month-to-month housing agreements, couch surfing arrangements, or housing costs exceeding income /resources).
2. History of frequent turnover of in-home caregivers, where within the last twelve (12) months the individual utilized three (3) or more different in-home caregiver provider agencies and the current placement is not appropriate for the individual.
3. History of institutionalization in a medical or correctional facility including hospitals, Intermediate Care Facilities for People with Intellectual Disability (ICF/ID), skilled nursing facilities, penal institution nursing homes, Nursing Homes, or other LTC housing, state hospitals, BHDDH licensed group homes, substance use facilities, and any correctional facilities.
4. Past or present substance use that interfered with ability to pay rent, maintain apartment according to lease, or created interpersonal issues that jeopardized housing.

E. Scope of Services

The services included in Home Stabilization are intended to be broad, flexible, and promote community integration and independence in housing. All recipients of Home Stabilization services will be active participants in the development of a Home Stabilization Service Plan (Plan). The Plan should be based on the needs and choices of the individual and updated as changes occur or quarterly, whichever occurs first.

F. Other State and Local Public Agencies

There are several State and local agencies which may be actively providing supports and services to the individual receiving Home Stabilization services. These may include but are not limited to EOHHS, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), Department of Children, Youth, and Families (DCYF), or Department of Human Services (DHS), including the Office of Healthy Aging and the Division of Veterans Affairs. Each of these agencies function with a set of legal obligations and authorities, funding arrangements and limitations, and service capabilities. A current practice of integrating and coordinating systems of care is intended to promote health outcomes and reduce duplication. It is expected that Home Stabilization staff will work closely with these agencies to coordinate care and identify opportunities to meet the needs of each individual.

G. Statewide Capacity

Home Stabilization providers shall have the capacity to provide services to individuals in their home and may not limit participation by geographic or regional catchment area.

H. Linguistic and Cultural Competency

Home Stabilization providers shall demonstrate how they will provide services to persons whose primary language is not English. The providers shall include in their policies and procedures how they will demonstrate cultural competence, person-centered planning and honor all individuality including race, religion, ethnicity, sexual orientation, and financial status.

III. Certification Process

A. Submission of Certification Application

To be eligible for reimbursement for Home Stabilization Services, the provider must be certified by the State as a Home Stabilization Provider.

Applications will be evaluated by EOHHS based on written materials and signed attestations submitted to EOHHS. EOHHS reserves the right to conduct an on-site review and to request additional information or clarification prior to final approval of any application.

Prior to applying for certification, the applicant should fully review these Certification Standards and agree to comply with the requirements as outlined. EOHHS reserves the right to amend the Certification Standards with reasonable notice to participating certified providers and other interested parties. In the event the State determines that the provider does not meet the certification standards, the State shall deny the application.

B. Instructions and Notifications to Applicants

Certified Home Stabilization providers shall comply with all performance requirements contained herein and as amended. These certification standards include an application and Section V herein itemizes the standards by which the applications for certification shall be scored. These are divided into six (6) core areas:

- Organizational Structure
- Strength of Program Approach
- Staff Qualifications and Training
- Quality Assurance
- Organizational Capacity

Specific standards and expectations are identified within each of these six (6) areas and are detailed in Section V herein.

Upon receipt, EOHHS shall review the application for completeness and for compliance with core expectations. Incomplete applications shall be returned without further review.

All materials submitted to the State for consideration in response to these certification standards are considered to be Public Records as defined in Title 38, Chapter 2 of the Rhode Island General Laws, unless exempt therein.

The following certification outcomes are possible as a result of EOHHS' review of the application:

- **Certification with No Conditions:** The provider fully meets all certification requirements.

- **Certification with Conditions:** The provider may describe a program that meets most of the Certification Standards but does not fully comply with the certification requirements at the time of the application submission. The applicant may be offered “Certification with Conditions” and requested to comply with the corrective action request by a specific date. Failure to comply fully with the correction action plan may result in loss of certification.
- **Not Certified:** The provider does not meet the requirements for certification.

C. Informational Meetings for Interested Parties

EOHHS shall schedule informational meetings for those pursuing certification applications. These meetings shall provide interested parties with the opportunity for questions and answers. Whenever possible, applicants should submit written requests for information and clarification.

D. Certification Period

If areas of provider deficiency are identified, timely corrective action will be required. Certified Providers are required to notify the State in the event of any material changes in their organizational structure or program operations. EOHHS shall monitor the performance of certified providers to ensure continued compliance. The State reserves the right to suspend or terminate certification.

IV. Required Scope of Services

A. Scope of Services

This section identifies the Home Stabilization Services that shall be reimbursed by the State and the expectation for each service. Each Home Stabilization provider shall be certified in either home tenancy and/or home find services to administer services to Medicaid beneficiaries. If a Home Stabilization provider would like to provide both tenancy and home find services, they must be certified by EOHHS to provide these two (2) distinct sets of services.

Home Tenancy Services are intended to prevent and respond to housing instability, empower individuals to develop the skills to maintain their housing, and ensure individuals have the necessary array of healthcare and social services in place to support independence and stability.

Home Find Services are intended to support individuals in locating, securing, and successfully transitioning into appropriate housing placement.

Upon commencement of Home Stabilization services, the Home Stabilization provider shall conduct a standardized intake assessment to determine individual needs, risks, and resources. The Home Stabilization provider shall then develop a person-centered Home Stabilization Service Plan collaboratively with the beneficiary and other service providers engaged in the beneficiary’s care as appropriate. The Home Stabilization Service Plan shall include the following elements:

- History (including, but not limited to health, behavioral health, housing)
- Concerns (including, but not limited to health, behavioral health, housing)
- Goals (including, but not limited to health, housing maintenance, social connectedness, recovery, employment or income, etc.)

- Interventions (including all services and providers the beneficiary is engaged with)

Home Stabilization services include:

a. Home Tenancy Services

Home tenancy services provide time-limited supports to build a set of skills that promote independence and ensure that an individual is able to meet the obligations of tenancy and successfully maintain housing.

Home Tenancy Services shall include:

- i. Coordinating and linking recipients to supports that assist in early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations;
- ii. Connecting the individual to education and training on the role, rights, and responsibilities of the landlord and tenant, as well as reinforcement of lessons to maximize the skills learned;
- iii. Providing supports to assist the individual in developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy;
- iv. Providing supports to assist the individual in resolving disputes with landlords/neighbors to reduce the risk of eviction or other adverse action;
- v. Assistance with linking the individual with community resources to prevent eviction when housing is, or may be jeopardized;
- vi. Providing supports to assist the individual with the housing recertification process;
- vii. Coordinating with the tenant to review, update, and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers;
- viii. Connecting the individual to training and resources that will assist the individual in being a good tenant and lease compliance, including on-going support with activities related to household management, as well as reinforcement of lessons to maximize the skills learned.

b. Home Find Services

Home find services provide a time-limited set of support services that promote an individual's ability to obtain housing in a self-sufficient manner. All home find beneficiaries must sign an intake waiver. See Appendix A for Home Find Intake Waiver Template.

Home Find Services shall include:

- i. Conducting tenant screening and housing assessments that identify the beneficiaries' preferences and barriers related to successful tenancy as part of the Home Stabilization Service Plan;
- ii. Developing an individualized housing support plan based on housing assessment;
- iii. Supports to assist the individual with the housing application and search process;
- iv. Assist the individual in identifying resources to cover moving and start-up expenses and assist in arranging for and supporting the details of the move;
- v. Ensuring that the living environment is safe and ready to move-in;

vi. Developing a housing support crisis plan.

B. Provision of services

Home Stabilization providers must receive prior authorization from EOHHS before delivering billable Home Stabilization services. Upon delivery of Home Stabilization services, providers shall document the type of service (home tenancy or home find) through the billing process. A beneficiary cannot receive tenancy support and home find services concurrently, nor can a beneficiary receive Home Stabilization supports from more than one provider concurrently. Home stabilization services are limited to a total of no more than 24 months of services combined, per beneficiary. If a beneficiary does not receive Home Stabilization services within a given month, that month will not count toward the 24-month limit.

After a beneficiary receives twenty-four (24) consecutive, or non-consecutive, months of Home Stabilization services, their authorization ends. However, EOHHS recognizes that housing instability is often a fluid and recurrent problem. Because of this, providers can request a new prior authorization period, including back up documentation identifying the necessity for the beneficiary to receive extended services beyond twenty-four (24) months, in cases of recurrences of homelessness or housing insecurity. Home stabilization requests exceeding the twenty-four (24) month timeframe will be reviewed on a case by case basis. A set of criteria will be used in the review of such requests to ensure standardization and equity.

Home Stabilization services must be delivered face-to-face in the beneficiary's home or community in order to receive reimbursement. Additional guidelines and information on billing and reimbursement can be found in the Home Stabilization Billing Guide.

C. Coordination and Collaboration with Other Parties

It is a fundamental requirement that Home Stabilization Providers develop integrated relationships with case managers and/or care coordinators that are also engaged in beneficiary care, including Accountable Entities, other healthcare providers, community mental health providers, managed care case managers, community action programs, State and local public agencies, or other service providers. Home Stabilization Providers are expected to identify, facilitate access to, and support the self-advocacy in other community services that may provide additional support or care. To achieve this, Home Stabilization Providers shall:

- Conduct a thorough assessment of the systems and services the beneficiary is engaged with and identify gaps or services that may support the beneficiary in maintaining housing and health.
- Document all other providers engaged in a beneficiary's care – including healthcare, behavioral health, and social service providers, – a brief description of each provider's role in the beneficiary's care, and their contact information. This information should be documented within the beneficiary's Home Stabilization Service Plan.
- Identify and facilitate connection to providers for new services as applicable that may help the beneficiary maintain housing and health, as desired by the beneficiary.
- Engage in case conferencing with other providers as appropriate to coordinate care, share care planning and progress in achieving goals, and minimize duplication of effort.
- Leverage HMIS or other information technology platforms to facilitate information sharing and provider-to-provider coordination.

Home Stabilization services are intended to meet gaps in the provision of existing services and are intended to support housing retention; providers may not duplicate case management or home care services that are currently being provided by a healthcare, behavioral health, or other provider in the community. Rather, Home Stabilization provider staff are required to work closely with providers of case management/care coordination to identify opportunities for coordination to meet the unique needs of each individual.

D. Transition and Discharge

Home Stabilization services are based on an individual's need for tenancy sustaining and home find supports. Discharge planning is a collaborative process that is done with the beneficiary and any other key service provider or case manager involved in the beneficiary's care. Individuals receiving Home Stabilization services must be informed of the intent and time-limited nature at the time the services commence. Discharge planning shall be conducted with the involvement of all interested parties.

a) Discharge Criteria

An individual may be deemed ready for discharge if one of the following exists:

- i. The individual voluntarily elects to terminate participation.
- ii. The goals and objectives of the Home Stabilization Service Plan have been met.
- iii. The individual becomes eligible for and chooses to enroll in another federal home-based case management program.
- iv. The individual has lost Medicaid eligibility.
- v. The home presents safety risks to the staff conducting home visits including, but not limited to sexual harassment and threats of violence.
- vi. The individual no longer meets program criteria.
- vii. The individual has received services for a total of twenty-four months.

b) Discharge for Other Reasons

The provider shall set forth program policies and procedures in writing at the time services commence. If none of the criteria for discharge has been met, the provider shall provide written notification stating the reasons for termination of services with at least two (2) alternative home stabilization provider referrals. The provider shall include an appeal form with the discharge criteria. Home Stabilization providers must notify EOHHS on a monthly basis of all discharges along with the reason for such discharge. If a beneficiary is adversely discharged from the Home Stabilization program, he/she may file an appeal to EOHHS, Appeals Office, and state why such discharge should be appealed. See Appendix B for more information regarding Fair Hearing Information or go to: <http://www.eohhs.ri.gov/Consumer/ConsumerInformation/Appeals.aspx>.

c) Transfer Between Providers

A beneficiary may choose to transfer to a different certified provider of home tenancy or home find services. Providers shall assist with the transfer to ensure a smooth transition and continuity of services for the beneficiary. Providers shall develop and document a transfer plan identifying the involvement of the beneficiary and all interested parties. Both the transferring provider and the receiving provider shall share responsibility for ensuring the exchange of the appropriate information necessary for a smooth transition of services.

Providers must be willing and able to provide all home stabilization services on a statewide basis. Providers may not limit participation by geographic or regional catchment area. Providers shall maintain documentation of their policies and procedures for all discharges, including transfer of services. Providers shall notify EOHHS of all initiated or received transfers of home stabilization services, on a monthly basis.

d) Discharge Planning

Home Stabilization providers shall engage in a discharge planning process with beneficiaries and other relevant service providers, starting at least three (3) months prior to discharge. The discharge plan must be documented within HMIS or another applicable platform. The discharge plan should indicate other programs or services the individual has been connected to ensure the beneficiary has the resources to successfully manage their behavioral health or chronic health conditions. If ongoing supports are needed to support the individual's housing maintenance or the meeting of social determinants of health needs, the discharge plan should indicate other providers that have been engaged in the individual's care to meet their needs.

V. Certification Standards

The core areas for provider certification shall include:

A. Organizational Structure

- a. A provider of Home Stabilization services shall submit their structure of governance to EOHHS and attest that they are compliant with the rules and regulations that govern their organizational structure. If an organization is incorporated, the corporation must be in good standing. Board members or other provider officials shall be identified.
- b. Potential conflicts of interest must be disclosed, and an organizational chart shall be provided at the time of application.
- c. All Home Stabilization providers shall have a clearly defined practice of incorporating peers and consumers in the process of organizational policy development. This may be satisfied by including peers and/or consumers on the Board of Directors; establishing a formal consumer advisory board; or including peers or former consumers of services in the process of service delivery.

B. Organizational Capability

- a. Providers must demonstrate the ability to perform the operational functions necessary for overseeing a direct-service program. This includes an efficient billing system and encounter documentation coordinated across multiple sites, if necessary.
- b. Providers must demonstrate sound financial management operations that include: timely billing; internal calculations for services generated by program and type, revenue distribution, and payment tracking against

claims; methods for determining future cash requirements and ensuring adequate cash flow; risk management arrangements with specific attention to general, professional, and director/officer liability; policies and procedures in third party liability and coordination of benefits in relation to Medicaid.

- c. Providers shall furnish a copy of its most recent full independent financial audit. Audit may be no more than eighteen (18) months old.
- d. Providers shall maintain a State approved data collection and reporting system, coordinated across multiple sites, if necessary. This may include HMIS, Electronic Health Records (EHR) that comply with Meaningful Use standards, or other data systems as approved by EOHHS.

C. Strength of Program Approach

- a. Providers shall have expertise in housing-based interventions and demonstrate commitment to evidence-based practices and principles such as Housing First and Harm Reduction.
- b. Providers of Home Stabilization services shall indicate how collaboration occurs with community agencies and healthcare providers.
- c. Home Stabilization providers shall maintain a person-centered approach and be able to demonstrate beneficiary involvement in Home Stabilization Service Planning and flexibility in service delivery to meet beneficiary needs.
- d. Providers shall offer 24-hour emergency telephone coverage and triage and instruct beneficiary in how to access.
- e. Providers shall demonstrate experience and commitment to providing the full range of services for which the provider is applying for certification (i.e., home find and/or home tenancy services).
- f. Providers shall demonstrate a comprehensive program process from point of referral through termination, including areas such as provision of services, discharge planning, and managing grievances.

D. Staff Qualifications and Training

- a. Providers shall have a sound organizational approach with clear structure that includes required credentials for each position, job descriptions, and communication guidelines.
- b. Providers shall have established standards for team meetings, case conferences, intake, assessment, discharge and transfer of beneficiaries. This shall include crisis planning, staff supervision, and evaluation, and guidelines for inter and intra agency collaboration.
- c. Providers shall have a clinician on staff or contract to provide clinical supervision to staff persons providing direct support to beneficiaries. Supervision is meant to support decision-making and to provide feedback and guidance to direct service staff. Clinical supervisors should have a higher-level degree, including but not limited to LICSW, MSW, RN.
- d. Any provider staff person providing direct support to beneficiaries shall complete ongoing provider trainings offered by designees of the Rhode Island

Continuum of Care, such as the Rhode Island Coalition for the Homeless, on topics that include but are not limited to: Housing First, HIPAA, trauma informed care, culturally informed care, critical time intervention, Hearing Voices training, Homeless Management Information System (HMIS), Motivational Interviewing, care coordination, person-centered planning, reasonable accommodation, and tenant's rights.

- e. Any provider staff person providing direct support to beneficiaries shall meet the following qualifications:
 - Education: Bachelor's degree in a human/social services field; may also be an Associate's degree in a relevant field, with field experience.
 - Experience: One (1) year case management experience, or Bachelor's degree in a related field and field experience.
 - Skills: Knowledge of principles, methods, and procedures of services included under Home Stabilization Services meant to support the beneficiary's ability to obtain and maintain residence in independent community settings.

E. Quality Assurance

- a. Home Stabilization providers shall have or shall be in process of completing policies, procedures, and activities for quality review and performance improvement with regard to beneficiary outcomes.
- b. Providers shall include the following components in the policies and procedures for quality review: Documentation and compliance with regular case conferences; Audit of beneficiary records for completeness and accuracy; Degree to which services in Home Stabilization Service Plan are provided; methods of evaluating staff performance; Degree of coordination with other systems; Identification of internal processes related to timeliness of appointments and caseload standards for personnel.
- c. The Home Stabilization provider shall maintain a complete confidential case record which complies with established clinical documentation requirements and adheres to the most current standards of confidentiality for each beneficiary. Recordkeeping shall include: Initial contact form with date; all assessment related materials; Home Stabilization Service Plan including objectives, action steps, service scope and duration, performing provider, and time frame; crisis support plan; progress notes; case conference summaries; recommendations for Home Stabilization Service Plan modification, continuance, and discharge.
- d. Providers shall comply with the most current Federal and State laws pertaining to privacy and security of all Personal Health Information (PHI), including beneficiary records. Providers must have a provision for sharing information with direct treatment providers such as care coordination staff.
- e. Home Stabilization service providers shall ensure that staff meet all requirements for their respective positions. Current records shall be maintained.
- f. Providers shall have written policies and procedures on site for State Review for ensuring safety in the care environment for both staff and program beneficiaries.

- g. Providers shall have written policies and procedures on site for State Review to inform beneficiaries and staff of their rights and the process to seek redress of grievances and appeals.
- h. Providers shall complete and submit monthly reports to the state. The state will supply a template for the provider to complete, which shall include a small number of individual level data elements.
- i. EOHHS shall monitor provider compliance with certification standards to ensure that the program is meeting targeted goals. These activities include:
 - EOHHS shall conduct periodic record reviews
 - EOHHS shall distribute and collect a beneficiary satisfaction survey
 - EOHHS shall conduct an evaluation of the home stabilization program using data collection methodologies to be determined

VII. Application Guide

A. Overview

This application guide provides information and instructions regarding the submission process and the review of applications, providing guidance for applicants in the development and submission of a complete application. Applications should not exceed twenty (20) pages.

B. Application Submission and Review

Completed applications shall be reviewed on the basis of written materials, attestations and other pertinent information submitted to EOHHS. EOHHS reserves the right to conduct an on-site review and to otherwise seek additional clarifications from the applicant prior to final scoring of the applications. The applicant shall have the opportunity to fully review these Certification Standards and must agree to comply with the requirements as outlined. The State reserves the right to amend the Certification Standards with reasonable notice to participating providers and other interested parties.

Prior to technical review, submitted applications shall be reviewed for completeness and for compliance with core expectations. Incomplete applications shall be returned without further review.

Applicants are advised that all materials submitted to the State for consideration in response to these Certification Standards shall be considered to be Public Records as defined in Title 38, Chapter 2 of the Rhode Island General Laws, unless exempt therein. EOHHS shall convene a Home Stabilization Provider Review Committee to evaluate applications. A periodic review process shall be established by the State.

C. Certification Review Outcomes

The following certification outcomes are possible as a result of the review process:

- **Certification with No Conditions:** The provider fully meets all certification requirements.

- **Certification with Conditions:** An applicant may describe a program that meets most of the Certification Standards but does not fully comply with the certification requirements at the time of the application submission.
The applicant may be offered “Certification with Conditions” and be required to comply with the corrective action request by a specific date. Failure to comply fully with the corrective action plan shall result in loss of certification.
- **Not Certified:** The provider does not meet the requirements for certification.

In order to be certified as a Home Stabilization Provider it is necessary to meet the performance requirements and standards as detailed in this Document. Once a provider is certified, the provider shall be enrolled with the state’s fiscal intermediary as a provider of Home Stabilization Services.