



Medicaid Assisted Living Residence Stabilization & Capacity Enhancement Initiative -- Competitive Grant Application

The Medicaid Assisted Living Residence Stabilization & Capacity Enhancement Initiative -- Competitive Grant is established to address the business interruption and increased costs faced by ALRs and to mitigate the risk of placing low-income individuals in higher risk settings unnecessarily. Through this initiative, the State will buttress ALRs as an alternative to the use of higher risk, more restrictive institutional care settings where mitigating potential exposure to COVID-19 is more challenging for ambulatory residents who need a supportive living environment to thrive safely during the pandemic. **This document will provide an overview of the documents needed to submit an application for funding through this competitive grant Program.**

Overview:

The **Medicaid Assisted Living Residence (ALR) Stabilization & Capacity Enhancement Initiative** will distribute a total of up to \$800,000 in funding via a two-tiered competitive grant process to interested ALRs in Rhode Island. The grants will address the costs of business interruption and increased COVID costs. The two (2) available grant tiers, titled Silver and Gold, designed to increase ALR access for low-income Rhode Islanders are summarized below and defined in more detail in the Program Guidance section 2.1:

- **Silver Grants** are designed to increase the number of Medicaid LTSS certified ALRs and, therefore, the number of Medicaid beneficiaries receiving long-term care in that setting.
- **Gold Grants** are designed to increase the number of Medicaid LTSS certified ALRs that offer specialized or enhanced services.

For additional information, including eligibility for the Program and Evaluation Criteria, please refer to the Program Guidance available on the EOHHS website at:

<http://www.eohhs.ri.gov/Initiatives/LTSSResiliencyPrograms.aspx>, under the link for Medicaid Assisted Living Residence Stabilization & Capacity Enhancement Initiative: Program Guidance

Application Instructions:

To apply for funding through the **Medicaid ALR Stabilization & Capacity Enhancement Initiative**, please submit the following two (2) documents to EOHHS by emailing them to OHHS.LTSSResiliency@ohhs.ri.gov. with “Application for Medicaid ALR Stabilization & Capacity Enhancement” and applicant name in the subject line.

Documents to be submitted:

- 1 – Application Form (Attachment A)
- 2 – Business Plan (Attachment B)
- 3 – Proof of Medicaid LTSS Certification if currently certified¹

¹ For Applicant ALRs who are not currently certified, the Application includes an attestation committing to submission of a completed application for Medicaid LTSS certification within fifteen (15) days from the date of the grant award



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The forms are included as attachments in this document. Attachment A is also available on the website as a fillable pdf form. The Business Plan should be created by the Applicant following the outline shown in Attachment B.

Application Dates:

- **October 9, 2020:** Applications available online at EOHHS website.
- **October 30, 2020:** Applications due to the State by 5pm.
- **November 2020:** Funds disbursed to ALRs



ATTACHMENT A: APPLICATION FORM

1. Contact Information	
Name of Facility	[ENTER]
Contact Name	[ENTER]
Contact Phone	[ENTER]
Contact Email	[ENTER]

2. Application Information	
a. Type of Grant Application Please indicate if the ALR is applying for a Silver or Gold Grant	<input type="checkbox"/> Silver <input type="checkbox"/> Gold
b. Amount Requested Grants will be issued for either up to \$65,000 for Silver Grants or up to \$100,000 for Gold Grants.	[ENTER AMOUNT REQUESTED]
c. Indicate current certification level	<input type="checkbox"/> Medicaid LTSS Certified <input type="checkbox"/> Certified Enhanced Provider (Category F) <input type="checkbox"/> Not currently Medicaid LTSS Certified
d. Indicate average census of Medicaid LTSS beneficiaries over the last two (2) twelve-month periods since August 1, 2018	<input type="checkbox"/> Average monthly census over a 24 month period commencing on August 1, 2018 and ending on July 31, 2020.

3. Attestations – All Applicants	
<p>a. Legal Entity: The Applicant certifies that it is a Rhode Island corporation or other legal entity authorized to conduct business in the State of Rhode and enter into this Agreement with the State.</p>	
<p>b. Obtain Medicaid LTSS Certification: If not currently a Medicaid LTSS Certified provider, Applicant agrees to submit a completed application for Medicaid LTSS Certification within fifteen (15) days from the date of the grant award.</p>	
<p>c. Expanding Access: Applicant certifies that it shall expand access to Medicaid LTSS beneficiaries at their ALR, including but not limited to admissions from the community and through care transitions.</p>	
<p>d. Implement Financial Controls: Applicant agrees to retain and track funds and expenditures in a separate general ledger account, provide periodic status and financial reports in a format approved by EOHHS, and respond to state auditing requests as needed.</p>	
<p>e. Financial Need: Applicant attests to a demonstrable financial need in the amount of the funds requested through this grant based on revenue loss sustained during the COVID-19</p>	



public health emergency due to reduced occupancy or other business interruption, or added costs to prevent, prepare for, or respond to COVID-19, after taking into account any other federal/state assistance received. Applicant shall be prepared to provide evidence of this COVID-19 related demonstrated need upon request.

- f. **Medicaid Financing Infrastructure:** Applicant attests that they have the proper financing structures in place for Medicaid billing and reimbursement.
- g. **Infection Control:** Applicant attests that they will continue to maintain minimum required infection control standards and staffing and that facility residents and their families shall receive timely notification of infection outbreaks within the ALR
- h. **Social Distancing:** Applicant attests that the ALR will provide single rooms or make adjustments to existing living arrangements that assure compliance with social distancing standards for congregate care settings as set forth by the CDC and/or RI Department of Health (RIDOH).
- i. **Staffing Requirements:** Applicant attests that they shall meet or exceed the minimum staffing requirements for licensure, including for staffing levels for specialized licensure.

Signature

Date (MM/DD/YY)

4. Attestations – GOLD GRANT APPLICANTS ONLY

- j. **Enhanced Certification:** Applicant commits to meeting the requirements for Medicaid LTSS certification as an enhanced provider (also known as Category F certification) prior to December 30, 2020.

Signature

Date (MM/DD/YY)

(signature only required if applying for a Gold Grant)

5. Acknowledgement

By submitting this application, I acknowledge that I am authorized to submit this request on behalf of the business and that all the information provided is accurate to the best of my knowledge and ability. I acknowledge the State of Rhode Island is relying upon the



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information as submitted in order to determine whether to issue a grant. Therefore, if I become aware of any inaccuracies in the information provided, I will immediately notify the State of Rhode Island through email at OHHS.LTSSResiliency@ohhs.ri.gov.

Signature

Date (MM/DD/YY)

Name & Title



ATTACHMENT B: BUSINESS PLAN OUTLINE

ALL APPLICATIONS: All Applicants must demonstrate financial need of the amount requested in this Application by documenting revenue loss and increased costs resulting from the pandemic, and subtracting from that amount any amounts received from any federal or state sources of pandemic relief,. Applicants must demonstrate this need by submitting the following calculation:

- Documented loss of revenue in March - September 2020 as compared to March -September 2019.
- Plus COVID-related increased costs incurred between March 1 – December 30, 2020, including supplies and equipment used to provide care to possible or actual COVID-19 patients, workforce training, reporting COVID-19 test results; and undertaking COVID-19 infection control procedures.
- Minus the amount of COVID-related assistance from any federal or state sources received beginning March 2020 through submission of this Application, including the federal Provider Relief Fund, a PPP loan, any state-COVID based relief (including Restore RI grants and any other LTSS grants).

SILVER GRANT BUSINESS PLAN REQUIREMENTS: The Business Plan for a Gold Grant must include the following sections. The Business Plan should not exceed five (5) pages. Attachments may be included outside the page limit.

A. Executive Summary

Section should include a summary of the proposed plan.

B. Certification Plan

If Applicant is not already certified, this section should include a timeline, including milestones and structural enhancements if needed, for meeting Medicaid LTSS certification standards.

C. Expanding Access

Section should include a plan for admitting **at least six (6) new** Medicaid LTSS beneficiaries, including individuals from the community and through care transition, for stays of thirty (30) days or more within one (1) year of the grant award.

D. Organizational Commitment

Section should include description of leadership commitment of the organization to serving Medicaid LTSS beneficiaries and other evidence of the Applicant's ability to undertake this initiative.

GOLD GRANT BUSINESS PLAN REQUIREMENTS: The Business Plan for a Gold Grant must include the following sections. The Business Plan should not exceed ten (10) pages. Attachments may be included outside the page limit.

A. Executive Summary

Section should include a summary of the proposed plan.

B. Enhanced Certification Plan



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If Applicant is not already certified, section should include a timeline, including milestones and structural enhancements if needed, for meeting Medicaid LTSS certification standards. In addition, this section should include a timeline, including milestones, structural enhancements, and other necessary elements, for meeting Medicaid LTSS Enhanced certification standards (known as Category F).

C. Expanding Access

This section should include a plan for admitting and providing enhanced/specialized services to **at least four (4) new** Medicaid LTSS beneficiaries, including from the community and through care transition, for stays of thirty (30) days or more within one (1) year of the grant award.

D. Organizational Commitment

This section should include a description of the organization leadership's commitment to providing enhanced/specialized services to Medicaid LTSS beneficiaries and other evidence of the organization's ability to undertake this initiative.

E. Evidence of Capacity for Resident Stabilization/Transition Services

This section should include evidence of capacity – or a formal plan and timeline to develop capacity or partnerships - to provide Medicare/Medicaid-covered stabilization/transition services for beneficiaries admitted from acute/subacute settings (e.g., hospitals, nursing facilities, residential treatment, etc).² If using partnerships to provide this capacity, include a description of such partnerships, either existing or planned, that will contribute to the Applicant organization's ability to provide this capacity. Partnership agreements or letters of support from potential partners may be included as attachments.

F. Evidence of Capacity for Specialized/Enhanced Services

This section should include evidence of capacity – or a formal plan and timeline to develop capacity or partnerships - to provide specialized or enhanced services to Medicaid LTSS beneficiaries. Specialized or enhanced services may include either (1) Skilled nursing or dementia/memory care services, or (2) Behavioral health or habilitative care, (3) services targeted to Medicaid LTSS underserved priority populations³, or (4) other innovative services that are not listed but align with the goals of the Initiative.

² Examples of stabilization/transition services include but are not limited to: occupational, speech and/or physical therapy and/or intermittent skilled nursing.

³ Medicaid LTSS underserved priority populations include persons at risk for homelessness, veterans, formerly justice involved Medicaid beneficiaries, generational households with aging and/or disabled parent and adult child, and persons with behavioral health needs.