

Independent Provider Program
Service Advisory Agency Certification Standards



State of Rhode Island
Executive Office of Health and Human Services
Certification Standards
Service Advisory Agency of Independent Provider Program

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BACKGROUND

The Independent Provider (IP) Program, passed by the General Assembly and signed into law by the Governor in 2018, provides Rhode Islanders with additional community care options. Rhode Island .General .Laws Chapters 8.14 and 8.15 expand options for affordable Home & Community Based Services (HCBS). The Executive Office of Health and Human Services (EOHHS) can help those in need remain at home in the least restrictive and safest environment.

The IP Program is a consumer-directed program designed to provide in-home services and supports to adults with disabilities and elders. Consumer-directed programs allow the person to have the right to self-determination, to live independently and to be integrated fully into the community. A person chooses self-direction because it affords choice, flexibility and control.

The IP Program allows elders and adults with disabilities, the option and opportunity to manage a flexible schedule and determine how they will distribute their hours of services to best meet their personal care needs. The hours of services are to be utilized exclusively for personal care and homemaker services to assist an individual in living independently in their community.

The IP Program is housed in EOHHS.

I. ORGANIZATION AND ADMINISTRATION

A. ORGANIZATIONAL PHILOSOPHY

1. The Service Advisory Agency (SA) must demonstrate how key components of person-centered planning are incorporated into the agency's organizational philosophy, service program and operations in terms of:
 - a. the degree and character of consumer involvement in program development, implementation and evaluation;
 - b. the degree and character of consumer/family involvement in care/service planning;
 - c. the emphasis on person-centered program outcomes;
 - d. the extent to which the IP Program is flexible enough to meet special and individual needs;
 - e. approaches to assuring consumers/families are encouraged to voice concerns and provide input;
 - f. an established program utilizing a published, maintained registry of Personal Care Aides (PCAs) that can be expanded upon by informal networks.
2. The SA must demonstrate that it has an agency value of high quality, professional services.

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3. The SA shall have a mission and philosophy statement that reflects the needs of the consumer, the services and supports it is committed to provide, and a commitment to the philosophy of consumer-direction and individual choice.

B. OPERATIONAL CAPACITY

1. The SA must demonstrate that it has the capacity to carry out various operational functions needed to oversee and support the program, including the ability to:
 - a. Manage on-going operations
 - b. Demonstrate an effective approach to program management
2. The SA must adhere to EOHHS' current Record Retention Schedule that applies to financial and consumer records and related documents.
3. The SA is required to become a certified Medicaid Provider. The electronic enrollment is to be completed online and will include the Provider Agreement.
4. The SA must demonstrate the ability to communicate effectively with consumers who have a variety of abilities and disabilities. Any updates on tax and labor laws or other written reports or materials provided to consumers (including orientation materials) must be made readily available to consumers in an alternative format upon request (i.e. large print, use of telecommunications devices for the hearing or speech impaired). The SA shall have at a minimum, the capacity to access translation services and interpreter services for consumers when necessary.
5. The SA must be culturally sensitive in the provision of services and all business practices in order to communicate effectively with a diverse population of consumers. The SA's policies and procedures must reflect the philosophy of self-direction and consumer choice.
6. The SA shall at all times direct and center all communications with the consumer receiving services, regardless of the consumer's disability. When the consumer has designated a representative to assist them in managing their service plan the SA shall only communicate with that representative in areas that the consumer is requesting assistance. The SA shall not disclose information to the consumer's family members, friends or other members of the consumer's support system without the prior written authorization by the consumer and/or when applicable representative.
7. The SA shall not unlawfully discriminate on the basis of race, color, creed, national origin, religion, sex, sexual orientation, age, physical or mental disability or degree of disability.

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8. The SA shall demonstrate a willingness to actively participate in ongoing quality assurance/improvement activities for the program by participating in ongoing EOHHS sponsored committees and/or workgroups.

C. CUSTOMER SERVICE

1. The SA shall meet the following minimum requirements in the areas of customer service and consumer access:
 - a. a toll-free telephone number, or other reasonable accommodation to enable consumers to call outside the agency's local calling area;
 - b. a TTY line;
 - c. secure internet and email communication;
 - d. foreign language and American Sign Language interpreter availability;
 - e. materials available in alternative formats as needed by consumers such as, but not limited to, large print;
 - f. a method for receiving, responding to and tracking complaints from consumers and/or representatives within forty-eight (48) hours of the SA's receipt of the complaint;
 - g. a twenty-four (24) hour fax line.
2. A representative of the SA shall be available between the hours of 9:00 AM and 4:30 PM Monday through Friday. When a SA representative is unavailable, the agency shall maintain a voice mail or other messaging system capable of recording after hours contact and shall have the capacity to respond to those contacts within one (1) business day from the receipt of the communication.
3. The SA shall have written policies and procedures ensuring that:
 - a. At all times, all communications shall be directed and centered upon the consumer receiving services regardless of the consumer's disability.
 - b. When the consumer has designated a representative to assist them in managing their program, the agency shall only communicate with that representative in the areas that the consumer is requesting assistance.
 - c. The SA shall not disclose or otherwise inform family members, friends, or other members of the consumer's support system without prior written notification and approval from the consumer/representative. Exceptions to this requirement shall only be allowable when the consumer's immediate health and safety are at risk.
4. The SA shall have written policies and procedures detailing how the agency will monitor its customer service activities.

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D. BUILDING/FACILITY

The SA shall provide care and services to consumers in convenient and accessible locations. The SA service/care delivery location shall also ensure consumer confidentiality.

The SA shall comply with all local, state and federal codes, rules and regulations related to the building/facility, including, but not limited to, current requirements of the Americans with Disabilities Act (ADA).

II. SERVICE ADVISORY AGENCY SERVICES

A. SCOPE OF SERVICES

1. The SA shall provide, at a minimum, the services specified below to all consumers enrolled in the IP Program:
 - a. Assess the consumer as to their clinical appropriateness for the IP program.
 - b. Assist the consumer with the completion of the Department of Human Services (DHS) Long Term Care application. This shall include but is not limited to the collection of documents required for eligibility determination and assistance with yearly recertification if the consumer is unable to independently complete the recertification process independently.
 - c. Complete an in-depth, State approved annual assessments to determine consumer needs, hours of services, and budget.
 - d. Annually complete any and all required forms and submit the PM1 (medical provider form) to the Office of Medical Review (OMR) for the annual current level of care (LOC) determination.
 - e. Facilitate consumer directed services by supporting and assisting the consumer in developing and implementing their individual service plan (ISP).
 - f. SA shall assist the consumer and/or the representative in the process of finding a PCA if the consumer has not identified a PCA by referring the consumer and/or the representative to the online PCA registry resource.
 - g. Monitor program implementation, ongoing service delivery, and the consumer's health and safety through quarterly "in-home" visits and monthly contact with the consumer. The SA shall document and record all contact with the consumer in the Consumer Directed Module (CDM).
 - h. Provide initial and ongoing training to the consumer and/or designated representative in order to ensure that all IP program requirements are met.
 - i. Assess the consumer's community integration requirements and assist in accessing services as needed.
 - j. Annual assessments are to be completed within 365 days of the last annual assessment.
 - k. The SA is responsible for notifying EOHHS of any Medicaid Fraud and Abuse and/or elderly consumer abuse.

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2. Health Management and Education services are designed to provide information and guidance to the consumer in managing their disability and/or chronic medical condition(s) with a focus on optimizing personal health and wellness and preventing the development of secondary conditions. Health Management and Education services are including:
 - a. Assessing the consumer's current medical condition and determining how it relates to and interacts with their disability and/or chronic condition(s).
 - b. Providing to the consumer, educational and training opportunities that will help the consumer manage their disability and/or chronic medical condition(s) and prevent development of additional medical conditions, either personally or through existing natural community resources.
 - c. Assisting consumers in identifying, applying for and accessing available community resources in the areas of wellness and health promotion or maintenance.
 - d. Annually completing a Health Management and Education Services Assessment. This assessment shall be completed at the initial enrollment and on an annual basis thereafter.

III. SERVICE DELIVERY

A. INTAKE AND CONSUMER ASSESSMENT

1. The SA shall conduct an initial screening, within five (5) business days of a referral/inquiry, of each potential consumer in order to determine whether the consumer meets the enrollment criteria for IP, and if the IP program will meet the individual consumer's needs. The SA cannot close the referral process or maintain a waiting list without the prior written approval of the EOHHS IP Program Administrator.
2. The SA shall provide information to the consumer about the IP program and inform prospective consumers about other available options for Home and Community based care.
3. A member of the SA staff skilled in case management, independent living counseling, or a social worker shall conduct the person-centered initial assessment. If the consumer is deemed appropriate for the IP program, then further assessments shall be conducted for environmental accessibility and health and medical needs.
4. The environmental accessibility and health/medical assessments shall be conducted as part of the consumer's intake process or within the first year. Both the environmental accessibility and health/medical assessments shall be conducted by individuals with the appropriate skills and certifications in each area of expertise.

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- a. The consumer or their designated representative shall be the primary source of information needed for the assessment, although information may be gathered from other sources if requested or agreed upon by the consumer. Any medical diagnosis cited as reason for assistance shall be documented in the PM-1 provider medical statement. For example, if dementia is cited as reason for assistance, the consumer must have a medical diagnosis of dementia.
5. The SA is responsible for administering the following required assessments:
 - a. Case Manager/Functional Needs Assessment
 - b. Environmental Accessibility Assessment
 - c. Health and Medical Assessment
6. The SA shall provide the consumer/representative with either a copy of the Consumer/Representative Manual or if the consumer/representative prefers, the SA may provide a link to the website where the consumer/representative can view the Consumer/Representative Manual online.
7. Written documentation of the assessment, maintained by the SA, shall be:
 - a. The most recent copy of the consumer's Social, Mobility and Health Assessments; and
 - b. Progress notes reporting any other pertinent information and how that information was obtained.
8. Assessments shall be transmitted to the EOHHS agency via CDM within one (1) week of completion of the assessment for review to determine budget/hours of service.

B. DEVELOPMENT OF INDIVIDUAL SERVICE PLAN (ISP)

1. SA shall conduct the assessment elements specified by EOHHS during the Intake and Assessment Process and shall utilize the results of that assessment, the monthly budget amount and EOHHS approved hours of services, that reflects the consumer's choices, prior to the consumer starting services in the IP program. SA is to assist the consumer with the development of the ISP. All ISPs shall be developed in coordination with the F/EA within forty-five (45) days of the budget approval date and shall be submitted to the EOHHS IP Program Administrator for final approval.
2. The consumer, in consultation with the SA staff, and any other individuals the consumer may wish to include, shall develop a service plan that addresses the needs of the consumer.
3. Recommendations generated from the SA team assessment may be incorporated into the service plan at the discretion of the consumer.

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4. The ISP shall include at a minimum:
 - a. How the consumer's identified needs shall be addressed through the provision of PCA.
 - b. The number of hired PCAs and the number of hours each PCA will work per week.
 - c. In the event the PCA is unavailable, a description of back up alternative plan developed by the consumer.
5. Consumer identified goals shall be addressed and included in the ISP. Individual goals shall be reviewed to determine the continued appropriateness of the consumer for the IP program and whether such goals have been met. New consumer identified goals shall be continually considered, identified and addressed.
6. Each SA shall review each consumer developed IP service plan to ensure it addresses the following issues:
 - a. That the consumer's health and safety needs are reasonably expected to be met by the ISP;
 - b. That the ISP is appropriate and whether the hours of PCA services requested are adequate;
 - c. That the alternative plan has been established; and
 - d. That all PCAs in the ISP are included in CDM to ensure an accurate record of workers is maintained for the IP program.
7. Each SA shall provide IP consumers with resources and training materials to assist them in developing their service plan and in managing a self-directed program.
8. A copy of the approved ISP shall be provided to the consumer.

C. PROGRAM MONITORING, REVIEW AND REASSESSMENTS

1. Each SA shall monitor the consumer's participation in the IP program to ensure health and safety satisfaction, adequacy of the current service plan, and progress made towards the consumer's identified needs.
2. During the initial twelve (12) months of enrollment in program, the SA shall meet the following monitoring guidelines:
 - a. Home visits are required quarterly, of which at least one (1) visit shall be unannounced. Additional visits may be requested by EOHHS.
 - b. Visits must be documented in CDM. Documentation shall include the following:

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- i. Date and time of visit;
 - ii. Individuals present during the visit; and
 - iii. Information concerning health, hospitalizations, emergency room visits, changes in needs and changes in PCA or issues relating to the functions of the program. Additional information regarding consumer's needs or issues.
3. On a month in which no home visit is made, phone contact with the consumer shall be required. All phone contact shall be documented in CDM. Documentation shall include the following:
 - a. Date, time of call, and with whom the SA spoke;
 - b. Information concerning consumer's health, hospitalizations, emergency room visits, changes in needs, and changes in PCA or issues related to the functions of the program. Additional information regarding consumer's needs or issues.
4. A complete team reassessment shall be performed on an annual basis and shall include case a management functional and social assessment, environmental accessibility assessment, and health and medical assessment.
5. As part of IP program monitoring, the SA shall provide, as needed, assistance to the consumer enrolled in the IP program in the areas of service plan implementation, PCA management, and overall program utilization.
6. SA shall take all necessary corrective action to ensure that the consumer's health and safety is met in the service plan implementation prior to initiating any adverse action or discharging the consumer from the program.
7. SA shall review program policy and provide examples of what constitutes Medicaid fraud and abuse. Specific instances to be reviewed are out-of-home stays and services such as residential rehabilitation care facilities, nursing facilities, and hospital stays. This shall also include persons receiving adult day care and meals on wheels services. The consumer acknowledges by a signing a Medicaid form that they know that the consumer cannot pay PCAs for the provision of services during the above absences from the home.
8. Report all allegations or suspicion of misuse of Medicaid funds to the RI Attorney General Medicaid Fraud Unit on the Independent Provider Program Referral form. The completed form is to be faxed to EOHHS
Attention: Independent Provider Program Administrator.
9. Report all instances of the abuse, neglect or exploitation of the consumer.
 - a. For persons sixty (60) years of age or over, as per Rhode Island General Laws section. 42-66-8 "Abuse, Neglect, Exploitation and Self-Neglect of Elderly Persons – Duty to Report" which states: Any person who has reasonable cause to believe that any person sixty (60) years of age or over

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has been abused, neglected, or exploited, or is self-neglecting, shall make an immediate report to the Office of Healthy Aging, Protective Services Unit. In cases of abuse, neglect or exploitation, any person who fails to make the report shall be punished by a fine of not more than one thousand dollars (\$1,000). Nothing in this section shall require an elder who is a victim of abuse, neglect, exploitation or who is self-neglecting to make a report regarding such abuse, neglect, exploitation or self-neglect to the director or his or her designee.

- b. For disabled adults eighteen (18) – sixty-four (64) years of age, as per Rhode Island General Laws s. 40.1-27-2 any person within the scope of their employment at a program or in their professional capacity who has knowledge of or reasonable cause to believe that a consumer in a program has been abused, mistreated or neglected shall make, within twenty-four (24) hours or by the end of the next business day, a written report to the Quality Assurance Unit of BHDDH, developmental disabilities and hospitals or his or her designee. In addition, to those persons required to report pursuant to this section, any other person may make a report if that person has reasonable cause to believe that a consumer has been abused, mistreated, or neglected.

D. DOCUMENTATION AND CASE RECORDS

1. The SA shall maintain consumer records arranged in an orderly and systematic manner to provide easy access for use by staff and ease in review by EOHHS.
2. Documentation of program monitoring activities shall be recorded in the CDM and shall contain results of all interactions with the consumer and/or representative or others as it pertains to the consumer’s management of the program.
3. Each consumer case record shall include:
 - a. The quarterly home visit log, including the documenting of date, the time, person(s) spoken to, and outcome of home visit and if visit was announced or unannounced;
 - b. The telephone log, including the documenting of date, the time, person spoken to, and outcome of phone call. Voice mail message to the consumer is not considered contact. Visitation and phone logs shall be standardized within the agency and maintained within each case record in the same format.
 - c. A copy of the completed and approved signed service plan;
 - d. The most recent PM-1 and functional assessment. Reviewed and updated on an annual basis;
 - e. Signed IP Designation of Agency Form, which shall be completed when the consumer/representative chooses to receive services from the SA;
 - f. HCBS-1 Referral form is the mode of communication between the Long-Term Care field office and the SA. This form shall be completed when

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- there is a change in the IP program or in the event the consumer goes into an institutional placement;
- g. Progress notes detailing both scheduled and non-scheduled interactions between the SA and consumer;
 - h. Consumer demographics and contact information, including emergency contact information;
 - i. Consumer selected goals and documentation of review of those goals and the consumer's achievement of goals;
 - j. Initial and subsequent assessment(s)
 - i. Case Manager/Functional Needs Assessment
 - ii. Environmental Accessibility Assessment
 - iii. Health and Medical Assessment
 - k. If the consumer elects to train their selected PCA, there shall be documentation approving the consumer's election to train the PCA (waiver). The waiver is an attestation that that the consumer provided training has occurred to the consumer's standards. This signed waiver will be included in the F/EA and SA records.
 - i. It is the responsibility of the F/EA to obtain the completed waiver from the consumer.
4. Consumer records and all documents associated with the consumer shall be maintained as confidential materials in accordance with state and federal laws, rules and regulations; and in compliance with current policies and procedures of EOHHS. Storage of all consumer records and documents shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) standards to ensure their safety from inappropriate use and from fire and other unplanned destruction.
5. The SA shall develop and follow written policies establishing guidelines for storage and retention of consumer's records, including:
- a. Retention of records for period of time specified in EOHHS's Record Retention Schedule;
 - b. Guidelines for the removal of the consumer's records from files.
6. During the course of this Agreement, the SA may use or access, as more specifically defined in the below statutes and/or regulations, Protected Health Information in order to perform functions, activities or services, as specified herein, provided such use, access, or disclosure does not violate the HIPAA, 42 USC 1320d et seq., and its implementing regulations including, but not limited to, 45 CFR, parts 160, 162 and 164, hereinafter referred to as the Privacy and Security Rules and patient confidentiality regulations, and the requirements of the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009, Public Law 111-5 (HITECH Act) and any

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regulations adopted or to be adopted pursuant to the HITECH Act that relate to the obligations of business associates and Confidentiality of Health Care Communications and Information Act, R.I. General Laws Chapter 5-37.3-1 et seq. The SA shall recognize and agree that it is obligated by law to meet and comply with the applicable provisions of the above statutes, rules, regulations and Acts, as may be amended from time to time. The SA further agrees that EOHHS retains all ownership rights to the data used or accessed for the specific purpose of this Agreement.

E. DISCHARGE/TRANSITION PLANNING

1. The SA shall develop written policies and procedures regarding voluntary and involuntary discharge from IP program. These procedures shall contain the following:
 - a. Voluntary discharge: a consumer or a consumer's representative may request discharge with a thirty (30) day notice to the SA; and
 - b. Involuntary discharge: occurs when a consumer is determined to be unable to self-direct the purchase of long-term care services, when a representative is determined to be not acting in the best interest of the consumer, or when the consumer fails to adhere to the terms of their Participation Agreement.
2. Involuntary disenrollment from the program shall result from any of the following criteria:
 - a. The loss of eligibility, either Medicaid financial eligibility, or level of care eligibility shall result in disenrollment;
 - b. A consumer is determined to be unable to self-direct the purchase of long-term care services;
 - c. A representative is determined to be not acting in the best interest of the consumer; and there is no other available representative;
 - d. A consumer fails to comply with legal/financial obligations as an employer of domestic workers and/or does not participate in the consumer training or training to remedy lack of compliance;
 - e. A consumer or representative fails to manage the monthly services by repeatedly submitting service claims for unauthorized hours of care, or underutilizing the service plan resulting in their not receiving the PCA(s), or continually attempting to request ineligible services;
 - f. Failure to maintain a consumer's health and well-being through the actions and/or inaction of the consumer or representative;
 - g. Failure to maintain a safe working environment for PCAs;
 - h. The receipt of substantiated complaints of the consumer's self-neglect, neglect or other abuse on the part of the consumer or representative;
 - i. Refusal by the consumer or representative to cooperate with minimum program oversight activities, even when the SA has made efforts to

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- accommodate the consumer and/or representative;
- j. The consumer's representative can no longer assist the consumer, and no replacement representative is available;
 - k. Failure by the consumer or representative to pay the amount determined in the post eligibility treatment of income as described in DHS rules (which is commonly referred to as the "client share") to the F/EA. (210-RICR-50-00-8.6)
 - l. Evidence that Medicaid funds were used improperly/illegally in violation of local, state or federal regulations;
 - m. A consumer moves from their current living arrangement to a skilled setting (i.e. Assisted Living, Group Home, or Skilled Nursing Facility); and
 - n. The SA determines they are unable to provide proper services to the consumer.
3. A consumer or their representative shall notify both the SA and F/EA of any change of address and/or telephone number within ten (10) days of any such change occurring. Failure to do so will result in disenrollment of the consumer from the IP program.
 4. Right to appeal involuntary discharge from IP program. The consumer or representative shall utilize the EOHHS appeal process as contained in 210-RICR-10-05-2.
 5. EOHHS shall institute Provisional Approval status following formal notice to the consumer or representative on the thirty-first day for continued non-compliance to have cured identified deficiencies. The consumer or representative may seek to suspend such an action by filing notice of appeal to EOHHS no later than thirty (30) days following notification of non-compliance and issuance of Provisional Approval. In the event that the consumer/representative's appeal is not successful, the consumer or representative may seek resolution through the Administrative Procedures Act (APA Appeal) to Superior Court. In the event a consumer or representative takes this action, imposition of Provisional Approval will be stayed pending the outcome of the appeal.
 6. A consumer shall be referred to an alternative home and community-based program or most appropriate care facility prior to the discharge date for either voluntary or involuntary discharge. The alternate services must be put in place prior to discharge.

IV. CONSUMER RIGHTS AND RESPONSIBILITIES

A. SERVICE ADVISORY AGENCIES PARTICIPATING

1. SAs participating in the IP program shall assure that all consumers are afforded the

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following rights, as well as others deemed appropriate by the agency, and be informed of the following rights:

- a. The right to be treated as an adult, with dignity and respect
 - b. The right to privacy in all interactions with the agency and others as necessary and be free from unnecessary intrusion.
 - c. The right to make informed choices based upon appropriate information provided to the consumer, and to have those choices respected, while respecting the rights of others to disagree with those choices.
 - d. The right to freely choose between providers for both SA and F/EA services, as available.
 - e. The right to feel safe and secure in all aspects of life, including health and wellbeing; to be free from exploitation and abuse; but not be overprotected.
 - f. The right to realize the full opportunity that life provides by not being limited by others, making full use of the resources the program provides, and being free from judgments and negativity.
 - g. The right to live as independently a life as one chooses.
 - h. The right to hire who the consumer wants to assist them.
 - i. The right to decide what special knowledge or skills the PCA must possess.
 - j. The right to replace a PCA who does not meet the consumer's needs.
 - k. The right to request a new assessment if the consumer's needs change.
 - l. The right to change the service plan as needs or goals change.
 - m. The right to appeal any decision made by the SA or EOHHS with regard to any adverse action.
2. The consumer enrolled in the IP program and/or their appointed representative have the following responsibilities:
- a. The responsibility to manage and maintain his/her health and to access medical help as needed or to seek assistance in order to do so.
 - b. The responsibility to demonstrate the required skills and abilities needed to self-direct PCAs without jeopardizing health and safety or designate a representative to assist them.
 - c. Act as a supervising employer by:
 - i. Deciding the schedule for their PCAs.
 - ii. Completing hiring agreements with each PCA.
 - iii. Follow all employment laws and regulations.
 - iv. Follow all requirements of the F/EA and IRS regarding the hiring and paying of all PCAs including: completing all necessary forms, reviewing time sheets for accuracy, submitting them in a timely manner, and paying PCAs promptly.
 - v. Treat all employees with respect and dignity.
3. Consumers or their representatives manage PCA services by:

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- a. Meeting and cooperating with SA staff as required and completing all needed assessments and monitoring requirements.
- b. Developing and monitoring a service plan to address PCA needs within the requirements of the program.
- c. Hiring and supervising PCAs and ensuring that they are performing their duties as specified in the service plan.
- d. Notifying the SA of any changes in medical status, admissions to hospitals or any other medical facilities.
- e. Ensuring a safe working environment for PCAs.
- f. Notifying the SA of any move or change in address within ten (10) days of move.

V. PERSONNEL

A. STAFFING REQUIREMENTS

1. Each SA shall employ sufficient staff to meet the above program requirements. The SA may directly employ staff or enter into agreements with consultants or other agencies, as needed, contingent on assurances that all contracted providers meet the minimum qualifications and adhere to the philosophy of Consumer Direction with private agency to perform assessments.
2. The SA shall designate one (1) staff member to act as Program Director for purposes of overseeing all agency operations as they pertain to the program.
3. The SA shall make use of the services of a nurse who will devote time sufficient to conduct Health Assessments annually for all program consumers as detailed above, as well as ongoing medical education. The nurse assigned to the IP program may also act as a liaison with the consumer's Primary Care Physician (PCP) if medical/safety concerns arise.
4. The SA shall make use of the services provided by a person trained in conducting community-based assessments for accessibility and adapted equipment needs for people with disabilities and elders as it pertains to improving their independence and safety. This person will conduct Equipment/Accessibility assessments annually for all program consumers as detailed above and other Accessibility/Equipment services as needed.
5. The SA shall designate staff to act in the role of Advisor, which is the terminology used to describe the counseling function in the program. This person will have the most frequent contact with the consumer and will serve as the point of contact between the consumer/representative and the SA. This person shall have sufficient time allotted for all program assessments, training and monitoring to be accomplished within the required time frames.
6. The SA shall have a written agreement with any other agency, program or other

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service provider that will be providing any service under the program as detailed above. This agreement shall be updated annually. The nature and extent of services provided shall be documented. Responsibility for the performance of all subcontractors remains with the SA.

B. STAFF QUALIFICATIONS AND RESPONSIBILITIES

1. The SA shall maintain current, functional job specifications for all staff positions involved in providing services to IP consumers, consistent with the following requirements:
 - a. The Program Director shall have at least a bachelor's degree and at least three (3) years' experience in health, human services, geriatrics, rehabilitation, independent living or a related field. The Program Director shall be able to perform the following tasks:
 - b. Direct and supervise all aspects of the program.
 - i. Supervise all staff members.
 - ii. Perform program and staff evaluations.
 - iii. Respond to all reporting requirements of EOHHS.
 - iv. Direct the coordination of program services.
 - v. Identify and work with EOHHS to resolve any problematic issues that may develop from time to time.
 - vi. Audit Service Advisor case records on a monthly basis per specifications of EOHHS and report findings to EOHHS on a monthly basis in a format to be determined by the State.
 - c. The nurse shall hold a current Rhode Island RN or LPN license and have two (2) to three (3) years of experience in Home and Community Based nursing and/or rehabilitation nursing and possess a strong commitment to the principles of Consumer Choice and Consumer Direction. The nurse shall perform the following duties:
 - i. Evaluate, on an annual basis, the consumer's medical condition and its effect on the consumer's daily functioning utilizing an agreed upon assessment.
 - ii. Provide educational opportunities to address issues raised during the medical assessment designed to assist the consumer to manage the effects of their disability or chronic condition and prevent development of secondary medical conditions. This may be done individually, on a group level, or utilizing existing community resources.
 - iii. Assist consumers in identifying and accessing available

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- community resources in the areas of wellness and health promotion and/or maintenance.
- iv. Report any health and safety concerns to EOHHS and either the Office of Healthy Aging (OHA) Protective Services or the Department of Behavioral Health, Hospitals and Developmental Disabilities Office of Quality Assurance (BHDDH) if exploitation, abuse, or neglect criteria are evident.
 - v. Report any misuse of Medicaid funds and/or system abuse to EOHHS, Program Integrity Unit and the Office of the Attorney General's Medicaid Fraud Control Unit.
- d. The person providing Accessibility/Mobility assessments and training shall possess previous experience in conducting these types of assessments on a community level. This person may be a licensed Physical or Occupational Therapist and/or a certified Assistive Technology Practitioner as certified by RESNA (Rehabilitation Engineering and Assistive Technology Society of North America). This person shall perform the following duties:
- a. Evaluate on an annual basis, the consumer's ability to function within their home and in the community and make recommendations on any home modifications, adapted equipment or assistive technology that would increase the consumer's independence or safety utilizing an agreed upon assessment.
 - b. Assist the consumer in identifying, and applying for, funding to acquire any modifications or equipment recommended in the assessment.
 - c. Provide training and education in the safe use of any equipment or modifications for both the consumer and any caregivers the consumer identifies.
2. The Service Advisor shall possess a bachelor's degree in Human Services or any health-related field or an associate degree in Human Services or any health-related field and the skills and experience gained through providing case management, independent living counseling or other community living services to people with disabilities or elders. The Advisor shall perform the following duties:
- a. Assess each consumer initially for eligibility for the program and re-assess his/her ongoing eligibility on an annual basis utilizing the IP Functional Assessment.
 - b. Assist the consumer in identifying and removing barriers to improve independence in community living.
 - c. Set realistic goals related to improving independence.
 - d. Assist the consumer in developing, implementing, and monitoring IP

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- services through an individual service plan.
- e. Inform consumer/representative of allowable and unallowable services.
 - f. Educate the consumer/representative on what would constitute Medicaid fraud, and the obligation to report.
 - g. Have consumer/representative sign form stating that Medicaid fraud was explained by Service Advisor and understood by the consumer/representative.
 - h. Provide training and assistance to the consumer and/or designated representative to operate and manage a consumer-directed care program.
 - i. Maintain all contact with the consumer/representative as described above; either by telephone contact or face-to-face meetings.

VI. DATA MANAGEMENT AND CONTINUOUS QUALITY IMPROVEMENT

A. PROGRAM MONITORING AND IMPROVEMENT

1. The SA shall have a system in place to monitor the services it provides to program consumers in the following domains:
 - a. Consumer access to services
 - b. Consumer-centered service planning and delivery
 - c. Agency capacity and capabilities
 - d. Consumer safeguards
 - e. Consumer rights and responsibilities
 - f. Consumer outcomes and satisfaction
 - g. Overall system performance
2. As part of the above system, the SA shall conduct an annual consumer satisfaction survey, in an agreed upon format. The findings of the survey will be reviewed and reported to EOHHS for review within ninety (90) days of agency consumer survey completion.
3. The SA shall complete an IP Critical Incident Reporting form for any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a program consumer. A corrective action plan must be completed by the SA as part of the form.
4. The SA shall take part in quality assurance/improvement activities as determined by EOHHS.

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B. REPORTING

1. The SA is required to gather, maintain and make available to EOHHS data regarding services it provides to the program consumers to fulfill the requirements as previously stated. This data shall include but shall not be limited to:
 - a. Consumer demographic information.
 - b. Type, purpose and duration of any and all interactions as it relates to the program consumer incident reporting and resolutions.
2. This data shall be in a format approved by EOHHS and shall be transmitted to EOHHS on an agreed upon schedule.

VII. ADMINISTRATIVE SANCTIONS

A. SEVERABILITY

If any provision of the rules, regulations and 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 the rules, regulations and standards which can give effect, and to this end, the provisions of the rules, regulations and standards are declared to be severable.

B. DEFICIENCIES AND PLANS OF CORRECTION

EOHHS is authorized to deny, suspend or revoke the SA's participation in the program if they have failed to comply with the EOHHS Medicaid IP Program's Promulgated Rules and Certification Standards set herein.

In addition, EOHHS may take any action pursuant to R. I. Gen Laws 40-8.2 and 210-RICR-10-05-2.

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VIII. PAYMENT

1. The SA must be a current RI Medicaid Provider enrolled as a Provider Type 116.
2. Billing for the initial month of consumer enrollment shall be reimbursed at \$125.00 for two (2) occurrences for a maximum of \$250.00 in the first month.
3. SA services will be reimbursed at \$125.00 per consumer/per month, after the first month, on those cases where SA services were performed as noted herein.
4. Service Advisement Services will be billed, as stated above, to DXC using Procedure Code T2022.

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The SA agrees to administer the Independent Provider Program as outlined herein and as stated in the promulgated EOHHS Medicaid Independent Provider Program Rules.

Signed: _____

Title: _____

SA: _____

Date: _____

Signature: _____

Patrick M. Tighe
Medicaid Program Director
State of Rhode Island
Executive Office of Health and Human Services

Date: _____

APPENDIX 1: PROVIDER APPROVAL PROCESS

Submission of Application for Independent Provider (IP) Program Service Advisory Agency (SA)

The IP Program shall select SA(s) that meet the standards.

All applicants shall be evaluated on the basis of written materials submitted to EOHHS. Applicants should anticipate a maximum of five (5) days for the review process following the twenty (20) day public posting period, which may include on-site inspections as well as additional written clarification before issuing its findings. A favorable determination shall result in the issuance of a Letter of Approval.

During the period of review, staff from EOHHS may inform a provider-agency that an unfavorable decision is anticipated. The provider-agency may withdraw its application without prejudice.

Provider-agencies are encouraged to establish and maintain credentials with all third-party health insurance plans doing business in Rhode Island.

Instructions for Interested Parties

Applicants should contact EOHHS with a letter of intent. Inquiries and letters of intent should be directed to:

Elaine Choiniere
Administrator, Independent Provider Program
elaine.choiniere@ohhs.ri.gov
Executive Office of Health and Human Services
Virks Building
3 West Road
Cranston, RI 02920

Possible Outcomes of the Application Review Process

Applications for approval shall be reviewed and scored based on the degree to which an applicant demonstrates a program that complies with the requirements set forth in these IP Program Certification Standards of the SA. Two (2) basic outcomes are possible as a result of the application review process, namely:

1. *Approval with No Conditions* – The applicant is deemed in compliance with all requirements and may begin providing services.
2. *Not Approved* - The application does not meet the requirements for approval and, therefore, will not be offered to that agency. Should this occur, the applicant will be provided with specific written feedback. IP Program services shall not be provided.

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Period of Approval

The initial period of approval shall last one (1) year from receipt of signed letters of agreement stipulating conditions and requirements necessary for approval. Thereafter, EOHHS has the sole responsibility and discretion to extend approval and/or require re-approval based upon its ongoing oversight and monitoring of provider-agencies. In each instance, EOHHS shall inform the provider-agency in writing with new letters of agreement.

Compliance

1. The approved provider-agency must comply with these Certification Standards throughout the awarded period of approval. Failure of EOHHS to insist on strict compliance with all practice and performance standards shall not constitute a waiver of any of these provisions and shall not limit the right of EOHHS to demand full compliance. EOHHS reserves the right to amend program requirements with reasonable notice to participating provider-agencies.

2. EOHHS, in its capacity to monitor and evaluate the agency, may take any of the following actions and/or issue other sanctions that it deems necessary pursuant to Medicaid or other Federal and Rhode Island laws, namely:
 - a. EOHHS can inspect written records of the SA including documentation of services and billing for Medicaid services within three days of written notification.
 - b. EOHHS can inspect sites and/or interview staff pursuant to complaints and/or compliance deficiencies with these practice standards.
 - c. EOHHS can require a plan of corrective action with clearly defined measures stipulating objectives, personnel responsible for managing and remedying identified deficiencies, and listing of dates for achieving success for all deficiencies. EOHHS reserves the right to specify the time for achieving part and full remediation of all identified deficiencies.
 - d. EOHHS can require further modification of any plan of corrective action.
 - e. EOHHS can require recoupment of funds for violations of these Certification Standards and/or violations of Medicaid and/or State laws.

3. EOHHS shall institute Provisional Approval status following formal notice to the provider-agency on the one hundred twenty first day (121) for continued non-compliance to have cured identified deficiencies. The provider-agency may seek to suspend such an action by filing notice of appeal to EOHHS no later than thirty days (30) following notification of non-compliance and issuance of Provisional Approval. In the event that the provider-agency's appeal is not successful, the provider-agency may seek resolution through the Administrative Procedures Act (APA Appeal) to Superior Court. In the event a provider-agency takes this action, imposition of Provisional Approval will be stayed pending the outcome of the appeal.

The consequences of Provisional Approval status involve rate reductions and specified requirements regarding the administration and management of the IP Program with EOHHS ongoing oversight for the next ninety (90) days. Such action may involve onsite visits including

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record documentation reviews, interview of staff, submission of required reports, financial/billing information, and/or other requirements that it deems necessary. EOHHS will set forth a period of time whereby the provider-agency must come into full compliance or risk the revocation of approval.

4. EOHHS has the responsibility to inform agencies when aware of instances of fraud, suspected fraud, misuse of Medicaid funds, or professional misconduct. This may include referral to legal or licensing authorities and/or to the Surveillance Utilization Review (SURS) department of EOHHS.
5. Revocation of approval is the most serious penalty and one that EOHHS reserves for the provider-agency inability to rectify deficiencies and/or violations of these practice standards.

EOHHS Oversight and Authorization

EOHHS in accordance with Medicaid regulations may place limits on services (i.e., establish amount, duration and scope of services) and exclude any item or service that it determines is not medically necessary, is unsafe, experimental, or is not generally recognized as an accepted method of medical practice or treatment. EOHHS has the authority to conduct site visits.

Monitoring and Quality Assurance

Site visits will be conducted by EOHHS staff to monitor appropriate use of Medicaid services and compliance with the procedures outlined in this manual. The provider will be notified of EOHHS site visits in advance. During these visits, staff will review the following:

- B. Client records
- C. Staff orientation programs and attendance logs
- D. Agency policy and procedures related to the IP Program
- E. Claims information/documentation
- F. Complaint log

Unannounced site visits may also be conducted at the discretion of the Department. EOHHS staff may contact or visit families as part of the oversight and monitoring activities.

In the event of adverse findings of a minor nature, repayment to EOHHS will be required. In situations where, in the opinion of the Department, significant irregularities in billing or utilization are revealed, the provider may be required to do a complete self-audit in addition to making repayments. In either case, technical assistance in developing and implementing a plan of corrective action, where appropriate and applicable, will be offered to the provider. In addition to monitoring conducted by EOHHS, the provider is subject to periodic fiscal and program audits by the Health Care Financing Administration.

APPENDIX 2: APPLICATION GUIDE FOR CERTIFICATION AS SERVICE ADVISORY AGENCY (SA) FOR THE INDEPENDENT PROVIDER (IP) PROGRAM

GENERAL INFORMATION

1. Overview

This application guide is provided as a part of the Certification Standards for the self-directed IP Program. It provides information and instructions for SA applicants regarding the submission process and the review of applications. It is intended to direct applicants in the organization and presentation of application materials.

In submitting an application to serve as the SA, the applicant agrees to comply with the program requirements as outlined in the Certification Standards. EOHHS reserves the right to amend these requirements periodically, with reasonable notice to the participating agency. The provider-agency must also agree to comply with all state and federal Medicaid rules and regulations.

2. Application Submission and Review

The State will convene a certification application review committee to evaluate applications and submit recommendations on certification to the Medicaid Program Director, EOHHS.

To enable EOHHS to prepare for its review of applications and to advise potential applicants of any clarifications or corrections, it is strongly recommended that potential applicants submit a Letter of Intent prior to submitting a full application.

Applications for Certification are to be submitted to:

Elaine Choiniere
Administrator, Independent Provider Program
Executive Office of Health and Human Services
Virks Building
3 West Avenue
Cranston, Rhode Island 02920
Phone: (401) 462-6643

3. Compliance Review

Prior to technical review, submitted applications will be reviewed for completeness and for compliance with core element expectations. When completing the application, please include relevant section numbers to organize your application and attachments. Applicants for certification must submit an original and three (3) copies of all materials. Incomplete applications will be returned without further review; completed applications must be submitted within the posting time period.

4. Application Components

A. Cover Sheet

B. Background on Applicant – Executive Summary

To orient the reviewer(s) to the materials included in the application, please provide a brief introduction (2 pages maximum) and background to the provider-agency and the application.

C. Letter of Transmittal

Each application must include a letter of transmittal signed by an officer or authorized agent of the provider-agency. The letter shall identify that in submitting the application, the applicant agrees to comply with the program requirements and Certification Standards as issued and will comply with periodic amendments.

D. Body of Application

An applicant for certification must demonstrate that it will provide sound fiscal, skills and experience in the self-directed, Independent Provider Program environment.

The body of the application should be organized as shown in Table 1 below. Table 1 specifically identifies the sections to be addressed, the maximum pages of narrative per section and the number of points to be assigned to that section in the scoring. Note that application materials may be presented in two forms, as appropriate:

- Narrative
- Attachments

The page maximums pertain to the narrative. Applicants may feel that their program descriptions would be enhanced by attachments. Table 1 lists some examples of potential attachments. This is not a list of all possible attachments; nor is it a list of required attachments. It is only suggestive of the type of materials that may be helpful to accurately describe the program and to demonstrate compliance. The application will be scored on the basis of submitted materials, whether within the narrative or provided as attachments.

If attachments are provided, indicate where in the attachment the standard is addressed. Lengthy documents that only peripherally relate to the standard will not facilitate scoring. Attachments should be labeled as to the section to which they pertain.

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5. Readiness

It is expected that applications for certification submitted to the State will describe a structure and approach to service delivery, which is substantially complete at the time of submission. Applicants will be expected to be able to provide services in accordance with the Independent Provider Program certification requirements not later than the start of the program. Part of the certification review involves assessment of readiness. Information must be provided that will enable the State to make informed assessments regarding readiness. The State recognizes that, in some cases, certain aspects of the application may describe intentions of the IP Program certification applicant rather than capacity actually in place on the date of submission of the application. The applicant should clearly identify the points at which the application describes currently existing versus planned activities and capacity. This section of the application should provide specific appropriate detail as to any outstanding tasks and associated time lines for completion.

6. Application Scoring

The Certification Standards for the IP Program outline the terms and conditions that will govern operation and oversight of the SA. Applications will be scored based on the degree to which an applicant describes a program which complies with the requirements set forth in the Certification Standards. In setting a defined standard for performance by the SA for the IP Program, the Review Committee will identify threshold scores, which must be achieved in order for a recommendation for certification to be made.

The review team may choose to conduct a site visit and readiness review in order to complete its work. The final score for each standard will be the average of the scores assigned by the review team members. A threshold total score will be established as the basis for positive recommendation for certification. Certification will not be recommended for an applicant scoring below the threshold on any individual standard.

The level of compliance with each standard will be scored individually. Based on review of applications, each standard will be scored as follows:

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Table 1, below, provides an overview of this schema.

Table 1: Overview of Required Elements of Application			
Application Component	Page Maximum	# of Points	Examples of Potential Attachments
Organizational Philosophy	1pages	10	<ul style="list-style-type: none"> • Organization’s professional policies • Person-centered planning informational documents
Operational Capacity	1 page	10	<ul style="list-style-type: none"> • Proof of Medicaid Provider status • Tax labor law reports for the consumer • Discrimination policies • Cultural policies
Customer Service	3 pages	30	<ul style="list-style-type: none"> • Description of availability for customer service • Organizational chart • Description of staff training and orientation programs • Description of ability to communicate with consumers effectively • Cultural sensitivity training examples • Complaint and incident reporting mechanisms • Proof of secure Internet Access to utilize Consumer Directed Module (CDM)
Building/Facility	1 page	10	<ul style="list-style-type: none"> • Service footprint
Scope of Services	2 pages	20	<ul style="list-style-type: none"> • LTSS training documents • Scheduling methods • Fraud and Abuse notification system
Intake and Consumer Assessment	2 pages	20	<ul style="list-style-type: none"> • Proof of secure Internet Access to utilize Consumer Directed Module (CDM) • Existing Options Counseling products • Examples of existing programs
Development of Individual Service Plans	2 pages	20	<ul style="list-style-type: none"> • Employee training for service plan development
Program Monitoring, Review and Assessment	2 pages	20	<ul style="list-style-type: none"> • Examples of home visit plans • Health and Safety guidelines and alarm systems
Documentation and Case Records	2 pages	20	<ul style="list-style-type: none"> • System examples for case recording • Assessment examples used by the provider
Discharge/Transition Planning	2 pages	20	<ul style="list-style-type: none"> • Existing Discharge guidelines • Existing Transition planning guidelines
Service Advisory Agencies Participating	1 page	20	<ul style="list-style-type: none"> • Agency training documents • Agency code of ethics
Staffing Requirements	1 page	30	<ul style="list-style-type: none"> • Program Director job description • Proof of Equipment/Accessibility assessment services

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Table 1: Overview of Required Elements of Application			
Application Component	Page Maximum	# of Points	Examples of Potential Attachments
Staffing Qualifications and Responsibilities	2 pages	30	<ul style="list-style-type: none"> • Program Director Qualifications Summary/Resume • License Status and Qualifications Summary for nurse proposed for the program • Credentials for Accessibility/Mobility assessment specialist • Credentials for Service Advisor(s) proposed
Program Monitoring and Improvement	1 page	10	<ul style="list-style-type: none"> • N/A
Reporting	1 page	10	<ul style="list-style-type: none"> • N/A
Total		280	

Each individual standard is weighted for its contribution to overall scoring within the respective application component.

7. Possible Outcomes of the Application Review Process

Applications for EOHHS approval will be reviewed and scored based on the degree to which an applicant demonstrates a program that complies with the requirements set forth in these EOHHS Certification Standards. Two basic outcomes are possible as a result of the application review process, namely:

1. ***Approval with No Conditions*** – The applicant is deemed in compliance with all requirements.
2. ***Not Approved*** - The application does not meet the requirements for approval and therefore will not be offered to that agency.