



State of Rhode Island
Executive Office of Health and Human Services (EOHHS)
3 West Road, Cranston, Rhode Island, 02920

Certification of Nursing Facility Specialized Psychiatric Units Application

The Specialized Psychiatric Nursing Facility Beds program provides a safe and less restrictive environment for individuals having complex needs that can be barriers to placement in a traditional nursing home unit. Facilities certified to provide NFSPUs must provide planned and integrated medical and behavioral supports through comprehensive, person-centered treatment and care. Facilities participating in the NFSPU program accept residents that have been:

- hospitalized for six (6) months or more and is clinically appropriate for discharge to a nursing facility and has a nursing facility level of care; and are
- approved by BHDDH for specialized services through the BHDDH Level II Preadmission Screening and Resident Review (PASRR) Determination process prior to admission to a NFSPU.

Only Medicaid certified nursing facilities licensed by RIDOH that are in good standing and in compliance with all state and federal regulations are eligible to be considered for certification to provide NFSPU Medicaid-funded services to eligible individuals. Interested facilities must apply for and receive certification to participate in the NFSPU program which allows facilities to receive an additional \$175 add-on per client per day.

The applicant must fully review the NFSPU Certification Standards and agree to comply with the requirements as outlined. Interested facilities must complete this application. Certification as a NFSPU provider is achieved through EOHHS' approval of this written application. All sections of this application should be completed thoroughly to sufficiently describe the applicant's ability to meet the Certification Standards. EOHHS will review submitted applications for completeness and compliance with core expectations. Incomplete applications will be returned without further review. EOHHS accepts applications on an ongoing basis. EOHHS will issue a response to the providers application within 30 days. A favorable determination will result in the issuance of a Certification Agreement. A denied application will result in a scorecard detailing deficiencies.

Applicants are advised that all materials submitted to the State for consideration in response to these certification standards may be considered public record as defined in Title 38 Chapter 2 of the Rhode Island General Law.

Applicants will be expected to provide services in accordance with the Certification Standards no later than fifteen (15) days following notification of the approval of an application. Since applications may represent the combined efforts of more than one entity, submissions should include copies of ALL executed contracts and /or affiliations and partnership agreements which detail respective responsibilities, authorities, and related financial arrangements. This shall include pertinent incorporation documents and/or filings.

EOHHS may terminate a facility's participation in the NFSPU program with no less than thirty (30) days' notice. EOHHS and its sister agencies will work with residents to find alternative settings which meet the needs of beneficiaries should an NFSPU provider lose its certification. The provider must assist as required to ensure a healthy and safe transition of all patients. Furthermore, NFPSU payments may stop immediately in instances whereby the health, safety, or general welfare of a Medicaid beneficiary is determined to be in imminent jeopardy.

NFSPU Application

The application should be completed by a representative of the proposed NFSPU facility and submitted to the Director of Behavioral Health at the EOHHS, Jason Lyon, via email (Jason.Lyon@ohhs.ri.gov), inclusive of supplemental proof and verifications.

A. Facility Information

Facility Name: _____

Facility Address: _____

City/Town: _____ State: ____ Zip Code: _____

Phone: _____ Email: _____ Fax: _____

Federal Employer Identification Number: _____

Medicaid Provider Number: _____ NPI Number: _____

Name and Title of Person Authorized to Conduct Business on Behalf of Provider:

Name: _____

Title: _____

Email: _____ Phone: _____ Fax: _____

Please reference the NFSPU Certifications Standards and respond to the following questions:

B. Facility Requirements

1. Are you licensed by RIDOH, in good standing and in compliance with all state and federal regulations?

Yes ____ No ____

2. Are you a participant in good standing with RI's Medicaid Program?

Yes ____ No ____

3. Is your facility in CMS's Special Focus Facility Program or on the SFF Candidate list at the time of application?

Yes ____ No ____

4. Are you willing to accept ALL referrals and properly care for NFSPU Medicaid eligible clients referred by BHDDH through the BHDDH Level II PASRR process?

Yes ____ No ____

If not, please explain and site the specific exclusion in the NFSPU Certification Standards section entitled Admissions Prioritization-Exclusions.

5. Do you have a distinct and separate unlocked unit for all NFSPU residents with no more than 16 beds?

Yes ____ No ____ Please attach a scanned photograph.

6. Do you agree to NFSPU readmittance within ninety (90) days of the original discharge date for ALL NFSPU clients?

Yes ____ No ____

C. Psychiatric Rehabilitation Program Requirements

Please demonstrate the overall treatment and mission of the facility's psychiatric rehabilitation program.

- Define the facility's psychiatric rehabilitation principles, detailing specific rehabilitation techniques and methods, and the type/level of staff utilized to provide each service to the residents and the evidence-based practices supporting such principles.
- Demonstrate how the facility provides a therapeutic environment that meets and addresses the clinical needs of NFSPU residents, including an array of individual and group therapeutic activities. These activities shall address the major domains of functioning and skill development of residents including:
 - a. Daily therapeutic and skill-training groups
 - b. Therapeutic recreation programming
 - c. Community safety and life skills training
 - d. Substance use and self-help groups
 - e. Crisis intervention
- Illustrate how the facility creates an active treatment program in accordance with a person-centered treatment plan with enhanced supervision. This treatment program must include individual one-to-one (1:1) supervision of residents, as needed, through the utilization of non-resident peer specialists, Certified Nursing Assistants, and behavioral health workers, as indicated in the person-centered treatment plan. Please also detail procedures of the Certified Nursing Assistants, and behavioral health workers, whose role is to interact with the resident and to notify the charge staff if the resident exhibits any concerning behaviors. Attach an anonymous example of a person-centered treatment plan utilizing consistent and uniform approaches.

- Detail how the facility monitors and determines if prolonged one to one (1:1) supervision may warrant a psychiatric evaluation to determine if a higher level of care is required?
- Illustrate how the facility coordinates specialized services with other habilitative, rehabilitative and training activities with which the NFSPU resident would participate outside of the facility.
- Describe how the facility administers and monitors psychotropic medication.

D. Staffing

Certified facilities shall maintain facility-employed or contracted trained staff qualified to work with NFSPU residents. Please provide the items below.

- A clear organizational chart.
- Evidence of at least two (2) years of a combination of management skills, experience, and the capability to reliably support behavioral health residents/services. (Resume and essay response expected)
- Established standards for screenings, assessments, staff supervision and evaluation. (Copies policies and/or procedures expected)
- Evidence of A board-certified psychiatrist, engaged as a facility employee or under contract with the facility, who leads a multidisciplinary team that provides skilled nursing services with behavioral health specialists available for every NFSPU resident. (Copy of board certification expected)
- Documentation that staff completed specialized training in the following topics (Copies of completed training expected)
 - a. Psychotropic medication administration and monitoring.
 - b. Behavior management.
 - c. Crisis intervention and de-escalation, with staff participation in a nationally recognized de-escalation training program.
 - d. Determining when a resident requires a higher level of psychiatric care, as follows:
 - i. The need to transfer to a higher level of psychiatric care is to be approved by the prescribing physician or Advanced Practice Registered Nurse (APRN) in consultation with the resident's treatment team. This decision is to be based upon increased acuity

as it affects the health and safety of the resident and a finding that the resident is a danger to self or others.

- ii. The specific behavior or statements of the resident that support the conclusion of the physician or APRN that a higher level of care is needed must be documented by the individual(s) who has/have observed the behavior or statements.
- iii. The credentials of the physician or APRN must appear in the documentation.

E. Transition Planning and Discharge

Describe in detail your transition and discharge planning procedures, addressing all items below. Explain how the facility's transition and discharge planning have a core of standardized components to address a myriad of information such as medications, follow-up tasks and appointments.

- Describe the requirements, care, and review of staff and medical professionals during a client's first forty-eight (48) hours. How is this different from the process and oversight plan for ongoing treatment?
- Describe how the facility's transition and discharge planning focuses on resident goals and treatment preferences.
- Illustrate how discharge information is clearly written and adapts to the resident's learning style, social determinants, and health literacy needs.
- Detail how the facility addresses resident and/or caregiver concerns associated with non-compliance, including how non-compliance is handled.
- Explain how the facility ensures follow-up appointment coordination is completed prior to discharge, including addressing transportation issues, if necessary.
- Illustrate how the facility addresses social determinants of health in its discharge and transition planning.
- Provide an example of a post-discharge care plan (which shall be provided to the resident and the resident's new care team).
- Provide an example of a discharge checklist (which shall be utilized to ensure all required components are addressed for a safe and effective discharge).

- Detail how the facility ensures a follow-up call to the resident and/or caregiver is made 48 hours after discharge?

F. Culturally and Linguistically Appropriate Services

Please explain how the facility provides services to persons for whom English is not a primary language. Does the facility have qualified, fluent interpreters on staff 24/7 and/or make other accommodations necessary to communicate effectively with non-English speaking persons or those who are deaf or hard-of-hearing? Please give two examples that show how staff work effectively to be respectful and responsive to the health beliefs and practices of diverse population groups.

G. Health Information Technology

Does your facility maintain electronic resident-specific behavioral plans?

Yes ____ No ____

Please detail the extent of the facility’s health information technology and how often it is used, particularly regarding record keeping and communication between staff members and residents.

H. Grievance and Complaint Process

Describe the facility’s well-publicized complaint process and established policies, procedures, and related records to track all complaints. Explain how it focuses on resident care, individual input, documentation and response to complaints, and prompt complaint resolution. Upon request, facilities shall produce complaints/resolution reports to EOHHS/BHDDH/RIDOH.

Yes ____ No ____

I. Performance Measures

Please review the *Performance Measures* section of the Certification Standards and acknowledge that the facility will comply with the reporting protocols (Reporting templates will be provided by EOHHS)

Yes ____ No ____ If not, please explain.

IJ Quality and Compliance Control

Can your facility comply with the reporting and oversight requirements for resident treatment plan and record review protocols listed in the *Quality and Compliance Control* section of the Certification Standards?

Yes ____ No ____ If not, please explain.

K. Record Keeping

Can your facility comply with the confidential documentation protocols listed in the *Record Keeping* section of the Certification Standards?

Yes____ No _____If not, please explain.

L. Recertification Process

To maintain certification, on an annual basis, and no later than sixty 60 days before a facility's certification end date, the facility shall submit to EOHHS the items listed in the *Recertification* section of the Certification Standards. Please indicate your understanding of this requirement below.

Yes____ No _____If not, please explain.

Completed applications with all required attachments should be emailed to: Jason Lyon (Jason.Lyon@ohhs.ri.gov), Director of Behavioral Health at the EOHHS