

**Medicaid Community-Based Supportive Living Program
Assisted Living Residence (ALR) Provider Certification Standards**

I. Authority R.I.G.L. § 40-8.13-12 and §40-6-27.2

II. Scope and Applicability

These standards apply only to licensed assisted living and adult supportive care residences seeking to participate in the Medicaid Community-based Supportive Living Program (CSLP) under the State’s Integrated Care Initiative pursuant to §40-8.13. The CSLP is a pilot open to Medicaid LTSS beneficiaries who meet the high or highest level of care and are enrolled in one of the Integrate Care Initiative (ICI) participating health plans.

The managed care organizations participating in the ICI are hereby designated to serve as contractual entities of the EOHHS and, in this capacity, are responsible for entering into agreements with only those licensed residential providers who meet the certification standards set forth herein.

During the initial six (6) months of implementation, Neighborhood Health Plan (NHP) serves as the sole contractual entity authorized by the EOHHS authorized responsible for entering into agreements with providers that meet these CSLP certification standards.

III. Definitions "Assisted living residence" means any residence licensed by the state pursuant to R.I.G.L. §23.17-4 and regulated by the Department of Health (DOH) in accordance with R23-17.4-ALR. For the purposes of these Provider Certification Standards, "Assisted living" is considered a community setting and not a medical institution or health facility because assisted living does not include 24 hour skilled nursing care, residents have privacy including a lockable door, and the living environment is a homelike setting that promotes maximum dignity and independence, and, as appropriate, supervision, safety and security.

"Base-Level Medicaid Service Package" means the basic level package of Medicaid-funded long-terms services and supports provided in an assisted living or adult supportive care residence. Includes, at a minimum, personal care, homemaker, chore, attendant care, companion services, medication administration and/or oversight (to the

extent permitted under State law), therapeutic social and recreational programming, and 24-hour on-site response staff to meet scheduled or unpredicted needs. Services must be provided in a home-like environment

“Beneficiary Liability” means the amount per month a CSLP participant is required to pay toward the cost of Medicaid-funded services based on the determination of financial eligibility and the post-eligibility treatment of income (PETI) by EOHHS LTSS staff in accordance with MCAR, section 0398.30.05. A certified residence is responsible for collecting the beneficiary liability.

"Case manager" means the EOHHS or contracted entity representative assigned to negotiate, monitor, and facilitate a person-centered care plan for residents receiving services provided through the CSLP.

“Certified Provider” means the appropriately licensed assisted living residence or adult supportive care residence that meets the standards for the CLSP under the auspices of the Integrated Care Initiative.

“Certification Standards” means the requirements an appropriately licensed residence must meet to participate in the CSLP.

“CLSP-eligible Beneficiary” means a Medicaid-eligible person who meets the clinical and financial criteria to participate in the Integrated Care Initiative in accordance with the Medicaid Code of Administrative Rules (MCAR) 1500.

“Community Supportive Living Program or CSLP” means the Medicaid community-based long-term services and supports (LTSS) program established by R.I.G.L. §40-8.13 for Medicaid and dually-eligible Medicaid and Medicare beneficiaries who choose to receive services through a long-term care managed care arrangement as defined therein.

"Contractual Entity" means the licensed managed care organization or other entity which has entered in a contractual arrangement with the Executive Office of Health and Human Services (EOHHS) for the expressed purpose of providing publicly-funded health care services and supports through the State’s Integrated Care Program and, in

this capacity, which is responsible for entering into agreements with assisted living and adult supportive care residences that meet the certification standards set forth herein to participate in the Community Supportive Living Program.

"Enhanced-Level Medicaid Service Package" means a package of services provided by an appropriately licensed ALR participating in the CSLP to provide the base level service package and offer extended personal care and attendant services, care coordination and therapeutic activities and/or limited health services. The enhanced service package may also include coordination of behavioral health services, or health and home stabilization services that optimize a beneficiary's general health and welfare.

"Executive Office of Health and Human Services or EOHHS" means the Medicaid single state agency responsible for providing or entering into agreements to provide Medicaid-funded long-term services and supports.

"Fee-for-Service Certified" means a licensed assisted living residences that is providing Medicaid-funded LTSS on a fee-for-service basis to Medicaid beneficiaries that have elected not to participate in a managed care plan through the EOHHS Integrate Care Initiative. An ALR may be dually certified to participate in fee-for-service and the CSLP if the residence meets the applicable standards for both delivery systems.

"Health and home stabilization services" means a set of services provided to a resident to assist in acclimation to the assisted living environment and/ or to provide support and education to the resident about managing specific health conditions.

"Homelike" means an environment having the qualities of a home, including privacy, comfortable surroundings, and the opportunity to decorate one's living area and arrange furnishings to suit one's individual preferences. A homelike environment provides residents with an opportunity for self-expression and privacy, encourages interaction with the community, family and friends, allows for control over one's schedule and ensures freedom from coercion and restraint, and has a legally enforceable agreement comparable to a lease.

"Independence" means free from the control of others and being able to assert one's own will, personality and preferences.

"Individuality" means the quality of being unique; the aggregate of qualities and characteristics that distinguishes one from others. Individuality is supported by modifying services to suit the needs or wishes of a specific individual.

"Limited Health Services" means health services provided by a licensed ALR , as ordered by a resident's physician, and provided by a qualified ALR as defined in R23-17.4-ALR (part C).

"Medicaid Code of Administrative Rules or MCAR" means the formal code of administrative rules promulgated by the EOHHS that govern the Medicaid program.

"Medication administration" means the direct application of a prescribed medication, whether by injection, inhalation, ingestion, or any other means, to the body of a resident by a person legally authorized to do so.

"Non-Medicaid Covered Services" means any service or set of services provided by the ALR that are not eligible for federal financial participation (matching funds) under the terms of the state's Medicaid State Plan, Section 1115 demonstration waiver, or applicable federal laws, rules and regulations.

"Personal care services" means the same as physical or verbal assistance with activities of daily living included under "personal care services" described in MCAR 1500 Personal care services do not include assistance with tasks that must be performed by a licensed health professional.

"Person centered care plan" - means an Individualized approach to planning that strives to place the individual at the center of decision making and supports an individual to share his/her desires and goals, to consider different options for support and to learn about the benefits and risks of each option.

"Personal Needs Allowance or PNA" means the monthly set aside for a Medicaid beneficiary participating in the CSLP designated for personal expenses. The PNA is used at the beneficiary's discretion and must not be calculated into the beneficiary's liability toward the cost of care or room and board costs.

"Resident" means a person residing in an assisted living residence or adult supportive care residence for whom Medicaid-funded services are paid for, in whole or in part, by the EOHHS or its contractual designee under a contract. For decision-making purposes, the term **"resident"** includes the resident's legal representative or surrogate decision maker in accordance with state law or at the resident's request.

"Room and Board" means real estate costs (debt service, maintenance, utilities, and taxes) and food. Board means three meals a day or any other full nutritional regimen. Room means hotel or shelter-type expenses, including all property-related costs such as rental or purchase of real estate and furnishings, maintenance, utilities, and related administrative services.

"Room and Board Cap" means the maximum amount a Medicaid beneficiary participating in the CLSP is required to pay a certified ALR for room and board. Excludes any payments or portion of payments made to the certified ALR by the contractual managed care entity for Medicaid-funded long-term services and supports.

"Specialized-Level Medicaid Service Package" means a set of services, provided by an appropriately licensed ALR that includes the enhanced service package and an array of intensive services designed specifically to address dementia care needs.

"Therapeutic Activities" means a program of purposeful activities to meet the needs and interests that promote personal growth, enhance self - image, and/or improve and maintain the functioning level of the resident to the extent possible.

IV. General Requirements

4.1 Licensure and Operations

4.1.1. Medicaid certified assisted living residences (ALR) participating in the CSLP must be licensed in accordance with the RI Department of Health Rules and Regulations at R23-17.4-ALR.

4.1.2. The licensure of the ALR must be in good standing. For the purposes of CSLP certification, good standing requires documentation from the DOH that there have been no significant enforcement actions taken against the ALR during the twelve (12) months prior to entering into an agreement with the contracting entity. In addition, the ALR must attain the following levels of licensure as applicable:

- (1) Fire code classification of F1 licensure specified at R23-17.4-ALR, section 2.6.1 (a) for provision of limited health services as part of the enhanced level services and provision of specialized level services.
- (2) A minimum of fire code classification of F2 licensure specified in R23-17.4-ALR, section 2.6.1 (b) for provision of basic level services or enhanced level services that do not include limited health services.
- (3) Medication classification of M1 licensure specified at R23-17.4-ALR, section 2.6.2 (a) pertaining to the capacity to serve more than one beneficiary who requires central storage of and/or administration of medications.
- (4) Limited health care service licensure, as defined in with R23-17.4-ALR, section 1.22, if seeking the ability to provide these services as part of the enhanced and/or specialized CLSP services.
- (5) Dementia care licensure, as defined in with R23-17.4-ALR, section 2.6.3, if seeking certification to provide specialized CLSP services.

4.2. Living Environment

4.2.1. Licensed assisted living in Rhode Island are not licensed or regulated as health facilities under R.I.G.L § 23-17. In keeping with the social model and the general principles and requirements of the 42 CFR 430.25, ALRs certified to participate in the CSLP must offer services in a living environment and manner that:

- Fosters self-reliance while optimizing the opportunities for continuing personal, intellectual, and social growth.
- Integrates and supports a Medicaid beneficiary's full access to the greater community and supports individual choice or desire regarding participation in community activities.
- Ensures a Medicaid beneficiary's right to privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizes a Medicaid beneficiary's autonomy and independence in making life choices.

4.2.2. A certified ALR must, therefore, provide each Medicaid beneficiary participating in the CSLP with all of the following:

- (1) A separate, "apartment like" living unit that includes toilet facilities and sufficient living space for eating meals, sleeping and engaging in other daily activities. Double occupancy in units is permitted, but only when choice of living arrangement is provided and both residents consent to the arrangement.
- (2) Full access to food at the time and place of the individuals choosing, unless determined by an assessment and person centered planning process that full access may pose a risk to the health and safety of the beneficiary or other residents in the ALR. .
- (3) The right to privacy and, as such, the opportunity to lock the door to their living unit, their bedroom or the bathroom unless determined by an assessment and person centered planning process that locking doors may pose a risk to the health and safety of the beneficiary or other residents in the ALR.
- (4) Central area(s) for dining, community living spaces and common activity areas.
- (5) A living area wired for telephone, television and, upon request, internet services which allows the ability for the beneficiary to have private conversations or privacy for internet use.
- (6) Space for residents to meet with family and friends outside the resident's living unit and a space that offers privacy for such visits
- (7) Common areas with sufficient space for socialization designed to meet resident needs. Such areas must be available for resident use at any time provided such use does not disturb the health or safety of other residents.
- (8) Access to outdoor areas available to all residents.
- (9) Encouragement and assistance to furnish and or decorate their own living spaces with personal items that reflect needs and preferences.

- (10) Access to their own rooms at all times without staff assistance as determined by assessment and person centered planning process.
- (11) The ability to regularly participate in typical community life activities outside of the setting to the extent the individual desires.
- (12) In instances in which a licensed ALR is co-located on the same premises as a licensed health facility, the ALR must provide all of the above in a manner consistent with the principles set forth above and applicable state and federal laws and regulations governing Medicaid home and community-based service providers including rules set forth in the Home and Community Based Services (HCBS) Settings Final Rule (CMS 2249-F/2296-F)

At a minimum.

- The ALR must be physically located in distinct areas or neighborhoods that are clearly demarcated for the assisted living residents; and
- Units in the ALR, including any designated for residents with dementia, must not be licensed and/or certified as health facility beds.

4.2.3. To be considered for certification, a licensed ALR must follow strictly the requirements set forth in R23-17.4(A) (13.0) related to reporting requirements and R23-17.4(A) (14). Documentation of compliance with these requirements may be required at the discretion of the EOHHS or its contractual managed care entity.

4.3. Daily Activities

4.3.1. The certified ALR must have sufficient capacity to provide a range of daily activities for Medicaid beneficiaries who have a varied needs and personal preferences. Such activities must be consistent with the functional abilities, interests, habits and preferences of the individual residents.

4.3.2. The ALR must support the participation of residents and the resident council, if there is one, in the development of recreational and activity programs that reflect the needs and choices of residents.

4.3.3. Specific activities the certified ALR must provide residents with access to:

- (1) Opportunities for independent, self-directed, activities.

- Individual activities, in which a staff person or volunteer engages the resident in a planned and/or spontaneous activity of interest. Activities may include personal care activities that provide opportunities for purposeful and positive interactions; and
 - Group activities.
- (2) Activities that accommodate variations in a resident's mood, energy and preferences. The ALR must make appropriate activities available based upon the resident's individual schedule and interests. For example, individuals up at night must have access to staff support, food and appropriate activities that may be identified in the person-centered care plan
- (3) Multiple common areas, at least one of which is outdoors, that vary by size and arrangement such as: various size furniture groupings that encourage social interaction; areas with environmental cues that may stimulate activity, such as a resident kitchen or workshop; areas with activity supplies and props to stimulate conversation; a garden area; and paths and walkways that encourage exploration and walking. These areas must accommodate and offer opportunities for individual or group activity and be accessible, as appropriate to residents without staff assistance, except upon request.
- (4) Areas that have a homelike atmosphere, and offer the chance for privacy, socialization, and wandering behaviors.

V. ALR Service Capacity

5.1. General Capacity

A certified ALR must have the capacity and authority to furnish the personalized services required to meet a Medicaid beneficiary's LTSS needs. At the time of application for Medicaid-funded LTSS, the EOHHS determines a Medicaid beneficiary's clinical level of need in accordance with the criteria established in MCAR 1500. Beneficiaries determined to have the highest or high level of need who choose to enroll in an EOHHS Integrated Care Initiative managed care plan have the option to participate in the CSLP.

5.2. Core Services and Coordination

5.2.1. The contracted entity administering the plan is responsible for ensuring a Medicaid beneficiary has access to the services required to meet this clinical level of need until such time as this need is reassessed. Therefore, the certified ALR and the managed care must work in concert to assure every Medicaid beneficiary's needs are met in a manner that promotes self-reliance, dignity and independence.

5.2.2. All ALRs must provide a core set of services as a condition of obtaining licensure in Rhode Island. To obtain certification, an ALR must provide the following core services in coordination with the Medicaid beneficiary's health plan in accordance with R23-17.4-ALR.

- (1) Initial and period comprehensive assessments and development of service plans
- (2) Any arrangement of or change in intermittent or continuous skilled nursing services, medication administration or personal care services; and
- (3) Handling of illnesses and emergencies that may require physician or health facility services of any kind.

5.2.3. The certified ALR must also coordinate with the plan any additional or unique services required as a result of limited health services and/dementia licensure.

5.2.4. The certified ALR must include the Medicaid beneficiary's case/care coordinator in the development of a discharge (move out) plan and obtain approval from the managed care plan before any required notice of discharge is issued to the resident, except in an emergency as defined in R23-17.4-ALR.

5.2.5. In the event of a Medicaid beneficiary's absence, notify the managed care plan and note the absence in a resident's record when the resident is absent for more than seventy-two (72) consecutive hours. In the event that a Medicaid beneficiary dies or is missing from the ALR and his or her whereabouts are unknown, immediate notification must be provided to the managed care plan and reported as defined in R23-17.4-ALR.

5.3. Medicaid-Covered Services

5.3.1. A certified ALR must have the capacity and authority to furnish the personalized Medicaid services required to meet a beneficiary's LTSS needs in a manner that promotes self-reliance, dignity and independence. In Rhode Island, ALRs licensed at various levels that reflect their capacity to provide different kinds of Medicaid services, depending on a beneficiary's level of care needs. Accordingly, the EOHHS contracted managed care entity may enter into agreements that certify providers based on their licensure authority and capacity to provide specific packages of services to Medicaid beneficiaries with varying levels of acuity needs.

5.3.2. Medicaid reimbursements paid by the managed care entity to a certified ALR differ at each level to correspond to licensure and service capacity requirements. An ALR must accept the payment for Medicaid-funded services associated with the service level capacity that the EOHHS' contractual managed care entity has certified the residence to provide.

5.3.3. Providers certified at each respective level must have the capacity to provide the minimum level of services to Medicaid beneficiaries with the associated LTSS needs identified below:

- (1) **Base-Level Service Capacity-** To be certified in this category, the licensed ALR must have the appropriate level of licensure and the capacity to provide a package of Medicaid home and community-based services that includes: personal care and attendant services, homemaker, chore, companion services, meal preparation, medication administration and/or oversight, and social and recreational programming in a home-like environment in the community. ALR services at this level also include 24-hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and provide supervision, safety and security. Other individuals or agencies may also furnish Medicaid state plan or waiver services under an arrangement between the beneficiary's plan and the ALR; but the services/care provided by these other persons/entities must supplement rather than supplant the base services.

Medicaid beneficiaries who qualify for the base service capacity must require medication administration and/or oversight, assistance with a minimum of two (2) of the activities of daily living, and need six (6) hours or more of personal care per week..

- (2) **Enhanced-Level Service Capacity-** A licensed ALR certified in this category must have the appropriate licensure level and the capacity to provide the base service package outlined in paragraph (1) and offer: extended personal care and attendant services, care coordination and therapeutic activities and/or limited health services. The enhanced service package may also include coordination of behavioral health services, or health and home stabilization services that optimize a beneficiary's general health and welfare. Additionally, ALR must coordinate with the beneficiary's plan to obtain consultative resources to address behavioral issues for residents. The ALR must include in the beneficiary's service plan the identity the professional (i.e., clinical psychologist, psychiatrist, psychiatric nurse practitioner, or other behavioral specialist) who will provide the consultation, and when and how the consultation will be utilized.

Medicaid beneficiaries who qualify for services at this level must need assistance with at least two (2) of the activities of daily living and require seven (7) to twelve (12) hours of any combination of personal care, limited health care services and care coordination (including behavioral health) and/or health and home stabilization services. Beneficiary is prohibited from receiving more than forty-five (45) consecutive days of skilled nursing in any assessment period as defined in R 23-17.4 ALR.

- (3) **Specialized-Level Service Capacity - Dementia care.** ALRs certified in this category must have the appropriate level of licensure, in good standing, provide the enhanced service package and a set of specialized services designed specifically to address dementia care needs including: but not limited to, cognitive assessments and care planning, enhanced staffing, therapeutic activities specific to individuals who are diagnosed with dementia. Behavioral health and health and home stabilization services must be provided in

coordination with the beneficiary's plan by licensed professionals familiar with the unique needs of persons with dementia.

Specific specialized services the certified ALR must have the capacity to provide include:

- Staffing that is adequate to respond to the assessed sleeping and waking patterns and needs of residents;
- Policies and procedures to manage residents who may wander and specify the actions to be taken in case a resident elopes;
- Physical assistance with bathing and toilet use for residents who require caregivers to perform these activities and subtasks of these activities, and required oversight and supervision, encouragement and cueing.

Such specialized services must be delivered in an appropriately licensed ALR that meets one of the following:

- ALR is dedicated solely to the care of individuals with dementia, including Alzheimer's disease;
- ALR is organized into designated, separate units dedicated solely to the care of individuals with dementia, including Alzheimer's disease;
- ALR is arranged in separate "neighborhoods" or closed areas with separate units dedicated solely to the care of individuals with dementia, including Alzheimer's disease.

Medicaid beneficiaries who qualify for services at this level must have a diagnosis of Alzheimer's disease or other related dementias and be determined to need memory care. Beneficiaries must need assistance with at least three (3) of the activities of daily living and require thirteen (13) hours or more of any combination of personal care, limited skilled nursing and/or behavioral health care or health and home stabilization services. The Beneficiary is prohibited from receiving more than forty-five (45) consecutive days of skilled nursing in any assessment period.

5.3.4. If an ALR is Medicaid-certified, every unit where that same service capacity is available is also certified.

5.3.5. An ALR with the appropriate licensure classifications may be certified at multiple service capacity levels.

VI. Certified ALR Payments and Medicaid Reimbursements

6.1. Room and Board

6.1.1. Room and board costs are not eligible for federal financial participation and, therefore, are not included in payments made to the certified ALR by the beneficiary's managed care plan. To ensure fair access to Medicaid-funded assisted living services, the EOHHS has established a room and board cap.

6.1.2. The certified ALR provider participating in the CSLP must adhere to the room and board cap for Medicaid beneficiaries established by the EOHHS. The cap is set by determining the total amount of the monthly Supplemental Security Income (SSI) plus the Optional State Supplement Payment (OSSP) for an ALR minus the beneficiary's personal need allowance.

- (1) Effective January 1, 2016, the monthly room and board cap for CSLP Medicaid beneficiaries occupying a single unit is \$1,420 or \$1,540 per month less a personal need allowance (PNA) of \$120 per month.

6.1.3. The EOHHS reserves the discretion to change the room and board cap and personal need allowance based on annual SSI payment levels and state OSSP budgetary appropriations at the start of each calendar year without providing prior notice.

6.1.4. The certified ALR is prohibited from requiring a Medicaid beneficiary to contribute any portion of the PNA to assisted living services included as part of room and board or the applicable Medicaid service package.

6.1.5. Cost for amenities such as television cable or internet services, grooming (haircuts), tailoring, postage and shipping etc.. may be paid for from the Medicaid beneficiary's PNA account at the request of the beneficiary or representative. No charges will be made to a PNA account without consent and signature from the beneficiary.

6.2 Medicaid Payment

6.2.1. The certified ALR must accept Medicaid reimbursement for any Medicaid beneficiary admitted as long as the beneficiary remains eligible, even in circumstances in which the ALR voluntarily withdraws from participating the CSLP.

6.2.2. The certified ALR must have the capacity to collect the Medicaid beneficiary's liability – required contribution to the cost of Medicaid-funded services -- as determined by EOHHS and make the appropriate adjustments when billing the managed care plan each month.

6.2.3. Prior to admitting a Medicaid beneficiary, the certified ALR and the managed care plan must have in place a mechanism for promptly processing and paying claims that allows for adjustments resulting from beneficiary liability and room and board payments. Assurances that such a mechanism is operational must be provided to the EOHHS before a beneficiary is placed.

6.3. Discharge, Social Leave, and Unit Hold.

6.3.1. For beneficiary absences, an ALR certified at any level must:

- (1) Obtain the contractual managed care entity's approval for payment for social leave in excess of eighteen calendar days per year;
- (2) Notify the Medicaid beneficiary of the agreed policies of the managed care plan and the ALR with regard to bed-holds, as soon as possible before, or as soon as practicable following hospitalization or discharge to a nursing home. The notification must include information concerning:
 - Options for bed-hold payments, and
 - Rights to return to the same or another unit within the ALR.

6.3.2. The certified ALR is not required to discharge (move out) and readmit a Medicaid beneficiary receiving the enhanced or specialize levels of services who is absent for less than twenty-one (21) consecutive days. Bed-holds are not a Medicaid-funded service and, as such, the ALR is permitted to accept private payment for a bed hold not to exceed the daily cost of the Medicaid payment for the month or time period for which there is an absence.

6.3.3. The certified ALR must retain a unit for a Medicaid beneficiary receiving enhanced or specialized services who is hospitalized or temporarily placed in a nursing

facility for up to twenty (20) days in circumstances in which the managed care indicates in writing that the Medicaid beneficiary is likely to return. Bed-holds are not a Medicaid-funded service and, as such, the ALR is permitted to accept private payment for a bed hold not to exceed the daily cost of the Medicaid payment for the month or time period for which there is an absence.

If, prior to the end of the twenty (20) days, the managed care plan and the ALR jointly concur that the beneficiary will likely not return to the ALR, the unit hold payment must terminate and the ALR may rent the unit to another resident, providing Medicaid beneficiaries are given first preference. Both the ALR and the managed care plan may not seek third-party payment for the first twenty (20) days of retaining the unit in such circumstances if the Medicaid beneficiary is paying for the unit-hold.)

6.3. Restrictions and Limitations

6.3.1. A certified ALR is prohibited from charging a Medicaid beneficiary or the managed care plan for a Medicaid services that has not been properly authorized in consultation with the beneficiary, his or her representative, and the managed care plan.

6.3.2. A certified ALR must not require a Medicaid beneficiary to request any item or service as a condition of admission or continued stay -

6.3.3. The certified ALR must not demand or accept supplemental payments from the family members or friends of Medicaid beneficiaries, except for amenities.

6.3.4 The ALR is prohibited from requiring private payment for a certain number of months as a prerequisite for accepting Medicaid.

VII. Certification Process

7.1. Application

7.1.1. An ALR seeking certification must apply on forms developed for this purpose by the certifying managed care entity.

7.1.2. Application for certification at each service capacity is considered separately even when made by the same licensed ALR.

7.1.3. In determining whether to grant certification, the following are taken into consideration:

- The information in the application;
- The capacity of the ALR to meet the standards set forth herein at each service capacity level;
- Other documents and information the deemed relevant, including inspection and complaint investigation findings;
- The availability of units for Medicaid beneficiaries;
- The results of an on-site visit and review of the physical structure, as may be appropriate; and
- Any other factors the EOHHS deems appropriate.) The need for services in the area of the state in which the applicant is located; and

VIII. Termination/withdrawal

The EOHHS or its contracted entity may terminate a certification with no less than thirty (30) days' notice. Payments may stop immediately in instances in which the health, safety or general welfare of a Medicaid beneficiary is determined to be in imminent jeopardy.