

Rlte Resources: Adult Day Health Panels

This job aid describes how to:

- Complete the Adult Day Health Services Information screens for Rlte Resources.

Getting To The Web Site

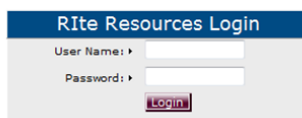
To get to Rlte Resources:

1. Go to <https://www.ricsm.net/RlteResources/>

To log in:

1. Enter the **User Name and Password** assigned

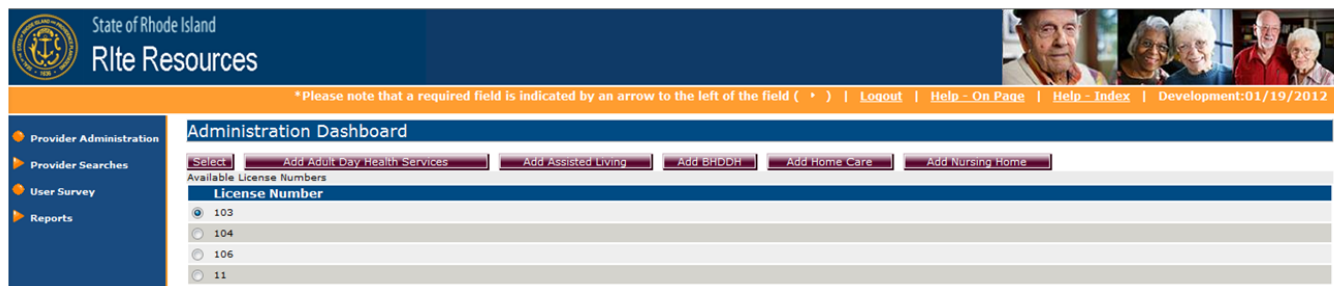
Login



Administration Dashboard

From the **Administration Dashboard**:

1. Select the **License Number**.
2. Click the **Add Adult Day Health Services** button.



Adult Day Health Services Administration Information

Under the **Facility Information** section:

2. Enter the **Name** of the provider.
3. Enter the **Commonly Known As Name** of the provider.
4. Enter the **address** information for **Street 1, Street 2, City, Zip**.
5. Enter the **contact** information for **Contact Person, Contact Number, Contact Title, Contact Alternate Phone and Contact Email**.



Note: This is the information that will be displayed during a search.

5. Indicate **yes** or **no** for the **Evening/Weekend Services Available**.
6. Enter the **Hours of Operation**.
7. Select **yes** or **no** to indicate **Are you accepting new participants?**
8. Enter the **Effective Date**.

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9. Enter the **License Capacity**.
10. Enter the **Website URL** for your organization.

Adult Day Health Services Administration Information

Facility Information

License Number:

Name:

Street 1:

City:

Zip:

Commonly Known As Name:

Street 2:

State:

Contact Person:

Contact Title:

Contact Email:

Contact Number:

Contact Alternate Phone:

Evening/Weekend services available:

Hours Of Operation:

Are you accepting new participants?:

Effective Date:

License Capacity:

Website URL:

Under the **Staff Language** section:

11. Select each of the **Languages** that apply.



Note: more than one may be selected.

12. Select the appropriate **Corporate Structure** from the drop down list.
13. Select **yes** or **no** to indicate **Do you participate in DEA Co-Pay programs**.

Staff Languages

☐ Sign Language

☐ English

☐ Spanish

☐ Portuguese

☐ Russian

☐ Polish

☐ Other

Corporate Structure:

Are you a Medicaid provider?:

Do you participate in DEA Co-Pay programs?:

Under the **Admission Criteria** section:

14. Select **yes** or **no** for each of the questions listed.

Admission Criteria

Do you accept dialysis participants?:

Do you accept special wound care participants?:

Do you accept participants needing single assist with ambulation/transfers?:

Do you accept participants needing double assist with ambulation/transfers?:

Do you accept participants needing mechanical assist with transfers?:

Do you provide bariatric care?:

Under the **Special Services Available** section:

15. Select **yes** or **no** for each of the questions listed.

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Special Services Available

Do you have a partnership with other agencies/services?:

Do you provide care coordination with other agencies?:

Do you provide rehabilitation/OT/PT services?:

Do you provide onsite bathing?:

Do you provide onsite assistance with toileting?:

Do you administer medication?:

Do you have Alzheimer's/Dementia services?:

Under the **General Amenities Services** section:

16. Select **yes** or **no** for each of the questions listed.

General Amenities and Services

Transportation services available?:

Do you provide transportation to / from home?:

Religious Services available?:

Do you accommodate dietary restrictions?:

Do you accommodate low sodium dietary restrictions?:

Do you accommodate diabetic dietary restrictions?:

Under the **Meals Provided** section:

17. Select each of the **Meals** that apply.



Note: more than one may be selected.

Meals Provided

☐ Breakfast

☐ Lunch

☐ Snack 1

☐ Snack 2

Under the **Dietary Services** section:

18. Select each of the **Dietary Services** that apply. You may also list any additional **Dietary Services** in the other box.



Note: more than one may be selected.

19. Select **Save**.

Dietary Services

☐ Kosher

☐ Vegetarian

☐ Halal

☐ Other

☐ No Service Available

If Other:

Updating Information

To update your information:

19. Log into Rlte Resources.

20. Select the entity you wish to update from the list on the **Administration Dashboard**.

Existing License Records

License Number	Type	Name	Known As	Contact Name	Contact Phone
105	Nursing Home	asdfsdfasf asdf	asdf	(111) 111-1111 x1111	

Website work funded by a Medicaid Transformation Grant from the Centers for Medicare & Medicaid Services and the RI Office of Health and Human Services

OFFICIAL RHODE ISLAND WEB SITE