

RItE Resources: Nursing Home Panels

This job aid describes how to:

- Complete the Nursing Home Administration Information screens for RItE Resources.

Getting To The Web Site

To get to RItE Resources:

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

To log in:

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

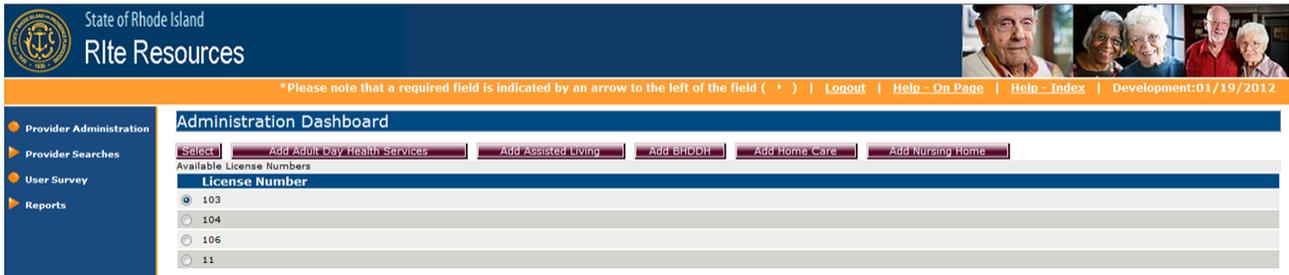
Login



Administration Dashboard

From the **Administration Dashboard**:

1. Select the **License Number**.
2. Click the **Add Nursing Home** button.



Nursing Home 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.

6. Indicate **yes** or **no** for the **Evening/Weekend Services Available**.
7. Enter the **Website URL** for your organization.

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Nursing Home Administration Information

Save Print Back

Facility Information

License Number: 100

Name: _____

Street 1: _____

City: _____

Zip: _____

Commonly Known As Name: _____

Street 2: _____

State: RI

Contact Person: _____

Contact Title: _____

Contact Email: _____

Contact Number: _____

Contact Alternate Phone: _____

Evening/Weekend Admissions available: _____

Website URL: http:// _____

Under the **Types of Living Arrangements** section:

8. Select each of the **Living Arrangements** that apply.
9. Enter for each selected **Living Arrangement** the **Rooms Available, Effective Date, License Capacity and Waiting List Available**.

Types of Living Arrangements	Rooms Available	Effective Date	License Capacity	Waiting List Available?
<input type="checkbox"/> Medicaid	_____	_____	_____	_____
<input type="checkbox"/> Private Pay	_____	_____	_____	_____
<input type="checkbox"/> Short Term skilled/rehabilitation	_____	_____	_____	_____
<input type="checkbox"/> Long Term supportive (custodial)	_____	_____	_____	_____
<input type="checkbox"/> Alzheimer's/Dementia Unit	_____	_____	_____	_____

Under the **Staff Language** section:

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



Note: more than one may be selected.

11. Select the appropriate **Corporate Structure** from the drop down list.
12. Select **yes** or **no** from the drop down list to indicate if you **Are a Medicaid Provider?**
13. Select the appropriate **Facility Type** from the drop down list.

Staff Languages

Sign Language

English

Spanish

Portuguese

Russian

Polish

Other

Corporate Structure: _____

Are you a Medicaid provider?: _____

Facility Type: _____

Under the **Admission Criteria** section:

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

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Admission Criteria

Do you accept dialysis patients?: ▾
Do you accept ventilator dependent patients?: ▾
Do you accept patients with feeding tubes?: ▾
Do you accept patients with a trach?: ▾
Do you accept special wound care patients?: ▾
Do you provide bariatric care?: ▾

Under the **Special Services Available** section:

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

Special Services Available

Do you provide rehabilitation services?: ▾
Do you have special care beds?: ▾
Do you have an Alzheimer's/Dementia Unit?: ▾
Do you contract with a hospice agency?: ▾

Under the **General Amenities and Services** section:

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

General Amenities and Services

Cable TV available?: ▾
Religious Services available?: ▾
Do you have residential pets?: ▾
Do you have fees for residential pets?: ▾

Under the **Dietary Services** section:

17. 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.

18. 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	asdfasdf	asdf	asdf	(111) 111-1111 x1111

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