



Rhode Island Executive Office of Health and Human Services
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Certification Standards
For
Home Stabilization Services

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I. Program Overview

A. Introduction

These certification standards are issued by the RI Executive Office of Health and Human Services (EOHHS) for providers of services under the Home Stabilization Initiative. This document provides guidance to interested parties who may choose to apply for certification to provide Home Stabilization services and as a set of requirements for continued certification. The State reserves the right to amend these standards at any time regarding standards of performance, giving reasonable notice to providers about changes effecting their operations.

Through this Initiative, the State has defined Home Stabilization services that will be provided by certified providers and reimbursed by the Medicaid Program. The goal is to ensure timely access to appropriate, high quality services for individuals who require support to establish or maintain a home.

This initiative will ensure that Home Stabilization services are available to all Rhode Islanders who are Medicaid eligible. Home Stabilization services are intended to enhance the statewide capacity to implement a broad array of community-based services that improve patient satisfaction, reduce cost, and improve quality of care. The Home Stabilization services will accomplish this goal through one delivery system with services offered by certified providers.

Referrals to the Home Stabilization program can be made by anyone from the community to a certified provider. The certified providers will submit referrals to EOHHS for eligibility determination and service authorization. Upon determination, EOHHS staff will notify the certified provider. EOHHS staff will be knowledgeable about Service eligibility requirements, program features, and expected outcomes to ensure appropriate authorization. Through this document, EOHHS is issuing Certification Standards for all Home Stabilization providers which include program requirements, service descriptions, staff qualifications, eligibility requirements, and performance standards.

B. Background

In recent years, research has endorsed the necessity of housing stability and integrated care for improved health outcomes, better patient experiences, and more cost-effective care. Permanent supportive housing has become an evidence-based intervention for vulnerable populations across the lifespan.

Historically, housing programs funded by the Department of Housing and Urban Development (HUD) have allowed the use of dollars for both housing and housing retention services, such as case management and community integration. As the healthcare landscape has evolved with the Affordable Care Act and in Rhode Island, the expansion of Medicaid, HUD has begun to prioritize the use of dollars for housing exclusively. This has resulted in a decrease of service dollars available to traditional providers that serve the most vulnerable populations.

While Rhode Island has experienced an increase in the state funding for rental subsidies there is growing gap in service funding. The State of Rhode Island has conducted several pilot programs for vulnerable populations that have proven the cost effectiveness of providing permanent supportive housing to individuals who are cycling through emergency systems or have been unable to leave expensive institutions due to the lack of affordable housing and the community-based support services that focus on housing retention.

The State is seeking to implement Home Stabilization Services that include housing and tenancy sustaining services. It is our intention to collaborate with the Managed Care Organizations to ensure that the care coordination necessary to outreach and engage vulnerable populations, especially, the homeless population, is effective and efficient. It is our hope that through the spirit of collaboration with home stabilization providers and other delivery systems serving Medicaid beneficiaries, a system can be established that meets the needs of the State, the MCO's, and most importantly the individual.

Through the newly established Home Stabilization program many of the critical services needed to assist individuals in maintaining the obligations of their lease, providing intervention for behaviors that may jeopardize housing etc. are provided. Services are intended to be flexible and meet the needs of the individual being served.

II. Principles of Design and Operation

A. System for Purchase of Services: Expanded Services, Provider Certification

In the Informational Bulletin dated June 26, 2015, the Centers for Medicare and Medicaid Services made a “commitment to help state’s expand home and community-based living opportunities based on evidence demonstrating that providing housing-related activities and services facilitates community integration and is cost-effective.”

Certified Home Stabilization providers will be authorized to provide a set of tenancy services to Medicaid beneficiaries who require support in obtaining and maintaining a home. These services will be reimbursed through Medicaid for beneficiaries who are deemed eligible for the services.

B. Home Stabilization Providers

- i. Home Stabilization providers administer an identified set of services and supports as described in the Certification Standards developed for each direct services. All Home Stabilization services are intended to support an individual in meeting the obligations of their tenancy, promote independence in housing, and improve health outcomes.
- ii. Home Stabilization providers may utilize subcontractors but the Certified Home Stabilization provider must notify the EOHHS of the names of any subcontractor used. The Provider must also give EOHHS a copy of the subcontract and any subcontract may require EOHHS approval.
- iii. Any subcontract that the certified agency enters into with respect to Home Stabilization services shall not relieve the certified agency in any way of responsibility for performance of its duties.

C. Severability

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

D. Deficiencies and Plans of Correction

The State Medicaid Agency is authorized to deny, suspend, or revoke the Home Stabilization Providers participation in the Medicaid Program in the event the Home Stabilization Provider has failed to comply with the EOHHS Medicaid Code of Administrative Rules, applicable federal law and regulations, the Programs and the Certification Standards set forth herein.

In addition, State Medicaid Agency may take any action pursuant to RIGL- 40-8.2 and EOHHS Medicaid Code of Administrative Rules, Section 0300.40-0300.40.55.

E. Eligibility

Home Stabilization services are established as Medicaid services which are eligible for reimbursement by the State for Medicaid eligible beneficiaries who do not receive home-based case management services through another federally-funded program administered by the State.

F. Scope of Services

The Services included in Home Stabilization are intended to be broad, flexible, and promote community integration and independence in housing. The Goal Plan should be based on the needs and choices of the individual and updated as changes occur or quarterly, whichever occurs first.

G. Coordination and Collaboration with Other Parties

It is a fundamental requirement that Home Stabilization Providers develop integrated relationships with case managers from other community-based services and supports, including but not limited to healthcare providers, community mental health providers, permanent supportive housing providers, and community action programs. While Home Stabilization Providers may not be required to coordinate these systems they are expected to identify, facilitate access to, and support the mastery of self-advocacy in other community services that may provide additional support or care. Home Stabilization services are intended to meet gaps in the provision of existing services and are intended to support housing retention; providers may not duplicate case management or home care services that are currently being provided in the community.

H. Other State and Local Public Agencies

There are several State and local agencies which may be actively involved in the life of the individual receiving Home Stabilization services. These may include but are not limited to EOHHS, BHDDH, DCYF, or DHS, including the Division of Elderly Affairs and the Division of Veterans Affairs. Each of these agencies function with a set of legal obligations and authorities, funding arrangements and limitations, and service capabilities. A current practice of integrating and coordinating systems of care intends to promote health outcomes and reduce duplication. It is expected that Home Stabilization staff will work closely with these agencies to identify opportunities to meet the needs of each individual.

I. Statewide Capacity

Home Stabilization providers must have the capacity to provide services to individuals in their home and may not limit access of participation by geographic or regional catchment area.

J. Linguistic and Cultural Competency

The Home Stabilization providers must be able to demonstrate how they will provide services to persons whose primary language is not English. The providers must include in their policies and procedures how they will demonstrate cultural competency, person-centeredness and honor all individuality including race, religion, ethnicity, sexual orientation, and financial status.

III. Certification Process

- A.** To be eligible for reimbursement for Home Stabilization Services, the provider must be certified by the State as a Home Stabilization Provider.

Applications will be evaluated on the basis of written materials submitted to the State. The State reserves the right to conduct an on-site review and to request additional information or clarification prior to final scoring of any application. The State reserves the right to limit the number of entities which may become certified as Home Stabilization providers.

Prior to submitting an application for certification, the applicant should fully review these Certification Standards and agree to comply with the requirements as outlined. The State reserves the right to amend the Certification Standards with reasonable notice to participating certified providers and other interested parties. In the event the state determines that the provider does not meet the certification standards, the state reserves the right to deny the application.

B. Instructions and Notifications to Applicants

This document stipulates the Certification Standards for Home Stabilization providers. Certified Home Stabilization providers are to comply with all performance requirements contained herein and as amended. These certification standards also serve as the application and Section V identified standards against which applications will be scored. These are divided into six core areas:

- Organizational Structure/ Philosophy
- Strength of Program Approach
- Organization of Service Delivery System
- Quality Assurance
- Organizational Capacity
- Data Collection and Reporting

Specific standards and expectations are identified within each of these six areas, details for each are provided in Section 5.

Upon receipt, applications will be reviewed for completeness and for compliance with core expectations and incomplete applications will be returned without further review.

All materials submitted to the State for consideration in response to these certification standards are considered to be Public Records as defined in Title 38, Chapter 2 of the Rhode Island General Laws, unless exempt therein.

The following certification outcomes are possible as a result of the review process:

- **Certification with No Conditions:** The provider fully meets all certification requirements.
- **Certification with Conditions:** An applicant may describe a program that meets most of the Certification Standards, but does not fully comply with the certification requirements at the time of the application submission. The applicant may be offered “Certification with Conditions” and requested to comply with the corrective action request by a specific date. Failure to comply fully with the correction action plan may result in loss of certification.
- **Not Certified:** The provider does not meet the requirements for certification.

C. Informational Meetings for Interested Parties

The State will schedule informational meetings for those pursuing certification applications. These meetings will provide the opportunity for questions and answers. Whenever possible, applicants should submit written requests for information and clarification.

D. Certification Period

The State reserves the right to certify one or more applicants. If areas of provider deficiency are identified, timely correction action will be required. Certified Providers are required to notify the State in the event of any material changes in their organizational structure or program operations. The State will monitor the performance of certified providers to ensure continued compliance. The State reserves the right to suspend or terminate certification.

IV. Required Scope of Services

A. Scope of Required Services

This section identifies the Home Stabilization Services that will be reimbursed by the State and the expectation for each service. Staff directly employed by providers who are certified to conduct Home Stabilization services are eligible to provide these services. Certified agencies may also utilize independent contractors or subcontractors to deliver direct services. The certified agency shall be wholly responsible for the Home Stabilization services whether or not subcontractors are used. Any subcontract that the certified agency enters into with respect to Home Stabilization services shall not relieve the certified agency in any way of responsibility for performance of its duties. The scope of services includes:

B. Individual Home Stabilization and Tenancy Sustaining Services

Home Stabilization services provide support to teach a time-limited set of tenancy support services that promotes independence and ensures that an individual is able to meet the obligations of their tenancy. These services include: early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations; education and training on the role, rights, and responsibilities of the landlord and tenant; coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy; assistance in resolving disputes with landlords/neighbors to reduce the risk of eviction or other adverse action; advocacy and linkage with community resources to prevent eviction when housing is, or may be jeopardized; assistance with the housing recertification process; coordinating with the tenant to review,

update, and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers; continued training in being a good tenant and lease compliance, including on-going support with activities related to household management.

C. Definition of Services

i. Provide early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations. Utilizing an approach that teaches individuals to identify precipitating factors of a crisis and if necessary, intervenes before the crisis, allows individuals to maintain housing, avoid use of inpatient settings, and sustain improved health longitudinally. Using evidence-based, harm reduction strategies, the Housing Stabilization Staff will employ teaching strategies and interventions that promote successful tenancy. Critical Time Intervention should be included among the interventions that Home Stabilization Staff are trained to conduct.

ii. Education and training on the role, rights, and responsibilities of the landlord and tenant. Education and training about the roles, rights, and responsibilities of the landlord, the tenant, and the service provider promotes timely and appropriate interventions to support well-being and promote housing stabilization. The education may be conducted by the Home Stabilization provider or Tenant Education Workshops or certification programs like Ready to Rent.

iii. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy. Successful tenancy is often predicated on an effective relationship with one's property manager or landlord. The Home Stabilization Staff will use coaching and modeling to teach and reinforce respectful, clear communication between tenants and landlords/property managers. This includes assistance in resolving disputes with landlords/neighbors to reduce the risk of eviction or other adverse action.

iv. Advocacy and linkage with community resources to prevent eviction when housing is, or may be jeopardized. Referral to resources and the teaching of self-advocacy will ensure that individuals have access to a myriad of services that reduce barriers to eviction, meet the obligations of tenancy, maintain housing stability, and improve health outcomes.

v. Assistance with the housing recertification process. The recertification process can be arduous and overwhelming, assistance and support to learn and master the process will ensure that tenants are prepared. This process requires the Home Stabilization Staff to coordinate with both the tenant and the landlord, when necessary but to promote self-advocacy and independence on the part of the program participant.

vi. Coordinating with the tenant to review, update, and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers. The housing support and crisis plan is a component of the Goal Plan. Review of the housing and support crisis plan is to occur quarterly, along with the Goal Plan, or as needed. The review should include a debriefing on all recurring barriers and an exploration of the supports and services necessary to mitigate negative impacts on housing stability. This may include continued

training in being a successful tenant, lease compliance, and on-going support with activities related to household management. Because the Home Stabilization services are intended to be time-limited progress toward resolution of barriers should be addressed in the plan.

D. Transition and Discharge

Home Stabilization services are based on an individual's need for tenancy sustaining supports. Discharge planning is a collaborative process that is done with the individual, the Home Stabilization staff, the Care Coordinator, and any other relevant service providers. Individuals receiving Home Stabilization services are to be informed of the intent and time-limited nature at the time the services commence. Discharge planning will be conducted with the involvement of all interested parties.

I. Discharge Criteria

An individual may be deemed ready for discharge if one of the following exists:

- a) The individual voluntarily elects to terminate participation
- b) The goals and objectives of the goal plan have been met
- c) The individual becomes eligible for another federal home-based case management program
- d) The individual has lost Medicaid eligibility
- e) The home presents safety risks to the staff conducting home visits including, but not limited to sexual harassment and threats of violence.

II. Suspension or Termination of Care

The provider must set forth program policies and procedures in writing at the time services commence. If none of the criteria for discharge has been met the provider will provide written notification stating the reasons for termination of services with at least 5 alternative home stabilization provider referrals. Should Home Stabilization services be suspended or terminated for any reason, the Home Stabilization provider must inform Care Coordinator or Case Manager. Home Stabilization providers must notify EOHHS of all discharges along with the reason for discharge, on a monthly basis.

V. Certification Standards

The core areas for provider certification include:

A. Organizational Structure

- i. A provider of Home Stabilization services must submit their structure of governance to EOHHS and attest that they are compliant with the rules and regulations that govern their organizational structure. If an organization is incorporated, the corporation must be in good standing. Board members or other provider officials must be identified.
- ii. Potential conflicts of interest must be disclosed and an organizational chart must be provided at the time of application.

iii. All Home Stabilization providers must have a clearly defined practice of incorporating peers and consumers in the process of organizational policy development. This may be satisfied by including peers and/or consumers on the Board of Directors; engage a formal consumer-advisory board; include peers or former consumers of services in the process of service delivery.

B. Strength of Program Approach

- i. Providers of Home Stabilization services must be able to demonstrate positive collaborative relationships with community agencies.
- ii. Home Stabilization Providers must indicate how they train staff and utilize evidence-based home stabilization services such as: Housing First, Harm Reduction, Critical Time Intervention, Motivational Interviewing, and Hoarding Treatment.
- iii. Home Stabilization services are voluntary and consumer-driven. Home Stabilization providers must maintain a person-centered approach and be able to demonstrate the following: Participant involvement in program evaluation; participant involvement in goal planning; Flexibility in programs and service delivery to meet participant needs.
- iv. Providers must offer 24-hour emergency telephone coverage and triage.

C. Services

- i. Providers must have a sound organizational approach with clear structure that includes required credentials for each position, job descriptions, and communication guidelines.
- ii. Providers must have established standards for team meetings, case conferences, intake, assessment, staff supervision and evaluation, and guidelines for inter and intra agency collaboration.
- iii. Job descriptions that detail the reporting relationship, functional tasks, performance expectations, and required skills which must include: health, human services, care coordination, and license requirements, as necessary or required by State law.
- iv. Each Home Stabilization provider must demonstrate adherence to sound written and approved practice guidelines for the delivery of all home stabilization services. This must include: Statement of approach to provision of services with defined objectives; expected role of staff, participant, other collaborating partners; Time-lines for performance; Identification of standard tools; Foundations in evidence-based practice; and Scope of practice limitations for individuals staff positions, as necessary or required by State law.
- v. Any provider staff person providing direct support to clients must complete a criminal background check. In the event that the background check contains disqualifying information, the provider shall document the decision regarding the employment of the prospective employee.
- vi. Any staff person providing direct support must maintain and provide proof of a valid driver's license, automobile insurance, and automobile registration.

D Quality Assurance

- i. Home Stabilization providers are required to have policies, procedures, and activities for quality review and improvement acceptable to the State that is updated on an annual basis. The plan should include implementation timelines for plan objectives.
- ii. Providers must include the following components in the policies and procedures for quality review: Documentation and compliance with regular case conferences; Audit of client records for completeness and accuracy; Degree to which services in goal plan are provided; methods of evaluating staff performance; Degree of coordination with other systems; Identification of internal processes related to timeliness of appointments and caseload standards for personnel.
- iii. The Home Stabilization provider must maintain a complete confidential case record which complies with established with clinical documentation requirements and adheres to the most current standards of confidentiality for each participant. Recordkeeping should be maintained for the following activities: Initial contact form with date; all assessment related materials; goal plan including objectives, action steps, service scope and duration, performing provider, and time frame; crisis support plan; progress notes; case conference summaries; recommendations for goal plan modification, continuance, and discharge.
- iv. Providers must comply with the most current Federal and State laws pertaining to privacy and security of all Personal Health Information (PHI), including client records. Providers must have a provision for sharing information with direct treatment providers such as care coordination staff.
- v. Home Stabilization service providers must ensure that staff meet all requirements for their respective positions. Current records shall be maintained to document compliance, including continuing education requirements.
- vi. Providers must have written policies and procedures for ensuring safety in the care environment for both staff and program participants.
- vii. Providers must have written policies and procedures to inform participants and staff of their rights and the process to seek redress of grievances and appeals. Participants must be informed when services commence and yearly thereafter.

E. Organizational Capability

- i. Providers must be able to perform the operational functions necessary for overseeing a direct-service program. This includes an efficient billing system and encounter documentation coordinated across multiple sites, if necessary.
- ii. Providers must demonstrate sound financial management operations that include: timely billing; internal calculations for services generated by program and type, revenue distribution, and payment tracking against claims; methods for determining future cash requirements and ensuring adequate cash flow; risk management arrangements with specific attention to general, professional, and director/officer liability; policies and procedures in third party liability and coordination of benefits in relation to Medicaid.
- iii. Providers must furnish a copy of its most recent full independent financial audit. Audit may be no more than 18 months old.

- iv. Providers that are first time recipients of Medicaid reimbursement or the Executive Office of Health and Human Services funding must provide a sound business plan with plans for development and projected monthly revenue and expense statement for twelve months. The plan must include the following: definition of assumed consumer base, services, revenues, and expenses; outline management of initial expenses; and program development and enhancement timelines.
- v. Providers must maintain a State approved data collection and reporting system, coordinated across multiple sites, if necessary.

VII. Application Guide

A. Overview

This application guide provides information and instructions regarding the submission process and the review of applications, providing guidance for applicants in the development and submission of a complete application.

B. Application Submission and Review

Applications will be reviewed on the basis of written materials and other pertinent information submitted to the State. The State reserves the right to conduct an on-site review and to otherwise seek additional clarifications from the applicant prior to final scoring of the applications. The State reserves the right to limit the number of entities which may become certified as Home Stabilization Providers.

The applicant will have the opportunity to fully review these Certification Standards and agree to comply with the requirements as outlined. The State reserves the right to amend the Certification Standards with reasonable notice to participating providers and other interested parties.

Prior to technical review, submitted applications will be reviewed for completeness and for compliance with core expectations. Incomplete applications will be returned without further review.

Applicants are advised that all materials submitted to the State for consideration in response to these Certification Standards will be considered to be Public Records as defined in Title 38, Chapter 2 of the Rhode Island General Laws, unless exempt therein.

The State will convene a Home Stabilization Provider Review Committee to evaluate applications. A periodic review process will be established by the State.

C. Certification Review Outcomes

The following certification outcomes are possible as a result of the review process:

- **Certification with No Conditions:** The provider fully meets all certification requirements.
- **Certification with Conditions:** An applicant may describe a program that meets most of the Certification Standards, but does not fully comply with the certification requirements at the time of the application submission.

The applicant may be offered “Certification with Conditions” and requested to comply with the corrective action request by a specific date. Failure to comply fully with the correction action plan may result in loss of certification.

- **Not Certified:** The provider does not meet the requirements for certification.

In order to be certified as a Home Stabilization Provider it is necessary to meet the performance requirements and standards as detailed in this document. Once a provider is certified the provider will be enrolled with HP as a provider as Home Stabilization Services.