



Rhode Island Executive Office of Health and Human Services
74 West Road, Hazard Building, 1st floor, Cranston, RI 02920

APPLICATION GUIDE FOR CERTIFICATION AS A HOME STABILIZATION PROVIDER

Instructions: All sections should be completed fully so as to sufficiently describe the applicant's approach to meeting the Certification Standards. Additional materials should be appended as requested or deemed appropriate by the Applicant.

TECHNICAL PROPOSAL

1. Letter of Transmittal. Applications must include a letter signed by an owner, officer, or authorized agent of the applicant. The letter shall identify that by submitting the application, the applicant agrees to comply with the program requirements and Certification Standards as issued or amended. The applicant further understands that as a provider within the Medicaid program, it is obligated to comply with all State and federal rules and regulations that apply to Medicaid providers.

2. Cover Sheet

Name of Organization Submitting the Application for Home Stabilization Certification:

Date of Application

Submission: _____

3. Identifying Information

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

Name and Title of the Contact Person Regarding Questions about the Application:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Applicant Federal ID Number: _____

Medicaid Provider Number (if applicable): _____

Date Medicaid Provider Application Submitted: _____

4. Executive Summary and Background: The Executive Summary is intended to highlight the contents of the application and provide the review team with a broad understanding of the why the Applicant is uniquely qualified to assist the State in providing Home Stabilization services and how it fits with the Applicant's mission and program philosophy. This section also shall identify any sub-contractor agreements related to delivery of Home Stabilization services, as well as discuss any informal relationship with other organizations that will participate in this service. Joint ventures or co-signers are not permitted for this certification. The certified agency shall be wholly responsible for the home stabilization services whether or not subcontractors are used. Any subcontractor which the certified agency enters into with respect to home stabilization shall not relieve the certified agency in any way of its responsibility for performance of its duties.

Attach the resumes of all proposed executive or administrative staff not performing home stabilization services and indicate their roles and the amount of time they will devoted to this project.

5. Attestations

Initial each of the following statements to attest that the Applicant complies:

_____ The Applicant is a corporation or other legal entity and is properly licensed to operate in the State of Rhode Island.

_____ The Applicant is an approved as a Medicaid provider in good standing with the State.

_____ The Applicant is aware that they must be an approved Medicaid provider in good standing prior to receiving reimbursement for Home Stabilization services.

_____ The Applicant or any of the applicant's employees, agents, independent contractors or subcontractors have not been convicted of, pled guilty to or pled *nolo contendere* to any Medicaid or health care related offense or have been debarred or suspended by any Federal or governmental body.

_____ The Applicant has read, understands, and accepts the mandatory requirements, responsibilities, and terms and conditions associated with these Certification Standards.

_____ The Applicant accepts the State's Payment Rates that will be paid to the successful Applicants.

_____ The Applicant does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, sexual orientation, political affiliation, national origin, or handicap and complies with the Americans with Disabilities Act.

_____The Applicant meets federal and State requirement that govern the Medicaid program
*Applicants shall attach an explanation to this application if they do not fully comply with the above assurances. It is the sole discretion of the State to accept the Applicant’s explanation regarding the above points.

6. Organization and Experience of Applicant

Type of Organization:

- Non-for Profit
- Corporation
- Limited Liability Corporation
- Sole Proprietor

Parent Company, (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

License to conduct business in Rhode Island/Incorporation: Yes No

Ownership/ Board of Directors

Attach List of Current Board of Director’s and Organizational Chart:

Size of Company:

- # of Employees: _____
- Annual Budget: _____

Special and State Designation (e.g. small business, minority/women owned) business:

Licenses & Accreditations (e.g. bodies & organizations as well as status of qualifications):

State & National Recognitions:

State and/or Federal Disciplinary Actions: If none initial here _____.

Attach Explanation of any current or prior actions.

Potential Conflict of Interest: If none initial here _____.

Attach Conflict of Interest Policy for Staff and Board of Directors

Attach a brief description of capability to conduct operational, administrative and financial functions. (2 page limit)

Attach the last independent financial audit. Audit may be no more than 18 months old.

Briefly describe the organizations policy and practice of incorporating peers and consumers in the process of organizational policy development such as the inclusion of peers and/or consumers on the board of directors, advisory board, or provision of services (1pg limit):

Briefly describe your experience providing respectful, home-based, person-centered services for vulnerable populations (1 page limit):

Briefly describe your knowledge of housing and Medicaid in RI (1 page limit):

Provide the name, title, organization, telephone number, e-mail address of three references from previous collaborations and indicate the nature and time period of the collaborations:

1. _____

2. _____

3. _____

Provide the name, title, organization, telephone number, e-mail address of two community leaders who may serve as character references:

1. _____

2. _____

7. Program Approach/Service Delivery Model

Briefly describe (3 page limit):

1. How your proposed home stabilization service delivery model satisfies the following principles: (1) person-centered approach, (2) consumer driven, and (3) positive linkages and coordination with other community agencies and resources.

2. The key elements of your case management system with regard to who is selected for home stabilization services, what specific activities will be performed, and by whom.

Attach your organizations policies and procedures that address the following components of services delivery:

- Intake
- Assessment/Evaluation
- Referral to EOHSHS for Authorization and Verification of Eligibility
- Care Planning
- Provision/Referral for Services

- Care Coordination and Integration of Service Delivery
- Follow-Up/Monitoring of Service Provision
- Evaluation of Service Outcomes
- Protocol and Standards for Supervision, Team Meetings, and Case Conferencing
- Identification and Provision of Emergency Services
- How Clients are Informed of and Instructed to Use 24 Hour Back-Up Phone Service
- Discharge Planning
- Suspension and Termination of Care
- Safety in the Care Environment
- Grievances and Appeals
- Confidentiality

V. Services

Initial each of required services you currently provide statewide:

- Provide early identification and intervention for behaviors that may jeopardize housing such a late rental payment and other lease violation _____
- Education and training on the role, rights and responsibilities of the landlord and tenant _____
- Coaching on developing and maintain key relationships with landlords/property managers with a goal of fostering successful tenancy _____
- Advocacy and linkages with community resources to prevent eviction when housing is, or may be jeopardized _____
- Assistance with the housing recertification process _____
- Coordination 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 _____

Attach written service/practice guidelines and protocols for the six services (noted above) that you currently provide. The guidelines should indicate the approach to service provision with defined objectives, expected role of staff, participants involved in the process, time-lines for performance, and standard tools that will be used. Indicate the client/consumer to staff ratios.

Attach *job descriptions* of home stabilization service staff 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.

Attach the *resumes* of proposed home stabilization staff for each service and indicate their job titles, roles/responsibilities, clinical expertise, education, years of experience, and on-going training.

Attach your policies and procedures that ensure the delivery of services adhere to linguistic and cultural competency requirements (e.g. how they will provide services to persons whose primary language is not English and honor the individuality of consumers regardless of race, religion, ethnicity, sexual orientation, or financial status).

8. Quality Assurance

Attach to this proposal a copy of your organization’s Quality Assurance Plan that describes the QA activities performed by the organization for the achievement of program objectives.

Indicate how often the QA Plan is updated:

- ┆ Annually
- ┆ Bi-Annually
- ┆ Other: _____

Attach the written policies, procedures, protocols, and standards used for quality review to monitor utilization of services by clients and to assure the quality and accessibility of care being provided in by your providers in your network. The attachment shall indicate, at a minimum: (1) documentation and compliance with regular case conferences, (2) audit of client records for completeness and accuracy, (3) degree to which services in goal plan are provided, and (4) degree of coordination with other systems, (5) Identification of internal processes related to timeliness of appointments and caseload standards for personnel, (6) methods for evaluation of staff performance, and (7) other vital measures used in monitoring and ensuring quality assurance.

Briefly describe two evaluations that will be conducted to ensure quality assurance as well as an annual consumer satisfaction survey (1 page limit):

Briefly describe how your organization ensures that services are provided in the amount, duration, and scope of service in a manner that is expected to achieve the purpose for which the services were provided and is approved by EOHHS (1 page limit):

9. Organization Capability/Administrative Support Functions

Initial the statements provided below ensuring that the Applicant will comply with requirements related to **Eligibility Determination**:

- The State has responsibility for establishing the criteria for eligibility. _____
- The State has the right to prioritize Home Stabilization services on the basis of acuity of chronic conditions or any other consideration determined by the State. _____
- The State has the right to limit or restrict the availability of Home Stabilization Services due to funding constraints, service availability, etc. _____
- The Applicant has the responsibility of verifying client eligibility and on-going eligibility _____

- The Applicant has responsibility for being familiar with EOHHS policies and procedures for Appeals and Grievances_____
- The State may change eligibility standards during the certification standards I period._____

Initial the statements provided below ensuring that the Applicant will comply with requirements related to **Enrollment**:

- The Applicant will verify enrollment and disenrollment lists of clients on a daily basis._____
- The State has responsibility for promulgating enrollment requirements._____

Initial the statements provided below ensuring that the Applicant will comply with requirements related to **Services**:

- The Applicant shall ensure home stabilization staff is available at all times in order to meet the needs of individual's served._____

Initial the statements provided below ensuring that the Applicant will comply with requirements related to a **viable and accurate financial system**:

- The Applicant shall accept a per member per month reimbursement via the electronic transfer of funds._____
- The Applicant is responsible for making timely payments for any subcontract arrangements._____
- The Applicant ensures the financial viability of the organization and complies with State requirements._____
- The Applicant shall have an annual fiscal audit conducted by an independent organization._____
- The Applicant maintains an information system that captures, stores and reports financial data in a timely and accurate basis that includes cash flow analysis and employs General Accepted Accounting Principles._____
- The Applicant will comply with the financial standards established by the State._____

Initial the statements provided below ensuring that the Bidder will comply with requirements related to **record retention**:

- The Applicant shall retain the source records for its operational data reports and financial records for a minimum of ten (10) years and must have written policies and procedures for storing this information. _____
- The Applicant preserves and maintains all medical/client records for a minimum of ten (10) years post termination of service. _____
- If records are related to a case in litigation, then these records are retained during litigation and for a period of seven (7) years after the disposition of litigation. _____

Initial the statements provided below ensuring that the Applicant will comply with requirements related to **audits**:

- EOHHS program staff will conduct site visits and request reporting on a periodic basis or as needed. _____
- The components of the site visit/reporting requests will include: (1) Review of Client Records, (2) Interview with Program and Agency Staff, (3) Facility Review, and (4) Interviews with Clients/Consumers _____

Initial that the Applicant will comply with requirement related to Home Stabilization Standards compliance _____

Initial the statements below ensuring the Applicant will comply with requirements related to Administrative Sanctions

- If any provision of the rules, regulations and 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 the rules, regulations and standards which can be give effect, and to this end the provisions of the rules, regulations and standards are declared to be severable. _____
- The Department is authorized to deny, suspend or revoke the Home Stabilization Certified Provider Agency participation in the Home Stabilization Program that has failed to comply with the EOHHS Medicaid Home Stabilization Programs Promulgated Rules and Certification Standards set herein. _____
- In addition the Department may take any action pursuant to RIGL 40-8.2 and OHHS Regulations Section 0300.40-0300.40.55 _____

Initial that the Applicant will comply with the requirement related to Reporting Requirements and that the Applicant will meet State approved data collection and reporting system, coordinated across multiple sites.

Authorized Signature of Applicant: _____

Date: _____

Appendix

- i. Letter of Transmittal
- ii. Resumes of Executive and Administrative Staff Supporting Home Stabilization services
- iii. Explanation, if applicable (Section 5)
- iv. Current List of Board of Directors
- v. Description of Organization Type/Structure, Size of Organization
- vi. Explanation of Disciplinary Actions, if applicable
- vii. Conflict of Interest Policy
- viii. Description of Organizational Capability
- ix. Prior 2 year of Independent Audits
- x. Program Approach Narrative (Section 7)
- xi. Service Delivery Guidelines/Protocols/Practice Guidelines
- xii. Job Descriptions of Home Stabilization Staff
- xiii. Resumes of Home Stabilization Staff
- xiv. Policies and Procedures: Cultural Competency
- xv. Policies and Procedures: Quality Assurance Plan
- xvi. Policies and Procedures: Quality Review
- xvii. Policies and Procedures: Confidentiality
- xviii. Policies and Procedures: Safety in the Care Environment
- xix. Policies and Procedures: Credentialing and Re-Credentialing
- xx. Policies and Procedures: Grievances and Appeals



For State Staff Use Only:			
Certified by the State as a Home Stabilization Provider:	Yes	No	Date:
Level of Certification:	Unconditional	Not Certified	Conditional
If Conditional, Date of Expiration:			