CREDENTIALING ATTESTATION FOR
ASSISTED LIVING RESIDENCE PROVIDING ENHANCED & SPECIALIZED SERVICES
Effective January 1, 2018

Facilities requesting certification to provide enhanced level and/or specialized-level service (dementia care) must provide the following information and attach applicable policy and procedures and submit to Neighborhood Health Plan of Rhode Island (Neighborhood) for review. By signing below, the facility is attesting to meeting the qualification, licensure requirement and has capacity to provide the services outlined on the State of Rhode Island's Medicaid Community-Based Supportive Living Program (CSLP) Certification Standards issued in November 2015. Facility must be a credentialed Neighborhood's network provider to provide these services. CSLP certification standards can be found by assessing http://www.nhpri.org/Providers/BecomeaNetworkProvider.aspx. This form must be completed by an authorized individual of the facility. Neighborhood retains the right to conduct a quality on onsite assessment prior to approving the facility for services, or in response to a complaint received from a member pertaining to quality of the environment or service.

Note: Questions indicated with an asterisk (*) is applicable to providers doing Specialized (Dementia) service only.

Facility Name:				
Address:				
Phone:	**Fax:**			
Facility NPI:	**Name of Facility Administrator:**			
Indicate Enhanced-Level(s) of Service: ☐ ***Skilled*** ☐ ***Non- Skilled*** ☐ ***Specialized (Dementia)****				
Level of Licensure				
Appropriate level of licensure with Department of Health (DOH) in good standing	**Y** ☐	**N** ☐	**N/A** ☐	
Facility has had no significant enforcement actions from DOH during the twelve (12) months (provide documentation from DOH)	**Y** ☐	**N** ☐	**N/A** ☐	
Fire Code Classification - Level F1 licensure *	**Y** ☐	**N** ☐	**N/A** ☐	
Medication Classification - Level M1 licensure *	**Y** ☐	**N** ☐	**N/A** ☐	
Services				
Facility has capacity to provider specialized services* specifically to address the needs of a resident diagnosed with dementia, including but not limited to: - Cognitive assessment and care planning - Therapeutic activities - Behavioral health & home stabilization services provided in coordination with beneficiary's plan by a licensed professional	**Y** ☐ **Y** ☐ **Y** ☐	**N** ☐ **N** ☐ **N** ☐	**N/A** ☐ **N/A** ☐ **N/A** ☐	
Assistance with bathing & toilet use for residents who require assistance, including encouragement and cueing	**Y** ☐	**N** ☐	**N/A** ☐	

Policy and Procedures (policy must be submitted with this attestation for review)				
Policy and procedure to manage residents who may * wander or elope, which include actions to be taken and people to be notified	**Y** ☐	**N** ☐	**N/A** ☐	
Resident's grievance process is available and documented including those with respect to behavior of other residents	**Y** ☐	**N** ☐	**N/A** ☐	
There is written policy and procedure on safety measures to protect against self-injury	**Y** ☐	**N** ☐	**N/A** ☐	
There is a written policy and procedure to address staff absenteeism and staff coverage	**Y** ☐	**N** ☐	**N/A** ☐	
Staff				
Facility employs sufficient staffing to respond to the needs of residents, including sleeping and waking patterns	**Y** ☐	**N** ☐	**N/A** ☐	
Staff has training consistent with level of services to be provided	**Y** ☐	**N** ☐	**N/A** ☐	
Facility has access to an on-call licensed practitioner (MD, NP, RN, PA) 24 hours day / 7 days per week	**Y** ☐	**N** ☐	**N/A** ☐	
Personnel records include the qualifications of all professional and non-professional personnel, including evidence of current state licensure as applicable	**Y** ☐	**N** ☐	**N/A** ☐	
There is an employee orientation in place and documented	**Y** ☐	**N** ☐	**N/A** ☐	
Proof of staff training in Dementia is documented and* current	**Y** ☐	**N** ☐	**N/A** ☐	
Performance evaluations are conducted at least every 12 months and in-service education is offered based on the outcome of the evaluation	**Y** ☐	**N** ☐	**N/A** ☐	
Environment (must meet at least one)				
Facility dedicates solely to the care of individuals with* dementia, including Alzheimer's disease	**Y** ☐	**N** ☐	**N/A** ☐	
Facility is organized into designated, separate units* dedicated solely to the care of individuals with dementia, including Alzheimer's disease	**Y** ☐	**N** ☐	**N/A** ☐	
Facility is arranged in separate or closed areas with * separate units dedicated solely to the care of individuals with dementia, including Alzheimer's disease	**Y** ☐	**N** ☐	**N/A** ☐	
Facility has a written emergency evacuation plan, periodically rehearsed with procedures to be followed in the event of internal or external emergency	**Y** ☐	**N** ☐	**N/A** ☐	

_____ _____

Authorized Individual / Title **(Print name)** Date

_____ _____

Authorized Individual / Title **(Signature)** Date