

# Assisted Living Facility (ALF) Information Deck

# Assisted Living

## **Definition:**

Assisted Living is defined as services that maximize continued independence for members that live in a residential community care facility by providing supervision, security, and safety through personalized assistance with activities of daily living.

- [Assisted Living Certification Standards](#)
- [Assisted Living Certification Application – Tier Designation](#)

# Lines of Business

Long-term services and supports (LTSS) is managed differently depending on the line of business:

- **Commercial and Dual CONNECT:** Does not have an LTSS benefit.
- **Medicaid:** Members who qualify for an LTSS waiver are managed out-of-plan by Medicaid fee-for-service (FFS). Authorizations and claims for these services are processed through FFS.
- **INTEGRITY for Duals:** LTSS is managed in-plan by Neighborhood. The State of Rhode Island determines member eligibility and any applicable cost share. Authorizations and claims for these services are processed through Neighborhood.

# Long-Term Services & Supports

## *INTEGRITY for Duals Only*

LTSS is an INTEGRITY for Duals benefit available to members with chronic illnesses or disabilities who need a certain level of care and meet the eligibility criteria. The type of services a member receives depends on the level of care needs.

### LTSS Services

**Assisted Living Facilities, Home Delivered Meals, Home Health Care, Personal Choice, Shared Living and Skilled Nursing Facilities**

If an INTEGRITY for Duals member requires services on a long-term basis, the member should apply for an [LTSS waiver](#). If approved, the member is eligible to receive these services. If members need assistance in applying for the LTSS waiver, please use the [LTSS Application Assistance Referral Form](#).

For more information, refer to the EOHHS site:  
[Long-Term Services And Supports | Executive Office of Health and Human Services \(ri.gov\)](#)

# ALF LTSS Application and Tier Level

## *INTEGRITY for Duals Only*

All Neighborhood members residing in an ALF should have an active LTSS and a tier level in the EOHHS portal. If not, Neighborhood nurse case managers will assist members with completing LTSS applications and tier level changes upon notification.

*Upon visit from the nurse case manager, ALFs should provide:*

- Notification of Admission Form (with admit date)
- Medicaid Assisted Living Waiver Referral Form/Applicant prescreen
- PM1
- Notification of Recipient Choice
- DHS25/25M

**Providers should email [LTSSOversightTeam@nhpri.org](mailto:LTSSOversightTeam@nhpri.org) for members with no active LTSS or who have Tier changes.**

# ALF LTSS Application and Tier Level

## *INTEGRITY for Duals Only (continued)*

Once Neighborhood receives all relevant materials from the ALF, Neighborhood will submit the application packet to the state.

- The approval of the LTSS and Tier level is dependent on the state. The Department of Human Services is the entity that determines member's eligibility.
- The timeline for determination could average 90 days.
- Neighborhood monitors the application determination on a monthly basis.

# EOHHS Portal

Providers must use the [\*\*EOHHS Healthcare Portal\*\*](#) for access to:

- Member eligibility
- Plan assignment
- Tier Eligibility
- Patient share

If the portal does not show a tier level, please email  
[LTSSOversightTeam@nhpri.org](mailto:LTSSOversightTeam@nhpri.org)

The screenshot shows the 'Assisted Living' search interface. At the top, there are sections for 'Provider Information' (with an NPI field) and 'Recipient Information' (with a Recipient ID field). Below these are 'Date Range' fields for 'Start Date' (10/01/2024) and 'End Date' (01/01/2025). The 'Search' and 'Reset' buttons are located above the search results table. The search results table has columns for 'Start Date', 'End Date', and 'Level'. It shows one result: '08/15/2022' in the Start Date column, '12/31/2382' in the End Date column, and 'Assisted Living Level B' in the Level column.

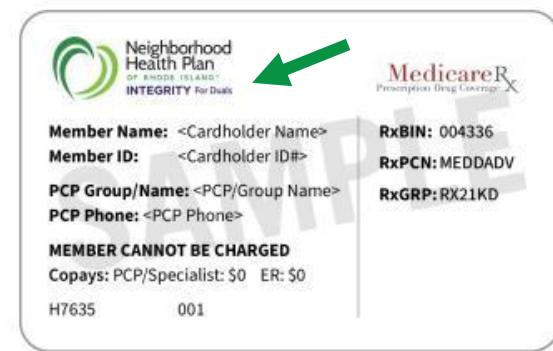
Start Date	End Date	Level
08/15/2022	12/31/2382	Assisted Living Level B

Please reference the [\*\*Quick Reference Guide\*\*](#) for more information.

# Member ID Cards

*All Neighborhood members are assigned a primary care provider (PCP) displayed on the member's Neighborhood identification card.*

Primary care providers (PCP) must verify the member is assigned to the provider group and one of the group's participating PCPs to receive reimbursement for services rendered.



All D-SNP members (both **Neighborhood Dual CONNECT** and **Neighborhood INTEGRITY for Duals**) will be issued new member ID cards with ID numbers that:

- Are 12 digits in length
- Start with “12” as an identifying prefix

# Level of Care Tiers

Tier A	Tier B	Tier C
<ul style="list-style-type: none"><li>• Daily assistance with at least two (2) ADLs <b>AND</b></li><li>• At least one (1) hour of personal care</li></ul>	<ul style="list-style-type: none"><li>• Extensive assistance with a minimum of two (2) ADL's <b>OR</b></li><li>• Seven (7) or more hours per week of any combination of:<ul style="list-style-type: none"><li>◦ Personal care</li><li>◦ Limited health care services</li><li>◦ Care coordination, including behavioral health or memory care (cognitive decline) or complex medication management</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Extensive assistance with a minimum of three (3) ADLs <b>AND</b></li><li>• Sixteen (16) hours or more per week of any combination of:<ul style="list-style-type: none"><li>• Personal care</li><li>• Limited health care services</li><li>• Care coordination, including behavioral health or memory care (cognitive decline) or complex medication mgmt</li></ul></li></ul>

**Note: The Department of Human Services (DHS) Long Term Care (LTC) Office is the entity at the state that is responsible for reviewing the LTSS Application and Tier Level Change and entering final determination in the state's system.**

# Activities of Daily Living

Activities of Daily Living (ADLs) are defined as:

- **Bathing**
- **Dressing**
- **Eating**
- **Mobility**
- **Toileting**
- **Transferring**

# Care Management

- **Completed assessments are important in the member maintaining an accurate level of care.**
- A Neighborhood Care Manager performs an assessment once the member is admitted to the facility. Neighborhood clinicians will reach out to the member or a designated contact with the facility.
- Members are offered an annual assessment.
- If there is a request for a change in tier level, Neighborhood will perform an assessment, and submit the tier level change to the state, if necessary.
- Facilities should make every effort to assist the member in scheduling an assessment.

# Prior Authorization Process

As soon as you identify a resident as a Neighborhood member:

**Step 1:** Submit a [prior authorization](#) to Neighborhood with the correct tier level.

- If you do not know the tier level of the member, please refer to the [EOHHS portal](#)
- If member does not have an active Assisted Living waiver, follow Step 1, submit the prior authorization as Tier A and notify the LTSS oversight team ([LTSSOversightTeam@nhpri.org](mailto:LTSSOversightTeam@nhpri.org)) to assist with application submission.
- If provider submits authorization with incorrect tier, it will be returned and should be resubmitted as a new authorization as soon as possible with appropriate tier level per EOHHS portal.
- For admissions, the authorization must be submitted within seven calendar days.
- **Re-admission to an ALF after an inpatient rehab or hospital stay requires a new auth request**

**Step 2:** If the member has a change in tier level, please notify the LTSS Oversight Team.

- A Neighborhood case manager will complete a new assessment to submit to DHS for determination of new tier level.

The state of RI determines eligibility and appropriate tier (i.e., Tier A, B, or C certification) of the member. All future authorizations **MUST** be submitted with the approved tier.

# Certificate Report

Neighborhood sends out automated notifications (certificate reports) via email or fax. These reports are generated when a new authorization is created or an existing authorization is updated.

The report includes:

- Member Name
- ID#
- Authorization/Tracking Number
- Dates of Service
- Type of Service
- Status (Pending/Denied/Approved)

It is best practice to provide Neighborhood with a **shared inbox** to receive the **certificate report** to prevent lapses due to personnel changes. To update or add your contact email address for the certificate reports, please email [jjones@nhpri.org](mailto:jjones@nhpri.org) or fax to 401-459-6023.

# Monthly Member Roster

Neighborhood sends out an automated member roster via email or fax on the second day of every month. These reports are automatically generated and include any active Neighborhood members who resided in your facility during the previous month.

The report includes:

- Member Name
- ID#
- Authorization/Tracking Number
- Dates of Service
- Type of Service

It is best practice to provide Neighborhood with a **shared inbox** to receive the **member roster** to prevent lapses due to personnel changes. To update or add your contact email address for the certificate reports, please email [jjones@nhpri.org](mailto:jjones@nhpri.org) or fax to 401-459-6023.

# Resources

## General

- [Provider Manual](#)
- [Quick Reference Guide](#)
- [Claims and Eligibility Information](#)
- [Claim Adjustments](#)
- [Navinet \(claim status, member eligibility\)](#)
- [Provider Resources](#)

## ALF Specific

- [ALF Prior Authorization](#)
- [EOHHS LTSS Resources](#)
- [LTSS Waiver Application](#)
- [LTSS Application Assistance Referral Form](#)
- [EOHHS Portal](#)
- [LTSS Change Communication Form](#)
- [Payment Policy](#)

# Neighborhood ALF Contacts

## *For Escalated Issues*

If you have contacted Provider Services and the issue remains unresolved, please send a secure email with your Provider Services **call-reference number** to the appropriate Neighborhood staff:

- **Amy Simpson**, Manager, Utilization Management, Coordinator Team - [asimpson@nhpri.org](mailto:asimpson@nhpri.org)  
Escalated authorization inquiries
- **Kim Carty**, Manager, Care Management - [kcartys@nhpri.org](mailto:kcartys@nhpri.org)  
Escalated case management issues
- **Liggia Soto**, Senior Manager LTSS - [lsoto@nhpri.org](mailto:lsoto@nhpri.org)  
Escalated LTSS issues
- **Ramona Nunez**, LTSS Provider Relations Representative - [rnunez@nhpri.org](mailto:rnunez@nhpri.org)  
Escalated general issues

# Questions?

Please contact **Provider Services** at (800) 963-1001 for questions regarding any of the below topics:

- Contract rates
- Member eligibility issues
- Claim status/issues
- Specific payment policy questions
- General prior authorization inquiries
- Member Benefit questions

If your patients have any concerns, please have them contact Member Services at 1-866-696-4774

Neighborhood is contracted with [NaviNet](#) to provide online eligibility and claims status lookup 24/7.