

Rhode Island – Closure Guidelines



RI Department of Health
Environmental and Health Services Regulation
Office of Facilities Regulation:

September 2012

Health Facility/Program/Residence Closure Guidelines

When a health care facility, program, assisted living residence, or supported care home Licensee enters into bankruptcy/foreclosure or determines that they will voluntarily cease operations, or upon notification/order from the Department to cease operations, the Licensee must meet with the Department and/or the state's Medicaid closure committee to discuss the Licensee's situation and the closure process. Upon request and as far in advance of the official "public" notice of closure as possible, the Licensee will submit a written Licensee Closure Plan for the Department's review.

In general, a non-residence (I.e., out-patient, less than 24 hour program) Licensee need only provide a written outline of their closure time line, patient/public notice plans, and medical record storage arrangements.

Minimally, a hospital, nursing facility, or assisted living residence closure plan must include the following:

- 1. Letter of intent and/or determining factors/justification for the closure (i.e., voluntary, financial), to include:**
 - a. Proposed closure date;
 - b. Contact information for staff member responsible for implementing the closure plan;
 - c. Projected fiscal management plan covering operations during the closure period.
- 2. Staffing plan(s):**
 - a. By unit/program/location;
 - b. Time line for individual closures of any unit/program/service location;
 - c. Staff scale-down process as appropriate given planned transition/reduction of patients/residents.
- 3. Plans for providing notification and estimated implementation of notices¹:**
 - a. Notice to 3rd party payers (i.e., Medicare/Medicaid);
 - b. Notice to Accreditation entities – where appropriate;
 - c. Notice to staff/union – meeting date(s);
 - d. Public notice;
 - e. Community/public meetings – if appropriate and/or planned.
- 4. Storage/access to medical records:**
 - a. Location for self-storage, or
 - b. Company/agency providing contract storage services

¹ Please provide draft copies of closure notices with your closure plan.