



Department of Medicaid

John R. Kasich, Governor

John B. McCarthy, Director

**Ohio Department of Medicaid
Request for Application (RFA):
Nursing Facility Alternate Rehabilitation Model
RFA: ODMR-1617-1019**

SECTION I. GENERAL OVERVIEW

1.1 Purpose

The Ohio Department of Medicaid (ODM) is soliciting applications to identify up to four (4) qualified nursing facilities, licensed and certified by the Ohio Department of Health, to participate in a demonstration project, the Nursing Facility Alternative Rehabilitation Model (the demonstration), to provide care and services to eligible recipients in lieu of hospital inpatient services in freestanding long-term care hospitals (LTCHs). This demonstration is expected to reduce errors in service delivery by improving continuity of care through a reduction in the number of transitions between different types of medical settings. Rather than an individual transferring from an acute care hospital to an LTCH to a nursing facility (NF), an individual can transition from the acute care hospital directly to a NF. Pursuant to Section 327.270 of Am. Sub. H.B. 64, this demonstration aims to provide the proper incentives for nursing home providers to accept high needs (i.e., high cost) residents while maintaining or improving quality of care. ODM will issue award letters to selected providers to provide care for high needs residents at an enhanced rate who otherwise would have received care and services at a freestanding LTCH.

ODM will select one qualified nursing facility that offers rehabilitative and skilled nursing services in each of the following counties: Cuyahoga, Franklin, Hamilton, and Lucas. In the event qualified nursing facilities are unavailable in one or more of the above listed counties, an additional nursing facility may be contracted within another county in order to ensure four participating nursing facilities in the demonstration.

The demonstration period is expected to run from approximately January 1, 2017 to December 31, 2018. Any demonstration extensions are at the sole discretion of ODM. During the course of the two (2) year demonstration, ODM projects that an estimated forty-eight (48) beds per month may be used in participating NFs in lieu of freestanding LTCH beds.

1.2 General Instructions

ODM will only accept proposals from vendors that demonstrate their capability of providing services as described in this RFA. For the purpose of this RFA, the term "Vendor" shall be defined as an organization interested in this opportunity. The term "Participating NF" is used in reference to the successful vendor selected through this RFA.

ODM is under no obligation to issue award letters to any Vendor as a result of this solicitation, if, in the opinion of ODM, none of the proposals are responsive to the objectives and needs of the Department. ODM reserves the right to not select any Vendor. Changes in this RFA of a material nature will be provided on the agency website. All Vendors are responsible for obtaining any such changes and will not receive notice of these changes from

ODM. ODM will designate a staff member as the ODM Contract Manager to provide on-going supervision of the selected contractor throughout the term of the Contract, if awarded.

SECTION II. APPLICATION PROCESS INFORMATION

2.1 Anticipated Application and Project Timetable

DATE	EVENT/ACTIVITY
October 25, 2016	-ODM releases the RFA to the vendor community on the Department of Administrative Services (DAS) and Medicaid websites: Q&A period opens -RFA becomes active. -Interested Parties may submit inquiries.
November 9, 2016	-Q&A period closes; 8 a.m. (for inquiries for RFA clarification). -No further inquiries will be accepted. -ODM will provide answers to the inquiries as they come in that will make up the final Q&A document.
November 23, 2016	Deadline for Interested Parties to submit responses to ODM (4 p.m. Eastern (local) Time).
December 14, 2016	ODM issues Vendor Selection Notification Letter (Estimated Date).
January 9, 2017	Contract effective date (Estimated Date).

ODM reserves the right to revise this schedule if needed and/or to comply with State of Ohio procurement procedures and regulations.

2.2 Internet Question and Answer Period; RFA Clarification Opportunity

Potential Vendors or other interested parties may ask clarifying questions regarding this RFA via the Internet during the Q&A Period as outlined in Section II, Anticipated Application Timetable. To ask a question, potential Vendors must use the following Internet process:

1. Access the ODM Web Page at <http://medicaid.ohio.gov>;
2. Go to the “Resources” tab and select “Legal and Contracts”;
3. Select “RFPs”, then under “Current Solicitation” select the appropriate posting;
4. Provides access to the posting on the DAS website;
5. Select the “Submit Inquiry” option button; and
6. Provide requested information and submit question.

Questions about this RFA must reference the relevant part of this RFA, the heading for the provision under question, and the page number where the provision can be found. The name of a representative of the potential Vendor (or other interested party), the company name, phone number, and e-mail address must be provided to submit an inquiry. The State may, at its option, disregard any questions which do not appropriately reference an RFA provision or location within the RFA, or which do not include identification of the originator of the question. Questions submitted after **8:00 a.m. Eastern (local) Time** on the date the Q&A period closes will not be answered.

ODM's responses to all questions asked via the Internet will be posted on the Internet website dedicated to this RFA, for public reference by any interested party. ODM will not provide answers directly to the Vendors (or any interested party) that submitted the question. All questions about this RFA that are submitted in accordance with these instructions will be answered on the RFA's dedicated web page.

Questions submitted may be no more than 4,000 characters in length, but there is no limit on the number of questions that may be submitted. ODM's answers may be accessed by following the instructions above, but rather than selecting "Submit Inquiry," Vendors and others should select "View Q and A." ODM strongly encourages Vendors to ask questions early in the Q&A period so answers can be posted with sufficient time for any possible follow-up questions.

ODM will only answer those questions submitted within the established time period for the Vendor Q&A process (see Section 2.1, Anticipated Application Timetable, above), and which pertains to issues of RFA clarity, and which are not requests for public records. ODM is under no obligation to acknowledge questions submitted through the Q&A process if those questions are not in accordance with these instructions.

Requests for copies of any previous RFPs, Request for Letterhead Bids (RLBs), Request for Applications (RFA), etc. or for past vendor proposals, score sheets or contracts for this or similar past projects are not clarification questions regarding the present RFA, but are Public Records Requests (PRRs), and should be submitted to: mcdlegal@medicaid.ohio.gov.

Vendor proposals in response to this RFA are to take into account any information communicated by ODM in the Q&A process for the RFA. **It is the responsibility of all potential Vendors to check this site on a regular basis for responses to all questions, as well as for any amendments, alerts, or other pertinent information regarding this RFA.** Accessibility to questions and answers are clearly identified on the website dedicated to this RFA **once submitted questions have been answered.**

If vendors experience technical difficulties accessing the DAS website where the RFA and its related documents are published, they may contact the ODM Office of Contracts and Procurement (OCP), RFP/RLB Unit, at (614) 752-5284 for guidance.

SECTION III. VENDOR QUALIFICATIONS AND EXPERIENCE

3.1 Organizational Experience and Capabilities

A. Mandatory Requirements – To be considered for this application process Vendors MUST meet, and provide proof of, or confirm, ALL of the following qualification requirements in this Section A:

ODM will only consider proposals from:

1. Vendors that provide appropriate documentation proving they are operating licensed and certified nursing facilities;
2. Have not received a G-level or higher citation on their latest annual survey;
3. Were initially constructed, licensed as a nursing home and certified as an NF on or after January 1, 2010;

4. Are located in Cuyahoga, Franklin, Hamilton, or Lucas counties. Vendors in other counties may submit responses, but will only be allowed to participate if a Vendor is not selected from the four identified counties;
5. Meet or exceed all ongoing Ohio nursing facility staffing requirements in accordance with the Ohio Administrative Code (OAC) § 3701-17-08, such as historical direct care staffing levels for the period of July 1, 2016 through September 30, 2016. Provide to ODM a copy of the vendor's Payroll-Based Journal information as submitted to the Centers for Medicare & Medicaid Services (CMS);
6. Submit copies of examples of marketing material provided to the public as providing short-term rehabilitation services as evidenced by the entity's website, marketing materials, etc. The samples will be used by ODM to evaluate product quality and to review the content in a manner consistent with the intended audience;
7. Maintain an operational hydrotherapy pool and make available to demonstration participants as appropriate. The hydrotherapy pool is expected to be operational no less than 20 days per month in any given month. Participating providers are required to maintain maintenance agreements for repair services, and must notify the ODM Agreement Manager within 48 hours if the hydrotherapy pool is out of operation with confirmation that the maintenance company has been notified. The Vendor must provide: 1) a statement confirming the presence of a hydrotherapy pool; 2) the number of days the hydrotherapy pool has been operational per month for the last quarter; 3) a copy of the hydrotherapy pool maintenance agreement; and 4) a picture of the hydrotherapy pool.
8. Maintain and provide a statement confirming there will be Medicaid-certified capacity of at least 10 single-occupancy sleeping rooms that will be used for Medicaid recipients admitted to the NF under the demonstration; and
9. Have and retain a minimum Three-Star quality rating under the CMS Five-Star Quality rating system.

Vendors who do not meet all the qualifications requirements will not be considered for award.

3.2 Staff Experience and Capabilities

A. Staff Experience and Capabilities -

1. The Vendor must demonstrate significant expertise by assigning staff to key leadership roles for this project. If Vendors are to hire persons in key leadership roles specific to this project or provide services through the use of subcontractors or other persons in key roles, the Vendor is expected to have job descriptions and qualifications of subcontractors, subject to review and approval by ODM.
2. The Vendor must designate a Case Manager for this demonstration who is a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Social Worker (LSW) with relevant training and experience that is responsible for coordinating and overseeing the continuity and coordination of care, including creation and implementation of the discharge plan for all demonstration participants. This position will serve as the main point of contact for the participant, participant family members, Medicaid case managers, and ODM on matters related to continued stay and the discharge plan. The minimal allocation of this person's time to the project is 32 hours per week, or 80 percent of this person's time. If this person will have additional responsibilities outside of the demonstration, the Vendor must list the percentage of time and specific duties for which they are responsible outside the demonstration.

3. Although direct care and therapy staff will be determined based upon the acuity and therapy needs of individuals receiving care through the demonstration, the Vendor will be expected to staff appropriately to meet those needs. The Vendor will need to demonstrate how it has appropriately identified staffing needs and staffed at such levels historically, and how it expects to meet the staffing needs of the demonstration.

B. Cost Proposals

Cost proposals are not a required element for submission and scoring as Terms of Reimbursement are found in Section VI.

SECTION IV. SCOPE OF WORK AND DELIVERABLES

A. Marketing Materials and Marketing Plan:

All participating NFs will be responsible for marketing to all hospitals within 50 miles of the facility. The marketing plan should include communication protocols with the hospitals, what information and feedback will be exchanged with the hospitals, and other components of the marketing plan and target markets. Contractor will be required to submit all marketing materials regarding this demonstration and their marketing plans to ODM for approval prior to dissemination. Contractor will be required to make changes as provided by ODM. ODM will have ten (10) business days to review and approve the changes, or provide recommendations to be resubmitted.

B. Admissions Criteria and Referrals:

1. Each participating NF must develop admission criteria, approved by ODM, for the demonstration. Participating NFs will provide the approved admission criteria to each LTCH, as identified by ODM, located within fifty miles of the facility,
2. Note that ODM will review and approve admission criteria in order to ensure consistent measurement of admissions across participating counties and to monitor that criteria does not serve as a barrier to participation. Within the demonstration areas, individuals meeting defined demonstration admission criteria will be considered for referrals to qualified NFs for receipt of rehabilitative and skilled nursing services typically provided by an LTCH. Participants may refuse referrals to participating demonstration NFs and instead seek admission to a freestanding LTCH.

C. Admissions Determinations and Reporting Requirements:

1. Participating NFs will be required to make an admission decision within 48 hours of referral of the participant to the facility. If a decision is made to admit, the individual should be admitted to the NF no later than 10:00 p.m. of the day following 1) the admission decision, or 2) the anticipated date of discharge by the hospital, whichever event is later.
2. ODM will provide participating NFs a standardized tracking form to collect referral, admission and discharge information for the demonstration and for quarterly reporting.
3. Participating NFs must meet a target rate of 95% timeliness of issuing an admission decision and a target rate of 95% for the admission goal. ODM will analyze timeliness standards for each participating NF. ODM reserves the right to identify whether extenuating circumstances such as lack of timeliness of a hospital to discharge, affect a NF's performance and may exclude these events from the data. A NF that fails to meet timeliness standards for a quarter will be required to submit a plan of correction to ODM within ten (10) business days after receiving a request from ODM. Any NF failing to meet

the timeliness standards for two consecutive quarters will be penalized 5% of the demonstration rate for all claims with dates of services for the subsequent quarter. ODM reserves the right to issue a 30-day notice of intent to terminate a provider's participation in the demonstration if an NF fails to meet the timeliness standards for two consecutive quarters or two out of four quarters in the fiscal year.

D. Services to Be Provided:

1. Participating individuals will receive the same rehabilitative and skilled nursing services currently provided by LTCHs as well as other services, including but not limited to:
 - a. Short-term rehabilitative services;
 - b. Skilled NF services;
 - c. Availability of immediate or mobile laboratory services seven (7) days per week with a turnaround time of 4 hours;
 - d. In-house Prothrombin Time/International Normalized Ratio (PT/INR) testing under the facility's Clinical Laboratory Improvement Amendment (CLIA) waiver;
 - e. Capability of pain management control at the time of admission as defined as no lapse in medication administration and throughout the participant's demonstration stay, unless due to individual being in transit;
 - f. Ability to complete initial speech therapy (ST), respiratory therapy (RT), physical therapy (PT), and occupational therapy (OT) initial assessments within 24 hours following admission;
 - g. Provision of three (3) hours or more of therapies to qualified individuals six days per week;
 - h. Ability to provide oxygen in a method to maximize an individual's mobility and participation in therapy;
 - i. Weekly physician-led care planning meetings; and
 - j. Psychiatrist consult provided on every participant member.

E. Quality Standards and Quarterly Reporting Requirements:

1. Participating NFs will be required to execute a Data Sharing Agreement with ODM and submit standardized data that will enable ODM to compare the four following quality measures specified below between outcomes of participants in the demonstration and persons receiving services in LTCHs. ODM will provide participating NFs with a standardized quarterly reporting form. The quality standards will be assessed as follows:
 - a. Pressure ulcers that are new or worsened – Stages II – IV;
 - b. An admission and discharge functional assessment and care plan that addresses function;
 - c. One or more participant member falls with major injury; and
 - d. All causes of unplanned hospital readmission within thirty (30) days post discharge from hospital.

- e. Should any demonstration participant experience a negative outcome based on any of these measures (i.e. a pressure ulcer that is new or worsened, a care plan that doesn't address function, a fall with major injury or an unplanned hospital readmission), the NF will be required to notify ODM of the incident within 24 hours of detection of the incident. An evaluation of the circumstances will determine if a corrective action plan is warranted. ODM reserves the right to require that corrective action plans be implemented within fifteen (15) calendar days upon notification.
2. Participating NFs will be required to provide ODM with proof of the program requirements below on a quarterly basis. ODM will provide participating NFs with a standardized reporting form that will include the following information (for demonstration participants only):
 - a. Participation requirements as described under Mandatory Vendor Qualifications;
 - b. Timely access to services;
 - c. NF screening occurs no later than 48 hours of referral from the hospital;
 - d. Admission occurs no later than 10 p.m. of the day following 1) the admission decision, or 2) the anticipated date of discharge by the hospital, whichever is later;
 - e. Review by attending physician within 72 hours of admission;
 - f. Discharge information received from hospital at the time of admission;
 - g. Weekly multidisciplinary care team meetings led by the facility Medical Director;
 - h. Physiatrist consult completed on every participant;
 - i. No lapse in medication administration upon transfer from the acute care facility;
 - j. Initial Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), and Respiratory Therapy (RT) assessments completed within 24 hours of admission. Therapies must begin within 24 hours of evaluation (therapy will begin on one of the six days per week in which therapies can be provided);
 - k. Care plans implemented, updated, and reflective of patient progress within 24 hours following the weekly care planning meetings;
 - l. Participants initial care planning meeting must occur on the next available date that care planning meetings occur after the participant's admission;
 - m. Actual staffing levels for staff providing services to demonstration participants and comparison to demonstration requirements;
 - n. Completion and analysis of patient satisfaction documentation as reported to the NF staff and any action or follow-up items performed as a result of the analysis. ODM will provide a standardized survey;
 - o. The number of days of patients stays, including such information to put data in context, including but not limited to, stay interruptions due to emergency room or inpatient hospital

services, death, transfers, and average length of stay reporting to ensure data integrity connected to stays crossing calendar quarters;

- p. Attestation of hydrotherapy pool being operational and reporting of total number of days out of order, if applicable;
- q. Attestation of availability of immediate or mobile laboratory services seven (7) days per week with a turnaround time of four (4) hours;
- r. Attestation of availability of in-house Prothrombin Time/International Normalized Ratio (PT/INR) testing under the facility's Clinical Laboratory Improvement Amendment (CLIA) waiver;
- s. Capability of pain management control at the time of admission as defined as no lapse in medication administration unless due to individual being in transit, and throughout the participant's demonstration stay;
- t. Provision of three (3) hours or more of therapies to qualified individuals six days per week;
- u. Attestation of ability to provide oxygen in a method to maximize an individual's mobility and participation in therapy;
- v. Number of successful and unsuccessful discharges to the community;
- w. Number of outpatient emergency room visits;
- x. Confirmation of any increases in functional improvement realized in 30 days; and
- y. Other information as requested by ODM.

F. Continuation of Stay and Transfer Requirements:

1. ODM reserves the right to terminate placement at any time based on survey findings if any case of actual harm or serious risk of harm is substantiated by state surveyors;
2. Demonstration participants have the right to request transfer to an LTCH for covered services at any time during the demonstration. The referral to the LTCH must be made within 24 hours, and the transfer completed within 48 hours of approval by the LTCH, or as soon as possible if bed availability at the LTCH requires a waiting list;
3. In the event of termination for any reason, the participating NF will be responsible for all discharge planning and transfer activities to ensure the resident is transferred to a facility of their choosing that can meet the requisite level of care. The facility will be held responsible for sharing all appropriate data and health information (medical records, treatment plans, etc.) with the receiving facility in a timely manner;
4. Facilities will follow the guidelines for admission and continued stay as a skilled nursing stay;
5. Individuals who do not meet skilled or rehabilitation criteria for five (5) or more days will be discharged from the demonstration. The demonstration per diem will be paid for the date of

admission but not the date of discharge, consistent with current Medicaid NF program operations. The individual can be readmitted to the program if they requalify for coverage within 30 days of discharge.

SECTION V. PROPOSAL SUBMISSION

In order to be considered for the demonstration, ODM requires that interested Vendors provide a written narrative response that aligns with the sequence of requirements in the RFA. Answers should be numbered to follow the same format and structure of this Section. Total responses are not to exceed 25 pages, excluding attachments.

5.1 In response to the RFA, Vendors shall submit the following Staffing information:

1. Provide a detailed response to all requirements in the Mandatory Vendor Qualifications, as stipulated in Section III, 3.1;
2. Provide a detailed response to the requirements for Staff Experience and Capabilities as set forth in Section III, 3.2, and as stipulated below. Provide information regarding staff positions that will be critical to successful implementation of the demonstration. Vendor must include a description of their ability to meet the staffing requirements of the demonstration as follows:
 - a. Key Management staff – Identify, by position and by name, management staff that are key to the project’s success. At a minimum, identify the following: Administrator, demonstration Case Manager, demonstration Social Worker, Director of Nursing or Nursing Manager, Rehabilitation Manager and Operations Manager. Include profiles or resumes (a brief account of a person's education, qualifications, and previous experience) of individuals currently on staff, job descriptions for vacant positions, and supporting documentation describing the qualifications and experience of subcontractors;
 - b. Direct care and therapy staff – Describe how the Vendor has appropriately evaluated direct care and therapy staffing needs for its current residents, how it staffs at those levels, and provide staffing documentation that meets or exceeds those levels for the last quarter. Direct care staffing includes licensed nurses and certified nursing assistances/aides. The staffing minimums for demonstration participants will be:
 - i. 2.0 hours per demonstration patient day (PPD) for State Tested Nursing Assistants (STNAs);
 - ii. 1.4 hours PPD for Licensed Practical Nurses for direct care; and
 - iii. 3.0 hours per day (excluding Sundays) of restorative therapies subject to the individual’s level of tolerance.
 - c. Therapy staff includes licensed therapists and therapy aides. Vendor must describe how it expects to determine the staffing levels needed for the demonstration participants, how it plans to meet those staffing needs, and how it plans to handle call-ins and staff shortages for both direct care and therapy services.
 - d. The Vendor must state whether therapy services are provided by in-house or facility employed therapists or if it relies on a related or outside company for services. If outsourced, Vendor must describe a staffing plan or process to onboard therapy services to meet demonstration participant’s needs.

- e. Admissions staff – Describe admissions staff roles and responsibilities, including how dedicated admissions staff will work with hospital and community providers to aid in the appropriate placement of demonstration individuals. Include job descriptions and how long current staff have been employed; and
- f. Care management staff – Describe care management staff roles and responsibilities. Include job descriptions and how long current staff have been employed.

5.2 In response to the RFA, Vendors shall submit the following Demonstration program information:

The vendor should provide a description of the Vendor’s ability to provide all Deliverables identified in Section IV by providing the following:

1. Marketing Materials and Marketing Plan – Examples of current marketing materials and plans, of the same or similar material, that will be included in the marketing plan for the demonstration. The marketing plan should include communication protocols with the hospitals, what information and feedback will be exchanged with the hospitals, and other components of the marketing plan and target markets. Vendors will be required to submit all marketing materials and their marketing plans to ODM for approval prior to dissemination, but are not required to submit demonstration marketing materials as part of the initial response. A *marketing plan* specifically for the demonstration will be required within ten (10) business days of the award of a Contract;
2. Admissions Criteria and Referrals – Admission criteria for the demonstration, submitted in both standard (non-demonstration) and demonstration project admissions criteria;
3. Admissions Determinations and Reporting Requirements – Description of processes for reviewing referrals, communicating information with appropriate entities and individuals, arranging and admitting, and documenting/tracking the admissions in compliance with requirements of this Section in response to the RFA. Vendor must describe processes that ensures that admission decisions are made within 48 hours of referral, and admissions are completed by 10:00 p.m. of: 1) the day following the decision, or 2) the anticipated date of discharge by the hospital, whichever is later;
4. Care Management and Transition Services – Describe the approach to care management and transition planning, including the process for assessing residents’ needs upon discharge, and how those residents are connected with wraparound social supports to prevent avoidable hospital readmissions after their return to the community. Vendors should also describe their approach to coordinating adaptive technology needs, information and assistance, and community-based services for residents upon discharge. Include a description of facility processes and timelines for developing and implementing care plans for demonstration participants. If Vendors use specific case management tools or proprietary software for care planning, Vendors should provide the name of the tool and a brief description of the functionality or application;
5. Communication – Describe how a demonstration participant’s care needs will be communicated to the care team and what processes are used to ensure the participant is aware of his/her care plan and will be an active participant in its development;
6. Quality Standards and Reporting Requirements – Submit organizational protocols for addressing the quality measures identified in Section IV,E., including the processes for monitoring,

identifying, addressing, documenting and reporting. A brief description of the facility's quality assurance and quality improvement plan will suffice; and

7. Quarterly Reporting – Describe reporting capabilities, such as standardized systems, staff, and other details that will support timely submission of the information described.

SECTION VI. TERMS OF REIMBURSEMENT

In lieu of the per medicaid day payment rate specified under ORC § 5165.15, participating NFs shall be reimbursed a per medicaid day payment rate of \$640.03 during year one of the demonstration and the amount of \$659.23 during year two. All services and items included in the facility's standard rate are included in the per medicaid day payment rate and the standard services and items excluded in the facility's rate are excluded (e.g., medications, transportation).

Providers will be reimbursed for bed hold and leave days based upon their non-demonstration per medicaid day payment rate payment and standard percentages as applicable. No other reimbursement will be made to the selected facilities for demonstration activities.

SECTION VII. PROPOSAL SUBMISSION REQUIREMENTS

ODM requests application submissions in both paper and electronic format. The information should be prepared and submitted in accordance with instructions found in this Section. The submission must include:

1. **Two (2)** paper copies (one signed original and one copy) and one electronic (CD-ROM or USB drive) copy of the submission.
2. Please ensure that all copies and all formats of the application are identical.
3. The submission will consist only of a Technical Proposal and submitted as follows: Technical Proposal/Application. Please include one original and one (1) copy of the Technical Proposal labeled: **“TECHNICAL PROPOSAL ENCLOSED FOR ODM NURSING FACILITY ALTERNATIVE REHABILITATION, RFA#: ODMR-1617-1019 SUBMITTED BY (VENDOR NAME AND DATE OF SUBMISSION)”**.

Please convert the entire submission into **one single .pdf** document saved to the CD-ROM or USB drive submitted to ODM, and to be used by ODM for storage/archiving purposes and for Public Records Requests only.

No Cost Proposal will be submitted in response to this RFA.

SECTION VIII. SUBMISSION PROCEDURES

Organizations, companies, firms, or individuals who are interested in submitting applications must make their submission not later than **4:00 p.m. Eastern (local) Time November 14, 2016**. Faxes or e-mailed submissions will not be accepted. Vendors are encouraged to hand-deliver to the address below, or use a private delivery company (e.g., FedEx, UPS) to deliver their submissions, as these types of companies deliver directly to ODM's security desk in the building lobby where it will be received and date and time stamped. Applications are to be addressed to:

Address for hand delivery or delivery by a private delivery company:

Office of Contracts and Procurement
Ohio Department of Medicaid
ATTN: RFP/RLB Unit
ODMR-1617-1019
50 West Town Street
Columbus, Ohio 43215
ATTN: RFP/RLB Unit
Address for postal deliveries:

Ohio Department of Medicaid
Office of Contracts and Procurement
ATTN: RFP/RLB Unit
ODMR-1617-1019
PO Box 182709
Columbus, Ohio 43218-2709

For hand delivery on the due date, vendors are to allow sufficient time for downtown parking considerations, as well as for security sign-in at the lobby of the ODM (address as stated above). All applications received on the due date by **4:00 p.m. Eastern (local) Time** will be accepted by the Office of Contracts and Procurement at 50 West Town Street, Columbus, Ohio 43215. **ODM is not responsible for any applications delivered to any address other than the address provided above.**

All submissions must be received complete, by mail or hand delivery, by the above date and time. Materials received after the submission deadline date will not be added to previous submissions, nor be considered. No confirmations of mailed applications received can be provided.

Submission of an application indicates acceptance by the vendor of the conditions contained in this RFA, unless clearly and specifically noted in the application submitted and confirmed in the award letter issued by ODM to the selected Contractor.

SECTION IX. Scoring and Evaluation Process

1. Phase I. Review—Initial Qualifying Criteria:

In order to be fully reviewed and scored, proposals submitted must pass Phase I. Review as required in the Technical Proposal Score Sheet. **Any “no” for the listed Phase I criteria will eliminate a proposal from further consideration. Please refer to Attachment A, Technical Score Sheet for a complete listing of initial disqualifiers.**

2. Phase II. Review—Criteria for Scoring the Technical Proposal:

An Application Review Team (ART) will then score those qualifying technical proposals, not eliminated in Phase I. Review, by assessing how well the vendor meets the requirements as specified in the RFA. Using the score sheet for Phase II scoring (see **Attachment A** of this RFA for specific evaluation criteria), the ART will read, review, discuss and reach consensus on the final technical score for each qualifying technical proposal.

IMPORTANT: Before submitting a proposal to ODM in response to this RFA, Vendors are strongly encouraged to use the Technical Score Sheet (**Attachment A**) to review their proposals for completeness, compliance, accuracy, and quality.

SECTION X. Scoring

Qualifying technical proposals will be collectively scored by an Application Review Team (ART) appointed by ODM. For each of the evaluation criteria given in the score sheet, reviewers will collectively judge whether the technical proposal exceeds, meets, partially meets or does not meet the requirements expressed in the RFA, and assign the appropriate point value, as follows:

0	6	8	10
Does Not Meet Requirement	Partially Meets Requirement	Meets Requirement	Exceeds Requirement

Technical Performance Scoring Definitions:

“Does Not Meet Requirement”- A particular RFA requirement was not addressed in the vendor’s proposal, **Score: 0**

“Partially Meets Requirement”-Vendor proposal demonstrates some attempt at meeting a particular RFA requirement, but that attempt falls below acceptable level, **Score: 6**

“Meets Requirement”-Vendor proposal fulfills a particular RFA requirement in all material respects, potentially with only minor, non-substantial deviation, **Score: 8**

“Exceeds Requirement”-Vendor proposal fulfills a particular RFA requirement in all material respects, and offers some additional level of quality in excess of ODM expectations, **Score: 10**

A technical proposal’s total PHASE II score will be the sum of the point value for all the evaluation criteria. The review team will collectively score each individual qualifying proposal. Technical proposals that do not meet or exceed a total score of at least **496** points (a score which represents that the selected Vendor has the capability to successfully perform the project/program services) out of a maximum of **657** points, will be disqualified from further consideration. If the instance of one or more vendors receiving the same score, ODM will use its own discretion to select the winning proposal.

SECTION XI. Contractor Requirements

A. Confidentiality and Health Insurance Portability & Accessibility Act (HIPAA) Requirements

The Contractor must maintain the confidentiality of information and records in accordance with state and federal laws, rules, and regulations. As a condition of receiving a contract from ODM, the contractor, and any subcontractor(s), will be required to comply with 42 U.S.C. §§ 1320d through 1320d-9, and the implementing regulations found at 45 CFR § 164.502 (e) and § 164.504 (e) regarding disclosure of protected health information under HIPAA of 1996. Protected Health Information (PHI) is information received by the contractor from or on behalf of ODM that meets the definition of PHI as defined by HIPAA and the regulations promulgated by the United States Department of Health & Human Services, specifically 45 CFR 164.501 and any amendments thereto.

B. Unresolved Findings for Recovery (ORC 9.24)

ORC § 9.24 prohibits ODM from awarding a contract to any entity against whom the Auditor of State has issued a finding for recovery, if the finding for recovery is “unresolved” at the time of award. By submitting a proposal, the vendor warrants that it is not now, and will not become, subject to an “unresolved” finding for recovery under ORC § 9.24 prior to the award of any contract arising out of this RFA, without notifying ODM of such finding. ODM will review the Auditor of State’s website prior to completion of evaluations of proposals submitted pursuant to this RFA. ODM will not evaluate a proposal from any vendor whose name, or the name of any of

the subcontractors proposed by the vendor, appears on the website of the Auditor of the State of Ohio as having an “unresolved” finding for recovery.

C. Suspensions and Debarments

State agencies are prohibited from awarding a contract for goods or services to a person or company listed on any federal or state debarment list.

SECTION XII. Protest Procedure

Any Vendor objecting to the award of a contract resulting from the issuance of this RFA may file a protest of the award of the contract, or any other matter relating to the process of soliciting the proposals. Such a protest must comply with the following guidelines:

- A. A protest may be filed by a prospective or actual applicant objecting to the award of a contract resulting from this RFA. The protest shall be in writing and shall contain the following information:
 - 1. The name, address, and telephone number of the protestor;
 - 2. The name and number of the RFA being protested;
 - 3. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
 - 4. A request for a ruling by ODM;
 - 5. A statement as to the form of relief requested from ODM; and
 - 6. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.
- B. A timely protest shall be considered by ODM, if it is received by OCP, within the following periods:
 - 1. A protest based on alleged improprieties in the issuance of the RFA or any other event preceding the closing date for receipt of proposals which are apparent or should be apparent prior to the closing date for receipt of proposals shall be filed no later than 3:00 p.m. the closing date for receipt of proposals, as specified in Section 2.1, Anticipated Application Timetable, of this RFA.
 - 2. A protest based upon the award selection shall be filed no later than 3:00 p.m. of the *seventh (7th)* business day after the issuance of formal letters sent to all responding vendors regarding ODM’s intent to make the award. The date on these ODM letters to responding vendors is the date used to determine if a protest regarding the intent to award is submitted by the end of the protest period.
- C. An untimely protest may be considered by ODM if ODM determines that the protest raises issues significant to ODM’s application/procurement system. An untimely protest is one received by OCP after the time periods set forth in Item B of this Section.
- D. All protests must be filed at the following location:

**Ohio Department of Medicaid
Office of Legal Counsel, 5th Floor
50 West Town Street
Columbus, Ohio 43215**

- E. When a timely protest is filed, a contract award shall not proceed until a decision on the protest is issued or the matter is otherwise resolved, unless the Director of ODM determines that a delay will severely disadvantage ODM. The vendor(s) who would have been awarded the contract shall be notified of the receipt of the protest.
- F. OCP shall issue written decisions on all timely protests and shall notify any vendor who filed an untimely protest as to whether or not the protest will be considered.

SECTION XIII. Trade Secrets Prohibition; Public Information Disclaimer

Vendors are prohibited from including any trade secret information, as defined in ORC §1333.61, in their applications in responses to any application efforts. ODM shall consider all applications or similar responses voluntarily submitted to ODM to be free of trade secrets, and such applications if opened by ODM will, in their entirety, be made part of the public record, and shall become the property of ODM.

Any application(s) received in response to any application effort and opened and reviewed by ODM are deemed to be public records pursuant to ORC § 149.43. For purposes of this section, the term “proposal” shall mean only the technical proposal (or application or other response documentation) submitted by vendors/applicants and any attachments, addenda, appendices, or sample products.

SECTION XIV. ATTACHMENTS

A. Attachment A – Technical Score Sheet

Thank you for your interest in this project.

ATTACHMENT A
RFA #: ODMR-1617-1019
Technical Score Sheet

PHASE I: Initial Qualifying Criteria

The application must meet all of the following Phase I application acceptance criteria in order to be considered for further evaluation. Any application receiving a “no” response to any of the following qualifying criteria **shall be disqualified from consideration.**

ITEM	APPLICATION ACCEPTANCE CRITERIA	RFA Section Reference	YES	NO
1	Was the vendor’s application received by the deadline as specified in the RFA?	Sect. II, 2.1, and Sect. VIII		
2	Did the vendor submit an application comprised of a Technical Proposal with required Attachment documents?	Sect. VII, 3.		
3	Is the Vendor free from being prohibited to enter into a contract with ODM, due to restrictions related to the federal debarment list, unfair labor findings, or as established in ORC 9.24?	Sect. XI, B. and C.		
4	Does the Vendor have a citation level of G or higher?	Sect. III, 3.1, A.1.		
5	Was the facility built, etc. on or after January 1, 2010?	Sect. III, 3.1, A.2.		
6	Is the facility in a required county or allowable as a replacement?	Sect. III, 3.1, A.3.		
7	Did the Vendor provide historical direct care staffing levels for the period of July 1, 2016 through September 30, 2016 as reported to CMS for payroll based journal reporting requirements that meet or exceed State requirements?	Sect. III, 3.1, A.4.		
8	Did the Vendor provide copies of marketing material showing Vendor presents itself as a provider of short-term rehabilitation?	Sect. III, 3.1, A.5.		
9	Did the Vendor provide a statement confirming the presence of a hydrotherapy pool and that it has been operational at least 20 days per month for the last quarter? Did the Vendor provide a copy of the hydrotherapy pool maintenance agreement? Did the Vendor provide a picture of the hydrotherapy pool?	Sect. III, 3.1, A.6.		
10	Did the Vendor provide a statement confirming that at least 10 rooms that are private rooms or the plan for converting a number of rooms to private rooms so at least 10 are private, and confirmation or indication that those rooms will be available for the demonstration?	Sect. III, 3.1, A.7.		
11	Is the Vendor’s CMS star rating at least a Three-Star quality rating under the CMS Five-Star Quality rating system?	Sect. III, 3.1, A.8.		

PHASE II: Criteria for Scoring of Technical Proposal

Qualifying technical proposals will be collectively scored by an Application Review Team (ART) appointed by the Ohio Department of Medicaid. For each of the evaluation criteria given in the following score sheet, reviewers will collectively judge whether the technical proposal exceeds, meets, partially meets or does not meet the requirements expressed in the RFA, and assign the appropriate point value, as follows:

0 Does Not Meet Requirement 6 Partially Meets Requirement 8 Meets Requirement 10 Exceeds Requirements

A technical proposal's total PHASE II score will be the sum of the point value for all the evaluation criteria. The review team will collectively score each individual qualifying application. Technical proposals which do not meet or exceed a total score of at least **496 points** out of a maximum of **657 points**, will be disqualified from consideration. Only Technical Proposal scores will be considered in the scoring of this RLB.

ITEM #	EVALUATION CRITERIA	RFA Section Reference	Weighting	Doesn't Meet 0	Partially Meets 3	Meets 7	Exceeds 9
VENDOR QUALIFICATIONS							
ORGANIZATIONAL EXPERIENCE AND CAPABILITIES							
1	Vendor has not received a G-level or higher citation on their latest annual survey and were initially constructed, licensed as a nursing home and certified as an NF on or after January 1, 2010.	Sect. III, 3.1., 1. and 2.	5				
2	Vendor is located in Cuyahoga, Franklin, Hamilton, or Lucas counties	Sect. III, 3.1., 3.	3				
3	Meet or exceed all ongoing Ohio nursing facility staffing requirements, such as historical direct care staffing levels for the period of July 1, 2016 through September 30, 2016. Provided a copy of their Payroll-Based Journal information as submitted to CMS.	Sect. III, 3.1., 4.	3				
4	Submitted quality copies of examples of marketing material provided to the public as providing short-term rehabilitation services as evidenced by the entity's website, marketing materials, etc.	Sect. III, 3.1., 5.	1				
5	Provided a statement confirming the presence of a hydrotherapy pool and the number of days the pool has been operational per month for the last quarter. Provided maintenance agreement and picture of the hydrotherapy pool;	Sect. III, 3.1., 6.	3				
6	Provide a statement confirming there will be Medicaid-certified capacity of at least 10 single-occupancy sleeping rooms that will be used for Medicaid recipients admitted to the NF under the demonstration.	Sect. III, 3.1., 7.	5				
7	Vendor's confirmation and proof of retaining a minimum Three-Star quality rating under the CMS Five-Star Quality rating system.	Sect. III, 3.1., 8.	2				
8	Vendor has the appropriate management staff to conduct the demonstration.	Sect. III, 3.2.A, 1. and 2.	5				
9	Vendor has sufficient staff with experience in providing the appropriate medical and rehabilitative services or contracting with providers that can meet the individuals' needs, or demonstrates the ability to determine and obtain such direct care and therapy services.	Sect. III, 3.2.A,	5				
10	Vendor has dedicated admissions staff to work with hospital and community providers to aid in the appropriate placement of these individuals, or plans to obtain such services	Sect. IV., B. and C.	3				

ITEM #	EVALUATION CRITERIA	RFA Section Reference	Weighting	Doesn't Meet	Partially Meets	Meets	Exceeds
				0	3	7	9
KEY STAFF EXPERIENCE, CHARACTERISTICS, AND CAPABILITES							
11	Vendor identified by name and position, key management staff. Identified Administrator, Case Manager, Social Worker, Director of Nursing or Nurse Manager, Rehabilitation Manager, and Operations Officer, and included profiles or resumes of each key staff personnel.	Sect. V., A.2.a.	3				
12	The vendor described how they appropriately evaluate direct care and therapy staffing needs for its current residents, and how it staffs at those levels, and provided staffing documentation that meets or exceeds those levels for the previous quarter.	Sect. V., A.2.b.	3				
13	Vendor must describe how it expects to determine the staffing levels needed for the demonstration participants, how it plans to meet those staffing needs, and how it plans to handle call-ins and staff shortages for both direct care and therapy services.	Sect. V., A.2.c.	3				
14	The vendor has stated whether therapy services are provided by in-house or facility employed therapists or if it relies on a related or outside company for services. If outsourced, the vendor described a staffing plan or process to onboard therapy services to meet demonstration participant's needs.	Sect. V., A.2.d.	3				
15	The vendor described the admission staff's roles and responsibilities, including how dedicated admissions staff will work with hospital and community providers to aid in the appropriate placement of demonstration individuals. Included job descriptions and how long current staff have been employed.	Sect. V., A.2.e.	2				
16	The vendor described care management staff roles and responsibilities. Included job descriptions and how long current staff have been employed.	Sect. V., A.2.f.	4				
ITEM #	EVALUATION CRITERIA	RFA Section Reference	Weighting	Doesn't Meet	Partially Meets	Meets	Exceeds
				0	3	7	9
Demonstration Requirements							
17	Vendor has submitted current marketing materials and plans, of the same or similar material to be used in the demonstration.	Sect. V., B.1.	1				
18	Vendor has provided admission criteria for the demonstration, submitted in both standard (non-demonstration)	Sect. V., B.2.	1				
19	Vendor has described their process for reviewing admission referrals within 48 hours and confirm they will meet the admission deadlines set forth.	Sect. V., B.3.	2				
20	Vendor has described their method of care management and transition planning, such as assessing resident's needs upon discharge, case management tools, etc.	Sect. V., B.4.	3				
21	Vendor has described how a demonstration participant's care needs will be communicated to the care team and what processes are used to ensure the	Sect. V., B.5.	5				

	participant is aware of his/her care plan and will be an active participant in its development.						
21	Vendor has submitted organizational protocols for addressing the quality measures identified, including the processes for monitoring, identifying, addressing, documenting and reporting.	Sect. V, B.6.	5				
22	Vendor has described quarterly reporting capabilities, such as standardized systems, staff, and other details that will support timely submission of the information described.	Sect. V, B.7.	2				
APPLICATION ORGANIZATION							
23	Vendor has submitted an application which is well-organized and complies with formatting instructions	Section V.	1				
Column Subtotal of "Partially Meets" points							
Column Subtotal of "Meets" points						496	
Column Subtotal of "Exceeds" points							657
GRAND TOTAL SCORE:							

VENDOR NAME:
