



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

## **Western Maryland**

### **Long-Term Acute Care Hospitals / Brain Injury Program**

#### **Request for Expressions of Interest (REOI)**

OFMD REOI No. 2022-001

**Issued: June 2, 2022**

**Submission Deadline: July 1, 2022, 5:00 PM**

Office of Facilities Management and Development  
Maryland Department of Health  
201 W. Preston Street  
Baltimore, Maryland 21201

***Electronic submission is required.***

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## **I. PROGRAM OVERVIEW**

### **A. Program Purpose and Background**

The Maryland Department of Health (“MDH”) is committed to promoting lifelong health and wellness for all Marylanders and is developing a framework in which it can continue to operate the Long-Term Acute Care (“LTAC”) unit and Brain Injury Program (“BIP”) (collectively referred to as the “Program”) in western Maryland. MDH is seeking to utilize available capacity at regional facilities to provide services in a modern healthcare setting in line with current standards of care.

Western Maryland Hospital Center (“WMHC”) is an MDH facility that was originally designed as an acute care hospital when it opened in 1957. Since its opening more than 60 years ago, WMHC has adapted to the region’s changing medical needs. The acute care hospital has long been used as a Long-Term Acute Care Hospital (“LTACH”) to provide chronic care for patients whose needs are not met in the community. WMHC also has a Brain Injury Program to provide care for patients with neurobehavioral deficits and patients with brain injuries. Today, patient care continues to evolve and less demand for this facility has resulted in its underutilization.

The purpose of this Request for Expression of Interest (“REOI”) is to invite expressions of interest (“Expression of Interest”) from community providers and hospitals (collectively referred to as “Providers”) to collaborate with MDH to identify the LTAC and BIP capacity available in western Maryland (including Allegany, Frederick, Garrett, and Washington Counties) and provide recommendations on the eventual transition of the Program currently being provided at WMHC.

### **B. Goal and Objective**

The goal is to identify Providers who are interested in collaborating with MDH to design a system to support the Program currently located at the Western Maryland Hospital Center. The objective is to transition the Program to a modern facility to gain efficiencies in patient care and overall operating expenses.

Based on the responses from this REOI, MDH will work to develop a Request for Proposals (“RFP”) that outlines the programmatic requirements, ensures continuity of the Program, and, most importantly, ensures a high standard of patient care.

## **II. PROGRAM COMPONENTS**

LTACHs are long-term hospital-grade facilities for patients who require higher levels of complex care, but who are otherwise in relatively stable health and no longer require intensive care or extensive diagnostic procedures. LTACHs provide services for patients with complicated medical requirements, such as the management of several comorbid medical conditions. A team of highly skilled clinicians works together to develop treatment plans that encompass a patient’s goals for healing. The care provided at LTACHs is driven by a patient’s continued acute medical needs. In order to be considered for the LTAC Program, patients require care too complex to be provided by a skilled nursing facility, which care may include, but is not limited to, respiratory care, hyperalimentation, isolation due to infection diseases, multiple, complex medical conditions, head injuries/strokes, and/or spinal cord injuries.

The BIP provides interdisciplinary services to adults diagnosed with brain injuries. Interdisciplinary services available include occupational therapy, physical therapy, speech-language therapy, therapeutic recreation,

psychology, psychiatry, social work, nursing, medical services, and respiratory therapy. The BIP provides therapeutic environments for patients as they go through rehabilitation using comprehensive, structured, and interdisciplinary programming. Within WMHC's BIP there are two tracks: the Rehabilitation Track and the Brain Injury Transitional Care Program. The Rehabilitation Track serves patients with medical necessity for inpatient rehabilitation; reasonable expectations of functional gains through physical medicine and rehabilitation; and a need that requires at least two interdisciplinary therapies. The Brain Injury Transitional Care Program serves patients who are at least 22 years of age with diagnosis of a brain injury that occurred at age 18 years of age or after; have been evaluated and identified as an appropriate candidate for admission to an existing waiver program; have an expressed desire to utilize the Maryland Brain Injury Waiver services; and have demonstrated unsuccessful outcomes with placement elsewhere in the community.

MDH is committed to continuing to provide a high standard of long-term acute care for the benefit of its residents. This REOI is being issued to obtain Expressions of Interest from qualified and experienced Providers for a broad range of long-term quality acute care services, including but not limited to:

- Developing, implementing and maintaining all standard policies and procedures necessary for long-term acute care and brain injury care in accordance with federal and State standards
- Developing, implementing and maintaining a program designed to nurture patients as well as attend to their medical needs
- Implementing leading edge, quality skilled acute care and brain injury care within modern state of the art accommodations
- Retaining long-term acute care beds to meet current and future needs
- Ensuring diversity and inclusiveness and open doors to all
- Creating opportunities for the MDH workforce currently working with LTAC/BIP patients
- Ensuring fiscal responsibility and financial sustainability
- Being an active partner in creating thriving communities

### **III. REOI PROCESS AND SUBMISSION REQUIREMENTS**

#### **A. Contact**

Refer all questions and send all materials to:

Attention: Alison Barry  
Maryland Department of Health  
Office of Facilities Management and Development  
201 W. Preston Street  
Baltimore, MD 21201  
Phone: (410) 767-6819  
Email: [alison.barry@maryland.gov](mailto:alison.barry@maryland.gov)

#### **B. Summary of Key Dates**

- Informational webinar: Wednesday, June 8, 2022
- Intent to Submit deadline: Thursday, June 9, 2022
- Final date to submit questions via email: Monday, June 13, 2022
- Answers to questions returned: Friday, June 17, 2022
- REOI submission deadline: Friday, July 1, 2022, 5:00 p.m.

### **C. Intent to Submit**

Interested Providers must submit the Intent to Submit notification by the date indicated in Section III.B. above. Providers must send an e-mail to the attention of the contact in Section III.A. above with the following information:

- Name of Provider's designated project contact for purposes of the submission;
- Contact information, including at minimum, name, organization, address, phone number, and email address; and
- A statement indicating the Provider's Intent to Submit an Expression of Interest.

### **D. Questions about the REOI**

Providers with questions about the REOI should forward them via email to the contact from Section III.A by the deadline set forth in Section III.B. MDH will redact identifying marks from the email and forward the original question, with an answer, to all Providers who registered during the Intent to Submit process. MDH will not respond to questions by telephone or in person.

### **E. Submission Requirements**

Providers must submit one electronic copy of their Expression of Interest by the date indicated in Section III.B. above to the attention of the contact in Section III.A.

An electronic copy is defined as an emailed version of the document in PDF file format. Other file formats will not be accepted.

### **F. Format/Content**

For uniformity, all submissions should contain the following content, organized according to the headings in this section.

General: The Provider's name must appear in the upper right-hand corner of each page and each page should be numbered consecutively.

Cover Page: Containing legal name, address and contact information for the Provider.

Content: Submissions must include, at a minimum:

1. **Overview:** A description of proposed services.

2. **Program/Service Description or Summary:** Submit a clear and concise narrative of what the program will deliver including a detailed description of currently available and proposed services; availability and type of beds; currently available and proposed ADA-complaint locations; detailed descriptions of patient living space(s), patient activities, and patient policies and procedures; and staffing structure. The program description should address the following components:
  - Administration/Management/Human Resources
  - Acute/Resident Care
  - Dietary Services/Housekeeping
  - Facility Maintenance, Operations, Safety and Security
  - Social and Behavioral Services
  - Transportation/Fleet Services, Scheduling
  - Ancillary and Additional Contracted Services
3. **Timeline:** Provide a detailed proposed timeline, including projected dates for all activities and projects including, but not limited to planning, staff hiring, and operations.
4. **Provider Expertise:** Description of Provider expertise and organizational capacity to provide services, including:
  - Medicaid/Medicare certification
  - State of Maryland accreditation and licensure
  - The Joint Commission accreditation and certification
  - Prior and current experience operating a similar program
  - Capacity to provide skilled care services
  - Qualified staff to provide high standard of long-term acute care
  - Emergency and disaster plan
  - Participation in a quality assurance program
  - Arrangements with nearby hospitals for emergencies
5. **Outcomes:** Identification of performance and outcome indicators to be used to evaluate the program's effectiveness, including a description of the expected schedule for measuring performance and outcomes.
6. **Fiscal/Budget:** Provide information as to historic and current funding obstacles that may limit the ability to provide and/or expand services.
7. **Official Signatures:** Include a letter from the Provider's signing authority approving the submission of the Expression of Interest and the content therein.

#### IV. CONFIDENTIAL INFORMATION

All materials submitted in response to the REOI become the property of the Maryland Department of Health. No submissions or supporting materials will be returned to Providers, nor will MDH reimburse Providers for any expenses that the Providers may incur in preparing submissions. All materials submitted will be kept confidential and only reviewed by MDH and coordinating State agency staff. Submitted information will not be shared with other Providers.