



# **Western Maryland - Long-Term Acute Care and Brain Injury Services**

**Pre-Proposal Conference**  
**BPM031397**

*Dennis R. Schrader, Secretary*  
Maryland Department of Health

September 9, 2022

# Overview

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- Currently, MDH houses a long-term acute care and brain injury program at the Western Maryland Hospital Center
- MDH is seeking to transfer this program out of WMHC to a contractor's facility to gain operational and cost efficiencies.
- The contractor will provide a broad range of long-term acute care and brain injury services and also be responsible for all administrative, management, and support services necessary to run the program efficiently and effectively.

# Minimum Qualifications

(RFP §1)

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1. Offeror shall have 3 years of experience in providing long-term acute care and brain injury services.
2. Offeror shall be licensed by the Office of Health Care Quality as a special hospital - chronic under COMAR 10.07.01 Hospitals. If the Offeror is not currently licensed, the Offeror shall agree to undergo the Certificate of Need and Licensure process.
3. Facility proposed must be located in the State of Maryland.
4. Offeror shall have a minimum of 10 beds available in each facility it proposes.
5. If required, Offeror shall be prepared to engage in the Certificate of Need and Licensure process following contract approval.
6. Offeror shall accept patients at the direction of MDH, which may include uninsured and/or undocumented individuals.



DEPARTMENT OF HEALTH

# Minimum Qualifications

## (RFP §1)

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7. Offeror shall provide an itemization of all jurisdictions in which it operates an acute care hospital together with licensing information.
8. Offeror shall agree to have MD request all deficiency reporting and plan(s) of correction or the equivalent for the previous three (3) years from each jurisdiction in which it operates an acute care hospital.
9. Offeror shall be Medicaid and Medicare certified.
10. Offeror shall provide information as to the security controls of its data.
11. Offeror shall be in Good Standing with the State.

# Scope of Work

(RFP §§2.1 & 2.2)

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- MDH may award contracts to multiple Offerors as prime contractors who will each be responsible for the complete oversight and management of all the components of the long-term acute care and brain injury services required.
- MDH is seeking to award 19 beds to community-based providers.
- MDH is the “provider of last resort” and admits patients when no other provider is willing to admit the patient.
- The patient population may include both uninsured and undocumented patients.

# Scope of Work

## (RFP §2.3)

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- Contractor and the proposed facility shall manage and operate the program and comply with all applicable federal, State, and local governing laws, regulations, standards, ordinances, codes, and licensing requirements to operate a skilled nursing facility.
- MDH shall be provided unlimited access to the physical location and all documentation relating to the Program, including but not limited to medical records, administrative data, and financial data.
- Contractor shall provide the program planning, direction, coordination, and control necessary to accomplish all requirements contained in the RFP.
- Contractor shall be responsible for the performance of all subcontractors.
- Contractor shall identify 2 individuals to be the primary points of contact for MDH.

# Scope of Work

(RFP §2.3)

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- Contractor shall provide an elevated staffing ratio:
  - There shall always be a minimum of 1 RN assigned to the unit at all times
  - Day Shift (e.g., 7:00am-7:00pm)
    - patient to RN/LPN Ratio: 9 patients to 1 RN/LPN
    - patient to CNA Ratio: 7 patients to 1 CNA/
  - Night Shift (e.g., 7:00pm-7:00am)
    - patient to RN/LPN Ratio: 4 patients to 1 RN/LPN
    - patient to CNA Ratio: 4 patients to 1 CNA

# Scope of Work

(RFP §2.3)

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- Contractor shall provide patients with access to the following rehabilitative services:
  - Occupational Therapy
  - Physical Therapy
  - Therapeutic Recreation
  - Speech Language Pathology
  - Respiratory Therapy
- Contractor shall provide Laboratory Services, including but not limited to, pathology and phlebotomy services, to patients.



# Scope of Work

## (RFP §2.3)

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- Contractor shall provide patients access to the following:
  - telephone services, wireless internet, and cable television;
  - dietary services that conform to patients' religious dietary restrictions, including but not limited to, kosher diets and fasting;
  - psychiatric and behavioral care;
  - onsite laundry services for patients' personal laundry;
  - banking services;
  - a mechanism to purchase items of a patient's choosing;
  - spiritual services that ensure appropriate and equal services for all faiths; and
  - beauty and barber services

# Brain Injury Waiver Program

(RFP §2.3.4.3)

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- MDH currently facilitates access to Maryland's Home and Community-Based Services Waiver for individuals with brain injuries.
- MDH works with CMS to determine participant access and eligibility to the Waiver Program.
- In accordance with COMAR 10.09.93.04, the Contractor shall agree to act as a liaison in coordination with the Department to provide patients access to the Waiver Program.
- The Contractor shall be required to provide any step-down services that a patient may require in order to transition to the Waiver Program.
- Individuals seeking to participate in the Waiver Program must be discharged through a Maryland license Special Hospital for Chronic Disease. The Contractor shall agree to act as an access point for individuals seeking to gain admission to the Waiver Program.

# Uninsured Patients' Third-Party Costs of Care

(RFP §2.3.9)

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- If an uninsured patient requires medical care offsite that cannot be provided by the Contractor, the Contractor shall contact MDH immediately for approval.
- If offsite care is approved by MDH, the Contractor shall be responsible for coordinating the care required.
- Contractor must advise all third-party providers that MDH will pay only the Medicaid approved rate for any procedure, diagnostic, consult, or any other third-party costs.
- Contractor shall forward all invoices received to the State for charges incurred.
- Contractor will act as a liaison between MDH and third-party providers.

# Contractor Reimbursement and Payment

## (RFP §2.3.10)

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- Transition Plan Fee
  - Following the approval of the final Transition Plan, a Contractor may be required to incur costs in order to transition patients to its facility.
  - MDH shall not reimburse any costs incurred prior to the approval of the final Transition Plan.
  - Offeror shall propose a Transition Plan Fee as set forth in **Attachment B**.
  - Items that the Contractor shall consider when developing its Transition Plan Fee: certificate of need and licensure, infrastructure modifications, and contract administration costs.
  - Once beds are available at the Contractor's facility, the Transition Plan Fee will be reduced based upon the pro-rata basis of bed availability.
  - Once all awarded beds are available, the Contractor is no longer permitted to charge the Transition Plan Fee or any portion thereof.

# Contractor Reimbursement and Payment

## (RFP §2.3.10)

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- Onsite Cost of Care:
  - *Insured patients:* The Contractor shall be responsible for the billing and collection for services rendered to all insured Program Patients. Contractor assumes all collection risk for private pay billings. Any denial of payments by third-party payers will be at the expense of the Contractor. The State shall not be responsible for the Cost of Care of any insured patient.
  - *Uninsured patients:* The Contractor shall determine whether a patient and/or chargeable person has the ability to pay for the patient's daily cost of care. The Contractor shall invoice the State for the onsite Cost of Care services rendered to uninsured patients at current approved Medicaid rates. The invoice shall reflect any costs that are the responsibility of the patient and/or chargeable person. Within 1 week of a patient's admission, the Contractor will provide MDH with a monthly estimated cost of care.

# Contractor Reimbursement and Payment

## (RFP §2.3.10)

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- Program Administration Fee:
  - The Contract will set standards that require spending levels higher than what Medicare or Medicaid consider reimbursable. These standards ensure the maintenance of the State's investment in the Program, enable the Contractor to provide services that address the unique needs of the patients, and provide a higher standard of care.
  - The Contractor shall propose a **Program Administration Fee** which shall be reimbursable by MDH and is an amount that is above and beyond the daily Cost of Care for each patient.

# Contractor Reimbursement and Payment

## (RFP §2.3.10)

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- Bed Hold Fee:
  - The Contractor shall hold contracted beds regardless as to whether MDH admits patients.
  - *Leave of Absence:*
    - If a patient is on an approved leave of absence the Contractor shall hold a bed for the patient until the patient returns to the facility or is discharged from the Program, whichever occurs first.
      - The Contractor shall be responsible for contacting MDH to confirm that the leave of absence is approved
      - For **Insured patients** the Contractor shall be responsible for the billing and collection of any costs eligible for reimbursement through third-party payers
      - For **Uninsured patients** the State will reimburse at the Medicaid leave of absence rate up to the permitted number of days that Medicaid would reimburse for a leave of absence.

# Contractor Reimbursement and Payment

## (RFP §2.3.10)

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- Bed Hold Fee:
  - *Bed Vacancy:*
    - If a bed is vacant due to no patient admission from the State, the Contractor shall hold that bed for future patient admissions.
    - The State shall reimburse the Contractor the Program Administration Fee for each day the bed remains vacant.



# Financial Proposal

(RFP §5.4)

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- Offerors shall submit their Financial Proposals using the Excel spreadsheet referenced in **Attachment B**.
- [Financial Proposal Form](#)

# Current MDH Staffing Proposal

## (RFP §2.3.12)

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- MDH is requesting that an Offeror present an employment proposal for any current WMHC employees that wish to transition with the program.
- If an Offeror is willing to transition WMHC employees to its facility, the Offeror will be ranked higher in the technical evaluation.
- The elements of the employment proposal (e.g., salary, vacation, benefits, etc.) will not be considered in the technical evaluation, but provides a mechanism for MDH to provide opportunities for employees.

# Transition Plan

(RFP §3.1)

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- The Contractor shall submit a Transition Plan as part of its technical proposal.
- The Transition Plan shall at minimum discuss the Contractor's process, details, schedule, staffing, and impact on patients for providing an orderly transition of the program to the Contractor's facility.
- The Transition Plan shall identify any potential barriers to transition and shall include proposed methodologies to overcome said barriers.
- The Transition Plan shall include milestones and measurable commitments.
- The Transition Plan shall assume that patients will begin transitioning no later than January 1, 2023
- The Contractor shall establish a Transition Team to ensure continuity of services to the patients during the transition period.

# Evaluation and Award Basis

## (RFP §4)

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- Evaluation:
  - MDH will require onsite visits to all facilities proposed by Offerors.
  - Offerors shall be prepared to make themselves available at the convenience of the MDH evaluation committee.