

SOURCES SOUGHT SYNOPSIS ONLY

1. The Department of Veterans Affairs, Network Contracting Office 19, is seeking sources for a potential agreement to provide Community Nursing Homes to Veterans for the Eastern Colorado Healthcare System.
2. The intended Blanket Purchase Agreement (BPA) period will be for five (5) years. The area/location for Community Nursing Homes are: **City of Rocky Ford, Colorado.**
3. The Government is interested in sources that can provide some or all of the required services. Interested parties are encouraged to respond with what they can provide (i.e. if you can only support a certain number of beds, please state what you can provide). See Statement of Work (SOW).
4. The purpose of this synopsis is to gain knowledge of potential qualified sources and their size classification (HUBZone, 8(a), small, small disadvantage, service disabled veteran owned small business, or large business) relative to NACIS 623110 Nursing Care Facilities (Skilled Nursing Facilities) (\$27.5 Million size standard). Responses to this synopsis will be used by the Government to make appropriate acquisition decisions. After review of the responses to this sources sought synopsis, a solicitation announcement may be published on FBO or GSA. Responses to this sources sought synopsis are not considered adequate responses to the solicitation announcement.
5. This is a sources sought announcement ONLY and is NOT a request for proposals or quotes.
6. In response to this announcement, please provide the information below:

Company Name:
Address:
DUNS Number:
Contact Name:
Phone No:
Email:

Business size information
Select all that applies:
<input type="checkbox"/> Small Business
<input type="checkbox"/> Emerging Small Business
<input type="checkbox"/> Small Disadvantaged Business
<input type="checkbox"/> Certified under Section 8(a) of the Small Business Act
<input type="checkbox"/> HubZone
<input type="checkbox"/> Woman Owned
<input type="checkbox"/> Certified Service-Disabled Veteran Owned Small
<input type="checkbox"/> Veteran Owned Small Business

FSS/ GSA Contract Holder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
FSS/ GSA Contract Number		
Effective Date / Expiration Date		

7. Disclaimer: This is a market research/sources sought synopsis only, (not a pre-solicitation notice pursuant to FAR Part 5). The purpose of this notice is to gain knowledge of potential qualified sources

with the capability to provide the services listed in the attached Statement of Work. This Sources Sought Notice is for planning/information purposes only and shall not be construed as a commitment or a promise of a contract by the Government. This is not a solicitation. This notice does not constitute a Request for Bid, Request for Quote or Request for Proposal, nor does it restrict the Government as to the ultimate acquisition approach. The Government will not reimburse respondents for any costs incurred in preparation of a response to this notice. Large and small businesses are encouraged to participate in this survey.

8. Inquiries will only be accepted in writing via email to kenneth.walden@va.gov on or before **December 18, 2017 by 1:00 pm MST**.

STATEMENT OF WORK

1. The Community Nursing Home (CNH) program is a key component of the Veterans Health Administration (VHA) continuum of care. The Contractor agrees to provide in accordance with the terms and conditions stated herein to the U.S. Department of Veterans Affairs Montana Medical Center in Fort Harrison, Montana at the prices specified in the section titled Schedule of Items of this contract. Nursing home facilities in the CNH program shall cooperate with VA staff in referral of appropriate veterans for care and accept veterans of which they have the capability/capacity to care. The term, "facilities," shall include but not be limited to rooms, wards, sections, eating areas, drinking fountains, entrances, and other like areas. VA shall have the right to inspect the CNH and all appurtenances by authorized VA representative(s) to ensure that acceptable standards are maintained and that the necessary care to maintain the well-being of the patient is rendered. The Department of Veterans Affairs hereby enters into a cooperative agreement, otherwise referred to as a Blanket Purchase Agreement (BPA), to further reduce the administrative costs of acquiring services. The agreement details all items with accompanying prices and descriptions, which may be ordered under this BPA. All orders placed against this BPA are subject to the terms and conditions of all the clauses and provisions in full text or incorporated by reference in this document.
2. **Requirements:** Nursing home facilities in the CNH program shall ensure that care meets the health needs and promotes the maximum well-being of VA patients. Nursing home care will be furnished to ensure the total medical, nursing, and psychosocial needs of VA beneficiaries. All nursing home facilities in VA's CNH program must have current Center for Medicare and Medicaid Services (CMS) certification (Medicare and/or Medicaid) and a State nursing home license. VA developed quality of care standards utilizing CMS inspection criteria that are followed by VA in its selection of nursing homes which includes exclusionary criteria on which the CNH is evaluated. See VHA Handbook 1143.2, "VHA Community Nursing Home Oversight Procedures (June 4, 2004) a copy of which is available at: <http://www.va.gov/vhapublications/publications.cfm?pub=2>. VA often has a particular need for specialty care services in the CNH program. The VA requires CNHs to have bed capacity to ensure their ability to take referrals when requested. The CNH also must be able to accept VA referrals in a timely fashion (ideally within 24 hours of request). Provider visits will be available at the rate of one (1) visit per month. Laboratory, x-ray, and other special services will be available to VA patients as needed. In addition, the care provided will include room, meals, nursing care, and other services or supplies commensurate with the VA-authorized level of care, without extra charge. Duly authorized representatives of VA will provide quality oversight visits to veterans placed to assure continuity of care and to assist in the veterans' transition back into the community. These visits do not substitute nor relieve the CNH in any way of the responsibility for the daily care and medical treatment of the veteran. The per diem rate(s) established in this contract will include the cost of primary medical care, one (1) provider visit per month and needed Provider consultation, medications, routine supplies, laboratory, x-ray, and other special services authorized by VA, unless otherwise specifically excepted (see Schedule of Items in this contract for details regarding per diem rates and coverage).
3. **Specifications**
 - a. The nursing home shall ensure that care meets the health needs and promotes the maximum well-being of VA patients. Nursing home care will be furnished to ensure the total medical, nursing, and psycho-social needs of VA beneficiaries. Physician visits, laboratory, x ray, and other special services for VA patients will be at the same frequency as that provided to other patients at the nursing home receiving the same or comparable level of care. In addition, the care provided will include room, meals, nursing care, and other services or supplies commensurate with the VA authorized level of care, without extra charge. The per diem rate(s) established in this contract will include the cost of medical care, medications, laboratory, x ray, and other special services authorized by VA, unless otherwise specifically excepted.

- b. Full attention shall be given to motivating and educating patients to achieve and maintain independence in the activities of daily living, to the maximum extent possible. Every effort shall be made to keep patients ambulatory and to achieve an optimal level of self-care.
- c. Veterans receiving care under this agreement, who begin to require acute hospital care, will be readmitted to an appropriate VA facility, as determined and authorized by the VA. When such admission is not feasible because of the nature of the emergency, it is agreed that hospitalization in a non-Federal facility may be accomplished provided VA authorization is obtained. VA authorization must be obtained as soon as possible and not to exceed 72 hours of admission to the non-Federal facility. If hospitalization of a non-emergency nature is required, it is agreed that readmission to a VA facility will be accomplished as soon as the patient's condition is sufficiently stabilized to permit admission to VA.
- d. If a veteran is re-hospitalized from the nursing home, the nursing home and VA facility will arrange to hold a bed in reserve, when such a decision is in the best interest of the patient and the VA. The number of covered bed hold days will be determined by VA on a case-by-case basis, but will not exceed the number of bed hold days allowed by state Medicaid regulations. Payment will follow state Medicaid regulations. The VA facility will include payment for these "bed hold" days only when the conditions above are met.
- e. The VA facility will approve leave days (days away from the nursing home) for long-term placements. The leave must be part of a therapeutic plan and approved by VA. Approval for leave days of a Rehabilitation placement must be pre-approved by the VA Facility Director or Designee and should only be considered under emergency circumstances or for leave r/t specific therapy evaluation. Leave days at VA expense are limited to Six (6) 24 hour periods per calendar year. Payment will follow state Medicaid regulations. Exceptions may be approved by the VA facility director or designee.
- f. Patients receiving care under this contract, who begin to require more than the level of care authorized by VA, will be readmitted to an appropriate VA facility, as determined and authorized by VA. When such admission is not feasible because of the nature of the emergency, it is agreed that hospitalization in a non-Federal facility may be accomplished provided VA authorization is obtained. VA authorization must be obtained within 72 hours of admission of the patient to a non-Federal facility. If hospitalization of a non-emergency nature is required, it is agreed that readmission to a VA Medical Center will be accomplished as soon as the patient's condition is sufficiently stabilized to permit admission to VA.
- g. In the event a VA beneficiary receiving nursing home care under this contract dies, the nursing home will promptly notify the VA office authorizing admission and immediately assemble, inventory, and safeguard the patient's personal effects pending further guidance by VA.
- h. It is agreed that VA will have the right to on-site reviews of the nursing home and all appurtenances by authorized VA representative(s) to ensure that acceptable standards are maintained and that the necessary care to maintain the well-being of the patient is rendered.
- i. The nursing home shall accept referral of and shall provide all services specified in this contract for any person determined eligible by the VA Under Secretary for Health or his/her designee, regardless of the race, color, religion, sex, or national origin of the person for whom such services are ordered. In addition, the nursing home warrants that subcontracting will not be resorted to as a means of circumventing this provision.
- j. It is agreed that duly authorized representatives of VA will provide follow up supervision visits to veterans placed to assure the continuity of care and to assist in the veteran's transition back to the community. It is understood that these visits do not substitute for nor relieve the nursing home in any way of the responsibility for the daily care and medical treatment of the veteran.
- k. All medical records concerning the veteran's care in the nursing home will be readily accessible to VA. Upon discharge or death of the patient, medical records will be retained by the nursing home for a period of at least three years following termination of care. Patient records will be maintained in conformance with the Privacy Act of 1974 (5 U.S.C. 552a). A medical record shall be maintained for each patient that includes at least the following:
 - 1) Admission identification record.

- 2) VA Form 10 1204, Referral for Community Nursing Home Care, or State-approved referral form.
 - 3) Admitting evaluation (including diagnosis by nursing home physician).
 - 4) Physician orders.
 - 5) Progress notes. The physician orders/notes shall be charted immediately after patient is seen.
 - 6) Special reports (laboratory, x ray, activity, etc.).
 - 7) SMA Patient Assessment Form (****only if SMA level of care is used****).
 - 8) Minimum Data Set (MDS) information, provided to VA upon admission and every six months thereafter
- l. The beneficiary will be provided nursing home care at the expense of VA for a period not in excess of that stated in the referral form, unless an \ extension of the authorization is provided in writing by the placing VA facility.
 - m. The authorization agreement, VA Form 10 7078, for the affected patient will terminate whenever a VA patient is re-hospitalized for 15 calendar days or more, whether in a VA or in a non-Federal facility. A new authorization agreement will be required at the time the patient returns.
 - n. Level of Care Classification Effective Records: The level of care classification and associated per diem rate will remain in effect for each placement until and unless one of the following events takes place:
 - o. The recipient is discharged and subsequently qualifies for a new admission assessment.
 - p. The nursing home submits an assessment requesting a change in the level of care classification and VA approves it. Classification changes may also occur based on a determination by VA. VA will make the determination whether classification changes require readmission to VA.
 - q. The VA, at its sole option, will monitor the professional care and administrative management of services provided to VA beneficiaries under this agreement, through one or any combination of the following methods; reviews of state agencies reports, on-site review of the Nursing Home by VA staff, and/or on-site monitoring of VA patients. It is agreed that the Nursing Home shall provide VA with copies of all state agency reports when requested, and cooperate fully with VA's quality improvement-quality assurance program functions relating to this agreement, including VA's on-site review and monitoring. The VA contracting Officer shall make all final determinations as to the contractor's reasonable cooperation with VA and compliance with these requirements. It is understood that certain internal quality indicator/quality assurance information is not available for VA review. Current quality measure and current individual MDS information will be made available.
4. **Termination of Services.** VA reserves the right to remove any or all VA patients from the CNH at any time when it is determined to be in the best interest of VA or the patients without additional costs to the Government.
 5. **Ancillary Costs.** Ancillary costs are pre-approved costs for supplies or services not identified as included in the all-inclusive rate or any other pre- authorized rate or schedule or payment for items or services provided under this agreement. Ancillary costs such as medications, and special equipment, may not be added to any invoice without written permission of the VA medical center placing the veteran. If permission is received, the nursing home must also submit the physician's order for the medication/supply, the dispensing log, the supplier and the cost charged by the supplier to the nursing home, and what the nursing home is charging the VA.
 6. **VA Authorizations.** Authorization for nursing home care will be submitted on VA Form 10-7078, "Authorization and Invoice for Medical and Hospital Services." Each authorization validity period will be noted on the VA Form 10-7078 with a beginning and end date. Any extension to the original authorization validity period, regardless of the number of days, requires a new VA Form 10-7078.
 7. **Medicaid-Based Rates.** The current State Medicaid rates are used as a basis for determination of VA rates. The VA rate will include medical care, routine medications, laboratory, x-ray, therapy(ies), and other special services authorized by VA, unless otherwise specifically exempted. VA will contract

for appropriate Medicaid categories of care using Resource Utilization Groups (RUG-IV) as a guide. As with Medicare, a description of the RUG-IV systems can be found in 42 CFR Parts 409, et al.

- 8. Primary Medical Coverage.** The assigned CNH provider is the primary medical provider during the nursing home stay and is responsible for writing or approving admission and all other orders as soon as the veteran arrives at the CNH. The CNH provider is responsible for general medical care, urgent evaluation and intervention. Provider visits will be according to the Center for Medicare and Medicaid Services (CMS) guidelines. The assigned nursing home provider will provide timely care following the most current CMS guidelines; arranging 24/7 access for patient care; arranging easy access to VA staff for consultation; providing timely response to calls and arranging for timely provider back-up according to Omnibus Budget Reconciliation Act (OBRA) guidelines (42 CFR 483.40, OBRA Guidelines).
- 9. Rehabilitation Criteria.** All therapy provided under this contract will be individual therapy, rather than group therapy, unless otherwise ordered by the authorizing VA facility. Therapy ~~may~~ does require pre-approval by VA before services are provided. Medical Restorative criteria will be used for physical therapy, occupational therapy, and speech therapy. Therapy must be skilled, relate to safety and be restorative according to Medicare criteria.

 - a. Description of Rehabilitative Therapy. The concept of rehabilitative therapy includes recovery or improvement in function and, when possible, restoration to a previous level of health and well-being. Therefore, evaluation, re-evaluation and assessment documented in the Progress Report should describe objective measurements which, when compared, show improvements in function, or decrease in severity, or justification for an optimistic outlook to justify continued treatment. Covered therapy services shall be rehabilitative therapy services unless they meet the criteria for maintenance therapy requiring the skills of a therapist.
 - b. Rehabilitation Therapy: Any type of rehabilitation therapy (physical therapy, occupational therapy, speech therapy, etc. requires the pre-approval of the VA before the initiation of therapy.
 - c. Evaluations/re-evaluations should consider the following: Establishment of treatment goals specific to the patient's disability or dysfunction and designed to specifically address each problem identified in the evaluation; design of a plan of care addressing the patient's disorder, including establishment of procedures to obtain goals, determining the frequency and intensity of treatment; continued assessment and analysis during implementation of the services at regular intervals; instruction leading to establishment of compensatory skills; selection of devices to replace or augment a function (e.g., for use as an alternative communication system and short-term training on use of the device or system); and patient and family training to augment rehabilitative treatment or establish a maintenance program. Education of staff and family should be ongoing.
- 10. Emergency Care; Financial Responsibility; Advanced Directives.** In emergencies, nursing home staff will utilize the 911 local emergency systems as for any resident. Advance directives or living wills shall be adhered to according to CNH physician's orders. When private hospitalization or emergency services are required, the patient, spouse, financial guardian or insurer is financially responsible. Service connected veterans may qualify for VA coverage of emergency care provided the VA Montana Health Care System (VAMTHCS) is contacted by the private hospital provider within 72-hours of admission on the first business day following a weekend or holiday. This includes the cost of necessary transportation for such care.
- 11. HIPAA Compliance.** HIPAA compliance is required. The Contractor must adhere to the provisions of Public Law 104-191, Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the National Standards to Protect the Privacy and Security of Protected Health Information (PHI). As required by HIPAA, the Department of Health and Human Services (HHS) has promulgated rules governing the security and use and disclosure of protected health information by covered entities, including the Department of Veterans Affairs (VA). In accordance with HIPAA, the Contractor may

be required to enter into a Business Associate Agreement (BAA) with VA, but VACO has recognized CNH Facilities as an entity that does not require a BAA as long as they are conducting health care on VA's behalf. The CNH care program qualifies as a medical service, so no BAA is required.

- 12. Annual VA Community Nursing Home Exclusion Review.** An Exclusion Review is completed, at a minimum, every 12 months through the VA CNH Program. Findings and recommendations for disposition of contract renewal based on the CNH review process will be sent to the Contracting Officer for consideration prior to the CNH Option Year renewal.
- 13. State Licensure; Access to CNH Quality of Care Reports.** The CNH must maintain a current and unrestricted state license to operate as a skilled nursing facility. Changes in the status of the licensure will be immediately reported to the VA Hospital VA Home and Community Care Department. VA will monitor the professional care and administrative management of services provided to VA beneficiaries under this contract, through one or any combination of the following methods: reviews of State agencies reports; on-site inspection of the CNH by VA staff; and/or on-site monitoring of VA patients. The CNH shall provide VA with copies of all State agency reports when requested, and cooperate fully with VA's quality improvement or quality assurance program functions relating to this contract, including VA's on-site inspection and monitoring. The VA Contracting Officer shall make all final determinations as to the Contractor's reasonable cooperation with VA and compliance with these requirements.
- 14. Insurance Certificate.** The CNH must maintain a current Insurance Certificate. Changes in the status of the Insurance shall be immediately reported to the VA Hospital VA Home and Community Care Department. The CNH shall provide VA with copies of all Insurance Certificates when requested, and cooperate fully with VA's quality improvement or quality assurance program functions relating to this contract, including VA's on-site inspection and monitoring. The VA Contracting Officer shall make all final determinations as to the Contractor's reasonable cooperation with VA and compliance with these requirements. A copy of the nursing home's Insurance Certificate evidencing professional liability/medical liability coverage in the amounts listed in VAAR 852.237-7 Indemnification and Medical Liability Insurance shall be provided to the CNH Coordinator, and or Contracting Officer when requested.
- 15. Corrective Action Plan.** The CNH will cooperate with timely development of Corrective Action Plans (CAPs) related to identified deficiencies and related to State, Federal or VA surveys. The CNH will develop in the time period specified by VA timely and appropriate CAPs for VA surveys or investigation of complaints related to quality of care or sentinel events. The CNH will also supply related documents or data as specified by VA. The CAPs will include but are not limited to the following criteria and shall:
 - a. contain elements detailing how the CNH will correct the deficiency as it relates to the individual;
 - b. indicate how the CNH will act to protect residents in similar situations;
 - c. Include the measures the CNH will take or systems that will be altered to ensure that the problem will not recur. The CNH must look at the system and determine if a change to the existing system will work, if a new system is necessary, or if a system does not exist and must be developed;
 - d. Indicate how the CNH plans to monitor performance to make sure that solutions are permanent. The CNH must develop a quality assurance tool for ensuring that correction is achieved and sustained. This tool must be implemented. Failure to implement a quality assurance tool to sustain compliance will reflect that the CNH has an ineffective quality assurance system; and
 - e. Provide dates when corrective action will be completed.
- 16. Life Safety Code.** The CNH's building shall conform to the most recent standards of the Life Safety Code (National Fire Protection Association Standard #101) in effect on the date of the contract award and compliance with all applicable Federal, State and local regulations. The administrator of the CNH is required to notify the VA CNH Coordinator in writing at least thirty (30) calendar days prior to any planned facility changes that could impact the Life Safety Code and other safety features of the

facility which were in existence at the time this contract became effective. The VA CNH Coordinator will notify the VA Safety Manager responsible for the Life Safety Code inspection of the CNH and he/she will review (inspect the facility if required) the proposed changes and provide necessary approval or disapproval of the CNH to house veterans during and/or after the proposed changes. These changes may include but are not limited to:

- a. Interior changes requiring VA approval. Some examples of facility changes that require the VA CNH Coordinator notification are as follows: interior finish, corridor partitions/walls, patient room doors, linen or trash chutes, exits, emergency lighting, fire alarm systems, automatic sprinklers, smoke barrier walls or doors, oxygen systems, compressed gas storage, HVAC, electrical and fuel gas systems;
- b. Automatic sprinkler system. All VA contracted CNH facilities are to be fully-equipped with a fully-automatic sprinkler system installed in accordance with the National Fire Protection Association's (NFPA) standards and be 100% sprinklered;
- c. Natural disasters. In the event of a natural disaster (flood, tornado, etc.), the CNH shall communicate all action plans to VA. The action plans will at a minimum identify temporary transfers of location, dates, and names of veterans transferred; and
- d. Major construction; additions; and renovations. Major construction including building additions or other renovations which may affect physical plant integrity; SHALL MEET latest NFPA 101 Life/Safety Code requirements as well as any additional VA CNH construction standards in place at time of renovation or alteration. Acceptable safety and sanitation practices shall be observed throughout the facility. The building shall conform to the standards of the Life Safety Code (National Fire Protection Association Standard #101) in effect on the date of contract award.

17. Acceptable Safety and Sanitation Practices. Acceptable safety and sanitation practices shall be observed throughout the facility. The CNH will address employee and patient safety practices through staff orientation, training and adherence to related policy or procedures to provide a safe and clean environment.

18. Re-admission to the VA Hospital and Emergency Care; Notification of Death of Veterans; CNH Responsibility to Veteran's Belongings or Personal Effects. VA beneficiaries who begin to require more than the level of care authorized by VA will be readmitted to an appropriate VA facility, as determined and authorized by VA.

- a. When such an admission is not feasible because of the nature of the emergency, hospitalization in a non-Federal facility may be accomplished provided VA authorization is obtained. VA authorization must be obtained within 72-hours of admission of the patient to a non-Federal facility and notice of any veteran death within 24-hours or immediately the first business day after a weekend or holiday. If hospitalization of a non-emergency nature is required, readmission to a VA Medical Center may be accomplished as soon as the patient's condition is sufficiently stabilized to permit admission to a VA Medical Center.
- b. In the event of a death of any veteran, the Contractor agrees to notify VA immediately of the death. In the event a death of a VA beneficiary while receiving nursing home care under this contract, the CNH will promptly notify the VA facility which authorized admission and immediately assemble, inventory, and safeguard the patient's personal effects. The funds, deposits, and effects left by the VA patients upon the premises of the CNH shall be delivered by the CNH to the person(s) entitled thereto under the laws currently governing the CNH for making disposition of funds and effects left by patients, unless the beneficiary died without leaving a will, heirs or next of kin capable of inheriting.
- c. When disposition has been made, the itemized inventory with annotation as to the disposition of the funds and effects will be immediately forwarded to the VA facility authorizing admission. Should a deceased patient leave no will, heirs, or next of kin, his/her personal property and funds wherever located vests in and becomes the property of the United States in trust. In these cases, the CNH will forward an inventory of any such property and funds in its possession to the VA facility authorizing admission and will hold them (except articles of clothing necessary for proper burial) under safeguard until instructions are received from VA concerning disposition. CMS

regulations require retention of records for five (5) years when there is no requirement in State law.

- 19. Leave of Absence (LOA) – Bed-Hold Statement.** For re-hospitalizations or therapeutic passes, VA will pay a bed hold. Therapeutic 4 hour passes will be authorized by the CNH staff based on individual patient needs, but are generally limited to two (2) times per month and should be pre-approved. VA will cover bed holds based on the following plan: The host VA medical center will select one of the following options:
- 2 days/episode, pre-approved by VA when in the best interest of the Veteran and VA. Exceptions approved at VAMTMHCS level.
 - When deemed appropriate, VA will reimburse the CNH 70% of applicable per diem rate for bed hold not to exceed two days (48 hours) per episode, total of 6 days per Calendar Year.
 - VA will reimburse per the prevailing State Medicaid guidelines.
 - If a veteran is hospitalized from the nursing home, the nursing home and VA facility will arrange to hold a bed in reserve when such a decision is in the best interest of the patient and the VA. The number of covered bed hold days will be determined by VA on a case-by-case basis, but will not exceed the number of bed hold days allowed by state Medicaid regulations. Payment will follow state Medicaid regulations. The VA facility will include payment for these "bed hold" days only when the conditions above are met.

Bed-hold will begin the date the resident leaves the CNH and full per diem will resume on the date of readmission to the CNH. Absences of fifteen (15) consecutive calendar days or more, whether in a VA or in a non-Federal facility require a new authorization. The nursing home is responsible to notify the family if a bed hold is required for a longer period.

- 20. Reportable Events.** VA requires CNHs to report to the CNH Coordinator at VA any of the following events within 24-hours or immediately the first business day after a weekend or holiday:
- Sentinel events;
 - When there is a change of ownership of the CNH;
 - When there is a change of nursing home administrator or Director of Nursing/Director of Nursing Service;
 - substantiated allegations of mistreatment, neglect, abuse or misappropriation of CNH veterans or property;
 - Elopements of CNH veterans pursuant to state regulations;
 - Infectious outbreaks;
 - Resident to resident or resident to staff altercations involving a CNH veteran resulting in any injury that is other than minor;
 - Copies of annual surveys or substantiated complaint investigations conducted by a State oversight agency; and
 - Adverse events. Reporting shall include date of occurrence and patient disposition and outcome.

A sentinel event may include, but is not limited to the following:

- A fall resulting in death or injury;
- Elopement resulting in a missing patient;
- Patient abuse confirmed or under suspicion;
- A medication error resulting in patient illness or injury;
- Death or patient injury related to restraint (including side rails) use; or
- Death related to an unconfirmed or suspicious cause.

When an adverse event occurs involving a CNH Veteran which is not determined to be a Sentinel Event(but that the State requires that the occurrence be reported to the State), such event is also to be reported to VA's CNH program office. Some adverse events, such as minor medication errors without catastrophic outcomes, are managed by the CNH in the context of their quality improvement programs. It is not necessary for nursing homes to report such incidents to the CNH program office.

21. VA Actions Regarding Serious Quality of Care Deficiencies. In cases of serious deficiencies affecting the health or safety of veterans or in cases of continued uncorrected deficiencies, VA will take one or more of the following actions in accordance with the terms and clauses of the contract and applicable procurement regulations:

- a. Increase VA staffing monitoring until the State survey agency clears the deficiency;
- b. Suspend placement of veterans in the CNH;
- c. Remove or transfer veterans under the contract from the subject CNH;
- d. Not renew the contract; and/or
- e. Terminate the contract.

22. VA Staff Access to CNH Records. All medical records concerning the veteran's care in the CNH will be readily accessible to VA. Upon discharge or the death of a patient, medical records will be retained by the CNH for a period of at least five (5) years following termination of care. Patient records will be maintained in conformance with the Privacy Act of 1974 (5 U.S.C. § 552a). A medical record shall be maintained for each patient, which includes at least the following:

- a. VAMTHCS Referral Package to the CNH:
 - 1) Copy of Physician Orders for Nursing Home Care; CPRS Notes; Discharge Summary including History & Physical information with Medication List; Rehabilitation Progress Notes; and Veteran Demographic Record which includes next of kin information. Copy of Authorization Agreement (VAF 10-7078).
- b. Nursing Home Clinical Record: The CNH must maintain clinical records on each veteran in accordance with accepted professional standards and practice. The clinical record must be: complete, accurately documented, readily accessible, systematically organized, and legible. Clinical records must contain at a minimum:
 - 1) Sufficient information to identify the resident;
 - 2) A record of the veteran's assessments, including those assessments performed by services under the contract with the CNH;
 - 3) The plan of care and services including medication administration, provided by CNH staff and services provided under the contract with the CNH;
 - 4) Interdisciplinary progress notes to include effect of care provided, veterans' response to treatment, change in condition, and changes in treatment;
 - 5) Medical practitioner orders which are signed and dated;
 - 6) Allergies;
 - 7) Person to contact in an emergency situation;
 - 8) Name of attending medical practitioner; and
 - 9) Advanced directives if available.
- c. Clinical Record Safeguards: The CNH must safeguard clinical record information against loss, destruction, or unauthorized use. If the CNH maintains a veteran's record by computer, electronic signatures are acceptable. If attestation is done on computer records, safeguards to prevent unauthorized access and to provide for reconstruction of information must be in place.

21. Specialty Services. The CNH will assume responsibility for arranging specialty care for veterans (e.g., dental care, podiatry and ophthalmology).

22. VA Health Care System Consultation/Resources.

- a. Telephone Care Communications Systems (TCCS): For urgent same-day outpatient specialty care or for non-urgent scheduled clinic appointments/consultations, phone (970-242-0731) between 9 a.m. and 3 p.m. Monday through Friday, excluding holidays. If a same-day appointment is anticipated; please call as early as possible.
- b. Admissions Conference Call Systems phone number Phone #: For non-emergency consultation or /evaluation for admission to the Montana VA Medical Center (after initial evaluation or intervention by the nursing home physician).

- c. After hours, weekends and holidays: For urgent referrals or consultation contact the Admission Conference Call System number 970-242-0731.
- d. Transportation: Necessary transportation to and from the VA hospital for clinics, evaluation or hospitalization will be arranged and paid by the VA hospital for CNH patients when requested. For Clinic appointments, call 970-242-0731.

23. Charitable Contributions. The CNH will not solicit contributions, donations, or gifts from patients or family members. Note: Established charitable fundraising activities of a CNH fall outside the scope of this language.

24. VA Payments. Payments made by VA under any contract pursuant to this contract, constitute the total cost of nursing home care. No additional charges will be billed to Medicare (with the exception of hospice), Medicaid, or private insurance, the beneficiary or his/her family, either by the CNH or any third party furnishing services or supplies required for such care, unless and until specific prior authorization in writing is obtained from the VA facility authorizing placement. The patient, family and any other entitlement programs (e.g., Medicare, Medicaid, etc.) will not be billed for uncovered services or costs during the VA contract period. This constitutes double-billing and Federal fraud.

- a. Vendors who bill electronically using the HIPAA-compliant claims transactions must submit claims through the VA clearinghouse, Emdeon, using payer ID number 12115 for medical claims.

25. Transportation. The provision of this comprehensive convalescent care is intended to minimize the need for veterans to travel to other locations for routine care. Routine transportation for Veterans under contract is provided by VA only if arranged through the VA, and only if the Veteran has special transportation needs documented, such as being non-ambulatory and requiring a wheelchair or litter for safe transportation. Emergency transportation may be authorized provided VA's authorization is obtained as soon as possible and not to exceed 72 hours of admission to a VA Medical Center or a non-Federal facility. 447-7996

26. Private Rooms: A private room rate for clinical concerns such as communicable diseases or infections (e.g., MRSA, VRE), or other pertinent clinical needs may be charged above the negotiated RUG rate for that facility with prior approval by the VA CNH Coordinator or designated VA staff. However, no additional private room charge will be allowed in the following circumstances: where the CNH only maintains private rooms; no double-occupancy rooms are available; and for ventilator-dependent patients with prior-negotiated rates.

27. Specialized Prosthetics Equipment (e.g., specialty bed): Veterans may be eligible for specialized equipment when clinically indicated. Pre-approval required by VA.

B.4 DELIVERABLES

REPORTS

Where a report, positive or negative, is established herein and is required to be submitted by the contractor, reports will be VAMC-Specific. The definitions below outline the timeframe for submission of reports to the CNH Coordinator:

Daily* – no later than 24 hours after notification of event.

Monthly – due to the CNH Coordinator no later than the 15th workday of the month following the previous month.

Quarterly – due to the CNH Coordinator no later than the 15th of the month following the reporting quarter – reporting quarters are based on our fiscal year, October to December, January to March, therefore reports are due by January 15th, April 15th, etc.

Annual – due to the CNH Coordinator no later than the end of your Period of Performance.

Fax- shall be sent via secure fax 406-447-7645.

Emails- shall not contain patient information.

* While these are labeled as “daily”, they are only reported when applicable. If an incident occurs and the contractor has 48 hours to report, then this would be reported on the daily report in which the 48 hours falls.

Daily Reports (As Required)

Report Description	Distribution	Format	SOW Reference
<u>Corrective Action Plan:</u> The CNH will cooperate with timely development of Corrective Action Plans (CAPs) related to identified deficiencies and related to State, Federal or VA surveys.	CNH Coordinator	Word document or PDF	Para 16
<u>Life Safety Code:</u> The CNH’s building shall conform to the most recent standards of the Life Safety Code.	CNH Coordinator	Word document or PDF	Para 17
<u>Notification of Death:</u> In the event of a death of any veteran, the Contractor agrees to notify VA immediately of the death.	CNH Coordinator	Telephone / FAX	Para 19
<u>Forward of Inventory of Property:</u> Should a deceased patient leave no will, heirs, or next of kin, his/her personal property and funds wherever located vests in and becomes the property of the United States in trust. The CNH will forward an inventory of any such property and funds in its possession to the VA facility.	CNH Coordinator	Telephone / FAX	Para 19
<u>Reportable Events:</u> VA requires CNHs to report to the CNH Coordinator at VA any of the following events within 24-hours or immediately the first business day after a weekend or holiday.	CNH Coordinator	Telephone, email, Word, PDF, fax	Para 21

Annual Reports

Report Description	Distribution	Format	SOW Reference
<u>Copy State Licensure:</u> The CNH must maintain a current and unrestricted state license to operate as a skilled nursing facility. Changes in the status of the licensure will be immediately reported to the VA Hospital VA Home and Community Care Department.	CNH Coordinator annual	Copy, PDF	Para 14
<u>Copy of Insurance:</u> A copy of the nursing home’s insurance certificate evidencing professional liability/medical liability coverage in the amounts listed in VAAR 852.237-7 Indemnification and Medical Liability Insurance.	CNH Coordinator	Copy, PDF	Para 15, and VAAR 852.237-7
<u>Medicaid Rate Change:</u> A Copy of SMA letter on State letter head for Medicaid rate change.	CNH Coordinator and CO	Copy, PDF	B.5

B.5 RATE DETERMINATION

The per diem rate is established by the current Medicaid rate for Medicaid approved nursing homes plus a fair market amount (percentage) to cover the cost of supplies, services, and equipment above that provided under Medicaid established by the local state Medicaid agency (SMA). Rates established after the effective date of this contract will constitute a modification to the contract.

VA will use Medicaid rates for room, board, and routine nursing care.

For all levels of nursing care a percentage is added for routine ancillary services/supplies, such as ~~drugs~~, nursing supplies, oxygen (occasional use), x-ray, laboratory, physician visits, and rental equipment.

Special equipment, e.g. Clinitron bed, is/are not considered routine ancillary services (and may be provided by the VA).

Medication costs which comprise more than eight and one-half percent (8.5%) of the per diem rate are generally not considered routine ancillary supplies (and may be provided by the VA).

Rehabilitation therapies will be provided as a distinct level of care. Hospice Care and Dialysis are not included in the rate. VA or other payers may be used for Hospice and Dialysis, as determined by the veteran with VA approval.

B.6 DEPARTMENT OF VETERANS AFFAIRS (VA) COMMUNITY NURSING HOME PROGRAM LEVEL OF CARE - DESCRIPTIONS

Rehabilitation Plus Extensive Services: Residents satisfying all of the following three conditions: Having a minimum activity of daily living (ADL) dependency score of 2 or more. Receiving physical therapy, occupational therapy, and/or speech-language pathology services while a resident. While a resident, receiving complex clinical care and have needs involving tracheostomy care, ventilator/respirator, and/or infection isolation.

Rehabilitation: Residents receiving physical therapy, occupational therapy, and/or speech-language pathology services while a resident.

Extensive Services: Residents satisfying the following two conditions: Having a minimum ADL dependency score of 2 or more. While a resident, receiving complex clinical care and have needs involving: tracheostomy care, ventilator/respirator, and/or infection isolation.

Special Care High: Residents satisfying the following two conditions: Having a minimum ADL dependency score of 2 or more. Receiving complex clinical care or have serious medical conditions involving any one of the following: comatose, septicemia, diabetes with insulin injections and insulin order changes, quadriplegia with a higher minimum ADL dependence criterion (ADL score of 5 or more), chronic obstructive pulmonary disease (COPD) with shortness of breath when lying flat, fever with pneumonia, vomiting, weight loss, or tube feeding meeting intake requirement, parenteral/IV feeding, or respiratory therapy.

Special Care Low: Residents satisfying the following two conditions: Having a minimum ADL dependency score of 2 or more. Receiving complex clinical care or have serious medical conditions involving any of the following: cerebral palsy with ADL dependency score of 5 or more, multiple sclerosis with ADL dependency score of 5 or more, Parkinson's disease with ADL dependency score of 5 or more, respiratory failure and oxygen therapy while a resident, tube feeding meeting intake requirement, ulcer treatment with two or more ulcers including venous ulcers, arterial ulcers or Stage II pressure ulcers,

ulcer treatment with any Stage III or IV pressure ulcer, foot infections or wounds with application of dressing, radiation therapy while a resident, or dialysis while a resident.

Clinically Complex: Residents receiving complex clinical care or have conditions requiring skilled nursing management, interventions or treatments involving any of the following: pneumonia, hemiplegia with ADL dependency score of 5 or more, surgical wounds or open lesions with treatment, burns, chemotherapy while a resident, oxygen therapy while a resident, IV medications while a resident, or transfusions while a resident.

Behavioral Symptoms and Cognitive Performance: Residents satisfying the following two conditions: Having a maximum ADL dependency score of 5 or less. Having behavioral or cognitive performance symptoms, involving any of the following: difficulty in repeating words, temporal orientation, or recall (score on the Brief Interview for Mental Status ≤ 9), difficulty in making self understood, short term memory, or decision making (score on the Cognitive Performance Scale ≥ 3), hallucinations, delusions, physical behavioral symptoms toward others, verbal behavioral symptoms toward others, other behavioral symptoms, rejection of care, or wandering.

Reduced Physical Function: Residents whose needs are primarily for support with activities of daily living and general supervision. Calculations identify residents who are receiving restorative nursing services as recorded on the MDS and include: urinary and/or bowel training program, passive and/or active range of motion, amputation/prosthesis, training, splint or brace assistance, dressing or grooming training, eating or swallowing training, transfer training, bed mobility and/or walking training, communication training.