

Evaluation Sensitive Material

Technical Capability Checklist

Multiple Award Solicitation Number 36C25618Q0658 (Nursing Home Services - Medicaid)

Nursing Home Name: _____ **County and State:** _____

A. Technical Capability – Technical capability to meet the Government’s requirements:

1) Regulatory and Compliance. Nursing home facility will meet all Federal and State regulatory requirements and industry practices, as applicable, and be in compliance with such regulations and standards.

(*Please respond to the criteria below by circling “yes” or “no”; provide brief, detailed explanation for any answer.)

a. Facility is in compliance with most recent standards of Life Safety Standards – National Fire Protection Association and applicable Federal, State and local regulations.

Yes / No

b. Facility must be 100% sprinkled and can demonstrate evidence of this fact upon request.

Yes / No

c. Facility has current Center for Medicare and Medicaid Services (CMS) certification (Medicare and/or Medicaid) and State license.

Yes / No

d. Facility has Medical Liability Insurance/Professional Liability Insurance at the minimum level as required by the State and VAAR 852.237-7, Indemnification and Medical Liability.

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Yes / No

e. Facility **meets 3 or less** of 7 exclusionary criteria related to VA quality of care standards as outlined in VHA Handbook 1143.2, "VHA Community Nursing Home Oversight Procedures" (June 4, 2004) as evidenced by the latest CMS survey.

*Note: For the following state averages, see the Nursing Home Compare website:

<http://www.medicare.gov/NHCompare/Include/DataSection/Questions/ProximitySearch.asp?bhcp=1>

**Note: For facilities meeting 4 or more of the exclusionary criteria, CAVHS has established a waiver review process for facilities in geographic/rural areas with scarce resources or needed specialized services.

i. Three (3) level "G" or worse deficiencies in the current survey; reference **CMS Nursing Home Compare Standard**: Score of 3 or higher.

Yes / No

ii. Total number of health requirement deficiencies are twice the State average in current survey; reference **CMS Nursing Home Compare website**.

Yes / No

iii. A level "E" or higher deficiency in the current survey in one of the following areas: Restraints (Federal Tag, F221 or F222); Abuse – F223; Staff Treatment of Patients (includes background check) – F225 or F226; Dignity – F241; or, Licensure – F491; reference **CMS Nursing Home Compare Standard**: Fails when score of 2 or higher in any measure.

Yes / No

iv. RN hours per resident day are below the State average; reference **Nursing Home Compare website** (Please supply your average ____, to be compared with your State's average, as applicable);

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Yes / No

- v. Total nursing hours per resident day are below the State average; reference **Nursing Home Compare website**. Please supply your average ____, to be compared with your State’s average, as applicable);

Yes / No

- vi. A level” E” or higher deficiency in the current survey in one of the following areas: Nursing Services – F353; Nursing Aide Training – F494 or F495 or F496; Regular In-Service Training – F497; Proficiency of Nursing Aides – F498; or Staff Qualifications – F499; reference **CMS Nursing Home Compare Standard**: Fails when score of 2 or higher found in any measure;

Yes / No

- vii. Six (6) of the CMS Quality Measures listed in the **Nursing Home Compare website** fall above the State average; reference **CMS Nursing Home Compare Standard**: Fails when six or more CMS Quality Measures listed are greater than State average.

Yes / No

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2. Quality Control. Nursing home facility demonstrates that its remedial actions meet standards and are accepted by State licensing and certification officials to promote acceptable quality of care for veterans.

a) Facility can show upon request evidence that its latest plan of correction, if applicable, is approved by the State for any pending deficiencies.

Yes / No

3. Management Approach. Nursing home will demonstrate timely access to care and resources.

a) Facility has bed capacity to ensure their ability to take referrals when requested (Minimum Number of bed capacity is 10).

Yes / No

b) Facility is able to accept VA referrals in a timely fashion (Ideally within 24 hours of request).

Yes / No

Signed:

Signature: _____

Date: _____

Printed Name: _____

Nursing Home: _____