

RIDER 2

**RIDER 2
WORK STATEMENT**

APPLICATION QUESTIONS

1. Please list the name, primary location, and tax identification number (“TIN”) of the health system that will be part of a Regional Health Collaborative (“RRHC”) that provides educational and clinical support to a specific Region(s) of the Commonwealth.

Name:
Primary Location:
TIN:

- a. Are there other health systems or hospitals that have agreed to be part of this RRHC?

Yes

No

- b. If so, please list primary location(s) and TIN(s) of these health systems or hospital.

Name:
Primary Location:
TIN:

Name:
Primary Location:
TIN:

Name:
Primary Location:
TIN:

Name:
Primary Location:
TIN:

Name:
Primary Location:
TIN:

Name:
Primary Location:
TIN:

- c. Does your RRHC include an Academic Medical Center(s)? Refer to Appendix B for a definition of Academic Medical Center.

Yes

No

- d. If so, please list primary location(s) and TIN(s).

Name:
Primary Location:
TIN:

Name:
Primary Location:
TIN:

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Primary Location:
TIN:

Name:
Primary Location:
TIN:

Name:
Primary Location:
TIN:

Name:
Primary Location:
TIN:

e. Do you own, operate, or otherwise have an interest in a facility, DHS-licensed facility, or Older Adult Daily Living facility? (Refer to the definitions in Appendix B).

Yes

No

f. If so, please list primary location(s) and TIN(s), and describe the nature of the interest.

Name:
Primary Location:
TIN:

Name:

Primary Location:

TIN:

Name:

Primary Location:

TIN:

2. In which of the Department of Health (“DOH”) defined Region(s) will the RRHC operate? Please select **no more than two** Regions:

Northeast

Southeast

North Central

South Central

Northwest

Southwest

Refer to Appendix D for a map of the counties comprising each Region.

3. Are you able to promote health and stabilize the economy of the Region(s) identified in Question 2 by directly supporting COVID-19 readiness and response in facilities? This includes compliance with any DOH and DHS-issued guidelines regarding the Program.

Yes

No

- a. If so, please describe:

4. Are you able to improve the quality of care related to prevention of infections like COVID-19 and other priority health care conditions, such as, but not limited to, falls pressure ulcers, aspiration, diabetes, and hypertension, common to any and all facilities within the Region(s) you selected above?

Yes No

a. If so, please describe:

5. As part of the proposed RRHC, are you able to provide the administrative infrastructure for the following functions:

a. Establish and maintain a dedicated call center for facilities with a 24-7 access and office hours to contact the RRHC with concerns?

Yes No

b. Have the RRHC call center conduct outreach calls that may include follow-up calls to facilities as needed?

Yes No

c. Will your RRHC be able to conduct at least two onsite facility visits and at least one on-site consultation with other DHS-licensed facilities, Older Adult Daily Living facilities, and State Veterans Homes if requested by DHS by December 1, 2020?

Yes No

d. Develop training capabilities and resources to provide facility personnel with train-the-trainer modules, resources and support?

Yes No

e. Can your RRHC assist facilities with real time two-way telecommunications for visitation, as needed?

Yes No

For each “Yes” answer you provided to Questions 5.a. through 5.e. above, please describe your capabilities. Limit comments to two pages.

6. As part of the proposed RRHC, will you participate, support, and provide speakers with expertise as part of DHS’ Learning Network in support of all facilities?

Yes No

7. As part of the proposed RRHC, does your health system have the capacity to staff a Rapid Response Team (refer to Appendix B for definition) that can perform the following functions:

- a. Be part of a DOH/DHS daily meetings, including, but not limited to, virtual attendance at standing and ad hoc meetings to address emerging and operational needs?

Yes No

- b. Deploy a Rapid Response Team that can visit and assess a facility identified by DOH or DHS within 24-hours of notification?

Yes No

- c. Provide COVID-19 universal testing to include asymptomatic staff and residents in facilities that are deemed possibly at risk as defined by DOH and DHS, with a maximum 48-hour turnaround time by a DOH-approved lab? This consists of performing the on-site test, covering the cost of the test if patient has no other form of insurance coverage, transporting the test to a DOH approved lab, helping to track the test result, and reporting the test result to DOH. This will also include having clinical personnel to discuss the results with residents and staff of a facility.

Yes No

- d. Implement CDC and DOH best practices in infection control?

Yes No

- e. Provide clinical staffing augmentation to replace absent clinical personnel within facilities and other administrative personnel, if DHS identifies a need for such augmentation?

Yes No

- f. Provide advanced clinical care, including on-site and telemedicine-supported clinical care, remote monitoring, and physician consultation?

Yes No

- g. Conduct behavioral health screenings of facility staff and residents using validated tools identified by DHS and coordinate acute behavioral health and substance use disorder services?

Yes No

- h. Identify and coordinate COVID-19-related transportation resources as needed to transport facility resident(s), personnel, or both?

Yes No

- i. Make linkages to emergency management agencies and healthcare coalitions to ensure access to emergency equipment (including, but not limited to, personal protective equipment (“PPE”), gowns, gloves, and other equipment), especially in the setting of a COVID-19 outbreak, which can temporarily require significant and increased amounts of PPE?

Yes No

- j. Provide personnel and technology to assist DOH in contact tracing efforts within facilities? This includes, but is not limited to, monitoring, calling facility staff (or any other entrants to and from a facility) as well as any contacts they may have had, assisting with testing, and submitting data to DOH and DHS.

Yes No

- k. To provide clinical consultation and augmentation to meet the specialized needs of people with intellectual disabilities or Autism, does your health system have an existing relationship with the Regional Health Care Quality Units (as defined in Appendix B)?

Yes No

For each “Yes” answer you provided to Questions 7.a. through 7.k. above, please describe your capabilities. Limit comments to four pages.

8. To support operations, management, and administration to protect residents in facilities from COVID-19, are you able to provide alternative care sites or cohort opportunities in collaboration with the emergency management and healthcare coalition partnerships as part of this program, such as:

- a. Provide additional “swing bed” or “transitional care bed” capacity for individuals who cannot be discharged from a hospital because the facility from which they were admitted is deemed by DHS/DOH to be at significant infection risk or where alternate care is otherwise deemed appropriate by DOH and DHS??

Yes No

b. Arranging transportation from a facility and temporarily housing individuals in a hospital or alternative setting if they have confirmed or suspected COVID-19 infection?

Yes No

c. Initiation and maintenance of entirely COVID-19 positive alternative care site facilities for the Region(s) you identified in Question 2 above?

Yes No

d. Other arrangements for cohorting or temporary housing?

Yes No

e. Provide technical assistance to facilities who need to establish or augment an existing Occupational Health Program in light of risks posed to workers during COVID? (see definition in Appendix B).

Yes No

For each "Yes" answer you provided to Questions 8.a. through 8.e. above, please describe your capabilities. Limit comments to 2 pages.

9. As part of the proposed RRHCP, each RRHC must report activities as part of this program. Can you confirm that your RRHC will have the capability to track any and all activities by facility on at least a weekly basis, as required by DHS, by the effective date of the agreement? This includes the following, but is not limited to:

a. Number of facilities contacted by phone, facility consultation hours provided, on-site facility visits, on-site trainings, educational webinars and remote training, and CDC Tele-ICAR or other requested surveys completed.

Yes No

b. Number of COVID-19 tests resulted, COVID-19 positive individuals, residents cohorting by red and yellow designation as identified by the Governor's Office, contact tracings completed, and number of bed days residents are cohorting in alternative sites (hospital, hotels, other).

Yes No

c. Number of COVID-19 tests and alternative cohorting bed days billed and paid for by facility resident's insurance.

Yes No

- d. Number and type of staff deployed in an urgent/emergent situation, amount of PPE and supplies provided, number of patients transported and where, and number of staff screened and treated for behavioral health needs.

Yes No

10. Does your organization participate in the following:

- a. The DOH electronic lab reporting system that allows you to quickly report COVID-19 test results?

Yes No

- b. One of the DHS state certified Health Information Organizations (“HIOs”)?

Yes No

- c. If you answered “No” to Question 10.c. above, will your organization commit to connecting to one of the state certified HIOs by the end of CY 2020?

Yes No

11. Has your health system received CARES Act funding to address the needs of these long-term care facilities?

Yes No

If you answered “Yes” to this Question, please describe your receipt of CARES Act funding. Limit comments to one page.

12. Are you able to comply with the requirements listed above in a culturally and linguistically appropriate manner that addresses the needs, including communication needs, of all Pennsylvanians, especially individuals with intellectual disabilities, autism, behavioral health and physical disabilities?

Yes No

13. As part of its oversight of the RRHCP, DHS will issue public reports concerning the operation of the RRHCs in each Region. Such reports may include all information pertaining to the RRHCP, including, but not limited to, any and all activities performed by your RRHC under this grant, financial information, or audit findings; however, DHS will not publish trade secret, proprietary, or otherwise confidential information. Please confirm that you will adhere to timeframes identified by DHS, submit all activities, and report all necessary information to DHS.

Yes No