



November 1, 2022

Dear Potential Applicant:

You are invited to submit an application to the Pennsylvania Department of Health in accordance with the enclosed Request for Applications (RFA) #67-150.

A pre-application conference will be held via Microsoft Teams on Tuesday, November 29, 2022 from 1:00pm – 3:00pm EST. Potential applicants can join via Microsoft Teams by clicking on this link [Click here to join the meeting](#) or by phone at 1-267-332-8737. The conference ID is 414 653 531#. If attending by phone, any content shown on Teams call screen will not be visible. Applicant attendance is optional.

All questions regarding this RFA must be directed by e-mail to [ra-DHLTCtransform@pa.gov](mailto:ra-DHLTCtransform@pa.gov), no later than 12:00 p.m. on November 15, 2022. All questions must include the specific section of the RFA about which the potential applicant is requesting clarification. Answers to all questions will be posted at [www.emarketplace.state.pa.us](http://www.emarketplace.state.pa.us). Click on 'Solicitations' and search for the above RFA number.

Please submit one application, (Part 2 of this RFA) by email to [ra-DHLTCtransform@pa.gov](mailto:ra-DHLTCtransform@pa.gov). The Department cannot accept secure or encrypted emails. Any submission via secure or encrypted email will be immediately discarded. Applications must be received no later than 1:30 p.m. on December 31, 2022. Applications can be submitted as soon as they are ready for submission; to prevent late submissions, applicants are encouraged to not wait until this closing date and time. The timestamp on the received application email in the [ra-DHLTCtransform@pa.gov](mailto:ra-DHLTCtransform@pa.gov) inbox is the final and only timekeeper to determine if the application was received by the deadline.

**LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.**

Please type "APPLICATION ENCLOSED RFA #67-150" as the subject line of your e-mail submission.

We expect that the evaluation of applications and the selection of Grantees will be completed within eight weeks of the submission due date.

Sincerely,

Office of Procurement  
For Agency Head

Enclosure

Request for Application  
Long-Term Care Quality Investment Pilot

RFA Number  
#67-150

Date of Issuance  
November 1, 2022

Issuing Office: Pennsylvania Department of Health  
Office of Procurement  
Email: [RA-DHHEALTH\\_DEPT\\_DOC@pa.gov](mailto:RA-DHHEALTH_DEPT_DOC@pa.gov)

RFA Project Officer: J. Eric Laumer  
Pennsylvania Department of Health  
Email: [jlaumer@pa.gov](mailto:jlaumer@pa.gov)

# Long-Term Care Quality Investment Pilot

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### Application Forms and Attachments

- I. Long-Term Care Quality Investment Pilot Application and Budget
- II. Certifications
- III. BOP-2201 Worker Protection and Investment Certification Form
- IV. Long-Term Care Quality Investment Pilot Application: Attestations

Any Grant Agreement resulting from this RFA will include certain standard terms and conditions, which will either be attached as paper appendices or incorporated by reference and may be found at <http://www.health.pa.gov/vendors>. These terms and conditions are listed below:

- Payment Provisions
- Standard General Terms and Conditions (Rev. 2/21)
- Audit Requirements (Rev. 8/18)
- Commonwealth Travel and Subsistence Rates (Rev. 8/18)
- Federal Lobbying Certification and Disclosure (Rev. 12/05)
- Pro-Children Act of 1994 (Rev. 12/05)

# PART ONE

## **Long-Term Care Quality Investment Pilot**

### General Information

## **A. Information for Applicants**

The Pennsylvania Department of Health (Department) has received U.S. Centers for Disease Control and Prevention (CDC) funding under the Nursing Home & Long-Term Care Facility Strike Team and Infrastructure Project to assist with supporting long-term care facilities (LTCFs) during their response to COVID-19 infections, and also to build and maintain the infection prevention infrastructure necessary to support resident, visitor, and facility healthcare personnel safety.

The Department has prioritized investing in helping facilities improve their own capability to manage future outbreaks and other emergencies through developing the Long-Term Care Resiliency, Infrastructure Supports, and Empowerment program (LTC RISE), funded under the CDC's 2019 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) – Enhanced Detection Expansion (EDE) grant. A large portion of LTC RISE work requires the LTC RISE teams to work closely with LTCFs to conduct quality improvement projects that focus on the areas of workforce physical and psychological safety, infection prevention and control, and emergency preparedness and response. However, under LTC RISE alone, facilities themselves are not receiving any funds to reinvest in these key areas. Through implementing this Quality Investment Pilot, the Department will continue to encourage high quality, resident-centered care delivery, while allowing LTCFs to reinvest in building long-term resiliency, consistent with the LTC RISE mission and will help LTCFs sustain LTC RISE progress following the end of the LTC RISE program in July 2023.

The Quality Investment Pilot will distribute approximately \$11.7 million in Strike Team funds to long-term care facilities, that include skilled nursing facilities (SNFs), Personal Care Homes (PCHs), Assisted Living Facilities (ALFs) and Intermediate Care Facilities (ICFs), that meet specific criteria. These funds will be invested in key areas including workforce development and retention, infection prevention and control, and emergency preparedness. The Department anticipates that this Pilot will:

- Enable facilities currently receiving funding and support to transition and build resilience,
- Invest in facilities that can benefit the most from these dollars, as defined by two health equity measures, and support them in improving their quality of care, and
- Demonstrate that investments in these areas can be financially advantageous.

Through this RFA process, the Department is soliciting applications on the Long-Term Care Facility Quality Investment Pilot (“Pilot”). The Department is interested in funding applications addressing long-term care workforce resiliency and infrastructure projects to improve infection prevention control and emergency preparedness. The overall goal of this funding is to promote outbreak control and emergency response ability that promotes health equity for all residents and staff in long-term care facilities in Pennsylvania. The anticipated Grant Agreement term is March 1, 2023, to July 31, 2024, subject to the availability of funding. If the anticipated effective date is changed by the Department for the resulting Grant Agreement, the term is expected to remain a total of 17 months, subject to the availability of funding.

## **Eligibility**

Applications are welcomed from SNFs, PCHs, ALFs, and ICFs. Facilities are only considered eligible to apply if they meet all of the below requirements:

- Are not located within Philadelphia County.
- Are enrolled in LTC-RISE's quality improvement work by Friday December 9, 2022.
- Are registered as an active vendor at the time of bid closing (not flagged for deletion) within SAP prior to application submission. It may take up to two weeks to obtain an SAP vendor number. Facilities must allow adequate time. If a vendor has previously done business with the Commonwealth but has not used the number within the past five years, it may take up to two weeks to verify the account is active and not flagged, and can be used.
- Will co-invest 20% of the total amount of funds requested from the Department unless the facility has less than or equal to 30 beds.
- Agree to not negotiate the Standard General Terms and Conditions (Rev. 2/21)<sup>1</sup>.
- Express facility ownership is dedicated to this Pilot through attestation on the LTC Quality Investment Pilot (QIP) Application and Budget, Attachment I.
- Demonstrate that residents and families have been involved in the development of the proposed Pilot projects through attestation on the LTC QIP Application.

## **Key Areas for Investment**

This funding opportunity is designed to give facilities the ability to improve their overall routine operations and respond to urgent staff and resident safety issues in two main areas: 1) Expanding workforce capabilities and 2) Improving technical and physical infrastructure.

To make career opportunities more desirable and lucrative for existing staff and to boost recruitment of new staff into the long-term care service industry, the Department is creating a set of promotional tracks and new roles to attract and expand the workforce. This pilot seeks to pay for tuition for select certification and training programs designed to build skills of existing staff (individuals selected by awarded facilities) or to hire new staff to undergo similar enhanced training. Awarded facilities who choose these workforce certification and training options may receive up to 50% of staff compensation required to participate in certification and training activities during work hours. The pilot model is being set up this way to support ongoing education and training for working adults who may be unable to fulfill the training time requirements outside of scheduled work hours. Facilities are encouraged to cover the remaining 50% of the staff time to pay employees to attend training sessions. This pilot also provides additional funding to increase the salaries of staff after completion of certifications or approved trainings commensurate with local salaries and availability of funds.

The Department is also offering a set of options designed to change and improve the structure of facilities or to add new technology to strengthen infection control capabilities. Recognizing that many facilities were not built with respiratory virus transmission control at the forefront, this pilot

offers facilities the opportunity to create better isolation spaces, increase safe barriers, upgrade ventilation systems, add hand washing stations and sanitizer stations in common work areas, improve internet connectivity and communications capacity including telehealth to improve resident care and family member involvement.

The Department recognizes the vital importance of investing in workforce and buildings to improve infection prevention and control and emergency preparedness to build facility response capabilities. Therefore, facilities may invest in one or more of the interventions detailed below. Workforce development tracks are defined for several types of staff working in facilities. Leadership and management training will be available for administrative personnel designed to improve business management techniques but also to train on changing the culture of the work environment to improve workforce retention and support the implementation of all quality investment interventions. Clinical skills training will be available to clinical and other appropriate level staff and is intended to extend the workforce to provide critical services such as passing medications to residents (as appropriate) at times of high staff call outs and will cover practical training in IV insertion, wound care, vaccine administration, phlebotomy, and medication preparation and administration as appropriate. Facilities should consider their pool of certified nursing assistants (CNAs) for potential clinical training through this funding opportunity.

Onboarding a full-time infection preventionist or emergency preparedness coordinator are options for larger facilities (at least 120 licensed beds) or those with more complex care services. Facilities may also consider the promotional tracks of an infection prevention champion or an emergency preparedness champion – an existing employee(s) identified by the facility to earn additional certifications who can then assume responsibility in these areas, be compensated with higher wages and offset some of these responsibilities for facilities where administration has had to accept these additional roles. Facilities that choose an emergency preparedness champion or coordinator will be expected to support and participate in drills and exercises appropriate to enhance facility specific preparedness and response activities. Details of specific involvement on behalf of facility management are to be described in the application for facilities choosing to expand emergency preparedness capacity.

Interested facilities are to use the application document to estimate their maximum possible award based on the number of licensed beds. The application will also show the dollar amount that the facility will be responsible for contributing (20% for facilities larger than 30 beds). Once known, facilities are to review in detail the intervention options listed out in Table 1: “Tracks 1-4: Workforce Interventions to Improve Retention and Build Resiliency” and Table 2: “Tracks 5-7: Infrastructure Interventions to Improve Infection Prevention Control and Emergency Preparedness” below and determine which of these are best suited to improve their most important gaps.

Intervention opportunities for LTC facilities are organized into 7 tracks described in detail in the tables below. There are 4 workforce development tracks (Table 1) designed to build skills among existing staff - or hire full time staff for larger facilities (120 licensed bed minimum) in infection prevention and emergency preparedness: Tracks 3 and 4). These are:

- Track 1: Leadership/Management development
- Track 2: Clinical Skills training
- Track 3: Infection Prevention and Control
- Track 4: Emergency Preparedness

Cost estimates are provided under each track which are inclusive of paying expected tuition for the certification program, 50% of staff time (up to 30 hours) for staff to attend coursework during the workday, and fixed salary increases for each certification completed for one year. Some of the workforce interventions allow for more than one employee per facility to participate in the certification training (see details in the tables for each intervention). Facilities completing the application must decide which interventions they are interested in applying for and the number of staff for each intervention. This information will be required to complete the application.

Infrastructure interventions are organized into 3 additional tracks listed out in Table 2. They are:

- Track 5: Technology and Communications
- Track 6: Ventilation and Airflow
- Track 7: Biocontainment and Control

Interventions to improve infrastructure have maximum dollar amounts allowable under each intervention. For interventions with a maximum amount greater than \$25,000, the Department is requiring a quote from a vendor to be submitted with the application.

There are five interventions that require a quote:

- 6.C: Improve circulation and airflow opportunities (also requires applying for 6.D: Airflow Analyses)
- 7.A: Installing hand washing stations
- 7.C: Dividing non-single occupancy rooms
- 7.D: Create or improve biocontainment units
- 7.E: Upgrade visitation spaces

Quotes are to be obtained in advance of the application submission and have a total quoted cost for the work less than or equal to the maximum amount listed in Table 2 for that specific intervention. If you do not submit a quote with your application for any of the five interventions listed above, you will not be awarded for that intervention.



**Table 1. Tracks 1-4: Workforce Interventions to Improve Retention and Build Resiliency**

Track 1. Leadership/Management Development	Track 2. Clinical Skills Training	Track 3. Infection Prevention and Control	Track 4. Emergency Preparedness
<i>Track 1 is designed to build skills among facility managers and directors in several areas including hiring and workforce retention, occupational health, navigating change in facility culture consistent with other areas in this pilot, governing regulations, legal and other critical areas.</i>	<i>Track 2 is for existing licensed health professionals (RN, LPN, pharmacist) and for CNAs to expand their clinical skills so more staff within facilities are able to provide daily healthcare services.</i>	<i>Track 3 expands a facility's knowledge and ability to identify and respond to infectious disease threats, improve understanding of disease transmission and control, and implement a rapid outbreak response strategy.</i>	<i>Track 4 is intended for facilities to gain ability to develop and maintain an all-hazards emergency operations plan, engage with external partners (regional hospitals, emergency management, police, fire/EMS agencies, public health), participate in drills and exercises and respond to emergencies affecting residents and staff.</i>
<b>1.A: Identify managers for training in key business enhancing areas</b> (all facility types and sizes available for this option). Maximum 2 people per facility.	<b>2.A: Identify existing staff for clinical skill certification training</b> (all facility types and sizes available for this option). Maximum 6 people per facility.	<b>3.A: Identify an Infection Prevention Champion</b> (all facility types and sizes available for this option). Facilities may identify an existing employee with potential to understand infectious disease transmission and outbreak response actions. Employee will need to complete certification designated by the Department. Maximum 2 people per facility.	<b>4.A: Identify an Emergency Preparedness Champion</b> (all facility types and sizes available for this option). Facilities may identify an existing employee with potential to understand and respond to all hazard emergencies for the facility. Employee will need to complete certification designated by the Department. Maximum 2 people per facility.
<b>1.A: Estimated Costs (\$28,000 per person)</b>	<b>2.A: Estimated Costs (\$32,000 per person)</b>	<b>3.A: Estimated Costs (\$30,500 per person)</b>	<b>4.A: Estimated Costs (\$27,000 per person)</b>
Certification Tuition: \$20,000 per person	Certification Tuition: \$20,000 per person	Certification Tuition: \$20,000 per person	Certification Tuition: \$20,000 per person
50% staff time to complete certification: \$3,000 per person	50% staff time to complete certification: \$2,000 per person	50% staff time to complete certification: \$3,000 per person	50% staff time to complete certification: \$2,000 per person
Salary Increase: \$5,000/year after certification/training completion per person for one year	Salary Increase: \$10,000/year after certification/training completion per person for one year	Salary Increase: \$7,500/year after certification/training completion per person for one year	Salary Increase: \$5,000/year after certification/training completion per person for one year
<b>Tracks 3 and 4 have an additional option to hire a full time Infection Preventionist or an Emergency Preparedness Coordinator. These options (3.B, and 4.B below) are restricted to facilities with 120 or more licensed beds.</b>			

		<b>3.B: Hire a certified full time Infection Preventionist</b> (for facilities with a minimum 120 licensed beds). Employee will need to complete certification designated by the Department. Maximum: 1 person per facility.	<b>4.B: Hire a Full Time Emergency Preparedness Coordinator</b> (for facilities with a minimum 120 licensed beds). Employee will need to complete certification designated by the Department. Maximum: 1 person per facility.
		<b>3.B: Estimated Costs (\$223,000)</b>	<b>4.B: Estimated Costs (\$142,000)</b>
		Certification Tuition: \$20,000	Certification Tuition: \$20,000
		50% staff time to complete certification: \$3,000	50% staff time to complete certification: \$2,000
		Salary: \$100,000 per year x 2 years (\$200,000)	Salary: \$60,000 per year x 2 years (\$120,000)

**Table 2. Tracks 5-7: Infrastructure Interventions to Improve Infection Prevention Control and Emergency Preparedness**

Track 5. Technology and Communications	Track 6. Ventilation and Airflow	Track 7. Biocontainment and Control
<i>Track 5 options allow facilities to invest in technical equipment and upgrades to introduce and expand systems to improve resident care and communications between staff, residents, family members and healthcare providers.</i>	<i>Track 6 options allow for improvements in air handling and flow to improve air filtration and circulation to reduce airborne health hazards.</i>	<i>Track 7 allows facilities to expand and improve spaces (resident rooms, common areas, hallways) to better separate infectious and exposed residents to contain transmission, plus improve access to hand hygiene stations for staff</i>
<b>5.A: Telehealth kiosks</b> (including telehealth carts, tablets, laptops, computers, monitors, and headphones)	<b>6.A: Purchase HEPA filter</b>	<b>7.A: Install handwashing stations</b> in hallways and other areas easily accessible for staff caring for residents <i>*Quote required</i>
5.A: Maximum amount: \$25,000	6.A: Maximum amount: \$3,000	7.A: Maximum amount: \$50,000
<b>5.B: Improve internet access or Wi-Fi connectivity</b> to enhance communications during emergency, or enable telehealth	<b>6.B: Upgrade HVAC system</b> <i>**this intervention requires applying for 6.D: Airflow Analysis</i>	<b>7.B: Install hand sanitizer stations</b> that are easily accessible to staff and visitors and purchase supplies.
5.B: Maximum amount: \$2,000	6.B: Maximum amount: \$10,000	7.B: Maximum amount: \$7,500
<b>5.C: Cellphones or walkie talkies</b> to allow for emergency communication. Funds may be used to purchase devices.	<b>6.C: Improve circulation and airflow opportunities</b> in critical areas to improve ventilation <i>*Quote required, **this intervention requires applying for 6.D: Airflow Analysis</i>	<b>7.C: Divide non-single occupancy rooms</b> to improve infection control. Funds may be used to put up safe and effective barriers within multi-resident rooms. Barriers must be in accordance with all fire safety requirements. <i>*Quote required</i>
5.C: Maximum amount: \$3,000	6.C: Maximum amount: \$30,000	7.C: Maximum amount: \$50,000
<b>5.D: Call bell system</b> installation or upgrades	<b>6.D: Airflow analyses</b> to support decision-making about ventilation improvements	<b>7.D: Create or improve biocontainment units</b> (red zones) to enable better isolation of sick patients. Funds may be used to put in barriers and exists and entrances in spaces identified by the facility to serve as biocontainment areas for infected residents. <i>*Quote required</i>
5.D: Maximum amount: \$2,000	6.D: Maximum amount: \$500	7.D: Maximum amount: \$75,000
<b>5.E: Software</b> to allow for virtual provider or family visits, for example, secure provider patient portal		<b>7.E: Upgrade visitation spaces</b> to improve infection control. Funds may be used to add barriers to create separate spaces towards building entrances to limit public movement in facilities. <i>*Quote required</i>
5.E: Maximum amount: \$3,000		7.E: Maximum amount: \$50,000

Additional information about how to apply, relevant and specific restrictions, and stated preferences regarding applicants are noted and outlined in Section B.

This RFA provides interested and eligible parties with information to prepare and submit applications to the Department. Questions about this RFA can be directed to Eric Laumer at [ra-DHLTCtransform@pa.gov](mailto:ra-DHLTCtransform@pa.gov), no later than 12:00 p.m. on November 15, 2022. Please include in the subject line “QIP Questions” followed by your facility’s name. All questions must include the specific section of the RFA about which the potential applicant is requesting clarification. Answers to all questions will be posted under the RFA Solicitation at [www.emarketplace.state.pa.us](http://www.emarketplace.state.pa.us). Each applicant shall be responsible to monitor the website for new or revised RFA information. The Department shall not be bound by any information that is not either contained within the RFA or formally issued as an addendum by the Department.

In order to apply for this RFA and do business with the Commonwealth of Pennsylvania providers are required to enroll in the SAP system and provide with their application a currently valid (active) SAP vendor number. Applicants may enroll at [www.vendorregistration.state.pa.us/](http://www.vendorregistration.state.pa.us/) or by calling toll free at 1-877-435-7363 or locally at 717-346-2676. **Applicants who do not provide an active (not flagged for deletion) SAP vendor number on their application will not be considered for award.**

## **B. Application Procedures**

### **1. General**

- a) Applications must be received by the Department by the time and date stated in the cover letter. The Department will reject any late applications. The decision of the Department with regard to timeliness of submission is final.
- b) If it becomes necessary to revise any part of the application guidelines, an amendment will be posted under the RFA Solicitation at [www.emarketplace.state.pa.us](http://www.emarketplace.state.pa.us).
- c) The decision of the Department with regard to selection of applicants is final. The Department reserves the right, in its sole and complete discretion, to reject any and all applications received as a result of this request and to negotiate separately with competing applicants.
- d) The Department is not liable for any costs the applicant incurs in preparation and submission of its application, in participating in the RFA process or in anticipation of award of the resulting Grant Agreement(s).
- e) The Department reserves the right to cancel the RFA at any time up until the full execution of the resulting Grant Agreement(s).
- f) Awarded applicants and non-selected applicants shall not be permitted to issue news releases pertaining to this project prior to official written notification of award by the Department review committee. Any subsequent publication or media release issued by the Grantee throughout the life of the Grant using funding from this Grant Agreement must acknowledge the Department as the granting agency and be approved in writing by the Department.

- g) Required attestations can be found in the LTC QIP Application: Attestations document, (Attachment IV).

## **2. Evaluation of Applications**

The Department is committed to allocating these funds in a way that will reduce health disparities and promote fairness for all residents and staff in facilities in Pennsylvania. Therefore, facilities will be ranked *solely* based on the following:

- [Social Vulnerability Index](#) (SVI) based on zip code level data and
- Number of Medicaid days (applicable to SNFs) or Supplemental Security Income (SSI) residents (applicable to PCHs and ALFs)

The Department will award Grant Agreements to the highest-ranked facilities in the amount of the budget included in the facility's application, with a maximum amount awarded of \$2,000 per bed, up to \$300,000 per facility until the \$11.7 million is exhausted. The funding will be allocated in pools by facility type, proportional to the number of facilities enrolled in LTC RISE as of December 9, 2022. If additional funding becomes available to the Department, awards will continue using the same ranking system until the additional funding is exhausted.

Per CDC guidelines, at least 50% of funds must be provided to SNFs.

## **3. Awards**

Grants will be administered through the Department.

All applicants will receive official written notification of the status of their application from the Department. Unsuccessful applicants may request a debriefing. This request must be in writing and must be received by the Long Term Care Office within 30 calendar days of the written official notification of the status of the application. The Long Term Care Office will determine the time and place for the debriefing. If the debriefing is held via Microsoft Teams, a link, phone number, and conference ID number will be provided. The debriefing will be conducted individually by Long Term Care Office staff. Comparison of applications will not be provided. Applicants will not be given any information regarding the evaluation other than the position of their application in relation to all other applications and the strengths and weaknesses in their individual application.

## **4. Deliverables**

Facilities must choose from the predetermined list of Acceptable Interventions which interventions their facility will implement, based on their own facility's needs. Reference Tables 1 & 2 and the LTC QIP Application and Budget, Attachment I for the complete list of acceptable interventions.

## 5. Reporting Requirements

- a) The awarded applicant(s) shall submit a written mid-term report of progress, issues, and activities to the Department within 180 calendar days after the Grant Agreement effective date. The mid-term report shall, at a minimum, identify if activities are proceeding according to the project plan, and explain any deviations from the project plan. Any changes to the scope or methodology of the intervention during the term of the Grant Agreement must be approved in writing by the Department.
- b) The awarded applicant(s) shall submit a final written report to the Department within 30 calendar days after the end date of the Grant Agreement.
- c) The Department will evaluate the impact from interventions in all awarded facilities to better understand best practices to advise any potential future resiliency building opportunities. Therefore, all awarded facilities will be required to collect and track certain measures provided by the Department related to specific interventions and to provide that information to the Department upon request. Facilities will be given 30 calendar days advanced notice by the Department for any predefined measures and reports. The Department will work closely with awarded facilities to provide progress report templates, conduct resident and staff surveys when appropriate, and other data collection tools that are specific to each intervention. The Department may also conduct pre-planned site visits to observe progress of infrastructure enhancements such as hand washing stations, biocontainment zones, use of telehealth kiosks, as well as interact with select staff undergoing specific certifications or trainings for direct constructive feedback on such experiences. Additional Quality Investment Pilot evaluation activities may be conducted at the discretion of the Department.

## C. Application Instructions and Required Format

### 1. Application Instructions

The following is a list of requirements.

- a) The applicant must submit one application (Part Two of this RFA), by email to [ra-DHLTCtransform@pa.gov](mailto:ra-DHLTCtransform@pa.gov). The Department cannot accept secure or encrypted emails. Any submission via secure or encrypted email will be immediately discarded.
- b) The application must be received by the date and time specified in the cover letter. Applicants are to consider that technical difficulties could arise and allow sufficient time to ensure timely email receipt. **(Late applications will be rejected, regardless of the reason). The application can be submitted as soon as it is ready for submission; to prevent late submissions, applicants are encouraged to not wait until the closing date and time in the cover letter.**
- c) Include in the subject line “QIP application” followed by your facility’s name.
- d) Note there is a 10MB size limitation per email. If the application exceeds 10MB, zip the file to reduce the size or submit multiple emails so the entire application is able to

- be received.
- e) The application must be submitted using the format described in subsection 2, below – Application Format.
  - f) The Certifications Form must be completed and signed by an official authorized to bind the applicant/organization to the application.
  - g) The Worker Protection and Investment Certification Form (BOP-2201) must be completed and signed by an official authorized to execute the certification on behalf of the applicant, and certify that the applicant is compliant with applicable Pennsylvania state labor and workplace safety laws.
  - h) Applicants must attest to the following (attestations are included in the LTC QIP Application, Attachment IV):
    - Facility is enrolled in LTC RISE quality improvement project by Friday December 9, 2022.
    - Facility is not located under Philadelphia’s jurisdiction
    - Facility is financially solvent enough to use funds across performance period
    - Facility is registered as a vendor within SAP prior to application submission. It may take up to two weeks to obtain an SAP vendor number. Facilities must allow adequate time. If a vendor has previously done business with the Commonwealth but has not used the number within the past five years, it may take up to two weeks to verify the account is active and not flagged, and can be used.
  
    - Facility shall co-invest 20% of total requested funding amount into the same interventions, unless facility has less than or equal to 30 licensed beds on the Department’s or Department of Human Services’ facility list as of June 2022, in which case the co-investment is waived
    - Individuals required to sign the contract with the Department are also signatories
    - Facility shall provide progress report in format specified by the Department, as deliverables, in order to receive further installments
    - Facility ownership is committed to dedicating the necessary time and resources to oversee that funds shall contribute to improved long-term staff and resident wellbeing
    - Facility has involved or informed or both residents or families or both in the development of the application, and will do so about interventions through this Pilot, if awarded the Grant
    - Facility is not requesting reimbursement for an intervention that they have already spent funds on, or they have received Federal funding for
    - All interventions conducted by facilities must meet all necessary approvals and regulators (for example, CMS guidance, building approvals, manufacturer’s guidance)

Applicants are strongly encouraged to be brief and clear in the presentation of ideas.



## 2. Application Format

Applicants must follow the format as described below to complete Part Two of this RFA. Applications must be typewritten on 8 ½” by 11” paper, with a font size no smaller than 10 point and margins of at least ½ inch.

- a) **Long-Term Care Quality Investment Pilot Application and Budget, Attachment I**  
– Facilities will be ranked *solely* based on the following:
  - Social Vulnerability Index (SVI) based on zip code level data and
  - Number of Medicaid days (applicable to SNFs) or Supplemental Security Income (SSI) residents (applicable to PCHs and ALFs)
- b) **Certifications Form** – The Certifications Form must be completed and signed by an official authorized to bind the applicant/organization to the application.
- c) **Worker Protection and Investment Certification Form (BOP-2201)** – BOP2201 must be completed and signed by an official authorized to execute the certification on behalf of the applicant, and must certify that the applicant is compliant with applicable Pennsylvania state labor and workplace safety laws.
- d) **Long-Term Care Quality Investment Pilot Application: Attestations, Attachment IV** – Facilities must complete Attachment IV in order to be considered eligible for the Pilot.

## 3. Definitions

Assisted Living Residence (Facility) – as defined in section 1001 of the Act of June 13, 1967 (P.L. 31, No. 21), known as the Human Services Code.

Long-Term Care Nursing Facility/Skilled Nursing Facility – as defined in section 802.1 of the Act of July 19, 1979 (P.L. 130, No.48), known as the Health Care Facilities Act.

Personal Care Home – as defined in section 1001 of the Human Services Code.

Private Intermediate Care Facilities for Individuals with an Intellectual Disability or Autism – as defined in 55 Pa. Code Chapter 6400.

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<sup>1</sup> <http://www.health.pa.gov/vendors>.



# PART TWO

Pennsylvania Department of Health  
Office of Long Term Care

**Long-Term Care Quality Investment Pilot**

**Request for Applications (RFA) #67-150**



**CERTIFICATIONS**

**1. Certification Regarding Debarment and Suspension**

- a. The Contractor certifies, in writing, for itself and all its subcontractors required to be disclosed or approved by the Commonwealth, that as of the date of its execution of this Bid/Contract, that neither the Contractor, nor any such subcontractors, are under suspension or debarment by the Commonwealth or any governmental entity, instrumentality, or authority and, if the Contractor cannot so certify, then it agrees to submit, along with its Bid/Contract, a written explanation of why such certification cannot be made.
- b. The Contractor also certifies, in writing, that as of the date of its execution of this Bid/Contract it has no tax liabilities or other Commonwealth obligations, or has filed a timely administrative or judicial appeal if such liabilities or obligations exist, or is subject to a duly approved deferred payment plan if such liabilities exist.
- c. The Contractor's obligations pursuant to these provisions are ongoing from and after the effective date of the Contract through the termination date thereof. Accordingly, the Contractor shall have an obligation to inform the Commonwealth if, at any time during the term of the Contract, it becomes delinquent in the payment of taxes, or other Commonwealth obligations, or if it or, to the best knowledge of the Contractor, any of its subcontractors are suspended or debarred by the Commonwealth, the Federal government, or any other state or governmental entity. Such notification shall be made within 15 days of the date of suspension or debarment.
- d. The failure of the Contractor to notify the Commonwealth of its suspension or debarment by the Commonwealth, any other state, or the Federal government shall constitute an event of default of the Contract with the Commonwealth.
- e. The Contractor agrees to reimburse the Commonwealth for the reasonable costs of investigation incurred by the Office of State Inspector General for investigations of the Contractor's compliance with the terms of this or any other Agreement between the Contractor and the Commonwealth that results in the suspension or debarment of the Contractor. Such costs shall include, but shall not be limited to, salaries of investigators, including overtime; travel and lodging expenses; and expert witness and documentary fees. The Contractor shall not be responsible for investigative costs for investigations that do not result in the Contractor's suspension or debarment.
- f. The Contractor may obtain a current list of suspended and debarred Commonwealth Contractors by either searching the Internet at <http://www.dgs.state.pa.us/> or contacting the:

Department of General Services  
Office of Chief Counsel  
603 North Office Building  
Harrisburg, PA 17125  
Telephone No: (717) 783-6472  
FAX No: (717) 787-9138

**IF THE CONTRACTOR INTENDS TO USE ANY SUBCONTRACTORS, LIST THEIR NAMES(S), ADDRESS(ES), AND FEDERAL IDENTIFICATION OR SOCIAL SECURITY NUMBER(S) IN THE SPACE BELOW.**

**2. Certification Regarding Application/Proposal/Bid Validity**

This application/proposal/bid shall be valid for a period of 60 days following the time and date designated for bid opening of applications/proposals/bids received in response to this Request for Application/Request for Proposal/Invitation for Bid #67-150.

**BY SIGNING BELOW, THE APPLICANT, BY ITS AUTHORIZED SIGNATORY, IS BINDING ITSELF TO THE ABOVE TWO CERTIFICATIONS.**

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	ADDRESS OF ORGANIZATION
DATE SUBMITTED	CONTRACTOR'S FEDERAL I.D. OR S.S. NUMBER



**WORKER PROTECTION AND INVESTMENT CERTIFICATION FORM**

A. Pursuant to Executive Order 2021-06, *Worker Protection and Investment* (October 21, 2021), the Commonwealth is responsible for ensuring that every worker in Pennsylvania has a safe and healthy work environment and the protections afforded them through labor laws. To that end, contractors and grantees of the Commonwealth must certify that they are in compliance with Pennsylvania’s Unemployment Compensation Law, Workers’ Compensation Law, and all applicable Pennsylvania state labor and workforce safety laws including, but not limited to:

1. Construction Workplace Misclassification Act
2. Employment of Minors Child Labor Act
3. Minimum Wage Act
4. Prevailing Wage Act
5. Equal Pay Law
6. Employer to Pay Employment Medical Examination Fee Act
7. Seasonal Farm Labor Act
8. Wage Payment and Collection Law
9. Industrial Homework Law
10. Construction Industry Employee Verification Act
11. Act 102: Prohibition on Excessive Overtime in Healthcare
12. Apprenticeship and Training Act
13. Inspection of Employment Records Law

B. Pennsylvania law establishes penalties for providing false certifications, including contract termination; and three-year ineligibility to bid on contracts under 62 Pa. C.S. § 531 (Debarment or suspension).

**CERTIFICATION**

I, the official named below, certify I am duly authorized to execute this certification on behalf of the contractor/grantee identified below, and certify that the contractor/grantee identified below is compliant with applicable Pennsylvania state labor and workplace safety laws, including, but not limited to, those listed in Paragraph A, above. I understand that I must report any change in the contractor/grantee’s compliance status to the Purchasing Agency immediately. I further confirm and understand that this Certification is subject to the provisions and penalties of 18 Pa. C.S. § 4904 (Unsworn falsification to authorities).

<i>Signature</i>	<i>Date</i>
<i>Name (Printed)</i>	
<i>Title of Certifying Official (Printed)</i>	
<i>Contractor/Grantee Name (Printed)</i>	

**Long-Term Care Facility  
Quality Investment Pilot  
APPLICATION: Attestations  
RFA #67-150**

**Attestations**

Please attest to the following in order to be considered eligible to apply to this Pilot:

- Facility is enrolled in LTC RISE quality improvement project, by Friday December 9, 2022.
- Facility is not located under Philadelphia's jurisdiction
- Facility is financially solvent enough to use funds across performance period
- Facility is registered as a vendor within SAP prior to application submission. It may take up to two weeks to obtain an SAP vendor number. Facilities must allow adequate time. If a vendor has previously done business with the Commonwealth but has not used the number within the past five years, it may take up to two weeks to verify the account is active and not flagged and can be used.
- Facility shall co-invest 20% of total requested funding amount into the same interventions, unless facility has less than or equal to 30 licensed beds on the Department of Department of Human Services' facility list as of June 2022, in which case the co-investment is waived
- Individuals required to sign the contract with the Department are also signatories
- Facility shall provide progress report in format specified by the Department, as deliverables, in order to receive further installments
- Facility ownership is committed to dedicating the necessary time and resources to oversee that funds shall contribute to improved long-term staff and resident wellbeing
- Facility has involved or informed residents or families in the development of the application, and will do so about interventions through this Pilot, if awarded the Grant
- Facility is not requesting reimbursement for an intervention that they have already spent funds on, or they have received Federal for funding
- All interventions conducted by facilities must meet all necessary approvals and regulators (for example, CMS guidance, building approvals, manufacturer's guidance)

Signature \_\_\_\_\_

Date \_\_\_\_\_