

STATE OF ILLINOIS
REQUEST FOR INFORMATION
ILLINOIS EMERGENCY MANAGEMENT AGENCY
PROVISION AND ADMINISTRATION OF
ALTERNATE CARE FACILITY MEDICAL SERVICES

The Illinois Emergency Management Agency (“IEMA” or “Agency”) requests information from responsible bidders (each, a “Bidder”) to meet its needs set forth in this Request for Information. A brief description of the services to be provided is set forth below for each Bidder’s convenience, with detailed requirements in subsequent sections of this Request for Information. If interested and able to meet these requirements, the Agency appreciates and welcomes a bid.

Brief Description:

The Bidder(s) selected by IEMA to provide the services (each, a “Vendor”) will provide and administer clinical services and care (the “Services”) in an alternate care setting for one or more ACFs (as identified below). Under the direction of the IEMA Director in consultation with the Illinois Department of Public Health (“IDPH”), and in accordance with the program definitions and specifications outlined in this Request for Information, the Vendor will arrange for and provide the full range of clinical, executive, administrative, and support Services on-site at the ACF. IEMA recognizes that the methods of delivery of these services may differ from methods used to provide services in a hospital setting, but the care and Services the Vendor provides should be similar and commensurate with the quality of care and services provided by the Vendor to its existing patients. It is the intent of IEMA to ensure that all patients receive adequate and cost-effective health care services.

Comprehensive medical services are to be provided and administered at the following alternate care facilities (each, an “ACF” and, collectively, the “ACFs”):

- Former MetroSouth Medical Center, 12935 Gregory Street, Blue Island, IL 60405
- Former Westlake Hospital, 1225 West Lake Street, Melrose Park, IL 60160
- Former Sherman Hospital Medical Building, 901 Center Street, Elgin, IL 60123
- Former Vibra Hospital, 701 N. Walnut St., Springfield, IL 62702

Additional information regarding the anticipated population bed space at each ACF is set forth below. It is anticipated that additional ACFs may be opened during the tenure of the COVID-19 crisis, and in that event, such facilities will be the subject of one or more additional Requests for Information.

The contracts to be entered into between IEMA and each Vendor, which shall include (i) a license agreement for the use and operation of the ACF facility and (ii) a services agreement pursuant to which the Services will be rendered by the Vendor (together, the “Underlying Agreements” and each an “Underlying Agreement”) shall have an initial term of eighteen (18) months. Following the initial term, IEMA will have the option to renew the Underlying Agreements for additional terms of eighteen (18) months, provided, that, in no event will the total term of any Underlying Agreement, including the initial term, any renewal terms, and any extensions, exceed ten (10) years (30 ILCS 500/20-60). IEMA will have the right to terminate the Underlying Agreements for convenience, as required by the Federal Emergency Management Agency, the terms of which are subject to agreement between the Vendor and IEMA. The Vendor and IEMA will mutually determine the terms of the ACF’s wind down of operations, which will be as set forth in the Underlying Agreements.

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IEMA anticipates paying each Vendor a reasonable fee for provision of the Services, to be negotiated between IEMA and each Vendor.

Please read this entire Request for Information package and submit a response in accordance with the instructions. All forms and signature areas contained in this Request for Information package must be completed in full and submitted along with the Bidder's contact information.

The awarded Vendor(s) will be expected to agree to the State's standard certifications, including the certification that Vendor complies with the Illinois Department of Human Rights Act and rules applicable to public contracts, which include providing equal employment opportunity, refraining from unlawful discrimination, and having written sexual harassment policies. 775 ILCS 5/2-105.

Bids that do not adhere to Form and Content of Multi-Step Bid requirements may not be considered.

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Overview:

The State of Illinois (“State”) is currently implementing a plan to establish at least five alternate care facilities to provide more beds and medical services in anticipation of a surge of COVID-19 patients in the state. Public health officials anticipate that existing facilities within the State will not have enough bed capacity to fulfill the need at the peak of the current COVID-19 pandemic. Therefore, the State is presently adding space for approximately 4,283 beds, including 3,000 beds at a facility at McCormick Place Convention Center located in Chicago that the State and the City of Chicago are establishing jointly, and approximately 1,283 beds at the four ACFs identified in the “Brief Description” above. Additional information regarding the four ACFs is provided later in this Request for Information.

The State has taken possession of the properties on which the four ACFs are located, and the United States Army Corps of Engineers (“USACE”) has issued contracts to have the four ACFs built out for the purpose of treating COVID-19 positive patients at three different acuity/scope of care levels, corresponding to higher acuity, general care, and modified general care. The State is now seeking one or more Vendors to provide and administer clinical services on-site at one or more of the ACFs, including all clinical, executive, administrative, and support Services attendant to facilities having the numbers of beds and scopes of care as described herein and in guidance found in the Federal Healthcare Resilience Task Force Alternate Care Sites toolkit. Bidders may bid to provide Services to one, two, three, or all four of the ACFs. A bid to provide Services to multiple ACFs shall be broken down among the different ACF facilities.

Licensing and Billing for the ACFs:

While the State will provide an equipped medical facility pursuant to the terms of a license agreement under which the Vendor will have the right to operate, maintain and possess the applicable ACF, each Vendor will be responsible for providing all clinical, executive, administrative, and support services consistent with the State’s design for levels of care at the particular awarded ACF(s). The State anticipates that a Vendor with an existing Illinois hospital license will be able to operate its awarded ACF(s) pursuant to its existing license in accordance with certain emergency rules that the Illinois Department of Public Health is planning to promulgate (“DPH Emergency Rules”) before the effective date of any award under this Request for Information and the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers issued by the Centers for Medicare & Medicaid Services. To that end, the Underlying Agreements between IEMA and the Vendor will not take effect until the DPH Emergency Rules have been promulgated and are in full force and effect.

Vendors will be required to possess a United States Drug Enforcement Administration (“DEA”) license and procure a pharmacy license for each applicable ACF. The Illinois Department of Financial and Professional Regulation (“IDFPR”) oversees the application and inspection process for licensees. In order for a drug wholesale distributor to deliver to one of the ACFs, the ACF must have a licensed pharmacy. IDFPR also licenses the wholesale drug distributors such as McKesson.

The State anticipates that a Vendor with an existing Medicare and/or Medicaid certification can apply for authorization to use its existing certification to bill for medical services provided at the ACF(s). It is also the State’s understanding that

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each Vendor will seek reimbursement from its traditional reimbursement sources and, subject to applicable laws, statutes and rules, retain such reimbursement.

Liability Protections:

IEMA intends that any awarded Vendor and the employees of such Vendor, in the course of providing Services pursuant to this Request for Information and the Underlying Agreements, shall be “render[ing] assistance or advice at the request of the State” for purposes of Section 21(b) of the Illinois Emergency Management Agency Act, 20 ILCS 3305/21(b), and Executive Order 2020-19. As such, the Vendor and its employees will be subject to the protections against civil liability set forth at 20 ILCS 3305/21(b) and in Sections 3 and 4 of Executive Order 2020-19.

Description of the ACFs and Anticipated State of Readiness:

Each ACF is a former operating hospital that is currently being built out by USACE and its contractors for the purpose of treating COVID-19 positive patients. The current estimated bed counts with acuity/scope of care for each ACF is as follows, subject to change prior to the final build-out of each ACF facility:¹

MetroSouth, Blue Island:

Total Beds = 586

Tier 3 (higher acuity) = 269

Tier 2 (general care) = 237

Tier 2a (modified general care) = 80

Former Sherman Hospital Medical Building, Elgin

Total Beds = 283

Tier 2a (modified general care) = 283

Westlake Hospital, Melrose Park

Total Beds = 361

Tier 3 (higher acuity) = 91

Tier 2 (general care) = 194

Tier 2a (modified general care) = 76

Vibra Hospital, Springfield

Total Beds = 53

Tier 3 (higher acuity) = 53

¹In addition, if the circumstances of the COVID-19 pandemic substantially change in nature or intensity, IEMA reserves the right to revisit the applicable scope of care, change bed allocations, or make other adaptations in partnership with the awarded Vendor.

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With the exception of the Vibra facility in Springfield (for which the schedule is still being determined), the State currently anticipates that the build-outs of the ACFs will be completed by April 24, 2020. The State is planning to procure all beds and bed tray tables for the ACFs, and will work with each Vendor to secure, and where possible procure on behalf of such Vendor, medical equipment (as identified by the Vendor as necessary for operation of the ACF) that is specific to the care and treatment of COVID-19 systems. The State expects the awarded Vendor to procure, during the term of the Underlying Agreements, all medications for its awarded ACF(s). With the exception of the Vibra facility, the State further expects the awarded Vendor to have its clinical staff on-site at its awarded ACF(s) for training from April 24-28, 2020, with the first patients expected on April 29, 2020.

Clinical Populations Served:

As stated above, two of the ACFs are expected to serve COVID-19 positive populations with a range of acuities/scopes of care, and the other ACF is expected to serve COVID-19 positive populations with the lowest relative acuity, requiring modified general care. Depending on the evolving nature of the pandemic and patterns of healthcare utilization by certain populations, the State may need to designate specific bed capacity for unique populations. This might include residents of nursing homes, shelters, or the Illinois Department of Corrections.

Additional information regarding these clinical populations is as follows:

a. ACF Tier 2:

General Care Alternate Care Facility Beds (Tier 2): This level of ACF provides medical care to convalescing cases of COVID-19 after hospital discharge and are equipped to provide low-acuity care for other medical conditions in this population (e.g., assistance with managing blood glucose). These facilities could also house residents with COVID-19 who need to be moved from nursing homes that are experiencing COVID-19 outbreaks. These patients would often require some level of assistance (e.g., help with Activities of Daily Living or medications) and a higher level of monitoring than required for patients in isolation sites. These patients may be better suited in a facility that has an open layout to allow limited numbers of healthcare personnel to more easily monitor their status.

b. ACF Tier 2a:

Modified General Care Alternate Care Facility Beds (Tier 2a): This is a unique level of ACF developed for the present circumstances. This level of care is suitable for space that lacks piped oxygen and certain other features but otherwise can be used for the same purpose as other Tier 2 housing. The concept of operations is to fill Tier 2a rooms after Tier 2 rooms, because the Tier 2a rooms will require bottled oxygen.

c. ACF Tier 3:

Acute Care Alternate Care Facility Beds (Tier 3): This level of ACF is designed for higher acuity patients requiring closer monitoring, more frequent and sophisticated monitoring of laboratory values, diagnostic

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imaging, airborne infection isolation rooms (AIIRs), or respiratory support (e.g. COVID-19 positive with pneumonia or respiratory distress requiring ventilator support).

Clinical Services to be Provided:

The medical team plays a crucial role in the execution of an ACF and may differ in structure depending on the medical mission of the ACF. However, all medical teams will provide a high standard of safe patient care. The medical team at an ACF will need to incorporate certain unique duties due to the COVID-19 situation. Responsibilities include:

- Follow patient monitoring protocol (e.g., take temperature of patient twice a day)
- Provide medical monitoring
- Perform intake/screening
- Deliver food to patients
- Assess patients
- Emergency medical response
- Identification and staging of appropriate medical gear
- Crash cart capability
- Monitor chronic conditions
- Procure medication refills
- Deliver required care
- Identify and stabilize acute decompensation of patients
- Request ambulance transfer, if needed
- Assist with transfer of patients to ambulance
- Work with security team to create transport plan in case of decompensation
- Deliver food to patients

Patient Inclusion/Exclusion/Discharge Criteria:

Background: Possible sources for ACF patients include referrals from nearby hospitals, referrals from long-term care facilities, and individuals with clinical symptoms referred by appropriate social service agencies or other care sites, if the clinical evolution of the pandemic requires such response. In the case of hospital referrals, COVID-19 patients ready for hospital discharge and who still need to be in isolation can be considered for placement at an ACF. COVID-19 patients can be safely discharged to home without precautions or local public health department notification if it has been at least 7 days from symptom onset or at least 72 hours after recovery, whichever is longer. Recovery is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). Lingering cough (as determined by the treating physician) should not prevent a case from being released from isolation.

See Appendix for a discussion of relevant factors for determining inclusion/exclusion and discharge criteria.

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Alternate Care Facilities Admissions Criteria:

- COVID-19 positive (meets confirmed or probable case definition)
- Age 18 or older
- All payor status, including uninsured
- Oxygen requirements 2 L/min nasal cannula or less
- Patient is ambulatory and able to perform activities of daily living (ADLs)
- Patient (or discharge hospital) must be able to provide home medications for at least 14-day supply
- Upon completion of isolation period, patient will be eligible for discharge to a private residence or previous place of residence (e.g. long-term care facility at which they previously resided)
- Last set of vitals normal and stable for the last 24 hours
- Inflammatory markers within normal range in the last 24 hours, only if available
- Diabetic patients must be able to self-monitor glucose and (and bring glucometer, test strips, lancets).
- Patients must have all home medical supplies or devices (including CPAP, ostomy, self-catheterization, and ambulatory assistive devices in hand)

ACF Exclusion Criteria:

- Body Mass Index > 40 kg/M²
- Diagnosis of sepsis within the last 24 hours
- Patient requires extensive nursing care (e.g. not more than one person assist, no assisted catheterization, no wound care)
- Patient requires dialysis
- Severely immunocompromised (as defined by discharge attending of record such that the patient is at high risk of decompensation with COVID-19; including pregnancy, neutropenia, diagnosis of AIDS or HIV-infected persons with severe immunosuppression defined as CD4 percent <15% or CD4 count <200 lymphocytes/mm³, a steroid dose equivalent to either 2 mg/kg of body weight or a total of 20 mg/day of prednisone, primary immunodeficiency, patients who have received a bone marrow transplant until at least 12 months after finishing all immunosuppressive treatment, or longer in patients who have developed graft-versus-host disease; post-solid organ transplant on anything beyond a maintenance dose of immunosuppressive medications)
- Patient has acute mental health or substance abuse/withdrawal needs
- Patient requires intravenous fluids or medications
- Registered sex offender
- No concealed carry allowed
- Detainees from jail or prison, except as may be specifically designated by the State (see Clinical Populations Served, above)
- On contact precautions for acute diarrheal illness
- Known active tuberculosis, active Extremely Drug Resistant Organism (XDRO) colonization, known Candida auris colonization or infection

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ACF Discharge Criteria:

- 7 days or more from symptom onset; AND 3 days or more afebrile without antipyretics and improved symptoms, whichever is longer.
- Cleared for discharge by physician on site.

Staffing to be Provided:

NOTE: The Illinois Department of Public Health (IDPH) must review and approve proposed executive leadership and all proposed staffing plans.

Executive and Administrative Staff: The Vendor shall provide sufficient executive and administrative staff to maintain day-to-day control over all aspects of the awarded ACF(s), including but not limited to clinical, operational, logistical, financial, legal, regulatory/compliance, information technology, and administrative. Not all executive and administrative staff must be present at the ACF(s) to perform their designated functions, but the awarded Vendor must specify an appropriate command and communications structure that allows for off-site performance of such functions and continuous (24/7) responsiveness to emergent situations at the ACF(s).

Clinical Staff: The Vendor shall provide all clinical staffing for its awarded ACF(s), at levels sufficient to ensure that all patients receive adequate and cost-effective health care services. Based on guidance received from the Illinois Medical Emergency Response Team (IMERT), the following clinical staffing levels are recommended per 24-hour period for a 500-patient, low-acuity level Alternate Care Facility, assuming two 12-hour shifts per day is the default staffing pattern:

Position	IMERT Model
Physician/Nurse Practitioner/APN/PA	20
Registered Nurse	70
Paramedics	70
Certified Nursing Aids	70
Mental Health	10
Triage Staff	20
Pharmacist/Pharm Tech	10
Infection Control Nurse	2
Medical Assistants	0

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Phlebotomist	0
Total	272

The foregoing clinical staffing recommendations may be modified by the Vendor based on facility size, clinical population acuity levels, and other factors, but any such modifications must be appropriately justified and agreed to by the State prior to implementation.

The state has a substantial preference for prospective Vendors that can draw from their existing staff and staffing strategies to meet the clinical staffing needs at the ACFs, and/or prospective Vendors who can articulate and will agree to implement proactive strategies to avoid negative impacts on the existing workforce for health systems within a 50-mile radius of the particular awarded ACF.

Wraparound Services to be Provided:

The awarded Vendor shall provide support staff, supplies, and other materials sufficient to meet the needs for wraparound services at the awarded ACF(s), including but not limited to the following functions:

- a. Food preparation and delivery
- b. Ice machines
- c. Security guards
- d. Environmental services/medical and biohazardous wastes
- e. Linen laundry
- f. Portable personal hygiene stations if needed (showers, portable toilets)
- g. Waste disposal
- h. Housekeeping and janitorial services
- i. Other wraparound services attendant to the operation of the ACFs

Nonclinical Services to be Provided:

The awarded Vendor shall be responsible for providing the awarded ACF(s) with the following nonclinical services, including all attendant staffing needs, materials and other supplies:

- a. Procuring and providing all necessary supplies (including but not limited to pharmacy/medications, personal protective equipment, office supplies, and general medical supplies);
- b. Pharmacy services;
- c. Laboratory services;
- d. Oxygen and medical gas;
- e. Ambulance and transport services;
- f. Admission/discharge/transfer services;
- g. Mortuary services;

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- h. Electronic medical records (EMR);
- i. Information technology infrastructure and connectivity services (including support for EMR); and
- j. Billing services.

Relationship to State Emergency Operations Center (SEOC):

Prior to commencing operations at the ACF, the awarded Vendor will establish a plan for reporting to the SEOC on at least a daily basis and otherwise as needed to address emergent issues. Information to be included in daily reports includes:

- Admissions, discharges, census
- Serious safety events
- Additional items to be determined by Vendor in consultation with the SEOC

In addition, prior to commencing operations at the ACF, Vendor must specify an appropriate command and communications structure that allows for continuous (24/7) responsiveness to emergent situations at the ACF(s) and for coordination with the SEOC regarding such situations. As part of its command and communications structure, the Vendor shall consult with IEMA and the Illinois Department of Public Health (IDPH) to develop criteria and triggers for a cascading reporting structure that escalates as follows:

- ACF site manager to IDPH Operations Officer;
- Thence to IDPH Operations Chief;
- Thence to the Operations Chief for the SEOC.

State Certifications Required:

The awarded Vendor(s) will be expected to agree to the State's standard certifications, including the certification that Vendor complies with the Illinois Department of Human Rights Act and rules applicable to public contracts, which include providing equal employment opportunity, refraining from unlawful discrimination, and having written sexual harassment policies. 775 ILCS 5/2-105.

APPENDIX: FACTORS FOR DETERMINING INCLUSION/EXCLUSION AND DISCHARGE CRITERIA

COVID-19 Clinical Criteria: While fever, shortness of breath and cough are classic symptoms of COVID-19 disease, clinically compatible illness could include any of the following:

- Mild respiratory disease including presence of fever, either measured or subjective, chills, rigors, myalgia, headache, diarrhea, sore throat, rhinorrhea; or
- Lower respiratory illness (e.g. cough, shortness of breath, or difficulty breathing); or
- Severe respiratory illness including one or more of the following:
 - Clinical or radiographic evidence of pneumonia, or
 - Acute respiratory distress syndrome.

Other atypical clinical presentations may also meet clinical criteria. Please reference CDC's Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) for additional details (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>).

Definition of Epidemiologic Links During Widespread Community Transmission:

- Close contact* with a known COVID-19 (SARS-CoV-2) positive case within the 14 days prior to symptom onset.
- Close contact* with a person with clinically compatible illness AND linkage to a confirmed case of COVID-19 disease.
- Residing in a congregate setting with at least 1 confirmed case within the last 14 days.
- Residing in a high-risk congregate setting (homeless shelter or drug treatment facility) with a cluster of 2 or more individuals with clinically compatible illness.

* Close contact is defined as within ≤6 feet for 10 minutes or more within the 14 days prior to symptom onset. For certain high-risk settings, the threshold may be lowered depending on ability of the client to give an accurate history (e.g. symptomatic client at a homeless shelter who overlapped in time with a known positive case during the 14 days prior to symptom onset even if close contact cannot be defined by history).

COVID-19 Case Definitions:

- Confirmed: A confirmed case is a person with clinically compatible illness AND laboratory confirmation of COVID-19 infection (SARS-CoV-2 positive).
- Probable: A probable case is a person with clinically compatible illness AND one or more epidemiologic links (defined above) AND absent, pending, or inconclusive results for SARS-CoV-2.
- Suspect: A suspect case is a person with clinically compatible illness AND no known epidemiologic links AND SARS-CoV-2 test absent, pending, or inconclusive.

SECTION 1.

A. INSTRUCTIONS FOR SUBMITTING

- A.1. SOLICITATION CONTACT:** The individual listed below shall be the point of contact for this solicitation. Unless otherwise directed, Bidders should only communicate with the Solicitation Contact. The State/Agency shall not be held responsible for information provided by or to any other person.

Solicitation Contact: ema.rfquestions@illinois.gov	
Illinois Emergency Management Agency	Fax:
2200 South Dirksen Parkway	TDD:
Springfield, IL 62703	
Ema.rfquestions@illinois.gov	

Suspected errors should be immediately reported to the Solicitation Contact identified above. Do not discuss, directly or indirectly, the solicitation or any Bid with any State officer or employee other than the Solicitation Contact.

BB Each solicitation published in BidBuy contains the Solicitation Contact's name and phone number appearing as the "Info Contact."

- A.2. BIDDER QUESTIONS AND AGENCY RESPONSE:** All questions, other than questions raised at the Bidder Conference/Site Visit, pertaining to this solicitation must be submitted in writing to the Solicitation Contact no later than midnight (12:00 AM) on Saturday, April 11, 2020. Questions received and Agency responses may be distributed to the original recipients of this Request for Information and posted as an Addendum to the original solicitation on the Bulletin; only these posted answers to questions shall be binding on the State. Bidders are responsible for monitoring the Bulletin.

BB If allowed by the State, Bidders may submit questions to the State via BidBuy in the Q&A tab. All questions, other than questions raised at the Bidder Conference/Site Visit, pertaining to this solicitation must be submitted in writing no later than the date in the paragraph above.

A.3. REQUIRED MEETINGS

Bidder Conference/Site Visit: Yes No

Mandatory Attendance: Yes No

If attendance is mandatory, Bidder (current Vendor included) will be disqualified and considered Non-Responsive if Bidder does not attend, is not on time, leaves early or fails to sign the attendance sheet. Bidder must allow adequate time to accommodate security screenings at the site.

SITE VISITS:

Site visits may be arranged upon expression of interest in a Bid submitted in response to this Request for Information.

BB The State may publish information about required meetings in BidBuy.

If checked, see the published Bid Solicitation in BidBuy.

A.4. BID DUE DATE, TIME, AND ADDRESS FOR SUBMISSION OF BIDS: Bids are not required at this time. Instead, interested Bidders are asked to complete and submit the Vendor Submission of Interest Form on the following page. Please submit the completed form to the address provided below at or before the Due Date & Time specified below.

A.4.1. Due Date & Time

Date: April 14, 2020

Time: 2:00 PM CST

BB Each solicitation published in BidBuy contains the Bid Due Date and Time appearing as the “Bid Opening Date”.

If checked, see the published Bid Solicitation in BidBuy.

A.4.2. Submit/Deliver Information To: via email to: Darrell.Marcy@illinois.gov

A.4.3.

Agency: Illinois Emergency Management Agency	
Attn: Darrell Marcy	Project Title & Reference #: IEMA ALT Care Sites Comprehensive Medical and Mental Health
Address: 2200 South Dirksen Parkway	Due Date & Time: April 14, 2020, 2:00P.M. CST
City, State Zip: Springfield, IL 62703	<i>Bidder Name</i>
	<i>Bidder City, State Zip</i>

Vendor Submission of Interest Form

Please Identify your interest in one or more of the following locations for which you desire to provide Services:

Former MetroSouth Medical Center, 12935 Gregory Street, Blue Island, IL 60405

Former Westlake Hospital, 1225 West Lake Street, Melrose Park, IL 60160

Former Advocate Sherman Hospital, 1425 N Randall Rd, Elgin, IL 60123

Former Vibra Hospital, 701 N. Walnut St., Springfield, IL 62702

Company Name:

Contact Individual Name:

Title:

Phone Number:

Email:

➤ *Although not required, vendors are encouraged to provide additional information regarding their currently operating licensed establishment(s).*