



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

JENNIFER BERTINO-TARRANT
WILL COUNTY EXECUTIVE

KEVIN LYNN
DIRECTOR

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County Office Building
302 N. Chicago Street
Joliet, IL 60432

July 23, 2025

To Whom It May Concern:

You are invited to submit your sealed bid to provide Therapy Services for Sunny Hill Nursing Home of Will County, 421 Doris Ave., Joliet, IL 60433. The contract period will commence on October 1, 2025, through and including September 30, 2026, with two (2) one (1) year renewal options.

A \$20,000 Bid Bond or Cashier's Check made payable to the Will County Treasurer **must** accompany your bid, or it will not be considered.

Sealed bids will be received in the purchasing department, 2nd floor, Will County Office Building, 302 N. Chicago St., Joliet, IL 60432, **DUE NOT LATER THAN 2:00 P.M., "AS SO INDICATED BY THE TIME STAMP CLOCK OF WILL COUNTY", WEDNESDAY, AUGUST 13, 2025.**

Bids will be publicly opened and read by the Will County Executive or her Representative at **2:05 P.M., Wednesday, August 13, 2025**, at the Will County Office Building, 302 N. Chicago Street, 2nd Floor, Joliet, IL. 60432. You are welcome to attend the meeting.

Should you have any questions regarding this bid, please contact the Will County Purchasing Department in writing at purchasing@willcounty.gov.

We welcome your bid.

Sincerely,

Kevin Lynn

Kevin Lynn
Purchasing Director

**ADVERTISEMENT OF BID
THERAPY SERVICES
SUNNY HILL NURSING HOME OF WILL COUNTY
JOLIET, IL**

SEALED BIDS TO PROVIDE THERAPY SERVICES FOR THE SUNNY HILL NURSING HOME OF WILL COUNTY, JOLIET, IL, WILL BE RECEIVED AT THE WILL COUNTY PURCHASING DEPARTMENT, WILL COUNTY OFFICE BUILDING, 302 N. CHICAGO ST., JOLIET, IL 60432, UNTIL THE HOUR OF 2:00 P.M., WEDNESDAY, AUGUST 13, 2025.

BIDS WILL BE PUBLICLY OPENED AND READ BY THE WILL COUNTY EXECUTIVE OR HER REPRESENTATIVE AT 2:05 P.M., WEDNESDAY, AUGUST 13, 2025, AT THE WILL COUNTY OFFICE BUILDING, 302 N. CHICAGO ST., JOLIET, IL., 60432, 2ND FLOOR.

SPECIFICATIONS AND CONDITIONS OF THE BID ARE AVAILABLE AT www.demandstar.com OR www.willcounty.gov FROM THE PURCHASING DEPARTMENT, 2ND FLOOR, WILL COUNTY OFFICE BUILDING, 302 NO. CHICAGO ST., JOLIET, IL 60432, (815) 740-4712 OR purchasing@willcounty.gov.

THE TENDERING OF A BID TO THE COUNTY SHALL BE CONSTRUED AS ACCEPTANCE OF THE SPECIFICATIONS. THE BIDDER ACKNOWLEDGES THE RIGHT OF THE COUNTY OF WILL TO REJECT ANY OR ALL BIDS AND TO WAIVE NON-MATERIAL INFORMALITY OR IRREGULARITY IN ANY BID RECEIVED IN WHOLE OR IN PART, AS SPECIFIED IN THE SOLICITATION.

BY ORDER OF THE WILL COUNTY EXECUTIVE, JENNIFER BERTINO-TARRANT

**INSTRUCTIONS TO BIDDERS
THERAPY SERVICES FOR
SUNNY HILL NURSING HOME OF WILL COUNTY
JOLIET, IL**

GENERAL SPECIFICATIONS

Bidders are invited to submit sealed bids for Therapy Services for the Sunny Hill Nursing Home of Will County, Joliet, IL. The contract period will commence October 1, 2025, through and including September 30, 2026, with two (2) one (1) year optional renewals.

BIDS:

Bids will be received in the Purchasing Department, 2nd floor, Will County Office Building, 302 N. Chicago St., Joliet, IL 60432, **not later than Wednesday, August 13, 2025, at 2:00 P.M. “as so indicated by the time stamp clock of Will County”**.

BIDS RECEIVED AFTER THIS TIME WILL NOT BE ACCEPTED.

Bids will be publicly opened and read aloud by the Will County Executive or her representative at **2:05 P.M., Wednesday, August 13, 2025**, at the Will County Office Building, 302 N. Chicago St., 2nd FL., Joliet, IL. 60432. **BIDS RECEIVED AFTER THIS TIME WILL NOT BE ACCEPTED.**

Proposals must be made in accordance with the instructions contained herein. Bid Forms shall be completely filled out and shall not be detached from this document. The complete set of Contract Documents shall be submitted with this proposal. All Bid Forms and Specifications as attached hereto shall be used to form the Contract for the work to be performed. Proposals shall be submitted on the forms furnished by the County of Will in a sealed package marked with the Bidder's name and address and the notation:

SEALED BID: THERAPY SERVICES

DUE: Wednesday August 13, 2025, 2:00PM

Bids shall be addressed to the Will County Purchasing Department, Will County Office Building, 302 N. Chicago St., Joliet, IL 60432.

SIGNATURE OF BIDS: The signature on each bid proposal shall be that of an authorized representative of bidder. Each bidder, by making its bid, represents that bidder has read and understands the bidding documents.

BIDDING PROCEDURES:

1. All bids must be prepared on the forms provided by the County of Will and submitted with **one original, two (2) complete copies, and one digital copy on an electronic storage device**, in accordance with the Instructions to Bidders.
2. A bid is invalid if it has not been deposited at the designated location prior to the time and date for receipt of bids indicated in the Advertisement for Bids or prior to any extension thereof issued to the bidders.

3. Unless otherwise provided in any supplement to the Instructions to bidders, no bidder shall modify, withdraw or cancel his bid or any part thereof for ninety (90) days after the time designated for the receipt of bids in the Advertisement for Bids.
4. Changes or corrections may be made in the bid documents after they have been issued and before bids are received. In such cases a written addendum describing the change or correction will be issued by the County of Will to all bidders recorded by the County of Will as having received the bidding documents and will be available for inspection wherever issued. Such addendum shall take precedence over that portion of the documents concerned, and shall become part of the bid documents. Except in unusual cases, addenda will be issued to reach the bidders at least five (5) days prior to date established for receipt of bids.
5. Each bidder shall carefully examine all bid documents and all addenda thereto, and shall thoroughly familiarize themselves with the detailed requirements thereof prior to submitting a proposal. Should a bidder find discrepancies or ambiguities in, or omissions from, documents, or should they be in doubt as to their meaning, they shall, at once, and in any event not later than seven (7) days prior to bid due date, notify the County of Will, who will, if necessary, send written addenda to all bidders. The County of Will is not responsible for any oral instructions. All inquiries shall be directed the Will County Purchasing Department at purchasing@willcounty.gov. After bids are received, the bidder will make no allowance for oversight.

REJECTION OF BIDS:

The bidder acknowledges the right of the County of Will to reject any or all bids, to waive any non-material informality or irregularity in any bid received, and to accept the bid deemed most favorable to the interest of the County of Will after all bids have been examined and evaluated. In addition, the bidder recognizes the right of the County of Will to reject a bid if the bid is in any way incomplete or irregular.

CONTRACT DURATION:

The contract is to commence October 1, 2025, through and including September 30, 2026. The County reserves the right to extend the contract for two (2) optional one (1) year contracts.

NO BIDS:

Those who wish not to bid this project please return your bid plainly marked "**NO BID**" or send email indicating "**NO BID**" to ensure your company's name remains on our bidders list. If you choose not to reply your name will be removed and no future bids will be automatically sent.

PRIME CONTRACTOR CERTIFICATION:

Included in this bid package is a prime contractor certification form. This form **must** be filled out and returned with your bid package.

WORDS AND FIGURES:

Where amounts are given in both words and figures, the words shall govern. If the amount is not written in words the unit cost will take precedence over the extended price in case of a discrepancy in the multiplication.

BID SECURITY:

Each bidder shall attach, to the front cover of his/her bid a \$20,000.00 Bid Bond or Cashier's Check made payable to the Will County Treasurer as a guarantee that if the bid is accepted, a contract will be entered into with the County of Will. **Money Orders or Company checks will not be accepted.**

PERFORMANCE BOND:

A Performance Bond for the amount of the first year of the contract will be required from the successful bidder and shall be valid throughout the life of the contract. If the County chooses to renew for years 2 and 3, a new Performance Bond or Continuation Certificate will be required prior to the contract renewal. If it is difficult to acquire a Performance Bond by the time the contract is to commence, Will County will accept a letter notarized by the Insurance Carrier showing that such Bond is being processed at this time.

ILLINOIS FREEDOM OF INFORMATION ACT:

Any and all submissions to the County of Will become the property of the County of Will and these and any late submissions will not be returned. Your proposal will be open to the public under the Illinois Freedom of Information Act (FOIA) (5 ILCS 140) and other applicable laws and rules, unless you request in your proposal that we treat certain information as exempt. We will not honor requests to exempt entire proposals. You must show the specific grounds in FOIA or other law or rule that support exempt treatment. If you request exempt treatment, you must submit an additional copy of the proposal with exempt information deleted. This copy must tell the general nature of the material removed and shall retain as much of the proposal as possible. In the event the County of Will receives a request for a document submitted, the County of Will shall provide notice to contractor as soon as practicable. Regardless, contractor will be responsible for any costs or damages associated with defending your request for exempt treatment. Furthermore, contractor warrants that County of Will's responses to requests for a document submitted that is not requested to be exempt will not violate the rights of any third party.

Please be advised that if your proposal is accepted by the County of Will, all related records maintained by, provided to, or required to be provided to the County of Will during the contract duration are subject to FOIA. In the event the County of Will receives a request for a document relating to contractor, its provision of services, or the arranging for the provision of services, the County of Will shall provide notice to contractor as soon as practicable and, within the period available under FOIA, contractor may then identify those records, or portions thereof, that it in good faith believes to be exempt from production and the justification for such exemption. Regardless, contractor will be responsible for any costs or damages associated with defending the request for exempt treatment. Furthermore, contractor will warrant that County of Will's responses to requests for a document relating to contractor, its provision of services, or the arranging for the provision of services, or the arranging for the provision of services, will not violate the rights of any third party.

Please be advised also that FOIA provides that any record in the possession of a party with whom the County of Will has contracted to perform a governmental function on behalf of the County of Will, and that directly relates to the governmental function and is not otherwise exempt under FOIA, is considered a public record of the County of Will for purposes of FOIA. 5 ILCS 140/7(2). As such, upon request by the County of Will (or any of its officers, agents, employees or officials), the contractor shall provide to the County of Will at no cost and within the time frames of FOIA a copy of any "public record" as required by FOIA and in compliance with the provisions of FOIA. After request by the County of Will, contractor

may then identify those records, or portions thereof, that it in good faith believes to be exempt from production and the justification for such exemption. Regardless, contractor will be responsible for any costs or damages associated with defending the request for exempt treatment.

NON-DISCRIMINATION:

The Contractor shall at all times observe and comply with any law, statute, regulation or the like relating in any way to civil rights including but not limited to the Public Works Employment Discrimination Act, 775 ILCS 10/0.01 et seq.

DEFAULT:

In case of default by the successful bidder, the County of Will may procure the articles or services from other sources and may deduct from the unpaid balance due the successful bidder any of its costs resulting from the default, or may collect against the bond or surety for excess costs so paid, and the prices paid by the County of Will shall be considered the prevailing market price at the time such purchase is made.

PRICES:

Prices shall remain in effect throughout the Contract Period, which is for a twelve (12) month period, from October 1, 2025, through and including September 30, 2026, with two (2) optional one (1) year contract renewals with County approval.

AWARDING OF BID:

The award will be based on the lowest responsible, responsive bid for the totals of the 1st year contract and the two (2) optional one (1) year renewal contracts.

The bidder acknowledges the right of the County of Will to reject any bids not in compliance with the request for bids and the right to reject all bids and the right to waive any non-material informalities or irregularities for any bid received and to accept the lowest responsible, responsive bid after all Bids have been examined and evaluated.

The Bid is expected to be awarded by September 15, 2025

SUBMITTAL REQUIREMENTS:

Each of the following items shall be submitted by the bid time mentioned herein in order that the bid will be considered:

1. \$20,000.00 Bid Bond or Cashier's Check
2. **Signed** Copy of Prime Contractor Certification
3. Reference form
4. **Signed** and completed Bid Form
5. **Signed** and completed Receipt of Addenda Form
6. Reference Form

THERAPY SPECIFICATIONS

SCOPE OF WORK:

It is the intention of the County of Will to award one contract to a vendor who meets the requirements of these specifications to provide Therapy Services to the Sunny Hill Nursing Home of Will County, a 157 bed skilled nursing facility operated by the County of Will.

TERM OF AGREEMENT:

The contract is to commence October 1, 2025, through and including September 30, 2026. The County reserves the right to extend the contract for two (2) optional one (1) year contracts.

BIDDER'S QUALIFICATIONS:

All Bidders' must be qualified vendors and demonstrate the capacity to provide Therapy Services in accordance with these specifications. Bidders must be successfully servicing as a vendor to similar businesses (in size, type, and location) for a minimum of five (5) years. References must be provided on the attached page. The County reserves the right to inspect facilities and/or interview similar business clients to determine if this criteria is met. Please provide information as to what percentage of staff resides in Will County, Illinois.

SCOPE OF SERVICES:

Bidders must provide all services as required to ensure a comprehensive and successful program. At a minimum, these services and capabilities shall include:

- Physical Therapy
- Occupational Therapy
- Speech Therapy

VOLUME:

The average usage amounts specified in this solicitation are approximates only, and are given for the information of the Bidder and for the purpose of Proposal evaluation. They do not indicate the actual amount, which may be spent annually, since such volume will depend upon the requirements of the Sunny Hill Nursing Home of Will County residents.

PRE-AUDIT:

The Bidder shall provide cost information to support invoices upon request of the County.

AUDIT:

The Bidder shall retain and make available all records and cost information related to this contract for a period of six years beyond the contract completion date.

PROVIDER SERVICES:

1. **SERVICES.** Bidder will provide the services listed on the Proposal Form in accordance with all applicable federal and state laws, rules and regulations, and reasonable Sunny Hill Nursing Home of Will County policies and procedures and rules of third party payers that cover the Services. Specifically, Bidder will:
 - a. Upon receipt of written order for a therapy evaluation from a resident's physician, conduct an evaluation of resident; recommend to the physician a plan of care, including duration and frequency of treatment.
 - b. Upon receipt of a written order for therapy treatment from a resident's physician, timely provide treatment in accordance with the physician's plan of care, maintain treatment logs, write and update appropriate portions of the resident's medical record, and communicate verbally and in writing to the resident's physician and to other health care professionals involved in the resident's care, as appropriate, observations as to progress and expected goals and treatment. Duration of treatments provided to a resident shall be in accordance with the resident's plan of care established by and coordinated with Sunny Hill nursing IDT team.
 - c. Timely provide to Sunny Hill Nursing Home of Will County IDT Team treatment information and documentation for billings to third party payers in the form reasonably required by Sunny Hill Nursing Home of Will County and such third party payers.

2. Bidder may reply on written orders received from a resident's physician to indicate medical necessity of therapy orders.
3. Bidder shall provide Services through its properly licensed therapists, or in its discretion, by properly licensed therapy assistants, supervised in accordance with applicable state and federal regulations. Upon request, Bidder will provide to Sunny Hill Nursing Home of Will County copies of current licenses or registrations for its personnel providing Services hereunder.
4. On Sunny Hill Nursing Home of Will County's reasonable request, Bidder will assist facility in providing appropriate consultation to Sunny Hill Nursing Home of Will County staff, and in-service education on therapy topics related to treatment of facility residents. Bidder's personnel will participate in care planning conferences for the facility's residents who are receiving Services hereunder, daily house report meetings, weekly Medicare meetings and participate in the following facility meetings as scheduled: Quality Assurance, Therapy, Marketing, Resident Safety and Behavior, and any other meeting that facility requests presence of Bidder to help aid in provision of quality resident care.
5. Bidder will use care in the operation of therapy equipment and the use of therapy supplies, supplied by Sunny Hill Nursing Home of Will County in its nursing facility. Bidder will recommend to the facility the appropriate types of equipment and quantities of supplies reasonably necessary to provide Services to the residents of Sunny Hill Nursing Home of Will County.
6. Bidder will aid facility in the acquisition of fitness type equipment for "Fun & Fitness Club" which is located in the therapy designated area and is available for regular use by facility residents who are jointly assessed by the Bidder and facility's Therapy Supervisor to meet the program's protocol.
7. Bidder will prepare and maintain such records of Services rendered, in such form as may be reasonably required by Sunny Hill Nursing Home of Will County and any third party payer which covers services rendered hereunder. Such records shall remain the property of Bidder, but shall be available to the facility for review and copying on reasonable request.
8. Bidder will maintain confidentiality of patient records in accordance with State and Federal Laws and regulations.
9. Bidder will be in compliance with the Health Insurance Portability and Accountability Act and will provide training to their staff and maintain all documentation necessary, including any Business Associates contracts.
10. Bidder will provide consultation to Sunny Hill Nursing Home staff on maintaining the functional status of residents before transfer to nursing's restorative program.
11. Bidder will maintain the physical office area in Sunny Hill's therapy room and will provide own computers and internet connection.
12. Bidder will also provide physical, occupational and speech therapy to our outpatient therapy clinic population as needed. Hours of operation will need to be determined by patient request and within the hours of which the in house therapy is not in operation.

SUNNY HILL NURSING HOME OF WILL COUNTY

1. Sunny Hill Nursing Home of Will County will assure that each resident admitted to its nursing facility is under the care of a licensed physician and, as necessary, will assure that such physician timely writes and signs orders for therapy evaluations and treatments.
2. Sunny Hill Nursing Home of Will County will promptly notify Bidder prior to the beginning of therapy treatment plan for each resident with orders for therapy treatments, including duration and frequency of treatment.
3. Sunny Hill Nursing Home of Will County will make available at all reasonable times for review, updating and copying, the medical record for each resident who has an order for therapy services subject to the requirements of the Health Insurance Portability and Accountability Act. Such records remain the property of Sunny Hill Nursing Home of Will County.
4. Sunny Hill Nursing Home of Will County will obtain, in advance of any provision of Services by Bidder, all authorizations and other documents necessary for the proper billing of residents for Services, and will verify authorizations for coverage for all Services. Facility will notify Bidder of the applicable billing information, and changes thereto, prior to Bidder rendering Services.
5. Sunny Hill Nursing Home of Will County will submit billing to all residents or appropriate third party payers for services provided. However, subject only to specific provisions to the contrary contained herein, compensation to Bidder for services is not contingent upon receipt by Sunny Hill Nursing Home of Will County of payment for such billings.

COMPENSATION:

1. Sunny Hill Nursing Home of Will County agrees to pay the Bidder for services as shown on attached Schedule. Bidder will submit to Sunny Hill Nursing Home of Will County an invoice in electronic form that is compatible with Sunny Hill's software for the Services rendered. Invoices will be in such form, and contain such information, as Sunny Hill Nursing Home of Will County shall reasonably request to comply with third party billing and payment requirements.
2. Payment shall be made in accordance with the Local Government Prompt Payment Act, 50 ILCS 505/1 et seq.
3. To the extent that any third party payer denies or reduces a claim or payment for any Services rendered hereunder, Sunny Hill Nursing Home of Will County and Bidder shall first determine the cause of the denial based on the responsibilities of the Parties stated in the Provider Services Section and Sunny Hill Nursing Home of Will County Obligations Section above. If the denial is caused by the failure of the Bidder to fulfill its responsibilities hereunder, Bidder will, subject to its rights to appeal such denial set out below, refund or credit Sunny Hill Nursing Home of Will County with any amounts paid by Sunny Hill Nursing Home of Will County to the Bidder for the rendering of such services.
4. Sunny Hill Nursing Home of Will County will promptly give the Bidder notice of all denials of claims or payment, or requests from any payment source for any information regarding the Services. In the event of a denial of payment, Bidder will have the absolute right, in its sole discretion, to appeal such denial through any means available to it, and Sunny Hill Nursing Home of Will County agrees to cooperate fully with the Bidder in such appeals process. If the Bidder is successful in any such appeal, the Bidder will promptly pay any amounts previously repaid or credited by the Bidder, to Sunny Hill Nursing Home of Will County.
5. If this contract is extended to include a second or third year extension option, there will be no payment increase to the bidder.

HOLD HARMLESS CLAUSE:

The Bidder will save and hold harmless the County of Will from and against all liabilities, claims and demands of whatsoever kind or nature arising out of or connected with the performance of services by the Bidder, or on behalf of the County of Will, whether such injury, death, loss or damage shall have been occasioned by the negligence of the Bidder, or a Subcontractor of the Bidder, or their employees; or otherwise. The Bidder will defend at its own expense any actions based thereon and shall pay all charges of attorneys and all costs and other expenses arising therefrom.

EVALUATION CRITERIA:

The evaluation criteria shall include, but is not limited to the following:

1. References
2. The qualifications, (i.e. ability, capability and skill) of the Bidder to provide all Services required
3. History of Bidder's company

QUALIFICATIONS, CERTIFICATIONS, LICENSES

Bidder shall have all the necessary qualifications, certifications, and/or licenses pursuant to Federal and State law and regulations to provide the services required. Bidder shall further warrant that it is not excluded from any state or federal health care program, or any third party payer program, has not been excluded from any such program, and that no basis exists for such exclusion. Finally, Bidder shall warrant that it has not been subject to any final adverse action as defined under the Health Care Fraud and Abuse Data Collection Program. Bidder shall agree to notify Sunny Hill Nursing Home of Will County within twenty-four (24) hours, by certified mail, if: (a) a final adverse action is taken or threatened against Bidder; (b) the same or substantially similar services provided to any other of Bidder's clients that is the subject of inquiry or investigation by any governmental agency, intermediary, or any third party payer; or (c) any adverse action is taken against any other of Bidder's clients in connection with substantially similar services.

RECORDS AND REPORTS:

Bidder agrees to keep and maintain records of the billed services delivered to the residents at Sunny Hill Nursing Home of Will County as may be required by any Medicare intermediary, federal, state or local government agency, Sunny Hill Nursing Home of Will County or other party for whom billings for Bidder's services are rendered. Bidder agrees to make all records of Sunny Hill Nursing Home of Will County residents to whom Bidder has rendered services available for Sunny Hill Nursing Home of Will County inspection. Bidder agrees to comply with all

statutory requirements governing the maintenance of documentation to verify the cost of services rendered under this contract; until the expiration of six (6) years after the furnishing of such services pursuant to this contract. Upon written request, Bidder shall make available to the Secretary of Health and Human Services, the Comptroller General of the United States, the Medicare intermediary, any other federal or state agency, or any of their duly authorized representatives having the authority or responsibility for the payments of, or supervision of, Facility's or services, all contracts, books, documents and records of Bidder that are necessary to certify and substantiate the nature and extent of such costs. Bidder will maintain confidentiality of patient records in accordance with State and Federal laws and regulations.

BILLING AND PAYMENT FOR THERAPY SERVICES:

Bidder shall bill Sunny Hill Nursing Home of Will County on a monthly basis by the fifth (5th) working day of each month for Therapy Services provided to Sunny Hill Nursing Home of Will County during the past month.

TERMINATION

This contract will terminate automatically upon the revocation, suspension or cancellation of Sunny Hill Nursing Home of Will County's license or certification.

Either party hereto may, at any time during the term hereof, terminate the contract, with or without cause, upon thirty (30) days written notice to the other party of such termination. At the end of said thirty (30) days' notice period, the contract shall be terminated.

Immediately upon the termination of the contract for any reason, all debts, obligations and liabilities theretofore accrued between the Bidder and Sunny Hill Nursing Home of Will County will be paid, performed and discharged.

INDEPENDENT CONTRACTORS

Bidder shall not be considered an employee or agent of Sunny Hill Nursing Home of Will County for any purpose, and no partnership, joint venture or co-venture shall be created by virtue of the contract or the provision of services hereunder. The Bidder and Sunny Hill Nursing Home of Will County hereto are independent contractors contracting with one another solely for the purposes set out herein. Sunny Hill Nursing Home of Will County shall exercise no control over the manner in which the services are performed. The contract may not be subcontracted or assigned, in whole or in part, without the prior written consent of Sunny Hill Nursing Home of Will County.

COMPLIANCE WITH APPLICABLE LAW

In all aspects relative to the performance of their respective obligations under this contract, the Bidder and Sunny Hill Nursing Home of Will County shall conduct their respective businesses in accordance with all applicable federal, state and local laws including, but not limited to, all legal requirements relating to the Medicare and Medicaid program and the Health Insurance Portability and Accountability Act.

LIABILITY AND RISK MANAGEMENT INSURANCE:

At all times during the term of the contract, the Bidder and its independent subcontractors shall maintain, at their sole expense, insurance coverage for Bidder, its employees, officers and independent subcontractors as follows:

- a. Worker's Compensation in the statutory amounts;
- b. Employer's liability insurance in an amount not less than one million dollars (\$1,000,000) for each employee/disease;
- c. Professional liability insurance with limits not less than one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the aggregate annually;
- d. Commercial (comprehensive) general liability insurance (including contractual liability) with limits of not less than one million dollars (\$1,000,000) per occurrence, and three million dollars (\$3,000,000) in the aggregate annually.

INSURANCE REQUIREMENTS

The policy which affords comprehensive general liability insurance shall contain a provision or endorsement stating that such insurance includes Sunny Hill Nursing Home of Will County, and the County of Will as additional insured's as regards their liability out of operations performed for Sunny Hill Nursing Home of Will County and the County of Will by Bidder under this contract.

CERTIFICATES OF INSURANCE

Bidder shall deliver to the County of Will certificates of insurance naming Sunny Hill Nursing Home of Will County and the County of Will, its officers and employees and agents as additional insured parties for each of the above specified types of insurance. The certificates of insurance must state: "Sunny Hill Nursing Home of Will County, the County of Will and its Officers are named as additional insureds as defined in the policy with respect to claims arising from Bidder's' operations at Sunny Hill Nursing Home of Will County, Joliet, Illinois." (See Special Conditions – Insurance Requirements).

CHANGES IN INSURANCE COVERAGE

Bidder must notify the County of Will of changes in insurance coverage, in writing, within thirty (30) days.

INSURANCE RATING

All of the above-specified types of insurance shall be obtained from companies that have at least an A-7 rating in Best's Guide or the equivalent.

CONTRACT SPECIFICATIONS

The intent of Sunny Hill Nursing Home of Will County, a 157 bed Skilled Care Nursing Facility pursuant to Illinois Law, located at 421 Doris Avenue, Joliet, Illinois, in requesting therapy service proposals, is to exercise its management responsibility as a prudent buyer and provider of quality resident health care. In so doing, the facility has identified specific therapy service areas.

Sunny Hill Nursing Home of Will County is providing a base of information to ensure uniformity of responses. It must be noted, however, that there is no intent, either expressed or implied, that any of the selected contractors be restricted or precluded by these guidelines, nor should these be rigid as to stifle the creativity of any contractor responding. Any recommendations relating to current or future reimbursement strategies or areas to improve the sub-acute area will be re-evaluated.

The guideline information provided by Sunny Hill Nursing Home of Will County is divided into five key areas:

- I. Nature of the Contract
- II. Costs included in contractor's budget
- III. Required information from contractors
- IV. Exhibits
- V. Fees and compensation schedules (must be completed as part of each contractor's proposal)

We appreciate your working with us on this program evaluation, and we look forward to learning more about your company's capabilities and offerings.

NATURE OF CONTRACT

- A. The Contractor's proposed budget must be guaranteed to Sunny Hill Nursing Home of Will County for the twelve (12) month period October 1, 2025, through and including September 30, 2026.
- B. Each proposal must include the proposed financial arrangement.
- C. Contractor to keep full and accurate records of the therapy service operation covered by these specifications. All such records shall be retained for a period of five (5) years following the year to which they pertain. Records are subject to audit by the Secretary of Health and Human Services, or upon request of the Comptroller General, or any of their duly authorized representatives.
- D. Contractor will warrant compliance with and agree to be bound by any and all applicable Federal, State of Illinois and local licensure provisions governing therapy services with a long-term care nursing facility setting.
- E. Insurance requirements are found in the Agreement, Article VII: Liability and Risk Management. No work shall be started until receipt of the Certificate of Insurance.

COSTS INCLUDED IN CONTRACTOR'S BUDGET

- A. Specialized Post Acute/Medicare Services for up to 157 beds and outpatient services to include:
 1. Treatment services to Post Acute/Medicare patients of the facility.
 - a. Evaluating patients on medical referral
 - b. Communicating recommendations to physicians and IDT Team

- c. Planning and giving patient's treatment
 - d. Maintaining records of patient's response to treatment
 - e. Creation and Maintenance of Billing Information
 - f. Screening
2. Consulting services, as necessary.
 - a. Administrative
 - b. Nursing In-service
 - c. Activities
3. Management of Post Acute/Medicare Services
 - a. Personnel administration
 - b. Financial functions
 - c. Resident Care
 - d. Strategic planning and development
 - e. Marketing and referral management
 4. Consulting services as necessary.
 - a. Restorative Nursing Consulting
 - b. Physical Rehab Consulting
 - c. Speech Rehab Consulting

MINIMUM INFORMATION REQUIRED OF CONTRACTOR

A. Specialized Experience

In order to evidence your company's depth and breadth of capability, describe your firm's experience (minimum 2 years' experience in long-term care facilities) with client healthcare organizations, wherein your company is handling the entire post acute length of stay functions for the client.

1. Client's name
2. Location
3. Brief description of services provided
4. Length of account tenure
5. Size of staff supervised and building population
6. Client's management contact, address and telephone number

B. Experience:

1. Provide location, address, resume and the name of the manager who will be in charge of our sub acute operation
2. Outline the individual's previous management experience in providing sub acute services to healthcare clients

C. Management Firm Information

1. Total number of employees employed – full time and part time (by category: P.T., C.O.T.A., ETC.)
2. Do you use subcontractors for therapists and/or physicians? If so, who?
3. Years in business using current name
4. Employee turnover rate for the past two years
5. Include copies of your current annual report including audited financial statement
6. Provide outline of support training and development programs
7. Identify plan for increasing and maintaining sub acute rehabilitation services
8. Provide evidence of strong network of local management and support staff
9. Describe the length of time you have provided long term care services in the local area.
10. Provide a list of local references to whom you have provided three years or more of service.
11. Describe any other proposals/terms of programs your firm offers in the area of sub-acute care.
12. List clients with whom you have lost contracts within the last two years.
13. Describe any referral networks or managed care provider contracts you are associated with and per diem rates.
14. Identify any specialty programs or services that you currently provide to clients

15. Identify your therapy-related denial rate with current client base and measures taken to counteract PPS Billing Guidelines (i.e. discharge to the hospital, therapy hold in rehab category).
16. Describe any type of Quality Assurance Programs that you have in place
17. Are you currently providing therapy services to any Nursing Home within a 50-mile radius of Sunny Hill Nursing Home of Will County?

Medicare A	Dec. 2022- Nov.2023	Dec.2023 – Nov.2024	Dec. 2024 – June2025
Total Physical Therapy Minutes	118,632	132,130	48,240
Total Occupational Therapy Minutes	121,067	131,643	45,606
Total Speech Therapy Minutes	31,193	52,546	21,743
Total Therapy Minutes	270,882	316,319	115,589
Total# Resident on Physical Therapy	98	104	52
Total# of Resident on Occupational Therapy	98	104	51
Total # of Resident on Speech Therapy	64	89	40
Total Number of Medicare Days	4,023	4,550	1,977

Medicare B Therapy Units	Dec. 2022- Nov.2023	Dec.2023 – Nov.2024	Dec. 2024 – June2025
Physical Therapy	71,386	62,512	51,076
Occupational Therapy	71,084	63,160	57,974
Speech Therapy	28,915	19,680	24,596
Total Therapy Units	171,385	145,352	133,646

PDPM Calculation Worksheet for SNFs

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In the PDPM, there are five case-mix adjusted components: PT, OT, SLP, NTA, and Nursing. Each patient is to be classified into one and only one group for each of the five case-mix adjusted components. In other words, each patient is classified into a PT group, an OT group, an SLP group, an NTA group, and a nursing group. For each of the case-mix adjusted components, there are a number of groups to which a patient may be assigned, based on the relevant MDS 3.0 data for that component. There are 16 PT groups, 16 OT groups, 12 SLP groups, 6 NTA groups, and 25 nursing groups.

PDPM classifies patients into a separate group for each of the case-mix adjusted components, each of which have their own associated case-mix indexes and base rates. Additionally, PDPM applies variable per diem payment adjustments to three components, PT, OT, and NTA, to account for changes in resource use over a stay. The adjusted PT, OT, and NTA per diem rates are then added together with the unadjusted SLP and nursing component rates and the non-case-mix component to determine the full per diem rate for a given patient.

Calculation of PDPM Cognitive Level

The PDPM cognitive level is utilized in the SLP payment component of PDPM. One of four PDPM cognitive performance levels is assigned based on the Brief Interview for Mental Status (BIMS) or the Staff Assessment for Mental Status for the PDPM cognitive level. If neither the BIMS nor the staff assessment for the PDPM cognitive level is complete, then the PDPM cognitive level cannot be assigned and the PDPM case mix group cannot be determined.

STEP #1

Determine the patient’s BIMS Summary Score on the MDS 3.0 based on the patient interview. Instructions for completing the BIMS are in Chapter 3, Section C. The BIMS involves the following items:

- C0200 Repetition of three words
- C0300 Temporal orientation
- C0400 Recall

Item C0500 provides a BIMS Summary Score that ranges from 00 to 15. If the patient interview is not successful, then the BIMS Summary Score will equal 99.

Calculate the patient’s PDPM cognitive level using the following mapping:

Table 1: Calculation of PDPM Level from BIMS

PDPM Cognitive Level	BIMS Score
Cognitively Intact	13-15
Mildly Impaired	8-12
Moderately Impaired	0-7
Severely Impaired	-

PDPM Cognitive Level: _____

If the patient’s Summary Score is 99 (patient interview not successful) or the Summary Score is blank (patient interview not attempted and skipped) or the Summary Score has a dash value (not assessed), then proceed to Step #2 to use the Staff Assessment for Mental Status for the PDPM cognitive level.

PDPM Calculation Worksheet for SNFs

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STEP #2

If the patient's Summary Score is 99 or the Summary Score is blank or has a dash value, then determine the patient's cognitive status based on the Staff Assessment for Mental Status for the PDPM cognitive level using the following steps:

- A) The patient classifies as severely impaired if one of following conditions exist:
- Comatose (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1, all equal 01, 09, or 88).
 - Severely impaired cognitive skills for daily decision making (C1000 = 3).

- B) If the patient is not severely impaired based on Step A, then determine the patient's Basic Impairment Count and Severe Impairment Count.

For each of the conditions below that applies, add one to the Basic Impairment Count.

- In Cognitive Skills for Daily Decision Making, the patient has modified independence or is moderately impaired (C1000 = 1 or 2).
- In Makes Self Understood, the patient is usually understood, sometimes understood, or rarely/never understood (B0700 = 1, 2, or 3).
- Based on the Staff Assessment for Mental Status, patient has memory problem (C0700 = 1).

Sum a., b., and c. to get the Basic Impairment Count: _____

For each of the conditions below that applies, add one to the Severe Impairment Count.

- In Cognitive Skills for Daily Decision Making, patient is moderately impaired (C1000 = 2).
- In Makes Self Understood, patient is sometimes understood or rarely/never understood (B0700 = 2 or 3).

Sum a. and b. to get the Severe Impairment Count: _____

- C) The patient classifies as moderately impaired if the Severe Impairment Count is 1 or 2 and the Basic Impairment Count is 2 or 3.
- D) The patient classifies as mildly impaired if the Basic Impairment Count is 1 and the Severe Impairment Count is 0, 1, or 2, or if the Basic Impairment Count is 2 or 3 and the Severe Impairment Count is 0.
- E) The patient classifies as cognitively intact if both the Severe Impairment Count and Basic Impairment Count are 0.

PDPM Cognitive Level: _____

Payment Component: PT

STEP #1

Determine the patient’s primary diagnosis clinical category using the ICD-10-CM code recorded in MDS item I0020B. To do so, refer to the PDPM Clinical Categories to ICD-10 Diagnosis Codes mapping (available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html), which maps a patient’s primary diagnosis as recorded in MDS item I0020B to the 10 PDPM primary diagnosis clinical categories.

I0020B diagnosis: _____

Default primary diagnosis clinical category: _____

Some ICD-10-CM codes can map to a different clinical category from the default depending on a patient’s prior inpatient procedure history. For these codes, a patient may be categorized into a surgical clinical category if the patient received a surgical procedure during the prior inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by item J2100. If the PDPM clinical category mapping indicates that the patient’s primary diagnosis code is eligible for one of the two orthopedic surgery categories (major joint replacement or spinal surgery, and orthopedic surgery (except major joint replacement or spinal surgery)) then proceed to Step 1A; if eligible for the non-orthopedic surgery category, then proceed to Step 1C. Otherwise, proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1A

Determine whether the patient received a major joint replacement or spinal surgery during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, then the patient is categorized into the major joint replacement or spinal surgery clinical category. If none of these procedures was performed, the patient did not receive major joint replacement or spinal surgery during the prior inpatient stay for purposes of determining the PDPM classification.

Patient eligible for Surgical Clinical Category and Received Major Joint Replacement or Spinal Surgery? (Yes/No) _____

If the patient received Major Joint Replacement or Spinal Surgery, then the primary diagnosis clinical category is Major Joint Replacement or Spinal Surgery. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment. Otherwise, proceed to Step 1B.

STEP #1B

Determine whether the patient received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2500, J2510, J2520, or J2530 was performed during the prior inpatient stay, then the patient is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category. If none of these procedures was performed, the patient did not receive

PDPM Calculation Worksheet for SNFs

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orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay for purposes of determining the PDPM classification.

Patient Eligible for Surgical Clinical Category and Received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)? (Yes/No) _____

If the patient received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery), then the primary diagnosis clinical category is Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery). Otherwise, the patient stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1C

Determine whether the patient received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the patient is categorized into the non-orthopedic surgery clinical category. If none of these procedures was performed, the patient did not receive a significant non-orthopedic surgical procedure during the prior inpatient stay for purposes of determining the PDPM classification.

Patient Eligible for Surgical Clinical Category and received significant Non-Orthopedic Surgical Procedure? (Yes/No) _____

If the patient received a significant Non-Orthopedic Surgical Procedure, then the primary diagnosis clinical category is Non-Orthopedic Surgery. Otherwise, the patient stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1D

To finalize the primary diagnosis clinical category assignment, if the patient is not eligible for a different clinical category from the default, then select the default clinical category assigned to the primary diagnosis as recorded in MDS item I0020B in Step 1. If the patient is eligible for a different clinical category from the default, select the eligible surgical clinical category as determined in Steps 1A, 1B, or 1C.

Primary diagnosis clinical category: _____

STEP #2

Next, determine the patient's PT clinical category based on the mapping shown below.

PDCM Calculation Worksheet for SNFs

Table 2: PT Clinical Category

Primary Diagnosis Clinical Category	PT Clinical Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Other Orthopedic
Non-Orthopedic Surgery	Non-Orthopedic Surgery
Acute Infections	Medical Management
Cardiovascular and Coagulations	Medical Management
Pulmonary	Medical Management
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic
Acute Neurologic	Acute Neurologic
Cancer	Medical Management
Medical Management	Medical Management

PT Clinical Category: _____

STEP #3

Calculate the patient's Function Score for PT payment. Use the following table to determine the Function Score for Eating Admission Performance (GG0130A1), Oral Hygiene Admission Performance (GG0130B1), Toileting Hygiene Admission Performance (GG0130C1), Sit to Lying Admission Performance (GG0170B1), Lying to Sitting on Side of Bed Admission Performance (GG0170C1), Sit to Stand Admission Performance (GG0170D1), Chair/Bed-to-Chair Transfer Admission Performance (GG0170E1), and Toilet Transfer Admission Performance (GG0170F1).

It should be noted that, in the case of an IPA, the items used for calculation of the patient's PDCM functional score are the Interim Performance items (GG0XXXX5), rather than the Admission Performance items (GG0XXXX1). For example, rather than GG0130B1, which is used on the 5-day to assess the patient's Oral Hygiene Admission Performance, the IPA uses item GG0130B5 in order to measure the patient's Oral Hygiene Interim Performance.

Determine if the patient can walk using item GG0170I1. If the patient cannot walk 10 feet (GG0170I1=07, 09, 10, or 88), then the Function Score for Walk 50 Feet with Two Turns (GG0170J1) and Walk 150 Feet (GG0170K1) is 0. If the patient can walk (GG0170I1=06, 05, 04, 03, 02, 01), then determine the Function Score for Walk 50 Feet with Two Turns (GG0170J1) and Walk 150 Feet (GG0170K1) using the following table.

Table 2: Function Score for PT Payment

Admission or Interim Performance (Column 1 or 5) =	Function Score =
05, 06	4
04	3
03	2
02	1
01, 07, 09, 10, 88, missing	0

PDPM Calculation Worksheet for SNFs

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Enter the Function Score for each item:

Eating

Eating Function Score: ____

Oral Hygiene

Oral Hygiene Function Score: ____

Toileting Hygiene

Toileting Hygiene Function Score: ____

Bed Mobility

Sit to Lying Function Score: ____

Lying to Sitting on Side of Bed Function Score: ____

Transfer

Sit to Stand Function Score: ____

Chair/Bed-to-Chair Function Score: ____

Toilet Transfer Function Score: ____

Walking

Walk 50 Feet with Two Turns Function Score: ____

Walk 150 Feet Function Score: ____

The next step is to calculate the average function scores for the two bed mobility items, the three transfer items, and the two walking items as follows. For the Average Bed Mobility Function Score, calculate the sum of the Function Scores for Sit to Lying and Lying to Sitting on Side of Bed and divide this sum by 2. For the Average Transfer Function Score, calculate the sum of the Function Scores for Sit to Stand, Chair/Bed-to-Chair, and Toilet Transfer, and divide this sum by 3. For the Average Walking Function Score, calculate the sum of the Function Scores for Walk 50 Feet with Two Turns and Walk 150 Feet, and divide this sum by 2. Enter the Average Bed Mobility, Average Transfer Function, and Average Walking Function Scores below.

Average Bed Mobility Function Score: ____

Average Transfer Function Score: ____

Average Walking Function Score: ____

Calculate the sum of the following Function Scores: Eating Function Score, Oral Hygiene Function Score, Toileting Hygiene Function Score, Average Bed Mobility Function Score, Average Transfer Function Score, and Average Walking Function Score. Finally, round this sum to the nearest integer. This is the **PDPM Function Score for PT Payment**. The PDPM Function Score for PT Payment ranges from 0 through 24.

PT FUNCTION SCORE: ____

PDPM Calculation Worksheet for SNFs

STEP #4

Using the responses from Steps 2 and 3 above, determine the patient's PT group using the table below.

Table 3: PT Case-Mix Groups

Clinical Category	Section GG Function Score	PT Case-Mix Group
Major Joint Replacement or Spinal Surgery	0-5	TA
Major Joint Replacement or Spinal Surgery	6-9	TB
Major Joint Replacement or Spinal Surgery	10-23	TC
Major Joint Replacement or Spinal Surgery	24	TD
Other Orthopedic	0-5	TE
Other Orthopedic	6-9	TF
Other Orthopedic	10-23	TG
Other Orthopedic	24	TH
Medical Management	0-5	TI
Medical Management	6-9	TJ
Medical Management	10-23	TK
Medical Management	24	TL
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO
Non-Orthopedic Surgery and Acute Neurologic	24	TP

PDPM PT Classification: _____

PDPM Component: OT

***NOTE: The steps for calculating the patient's PDPM classification for the OT component follows the same logic as is used for the patient's PDPM classification for the PT component, described above.**

STEP #1

Determine the patient's primary diagnosis clinical category using the ICD-10-CM code recorded in MDS item I0020B. To do so, refer to the PDPM Clinical Categories to ICD-10 Diagnosis Codes mapping (available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html), which maps a patient's primary diagnosis as recorded in MDS item I0020B to the 10 PDPM primary diagnosis clinical categories.

I0020B diagnosis: _____

Default primary diagnosis clinical category: _____

Some ICD-10-CM codes can map to a different clinical category from the default depending on a patient's prior inpatient procedure history. For these codes, a patient may be categorized into a surgical clinical category if the patient received a surgical procedure during the prior inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by item J2100. If the PDPM clinical category mapping indicates that the patient's primary diagnosis code is eligible for one of the two orthopedic surgery categories (major joint replacement or spinal surgery, and orthopedic surgery (except major joint replacement or spinal surgery)) then proceed to Step 1A; if eligible for the non-orthopedic surgery category, then proceed to Step 1C. Otherwise, proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1A

Determine whether the patient received a major joint replacement or spinal surgery during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, then the patient is categorized into the major joint replacement or spinal surgery clinical category. If none of these procedures was performed, the patient did not receive major joint replacement or spinal surgery during the prior inpatient stay for purposes of determining the PDPM classification.

Patient eligible for Surgical Clinical Category and Received Major Joint Replacement or Spinal Surgery? (Yes/No) _____

If the patient received Major Joint Replacement or Spinal Surgery, then the primary diagnosis clinical category is Major Joint Replacement or Spinal Surgery. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment. Otherwise, proceed to Step 1B.

STEP #1B

Determine whether the patient received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2500, J2510, J2520, or J2530 was performed during the prior inpatient stay, then the patient is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category. If none of these procedures was performed, the patient did not receive

PDPM Calculation Worksheet for SNFs

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orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay for purposes of determining the PDPM classification.

Patient Eligible for Surgical Clinical Category and Received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)? (Yes/No) _____

If the patient received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery), then the primary diagnosis clinical category is Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery). Otherwise, the patient stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1C

Determine whether the patient received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the patient is categorized into the non-orthopedic surgery clinical category. If none of these procedures was performed, the patient did not receive a significant non-orthopedic surgical procedure during the prior inpatient stay for purposes of determining the PDPM classification.

Patient Eligible for Surgical Clinical Category and received significant Non-Orthopedic Surgical Procedure? (Yes/No) _____

If the patient received a significant Non-Orthopedic Surgical Procedure, then the primary diagnosis clinical category is Non-Orthopedic Surgery. Otherwise, the patient stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1D

To finalize the primary diagnosis clinical category assignment, if the patient is not eligible for a different clinical category from the default, then select the default clinical category assigned to the primary diagnosis as recorded in MDS item I0020B in Step 1. If the patient is eligible for a different clinical category from the default, select the eligible surgical clinical category as determined in Steps 1A, 1B, or 1C.

Primary diagnosis clinical category: _____

STEP #2

Next, determine the patient's OT clinical category based on the mapping shown below.

Table 5: OT Clinical Category

Primary Diagnosis Clinical Category	OT Clinical Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Other Orthopedic
Non-Orthopedic Surgery	Non-Orthopedic Surgery
Acute Infections	Medical Management
Cardiovascular and Coagulations	Medical Management
Pulmonary	Medical Management
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic
Acute Neurologic	Acute Neurologic
Cancer	Medical Management
Medical Management	Medical Management

OT Clinical Category: _____

STEP #3

Calculate the patient’s Function Score for OT payment. Use the following table to determine the Function Score for Eating Admission Performance (GG0130A1), Oral Hygiene Admission Performance (GG0130B1), Toileting Hygiene Admission Performance (GG0130C1), Sit to Lying Admission Performance (GG0170B1), Lying to Sitting on Side of Bed Admission Performance (GG0170C1), Sit to Stand Admission Performance (GG0170D1), Chair/Bed-to-Chair Transfer Admission Performance (GG0170E1), and Toilet Transfer Admission Performance (GG0170F1).

It should be noted that, in the case of an IPA, the items used for calculation of the patient’s PDPM functional score are the Interim Performance items (GG0XXXX5), rather than the Admission Performance items (GG0XXXX1). For example, rather than GG0130B1, which is used on the 5-day to assess the patient’s Oral Hygiene Admission Performance, the IPA uses item GG0130B5 in order to measure the patient’s Oral Hygiene Interim Performance.

Determine if the patient can walk using item GG0170I1. If the patient cannot walk 10 feet (GG0170I1=07, 09, 10, or 88), then the Function Score for Walk 50 Feet with Two Turns (GG0170J1) and Walk 150 Feet (GG0170K1) is 0. If the patient can walk (GG0170I1=06, 05, 04, 03, 02, 01), then determine the Function Score for Walk 50 Feet with Two Turns (GG0170J1) and Walk 150 Feet (GG0170K1) using the following table.

Table 6: Function Score for OT Payment

Admission or Interim Performance (Column 1 or 5) =	Function Score =
05, 06	4
04	3
03	2
02	1
01, 07, 09, 10, 88, missing	0

PDPM Calculation Worksheet for SNFs

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Enter the Function Score for each item:

Eating

Eating Function Score: ____

Oral Hygiene

Oral Hygiene Function Score: ____

Toileting Hygiene

Toileting Hygiene Function Score: ____

Bed Mobility

Sit to Lying Function Score: ____

Lying to Sitting on Side of Bed Function Score: ____

Transfer

Sit to Stand Function Score: ____

Chair/Bed-to-Chair Function Score: ____

Toilet Transfer Function Score: ____

Walking

Walk 50 Feet with Two Turns Function Score: ____

Walk 150 Feet Function Score: ____

The next step is to calculate the average function scores for the two bed mobility items, the three transfer items, and the two walking items as follows. For the Average Bed Mobility Function Score, calculate the sum of the Function Scores for Sit to Lying and Lying to Sitting on Side of Bed and divide this sum by 2. For the Average Transfer Function Score, calculate the sum of the Function Scores for Sit to Stand, Chair/Bed-to-Chair, and Toilet Transfer, and divide this sum by 3. For the Average Walking Function Score, calculate the sum of the Function Scores for Walk 50 Feet with Two Turns and Walk 150 Feet, and divide this sum by 2. Enter the Average Bed Mobility, Average Transfer Function, and Average Walking Function Scores below.

Average Bed Mobility Function Score: ____

Average Transfer Function Score: ____

Average Walking Function Score: ____

Calculate the sum of the following Function Scores: Eating Function Score, Oral Hygiene Function Score, Toileting Hygiene Function Score, Average Bed Mobility Function Score, Average Transfer Function Score, and Average Walking Function Score. Finally, round this sum to the nearest integer. This is the **PDPM Function Score for OT Payment**. The PDPM Function Score for OT Payment ranges from 0 through 24.

OT FUNCTION SCORE: ____

PDPM Calculation Worksheet for SNFs

STEP #4

Using the responses from Steps 2 and 3 above, determine the patient's OT group using the table below.

Table 7: OT Case-Mix Groups

Clinical Category	Section GG Function Score	OT Case-Mix Group
Major Joint Replacement or Spinal Surgery	0-5	TA
Major Joint Replacement or Spinal Surgery	6-9	TB
Major Joint Replacement or Spinal Surgery	10-23	TC
Major Joint Replacement or Spinal Surgery	24	TD
Other Orthopedic	0-5	TE
Other Orthopedic	6-9	TF
Other Orthopedic	10-23	TG
Other Orthopedic	24	TH
Medical Management	0-5	TI
Medical Management	6-9	TJ
Medical Management	10-23	TK
Medical Management	24	TL
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO
Non-Orthopedic Surgery and Acute Neurologic	24	TP

PDPM OT Classification: ____

PDPM Payment Component: SLP

***Note: The primary diagnosis clinical category used for the SLP component is the same as the clinical category used for the PT and OT components.**

STEP #1

Determine the patient's primary diagnosis clinical category using the ICD-10-CM code recorded in MDS item I0020B. To do so, refer to the PDPM Clinical Categories to ICD-10 Diagnosis Codes mapping (available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html), which maps a patient's primary diagnosis as recorded in MDS item I0020B to the 10 PDPM primary diagnosis clinical categories.

I0020B diagnosis: _____

Default primary diagnosis clinical category: _____

Some ICD-10-CM codes can map to a different clinical category from the default depending on a patient's prior inpatient procedure history. For these codes, a patient may be categorized into a surgical clinical category if the patient received a surgical procedure during the prior inpatient stay that relates to the primary reason for the Part A SNF stay as indicated by item J2100. If the PDPM clinical category mapping indicates that the patient's primary diagnosis code is eligible for one of the two orthopedic surgery categories (major joint replacement or spinal surgery, and orthopedic surgery (except major joint replacement or spinal surgery)) then proceed to Step 1A; if eligible for the non-orthopedic surgery category, then proceed to Step 1C. Otherwise, proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1A

Determine whether the patient received a major joint replacement or spinal surgery during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, then the patient is categorized into the major joint replacement or spinal surgery clinical category. If none of these procedures was performed, the patient did not receive major joint replacement or spinal surgery during the prior inpatient stay for purposes of determining the PDPM classification.

Patient eligible for Surgical Clinical Category and Received Major Joint Replacement or Spinal Surgery? (Yes/No) __

If the patient received Major Joint Replacement or Spinal Surgery, then the primary diagnosis clinical category is Major Joint Replacement or Spinal Surgery. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment. Otherwise, proceed to Step 1B.

STEP #1B

Determine whether the patient received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2500, J2510, J2520, or J2530 was performed during the prior inpatient stay,

then the patient is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category. If none of these procedures was performed, the patient did not receive orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay for purposes of determining the PDPM classification.

Patient Eligible for Surgical Clinical Category and Received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)? (Yes/No) __

If the patient received Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery), then the primary diagnosis clinical category is Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery). Otherwise, the patient stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1C

Determine whether the patient received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the patient is categorized into the non-orthopedic surgery clinical category. If none of these procedures was performed, the patient did not receive a significant non-orthopedic surgical procedure during the prior inpatient stay for purposes of determining the PDPM classification.

Patient Eligible for Surgical Clinical Category and received significant Non-Orthopedic Surgical Procedure? (Yes/No) _____

If the patient received a significant Non-Orthopedic Surgical Procedure, then the primary diagnosis clinical category is Non-Orthopedic Surgery. Otherwise, the patient stays in the default primary diagnosis clinical category in Step 1. Proceed to Step 1D to finalize the primary diagnosis clinical category assignment.

STEP #1D

To finalize the primary diagnosis clinical category assignment, if the patient is not eligible for a different clinical category from the default, then select the default clinical category assigned to the primary diagnosis as recorded in MDS item I0020B in Step 1. If the patient is eligible for a different clinical category from the default, select the eligible surgical clinical category as determined in Steps 1A, 1B, or 1C.

Primary diagnosis clinical category: _____

STEP #2

Next, determine the patient’s SLP clinical category based on the mapping shown below.

Table 4: SLP Clinical Category

Primary Diagnosis Clinical Category	SLP Clinical Category
Major Joint Replacement or Spinal Surgery	Non-Neurologic

PDPM Calculation Worksheet for SNFs

Primary Diagnosis Clinical Category	SLP Clinical Category
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Non-Neurologic
Non-Orthopedic Surgery	Non-Neurologic
Acute Infections	Non-Neurologic
Cardiovascular and Coagulations	Non-Neurologic
Pulmonary	Non-Neurologic
Non-Surgical Orthopedic/Musculoskeletal	Non-Neurologic
Acute Neurologic	Acute Neurologic
Cancer	Non-Neurologic
Medical Management	Non-Neurologic

SLP Clinical Category: _____

STEP #3

Determine whether the patient has one or more SLP-related comorbidities. To do so, examine the services and conditions in the table below. If any of these items is indicated as present, the patient has an SLP-related comorbidity. For conditions and services that are recorded in Section I8000 of the MDS, check if the corresponding ICD-10-CM codes are coded in Section I8000 using the mapping available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSP/PDPM.html.

Table 5: SLP-Related Comorbidities

MDS Item	Description
I4300	Aphasia
I4500	CVA, TIA, or Stroke
I4900	Hemiplegia or Hemiparesis
I5500	Traumatic Brain Injury
I8000	Laryngeal Cancer
I8000	Apraxia
I8000	Dysphagia
I8000	ALS
I8000	Oral Cancers
I8000	Speech and Language Deficits
O0100E2	Tracheostomy Care While a Patient
O0100F2	Ventilator or Respirator While a Patient

Presence of one or more SLP-related comorbidities? (Yes/No) _____

STEP #4

Determine whether patient has a cognitive impairment. Calculate the patient's PDPM cognitive level, as described previously. If the PDPM cognitive level is cognitively intact, then the patient

does not have a cognitive impairment. Otherwise, if the patient is assessed as mildly, moderately, or severely impaired, then the patient classifies as cognitively impaired.

Presence of Cognitive Impairment? (Yes/No) ____

STEP #5

Determine how many of the following conditions are present:

- a. Based on Step 2, the patient is classified in the Acute Neurologic clinical category.
- b. Based on Step 3, the patient has one or more SLP-related comorbidities.
- c. Based on Step 4, the patient has a cognitive impairment.

Number of conditions present: ____

STEP #6

Determine whether the patient has a swallowing disorder using item K0100. If any of the conditions indicated in items K0100A through K0100D is present, then the patient has a swallowing disorder. If none of these conditions is present, the patient does not have a swallowing disorder for purposes of this calculation.

Presence of Swallowing Disorder? (Yes/No) ____

STEP #7

Determine whether the patient has a mechanically altered diet. If K0510C2 (mechanically altered diet while a patient) is checked, then the patient has a mechanically altered diet.

Presence of Mechanically Altered Diet? (Yes/No) ____

STEP #8

Determine how many of the following conditions are present based on Steps 6 and 7:

- a. The patient has neither a swallowing disorder nor a mechanically altered diet.
- b. The patient has either a swallowing disorder or a mechanically altered diet.
- c. The patient has both a swallowing disorder and a mechanically altered diet.

Presence of Mechanically Altered Diet or Swallowing Disorder? (Neither/Either/Both): ____

STEP #9

Determine the patient’s SLP group using the responses from Steps 1-8 and the table below.

Table 10: SLP Case-Mix Groups

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group
None	Neither	SA
None	Either	SB
None	Both	SC

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Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case-Mix Group
Any one	Neither	SD
Any one	Either	SE
Any one	Both	SF
Any two	Neither	SG
Any two	Either	SH
Any two	Both	SI
All three	Neither	SJ
All three	Either	SK
All three	Both	SL

PDPM SLP Classification: _____

PDPM Payment Component: NTA

STEP #1

Determine whether patient has one or more NTA-related comorbidities.

1. Determine whether the patient has HIV/AIDS. HIV/AIDS is not reported on the MDS but is recorded on the SNF claim (ICD-10-CM code B20).

Patient has HIV/AIDS? (Yes/No) ____

2. Determine whether the patient meets the criteria for the comorbidity: “Parenteral/IV Feeding – High Intensity” or the comorbidity: “ Parenteral/IV Feeding – Low Intensity”. To do so, first determine if the patient received parenteral/IV feeding during the last 7 days while a patient of the SNF using item K0510A2. If the patient did not receive parenteral/IV feeding during the last 7 days while a patient, then the patient does not meet the criteria for Parenteral/IV Feeding – High Intensity or Parenteral/IV Feeding – Low Intensity.

If the patient did receive parenteral/IV feeding during the last 7 days while a patient, then use item K0710A to determine if the proportion of total calories the patient received through parenteral or tube feeding was 51% or more while a patient (K0710A2 = 3). If K0710A2 =3 then the patient meets the criteria for Parenteral/IV Feeding – High Intensity. If the proportion of total calories the patient received through parenteral or tube feeding was 26-50% (K0710A2 = 2) and average fluid intake per day by IV or tube feeding was 501 cc per day or more while a patient (K0710B2 = 2), then the patient qualifies for Parenteral/IV Feeding – Low Intensity.

Presence of Parenteral/IV Feeding – High Intensity? (Yes/No) ____

Presence of Parenteral/IV Feeding – Low Intensity? (Yes/No) ____

3. Determine whether the patient has any additional NTA-related comorbidities. To do this, examine the conditions and services in the table below, of which all except HIV/AIDS are recorded on the MDS. HIV/AIDS is recorded on the SNF claim. For conditions and services that are recorded in Section I8000 of the MDS, check if the corresponding ICD-10- CM codes are coded in Section I8000 using the mapping available at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html.

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Table 11: NTA Comorbidity Score Calculation

Condition/Extensive Service	MDS Item	Points
HIV/AIDS	N/A (SNF claim)	8
Parenteral IV Feeding: Level High	K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	O0100F2	4
Parenteral IV feeding: Level Low	K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	O0100I2	2
Major Organ Transplant Status, Except Lung	I8000	2
Active Diagnoses: Multiple Sclerosis Code	I5200	2
Opportunistic Infections	I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except: Aseptic Necrosis of Bone	I8000	2
Chronic Myeloid Leukemia	I8000	2
Wound Infection Code	I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	I2900	2
Endocarditis	I8000	1
Immune Disorders	I8000	1
End-Stage Liver Disease	I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	M1040B	1
Narcolepsy and Cataplexy	I8000	1
Cystic Fibrosis	I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	O0100E2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	I1700	1
Special Treatments/Programs: Isolation Post-admit Code	O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	I8000	1
Morbid Obesity	I8000	1
Special Treatments/Programs: Radiation Post-admit Code	O0100B2	1
Stage 4 Unhealed Pressure Ulcer Currently present ¹	M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	I8000	1
Chronic Pancreatitis	I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	M1040A, M1040C	1
Complications of Specified Implanted Device or Graft	I8000	1
Bladder and Bowel Appliances: Intermittent catheterization	H0100D	1
Inflammatory Bowel Disease	I1300	1
Aseptic Necrosis of Bone	I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	O0100D2	1
Cardio-Respiratory Failure and Shock	I8000	1
Myelodysplastic Syndromes and Myelofibrosis	I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	I8000	1

PDPM Calculation Worksheet for SNFs

Condition/Extensive Service	MDS Item	Points
Diabetic Retinopathy - Except : Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	I8000	1
Nutritional Approaches While a Patient: Feeding Tube	K0510B2	1
Severe Skin Burn or Condition	I8000	1
Intractable Epilepsy	I8000	1
Active Diagnoses: Malnutrition Code	I5600	1
Disorders of Immunity - Except : RxCC97: Immune Disorders	I8000	1
Cirrhosis of Liver	I8000	1
Bladder and Bowel Appliances: Ostomy	H0100C	1
Respiratory Arrest	I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	I8000	1

¹ If the number of Stage 4 Unhealed Pressure Ulcers is recorded as greater than 0, it will add one point to the NTA comorbidity score calculation. Only the presence, not the count, of Stage 4 Unhealed Pressure Ulcers affects the PDPM NTA comorbidity score calculation.

STEP #2

Calculate the patient's total NTA score using the table above. To calculate the total NTA score, sum the points corresponding to each condition or service present. If none of these conditions or services is present, the patient's score is 0.

NTA Score: ____

STEP #3

Determine the patient's NTA group using the table below.

Table 12: NTA Case-Mix Groups

NTA Score Range	NTA Case-Mix Group
12+	NA
9-11	NB
6-8	NC
3-5	ND
1-2	NE
0	NF

PDPM NTA Classification: ____

PDPM Payment Component: Nursing

STEP #1

Calculate the patient’s Function Score for nursing payment. Use the following table to determine the Function Score for Eating Admission Performance (GG0130A1), Toileting Hygiene Admission Performance (GG0130C1), Sit to Lying Admission Performance (GG0170B1), Lying to Sitting on Side of Bed Admission Performance (GG0170C1), Sit to Stand Admission Performance (GG0170D1), Chair/Bed-to-Chair Transfer Admission Performance (GG0170E1), and Toilet Transfer Admission Performance (GG0170F1).

Table 13: Function Score for Nursing Payment

Admission Performance (Column 1) =	Function Score =
05, 06	4
04	3
03	2
02	1
01, 07, 09, 10, 88, missing	0

Enter the Function Score for each item:

Eating

Eating Function Score: ____

Toileting

Toileting Hygiene Function Score: ____

Bed Mobility

Sit to Lying Function Score: ____

Lying to Sitting on Side of Bed Function Score: ____

Transfer

Sit to Stand Function Score: ____

Chair/Bed-to-Chair Function Score: ____

Toilet Transfer Function Score: ____

Next, calculate the average score for the two bed mobility items and the three transfer items as follows: Average the scores for Sit to Lying and Lying to Sitting on Side of Bed.¹ Average the scores for Sit to Stand, Chair/Bed-to-Chair and Toilet Transfer.² Enter the average bed mobility and transfer scores below.

¹ Calculate the sum of the Function Scores for Sit to Lying and Lying to Sitting on Side of Bed. Divide this sum by 2. This is the Average Bed Mobility Function Score.

² Calculate the sum of the Function Scores for Sit to Stand, Chair/Bed-to-Chair, and Toilet Transfer. Divide by 3. This is the Average Transfer Function Score.

Average Bed Mobility Function Score: ____

Average Transfer Function Score: ____

Calculate the sum of the following scores: Eating Function Score, Toileting Hygiene Function Score, Average Bed Mobility Score, and Average Transfer Score. Finally, round this sum to the nearest integer. This is the **PDPM Function Score for nursing payment**. The PDPM Function Score for nursing payment ranges from 0 through 16.

PDPM NURSING FUNCTION SCORE: ____

STEP #2

Determine the patient's nursing case-mix group using the hierarchical classification below. Nursing classification under PDPM employs the hierarchical classification method. Hierarchical classification is used in some payment systems, in staffing analysis, and in many research projects. In the hierarchical approach, start at the top and work down through the PDPM nursing classification model steps discussed below; the assigned classification is the first group for which the patient qualifies. In other words, start with the Extensive Services groups at the top of the PDPM nursing classification model. Then go down through the groups in hierarchical order: Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms and Cognitive Performance, and Reduced Physical Function. When you find the first of the 25 individual PDPM nursing groups for which the patient qualifies, assign that group as the PDPM nursing classification.

CATEGORY: EXTENSIVE SERVICES

The classification groups in this category are based on various services provided. Use the following instructions to begin the calculation:

STEP # 1

Determine whether the patient is coded for **one** of the following treatments or services:

- O0100E2 Tracheostomy care while a patient
- O0100F2 Ventilator or respirator while a patient
- O0100M2 Isolation or quarantine for active infectious disease while patient

If the patient does not receive one of these treatments or services, skip to the Special Care High Category now.

STEP # 2

If at least **one** of these treatments or services is coded and the patient has a total PDPM Nursing Function Score of 14 or less, he/she classifies in the Extensive Services category. **Move to Step #3. If the patient's PDPM Nursing Function Score is 15 or 16, s/he classifies as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

STEP # 3

The patient classifies in the Extensive Services category according to the following chart:

Extensive Service Conditions	PDPM Nursing Classification
Tracheostomy care* and ventilator/respirator*	ES3
Tracheostomy care* or ventilator/respirator*	ES2
Isolation or quarantine for active infectious disease * without tracheostomy care* without ventilator/respirator*	ES1

*while a patient

PDPM Nursing Classification: _____

If the patient does not classify in the Extensive Services Category, proceed to the Special Care High Category.

CATEGORY: SPECIAL CARE HIGH

The classification groups in this category are based on certain patient conditions or services. Use the following instructions:

STEP # 1

Determine whether the patient is coded for **one** of the following conditions or services:

B0100, Section GG items	Comatose and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1, all equal 01, 09, or 88)
I2100	Septicemia
I2900, N0350A, B	Diabetes with both of the following: Insulin injections (N0350A) for all 7 days Insulin order changes on 2 or more days (N0350B)
I5100, Nursing Function Score	Quadriplegia with Nursing Function Score <= 11
I6200, J1100C	Chronic obstructive pulmonary disease and shortness of breath when lying flat
J1550A, others	Fever and one of the following: I2000 Pneumonia J1550B Vomiting K0300 Weight loss (1 or 2) K0510B1 or K0510B2 Feeding tube*
K0510A1 or K0510A2	Parenteral/IV feedings
O0400D2	Respiratory therapy for all 7 days

*Tube feeding classification requirements:

- (1) K0710A3 is 51% or more of total calories OR
- (2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.

If the patient does not have one of these conditions, skip to the Special Care Low Category now.

STEP # 2

If at least **one** of the special care conditions above is coded and the patient has a total PDPM Nursing Function Score of 14 or less, he or she classifies as Special Care High. **Move to Step #3.**
If the patient's PDPM Nursing Function Score is 15 or 16, he or she classifies as Clinically Complex. Skip to the Clinically Complex Category, Step #2.

STEP # 3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care High category. Patients with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-9[®]) or the Staff Assessment of Patient Mood (PHQ-9-OV[®]). Instructions for completing the PHQ-9[®] are in Chapter 3, Section D. Refer to Appendix E for cases in which the PHQ-9[®] or (PHQ-9-OV[®]) is complete but all questions are not answered. The following items comprise the PHQ-9[®]:

Patient	Staff	Description
D0200A	D0500A	Little interest or pleasure in doing things
D0200B	D0500B	Feeling down, depressed, or hopeless
D0200C	D0500C	Trouble falling or staying asleep, sleeping too much
D0200D	D0500D	Feeling tired or having little energy
D0200E	D0500E	Poor appetite or overeating
D0200F	D0500F	Feeling bad about yourself- or that you are a failure or have let yourself down or your family down
D0200G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0200H	D0500H	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
D0200I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the patient interview at Item D0300 and for the staff assessment at Item D0600. The patient qualifies as depressed for PDPM classification in either of the two following cases:

The D0300 Total Severity Score is greater than or equal to 10 but not 99,
or

The D0600 Total Severity Score is greater than or equal to 10.

Patient Qualifies as Depressed Yes No

STEP # 4

Select the Special Care High classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:

Nursing Function Score	Depressed?	PDPM Nursing Classification
0-5	Yes	HDE2
0-5	No	HDE1
6-14	Yes	HBC2
6-14	No	HBC1

PDPM Nursing Classification:

CATEGORY: SPECIAL CARE LOW

The classification groups in this category are based on certain patient conditions or services. Use the following instructions:

STEP # 1

Determine whether the patient is coded for **one** of the following conditions or services:

I4400, Nursing Function Score	Cerebral palsy, with Nursing Function Score <=11
I5200, Nursing Function Score	Multiple sclerosis, with Nursing Function Score <=11
I5300, Nursing Function Score	Parkinson’s disease, with Nursing Function Score <=11
I6300, O0100C2	Respiratory failure and oxygen therapy while a patient
K0510B1 or K0510B2	Feeding tube*
M0300B1	Two or more stage 2 pressure ulcers with two or more selected skin treatments**
M0300C1, D1, F1	Any stage 3 or 4 pressure ulcer with two or more selected skin treatments**
M1030	Two or more venous/arterial ulcers with two or more selected skin treatments**
M0300B1, M1030	1 stage 2 pressure ulcer and 1 venous/arterial ulcer with 2 or more selected skin treatments**
M1040A, B, C; M1200I	Foot infection, diabetic foot ulcer or other open lesion of foot with application of dressings to the feet
O0100B2	Radiation treatment while a patient
O0100J2	Dialysis treatment while a patient

*Tube feeding classification requirements:

- (1) K0710A3 is 51% or more of total calories OR
- (2) K0710A3 is 26% to 50% of total calories and K0710B3 is 501 cc or more per day fluid enteral intake in the last 7 days.

**Selected skin treatments:

- M1200A, B Pressure relieving chair and/or bed
- M1200C Turning/repositioning
- M1200D Nutrition or hydration intervention
- M1200E Pressure ulcer care
- M1200G Application of dressings (not to feet)
- M1200H Application of ointments (not to feet)
- #Count as one treatment even if both provided

If the patient does not have one of these conditions, skip to the Clinically Complex Category now.

STEP # 2

If at least **one** of the special care conditions above is coded and the patient has a total PDPM Nursing Function Score of 14 or less, he or she classifies as Special Care Low. **Move to Step #3. If the patient's PDPM Nursing Function Score is 15 or 16, he or she classifies as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

STEP # 3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Patients with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-9[®]) or the Staff Assessment of Patient Mood (PHQ-9-OV[®]). Instructions for completing the PHQ-9[®] are in Chapter 3, Section D. Refer to Appendix E for cases in which the PHQ-9[®] or (PHQ-9-OV[®]) is complete but all questions are not answered. The following items comprise the PHQ-9[®]:

Patient	Staff	Description
D0200A	D0500A	Little interest or pleasure in doing things
D0200B	D0500B	Feeling down, depressed, or hopeless
D0200C	D0500C	Trouble falling or staying asleep, sleeping too much
D0200D	D0500D	Feeling tired or having little energy
D0200E	D0500E	Poor appetite or overeating
D0200F	D0500F	Feeling bad about yourself- or that you are a failure or have let yourself down or your family down
D0200G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0200H	D0500H	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
D0200I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the patient interview at Item D0300 and for the staff assessment at Item D0600. The patient qualifies as depressed for PDPM classification in either of the two following cases:

The D0300 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Patient Qualifies as Depressed Yes ___ No ___

STEP # 4

Select the Special Care Low classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:

Nursing Function Score	Depressed?	PDPM Nursing Classification
0-5	Yes	LDE2
0-5	No	LDE1
6-14	Yes	LBC2
6-14	No	LBC1

PDPM Nursing Classification: _____

CATEGORY: CLINICALLY COMPLEX

The classification groups in this category are based on certain patient conditions or services. Use the following instructions:

STEP # 1

Determine whether the patient is coded for **one** of the following conditions or services:

Table 14: Clinically Complex Conditions or Services

MDS Item	Condition or Service
I2000	Pneumonia
I4900, Nursing Function Score	Hemiplegia/hemiparesis with Nursing Function Score <= 11
M1040D,E	Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatment* or surgical wounds
M1040F	Burns
O0100A2	Chemotherapy while a patient
O0100C2	Oxygen Therapy while a patient
O0100H2	IV Medications while a patient
O0100I2	Transfusions while a patient

*Selected Skin Treatments: M1200F Surgical wound care, M1200G Application of nonsurgical dressing (other than to feet), M1200H Application of ointments/medications (other than to feet)

If the patient does not have one of these conditions, skip to the Behavioral Symptoms and Cognitive Performance Category now.

STEP # 2

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Clinically Complex category. Patients with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-9[®]) or the Staff Assessment of Patient Mood (PHQ-9-OV[®]). Instructions for completing the PHQ-9[®] are in Chapter 3, section D. Refer to Appendix E for cases in which the PHQ-9[®] or (PHQ-9-OV[®]) is complete but all questions are not answered. The following items comprise the PHQ-9[®]:

Patient	Staff	Description
D0200A	D0500A	Little interest or pleasure in doing things
D0200B	D0500B	Feeling down, depressed, or hopeless
D0200C	D0500C	Trouble falling or staying asleep, sleeping too much
D0200D	D0500D	Feeling tired or having little energy
D0200E	D0500E	Poor appetite or overeating
D0200F	D0500F	Feeling bad about yourself- or that you are a failure or have let yourself down or your family down
D0200G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0200H	D0500H	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
D0200I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

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These items are used to calculate a Total Severity Score for the patient interview at Item D0300 and for the staff assessment at Item D0600. A higher Total Severity Score is associated with more symptoms of depression. For the patient interview, a Total Severity Score of 99 indicates that the interview was not successful.

The patient qualifies as depressed for PDPM classification in either of the two following cases:

The D0300 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Patient Qualifies as Depressed Yes ____ No ____

STEP # 3

Select the Clinically Complex classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:

Nursing Function Score	Depressed?	PDPM Nursing Classification
0-5	Yes	CDE2
0-5	No	CDE1
6-14	Yes	CBC2
15-16	Yes	CA2
6-14	No	CBC1
15-16	No	CA1

PDPM Nursing Classification: ____

**CATEGORY: BEHAVIORAL SYMPTOMS AND
COGNITIVE PERFORMANCE**

Classification in this category is based on the presence of certain behavioral symptoms or the patient’s cognitive performance. Use the following instructions:

STEP # 1

Determine the patient’s PDPM Nursing Function Score. If the patient's PDPM Nursing Function Score is 11 or greater, go to Step #2.

If the PDPM Nursing Function Score is less than 11, skip to the Reduced Physical Function Category now.

STEP # 2

If the patient interview using the Brief Interview for Mental Status (BIMS) was not conducted (indicated by a value of “0” for Item C0100), skip the remainder of this step and proceed to Step #3 to check staff assessment for cognitive impairment.

Determine the patient’s cognitive status based on patient interview using the BIMS. Instructions for completing the BIMS are in Chapter 3, Section C. The BIMS items involve the following:

C0200	Repetition of three words
C0300	Temporal orientation
C0400	Recall

Item C0500 provides a BIMS Summary Score for these items and indicates the patient’s cognitive performance, with a score of 15 indicating the best cognitive performance and 0 indicating the worst performance. If the patient interview is not successful, then the BIMS Summary Score will equal 99.

If the patient’s Summary Score is less than or equal to 9, he or she classifies in the Behavioral Symptoms and Cognitive Performance category. Skip to Step #5.

If the patient’s Summary Score is greater than 9 but not 99, proceed to Step #4 to check behavioral symptoms.

If the patient’s Summary Score is 99 (patient interview not successful) or the Summary Score is blank (patient interview not attempted and skipped) or the Summary Score has a dash value (not assessed), proceed to Step #3 to check staff assessment for cognitive impairment.

STEP # 3

Determine the patient's cognitive status based on the staff assessment rather than on patient interview.

Check if **one** of the three following conditions exists:

1. B0100 Coma (B0100 = 1) and completely dependent or activity did not occur at admission (GG0130A1, GG0130C1, GG0170B1, GG0170C1, GG0170D1, GG0170E1, and GG0170F1 all equal 01, 09, or 88)
2. C1000 Severely impaired cognitive skills for daily decision making (C1000 = 3)
3. B0700, C0700, C1000 Two or more of the following impairment indicators are present:
 B0700 > 0 Usually, sometimes, or rarely/never understood
 C0700 = 1 Short-term memory problem
 C1000 > 0 Impaired cognitive skills for daily decision making
 and
 One or more of the following severe impairment indicators are present:
 B0700 >= 2 Sometimes or rarely/never makes self understood
 C1000 >= 2 Moderately or severely impaired cognitive skills for daily decision making

If the patient meets one of the three above conditions, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Skip to Step #5. If he or she does not meet any of the three conditions, proceed to Step #4.

STEP # 4

Determine whether the patient presents with **one** of the following behavioral symptoms:

- | | |
|--------|---|
| E0100A | Hallucinations |
| E0100B | Delusions |
| E0200A | Physical behavioral symptoms directed toward others (2 or 3) |
| E0200B | Verbal behavioral symptoms directed toward others (2 or 3) |
| E0200C | Other behavioral symptoms not directed toward others (2 or 3) |
| E0800 | Rejection of care (2 or 3) |
| E0900 | Wandering (2 or 3) |

If the patient presents with one of the symptoms above, then he or she classifies in Behavioral Symptoms and Cognitive Performance. Proceed to Step #5. If he or she does not present with behavioral symptoms, skip to the Reduced Physical Function Category.

STEP # 5

Determine Restorative Nursing Count

PDPM Calculation Worksheet for SNFs

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

- | | |
|-----------------|--|
| H0200C, H0500** | Urinary toileting program and/or bowel toileting program |
| O0500A, B** | Passive and/or active range of motion |
| O0500C | Splint or brace assistance |
| O0500D, F** | Bed mobility and/or walking training |
| O0500E | Transfer training |
| O0500G | Dressing and/or grooming training |
| O0500H | Eating and/or swallowing training |
| O0500I | Amputation/prostheses care |
| O0500J | Communication training |

**Count as one service even if both provided

Restorative Nursing Count ____

STEP # 6

Select the final PDPM Classification by using the total PDPM Nursing Function Score and the Restorative Nursing Count.

Nursing Function Score	Restorative Nursing	PDPM Nursing Classification
11-16	2 or more	BAB2
11-16	0 or 1	BAB1

PDPM Nursing Classification: ____

CATEGORY: REDUCED PHYSICAL FUNCTION

STEP # 1

Patients who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the Behavioral Symptoms and Cognitive Performance category but have a PDPM Nursing Function Score less than 11, are placed in this category.

STEP # 2

Determine Restorative Nursing Count

Count the number of the following services provided for 15 or more minutes a day for 6 or more of the last 7 days:

H0200C, H0500**	Urinary toileting program and/or bowel toileting program
O0500A, B**	Passive and/or active range of motion
O0500C	Splint or brace assistance
O0500D, F**	Bed mobility and/or walking training
O0500E	Transfer training
O0500G	Dressing and/or grooming training
O0500H	Eating and/or swallowing training
O0500I	Amputation/prostheses care
O0500J	Communication training

**Count as one service even if both provided

Restorative Nursing Count _____

STEP # 3

Select the PDPM Classification by using the PDPM Nursing Function Score and the Restorative Nursing Count.

PDPM Calculation Worksheet for SNFs

Nursing Function Score	Restorative Nursing	PDPM Nursing Classification
0-5	2 or more	PDE2
0-5	0 or 1	PDE1
6-14	2 or more	PBC2
15-16	2 or more	PA2
6-14	0 or 1	PBC1
15-16	0 or 1	PA1

PDPM Nursing Classification: _____

Calculation of Variable Per Diem Payment Adjustment

PDPM incorporates variable per diem payment adjustments to account for changes in resource use over the course of a stay for three payment components: PT, OT, and NTA. To calculate the per-diem rate for these components, multiply the component base rate by the case-mix index associated with the patient’s case-mix group and the adjustment factor based on the day of the stay, as shown in the following equation:

$$\text{Component Per Diem Payment} = \text{Component Base Rate} \times \text{Patient Group CMI} \times \text{Component Adjustment Factor}$$

The adjustment factors for the PT and OT components can be found in the table below.

Table 15: PT and OT Variable Per Diem Adjustment Factors

Day in Stay	PT and OT Adjustment Factor
1-20	1.00
21-27	0.98
28-34	0.96
35-41	0.94
42-48	0.92
49-55	0.90
56-62	0.88
63-69	0.86
70-76	0.84
77-83	0.82
84-90	0.80
91-97	0.78
98-100	0.76

The adjustment factors for the NTA component can be found in the table below.

Table 16: NTA Variable Per Diem Adjustment Factors

Day in Stay	NTA Adjustment Factor
1-3	3.00
4-100	1.00

**Calculation of Total Case-Mix Adjusted
PDPM Per Diem Rate**

The total case-mix adjusted PDPM per diem rate equals the sum of each of the five case-mix adjusted components and the non-case-mix adjusted rate component. To calculate the total case-mix adjusted per-diem rate, add all component per diem rates calculated in prior steps together, along with the non-case-mix rate component, as shown in the following equation:

*Total Case-Mix Adjusted Per Diem Payment = (PT Component Per Diem Rate * PT Variable Per Diem Adjustment Factor) + (OT Component Per Diem Rate * OT Variable Per Diem Adjustment Factor) + SLP Component Per Diem Rate + (NTA Component Per Diem Rate * NTA Variable Per Diem Adjustment Factor) + Nursing Component Per Diem Rate + Non-Case-Mix Component Per Diem Rate*

PRIME CONTRACTOR CERTIFICATION

The undersigned hereby certifies that _____

Name of Bidder

is not barred from contracting with any unit of State or local government as a result of a violation of either Section 33E-3 or 33E-4 of the Criminal Code of 1961.

Name of Bidder

Title

Signature

Date

Note: A person who makes a false certificate commits a Class 3 Felony.

Sections 33E-3 and 33E-4 provide as follows:

33E-3. Bid-rigging. A person commits the offense of bid-rigging when he knowingly agrees with any person who is, or but for such agreement would be, a competitor of such person concerning any bid submitted or not submitted by such person or another to a unit of State or local government when with the intent that the bid submitted or not submitted will result in the award of a contract to such person or another and he either (1) provides such person or receives from another information concerning the price or other material term or terms of the bid which would otherwise not be disclosed to a competitor in an independent noncollusive submission of bids or (2) submits a bid that is of such a price or other material term or terms that he does not intend the bid to be accepted.

Bid rigging is a Class 3 felony. Any person convicted of this offense or any similar offense of any state or the United States which contains the same elements as this offense shall be barred for 5 years from the date of conviction from contracting with any unit of State or local government. No corporation shall be barred from contracting with any unit of State or local government as a result of a conviction under this Section of any employee or agent of such corporation if the employee so convicted is no longer employed by the corporation and: (1) it has been finally adjudicated not guilty or (2) if it demonstrates to the governmental entity with which it seeks to contract and that entity finds that the commission of the offense was neither authorized, requested, commanded, nor performed by a director, officer or a high managerial agent in behalf of the corporation as provided in paragraph (2) of subsection (a) of Section 5-4 of this Code.

33E-4 Bid rotating. A person commits the offense of bid rotating when, pursuant to any collusive scheme or agreement with another, he engages in a pattern over time (which, for the purposes of this Section, shall include at least 3 contract bids within a period of 10 years, the most recent of which occurs after the effective date of this amendatory Act of 1988) of submitting sealed bids to units of State or local government with the intent that the award of such bids rotates, or is distributed among, persons or business entities which submit bids on a substantial number of the same contracts. Bid rotating is a Class 2 felony. Any person convicted of this offense or any similar offense of any state or the United States which contains the same elements as this offense shall be permanently barred from contracting with any unit of State or local government. No corporation shall be barred from contracting with any unit of State or local government as a result of a conviction under this Section of any employee or agent of such corporation if the employee so convicted is no longer employed by the corporation and: (1) it has been finally adjudicated not guilty or (2) if it demonstrates to the governmental entity with which it seeks to contract and that entity finds that the commission of the offense was neither authorized, requested, commanded, nor performed by a director, officer or a high managerial agent in behalf of the corporation as provided in paragraph (2) of subsection (a) **of Section 5-4 of this Code.**

Possible violations of Section 33 can be reported to the Office of the Will County State's Attorney at (815) 727-8453.



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Bid Form

Therapy Services

#2025-20

Name _____ F.E.I.N> # _____
Address _____
City _____ State _____ Zip _____
Contact Person _____ Phone _____
Email Address _____

THIS IS NOT AN ORDER

Will County Agency Name:

For additional information contact the Will County Purchasing Department purchasing@willcounty.gov

Proposal Checklist:

- ___ \$20,000.00 Bid Bond or Cashier's Check
- ___ **Signed** Copy of Prime Contractor Certification
- ___ Reference form
- ___ **Signed** and completed Bid Form
- ___ **Signed** and completed Receipt of Addenda Form
- ___ Reference Form

PROPOSAL AWARD CRITERIA:

This proposal will be awarded based on the criteria in this solicitation.

MEDICARE A - Urban

PDPM model for reimbursement was effective on October 1, 2019 for Medicare residents. PDPM or the Patient Driven Payment Model is the current method for reimbursing Skilled Nursing Facilities (SNFs) for their resident's time at the facility. **It is a per diem payment model that calculates the payment to a facility based on clinical characteristics, resident assessments & diagnosis, and resource needs in the form of coordinated team-based care during a resident's stay.** PDPM assigns residents a case-mix classification that drives the daily PDPM reimbursement rate for that person. Each of these items gets a component score.

In the PDPM, there are five case-mix adjusted components: PT, OT, SLP, NTA, and Nursing. Each resident is to be classified into one and only one group for each of the five case-mix adjusted components. For each of the case-mix adjusted components, there are a number of groups to which a resident may be assigned, based on the relevant MDS 3.0 data for that component. There are 16 PT groups, 16 OT groups, 12 SLP groups, 6 NTA groups, and 25 nursing groups.

PDPM classifies residents into a separate group for each of the case-mix adjusted components, each of which have their own associated case-mix indexes and base rates. Additionally, PDPM applies variable per diem payment adjustments to three components, PT, OT, and NTA, to account for changes in resource use over a stay. The adjusted PT, OT, and NTA per diem rates are then added together with the unadjusted SLP and



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Bid Form

nursing component rates and the non-case-mix component to determine the full per diem rate for a given resident.

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Language Pathology (SLP)
- Nursing
- Non-Therapy Ancillary (NTA)

Therapy used to be the big driver for payment with RUGs scores. With PDPM, therapy minutes are not taken into consideration nearly as much. The **overall condition** of the resident is the dominating factor now.

PLEASE REFER TO THE PDPM CALCULATION WORKSHEET FOR SNF'S INCLUDED

OTHER SERVICES (Charge per 15 minutes)

SUBACUTE MANAGEMENT FEE (Nursing/Rehab Services)	\$
Occupational Rehab Consulting	\$
Physical Rehab Consulting	\$
Speech Consulting	\$

The Bidder agrees to provide the equipment, service and supplies described above and in the contract specifications under the conditions outlined in attached documents for the amount stated above.

Signed By: _____

Title: _____
Authorized Representative of Company



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Reference Form

Therapy Services

#2025-20

Please list three (3) references, other than the County of Will, that you have done similar work, service or supplied similar products to:

Entity: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Contact Person: _____

Email Address: _____

Entity: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Contact Person: _____

Email Address: _____

Entity: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Contact Person: _____

Email Address: _____



WILL COUNTY, ILLINOIS

PURCHASING DEPARTMENT

Addendum Form

Therapy Services

#2025-20

Name _____ F.E.I.N> # _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

Email Address _____

THIS IS NOT AN ORDER

Will County Agency Name:

For additional information contact the Will County Purchasing Department purchasing@willcounty.gov

Addendum Receipt: Receipt of the following Addendum to the Bidding Documents is hereby acknowledged:

No. _____, dated _____, signed _____

Addendum Receipt: Receipt of the following Addendum to the Bidding Documents is hereby acknowledged:

No. _____, dated _____, signed _____

Addendum Receipt: Receipt of the following Addendum to the Bidding Documents is hereby acknowledged:

No. _____, dated _____, signed _____

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No. _____, dated _____, signed _____

Addendum Receipt: Receipt of the following Addendum to the Bidding Documents is hereby acknowledged:

No. _____, dated _____, signed _____

LATE BIDS CANNOT BE ACCEPTED!

Vendor Return Address:

SEALED BID DOCUMENT

BID #: 2025-20
DUE DATE: 8/13/25
DUE: 2:00 P.M.
DESCRIPTION: Therapy Services SHNH

DATED MATERIAL-DELIVER IMMEDIATELY

**WILL COUNTY PURCHASING DEPARTMENT
302 N. CHICAGO ST., 2ND FLOOR
JOLIET, IL 60432**

PLEASE CUT OUT AND AFFIX THIS BID LABEL (ABOVE) TO THE OUTERMOST ENVELOPE OF YOUR SEALED BID TO HELP ENSURE PROPER DELIVERY!

LATE BIDS CANNOT BE ACCEPTED!