**Please read the Instruction Manual before completing.**

Nursing Facility Clean Energy Pilot Project

Request for Proposals Published October 15, 2020

**Proposals must be submitted via email attachment by 11:59 p.m. on January 30, 2021**

The email address for submission is: DHS.NFRP.CostReport@state.mn.us

**SECTION 1**

**\*\*The contact person will be responsible for submitting to DHS all required and requested information related to the project.**

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| **Facility Name or Organization** | Enter text here |
| **Address** | Enter text here |
| **Primary Contact Name** | Enter text here |
| **Contact Title** | Enter text here |
| **Contact Phone** | Enter text here |
| **Contact Email** | Enter text here |
| **Contact Address** | Enter text here |
| **Project Leader** | Enter text here |
| **Leader Title** | Enter text here |
| **Leader Phone** | Enter text here |
| **Leader Email** | Enter text here |
|  | Enter text here |

**SECTION 2**

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| **Provide a brief overview of the facility and a description of the clean energy project. The application must address each of the following items:** * **the facility’s physical plant condition and the extent to which this proposal addresses related energy issues;**
* **how this project will improve the quality of life for residents;**
* **how this project will improve working conditions for staff;**
* **facility’s ownership – who owns the building? Is this the same entity or person as the licensee;**
* **the extent to which, under current facility ownership and management, the facility has shown the ability to provide good quality care to its residents. Discuss complaint, survey and MN Report Card data for the previous 24 months prior to submission of this application;**
* **the extent to which the sustainability of the facility can be demonstrated based on the need for services in the area.**
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**SECTION 3**

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| **Summarize the facility-specific energy assessment or energy audit and recommended energy conservation measures that, in aggregate, meet the cost-effectiveness requirements of Minnesota Statutes, section 216B.241. What is the anticipated state share of Medical Assistance costs for the facility payment rate attributed to this project proposal? See Attachment A for a payment rate example. Consider these parameters when determining your anticipated state share of Medical Assistance costs:*** **You may submit an application for an already completed PACE approved project. However, the allowable reimbursement payments will not exceed the total remaining assessments. The payment would begin on the first day of the month following approval of the application for projects completed and approved prior to the publication of this RFP.**
* **For new projects to be completed following the publication of this RFP, the rate adjustment will be effective the first day of the month following completion of the project and for the term of the PACE loan.**
* **The payment rate increase attributable to the Clean Energy Pilot Project is temporary, the rate add-on will end when the portion of the PACE loan attributable to the nursing facility has been paid in full.**
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**SECTION 4**

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| **Verify that the facility’s spending on utilities per resident day since calendar year 2016 is higher than average for similar facilities. Describe your methodology for selecting similar facilities for comparison. See Attachment B for a statewide list of nursing facilities and their associated daily utility costs per resident day.**  |
| Enter text here |

**SECTION 5**

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| **Verify your understanding and agreement that any credits or rebates related to the project must be offset. A project cost is not an allowable cost on the cost report as a special assessment if it has been or will be used to increase the facility’s property rate. Pace assessments are not allowable as a special assessment on the cost report.**  |
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**SECTION 6**

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| **Verify your understanding and agreement that the external fixed payment rate for the PACE allowable costs shall be reduced by an amount equal to the PACE projected savings per diem included in the other operating payment rate under Minnesota Statutes, section 256R.24, that is associated with the energy project.**  |
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**SECTION 7**

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| **Acknowledge that if selected as a pilot project, the facility will sign an APS contract amendment with DHS that details the required information about facility utility rates, purchases of energy equipment, etc., and outlines the terms of the daily per diem rate increase to the facility under Minnesota Statutes 256R.25. DHS may request information regarding actual utility costs to evaluate the actual energy savings.**  |
| Enter text here |

**SECTION 8**

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| **Attach the facility’s completed PACE application and recommended approval letter from a PACE program administrator authorized under Minnesota Statutes, sections 216C.435 and 216C.436.** |
| Enter text here |