

**QUALITY ASSURANCE SURVEILLANCE PLAN
FOR
Contracted HUD-VASH Case Management Program**

INTRODUCTION

This Quality Assurance Surveillance Plan (QASP) has been developed to evaluate Contractor actions while implementing this Statement of Work (SOW). It is designed to provide an effective surveillance method of monitoring Contractor performance under this contract.

The QASP provides a systematic method to evaluate the services the Contractor is required to furnish.

This QASP is based on the premise, the Government desires to maintain a quality standard in providing primary care/mental health services to its patients. The resulting contract is considered the best means of achieving that objective.

PURPOSE

The Contractor, and not the Government, is responsible for management and quality control actions to meet the terms of the contract. The role of the Government is quality assurance to ensure contract standards are achieved.

This QASP does not detail how the Contractor accomplishes the work. Rather, the QASP is created with the premise that the Contractor is responsible for management and quality control actions to meet the terms of the contract. It is the Government's responsibility to be objective, fair, and consistent in evaluating performance. In this contract the quality control program is the driver for product quality. The Contractor is required to develop a comprehensive program of inspections and monitoring actions. The first major step to ensuring a "self-correcting" contract is to ensure that the quality control program approved at the beginning of the contract provides the measures needed to lead the Contractor to success. This QASP explains the following:

What shall be monitored.

How monitoring shall take place.

Who shall conduct the monitoring.

How monitoring efforts and results shall be documented.

This QASP is a "living document" and the Government may review and revise it on a regular basis. However, the Government shall coordinate changes with the Contractor. Copies of the original QASP and revisions shall be provided to the Contractor and Government officials implementing surveillance activities.

Once the quality control program is approved, careful application of the process and standards presented in the remainder of this document shall ensure a robust quality assurance program.

PERFORMANCE STANDARDS

Performance standards define desired services. The Government performs surveillance to determine if the Contractor exceeds, meets or does not meet these standards. The Performance Requirements Summary Matrix is incorporated within this QASP to include performance standards and disincentives. The Government shall use these standards to determine Contractor performance and shall compare Contractor performance to the Acceptable Quality Level (AQL) defined below for each performance requirement.

| <u>Task</u> | <u>Standard</u> | <u>Performance Threshold/Acceptable Quality Level</u> | <u>Method of Surveillance</u> |
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| <p>General Requirements:</p> <p>Contractor services shall be furnished to eligible beneficiaries for whom such care is specifically authorized by the referring VA. Responsibilities shall include, but not be limited to:</p> <ul style="list-style-type: none"> • Housing Placement • Case Management services • Referrals • Voucher usage/porting • Maintaining VA reporting and recording requirements | <p>The Contractor will:</p> <p>a. Assist Veterans with obtaining housing in any area served by that medical center based on Veteran preference and housing availability.</p> <p>b. Work with Veterans and their families with a wide range of backgrounds and bio psychosocial challenges and vulnerabilities including, but not limited to, severe mental illness, chronic and current substance abuse, and serious medical problems.</p> <p>c. VA medical record including but not limited to release of information forms, housing service agreement, clinical reminders, suicide risk assessment, and safety plan, etc.</p> <p>d. Complete mental health treatment plans and act as the mental health treatment coordinator for all admitted Veterans.</p> | <p>90% during quarterly rating period</p> | <p>Monthly Veteran record review, site visits, observations at team meetings, conference calls, Veteran satisfaction.</p> <p>The Government may, at its discretion, choose any time, announced or unannounced, to have VA personnel inspect the contractor's records.</p> |

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| | <p>e. Accompany Veterans to any Public Housing Authority (PHA) interview meetings, voucher session briefings, medical appointments, and other appointments as needed while working with Veterans to foster independence and a sense of self-determination.</p> <p>f. Participate in and coordinate with the VA Contracting Officer's Representative (COR)/ Liaison during weekly case conferences regarding updates and changes in Veterans' care plans to foster a collaborative relationship with the VA and Contractor in meeting Veterans' needs.</p> | | |
| <p>Case Management:</p> <p>Contractor will assess the psychosocial and environmental needs or dysfunction secondary to or exacerbating the social, substance or psychiatric problems, which might contribute to Veterans' readjustment challenges in the community.</p> <p>Contractor will conduct high-risk screening, psychosocial assessment and treatment planning, actively involving the veteran and their family or significant others, in coordination with the team members. Psychosocial assessments will include</p> | <p>The Contractor will:</p> <p>a. Screen each Veteran for suicidal and homicidal risk with each contact. This screening shall be documented in progress notes, suicide risk assessments, and safety plans.</p> <p>b. Conduct Veteran visits as follows:</p> <ul style="list-style-type: none"> • Intensive phase (high acuity) visit at least once per week • Stabilization phase (medium acuity) visit at least twice a month • Maintenance phase (low acuity) at least monthly visits <p>c. Engage the Veteran in the HUD-VASH process and take responsibility for</p> | 90% during quarterly rating period | <p>Monthly Veteran record review, site visits, observations at team meetings, conference calls, Veteran satisfaction.</p> <p>The Government may, at its discretion, choose any time, announced or unannounced, to have VA personnel inspect the contractor's records.</p> |

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| <p>goals for clinical treatment.</p> <p>Contractor will match the intensity of the services provided to the needs of the Veteran, based on the Critical Time Intervention model for case management.</p> <p>Contractor shall have procedures in place to ensure clients have access to case management services twenty-four (24) hours per day, seven (7) days per week, which shall include crisis management and referrals.</p> <p>Contractor shall ensure consistency of case management services to enhance staff ability to engage and form relationships with Veterans and provide consistent and highly skilled interventions.</p> <p>Contractor shall have adequate and appropriate space available at the Contractor location for the VA staff to conduct group meetings with the Veterans under Contractor care.</p> <p>Contractor shall integrate Housing Stabilization planning with relevant VA health and mental health services.</p> | <p>interviewing, counseling and case management of identified Veterans who are at risk; providing psychosocial assessments to identify treatment needs which affect the Veteran's adjustment to their environment, and establish treatment goals</p> <p>d. Utilize counseling strategies to include crisis intervention and case management including both short and long-term services working toward long range HUD-VASH Program discharge goals</p> <p>e. Facilitate the Veteran's involvement in therapeutic and work restoration programs intervening and advocating on behalf of the Veteran.</p> <p>f. Formulate case-management treatment goals and plans that address identified needs, stressors and problems and review the current Housing Stabilization Plan and goals when there is a significant change in the Veteran's status or every 6 months.</p> <p>g. Conduct high-risk screening, psychosocial assessment and Housing Stabilization planning within 2 weeks of admission; actively involve the Veteran and their family or significant others, in</p> | | |
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| | <p>coordination with the team members, based on the psychosocial assessments, including goals for clinical treatment.</p> <p>h. Provide direct mental health and substance abuse counseling within their scope of practice and assist in securing available VA services.</p> <p>i. Refer and provide access to VA Medical Facilities, VA Regional Offices, and community-based agencies for a variety of services that may include health care, entitlements, vocational assistance, education, recreation, and any other needed assistance</p> | | |
| <p>Housing Placement: Contractor will ensure rapid placement of each referred Veteran in safe community based housing appropriate to the Veteran's needs using the HUD-VASH voucher.</p> | <p>Contractor will:</p> <ul style="list-style-type: none"> • Develop with the Veteran and VA COR/Liaison an Individual Housing/Service Plan (IP) to be written and signed by all parties within two weeks of program admission. • Review the IP every 90 days in a clinical meeting with the VA COR/Liaison. • Consult with the VA COR/Liaison and Veteran regarding any changes in the IP and receive VA approval for any discharge from the program. • Veterans enrolled in the HUD-VASH program must meet HUD's definition of "chronically | 80% of referred cases | <p>Quarterly Veteran record review, site visits, observations at team meetings, conference calls, Veteran satisfaction.</p> <p>The Government may, at its discretion, choose any time, announced or unannounced, to have VA personnel inspect the</p> |

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| | <p>homeless” in fiscal year 2017.</p> <ul style="list-style-type: none"> • HUD-VASH vouchers must result in a Veteran being housed by the end of the fiscal year. • Veterans receiving case management services shall receive housing vouchers within 60 days of enrollment into the program, and must be housed within 90 days of receiving their housing voucher. • Veterans receiving case management services shall remain housed for a minimum of one year and may only be discharged if approved by the VA. • Provide hands-on assistance to enable the Veteran to find appropriate housing including, but not limited to; helping with the housing search and the process of moving in, transporting the Veteran to view housing options as needed, developing a property list of safe, decent, and stable housing units, obtaining pre-inspections and other inspections as needed, and assist the Veteran in obtaining necessary amenities including necessary furniture and household items as needed. • Work with the PHA and other community stakeholders to streamline the voucher application | | contractor’s records. |
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| | <p>process.</p> <ul style="list-style-type: none"> • Assist Veterans in obtaining the needed documentation required by the PHA including helping the Veteran complete and submit applications to request or obtain documents, and obtain the Veteran's signed Release of Information indicating permission for information exchanges with PHA's, landlords, and other community agencies. • Accompany Veteran to all public housing authority appointments and voucher sessions; and attend all subsequent meetings between the Veteran and housing authority as collaboratively determined by the core team/contract staff. • Assist the Veteran in completing and submitting PHA and other Federal, local, and State entitlement programs. • Advocate with potential landlords on behalf of the Veteran to secure a lease and advise any potential landlords that the Contractor shall be providing assistance and case management services to the Veteran once they are housed. • Develop the budget and assist the Veteran in securing the necessary funding for move-in costs, not limited to accessing outside funding for all | | |
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| | <p>deposits, including utility deposits.</p> <ul style="list-style-type: none"> • Assist the Veteran in completing contacts with utility providers including applications for services, turning off or transferring utilities, requesting low income services. • Ensure the Veteran is paying rent and utility bills in a timely manner and provide budgeting/money management assistance as needed | | |
| <p>Housing First Assertive Community Treatment (HF-ACT) Teams:</p> <p>In additional to all the requirements listed in this QASP the contractors will demonstrate the capacity to provide ACT Team services by providing a combination of staff to supplement case management such as:</p> <ul style="list-style-type: none"> • Community based mental health care by a psychiatrist or psychiatric nurse practitioner • Credentialed addiction specialists • Peer specialists | <p>Contractor will:</p> <ul style="list-style-type: none"> • Contractor will ensure that sufficient staff is available to provide the documented needs of the Veterans as well as the ability to make home visits consistent with Housing Stabilization Plans and the needs of the Veteran. • Contractor will ensure consistency of ACT team services to enhance staff ability to engage and form relationships with Veterans and provide consistent and highly skilled interventions in keeping with the HF-ACT model. • Attend or participate in VA HF-ACT program training meetings or conferences as requested by VA based on local, network and national requirements. • Comply with additional documentation and/or data reporting for the HF-ACT as requested or required by | <p>90% during quarterly rating period</p> | <p>Quarterly Veteran record review, site visits, observations at team meetings, conference calls, Veteran satisfaction.</p> <p>The Government may, at its discretion, choose any time, announced or unannounced, to have VA personnel inspect the contractor's records</p> |

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| | VA based on changing or subsequent local, VISN or national HUD-VASH program requirements. | | |
| Ending Case Management Services Graduation from case management is a goal of the program in order to help the Veteran achieve optimal functioning and the ability to live independently in the community | Contractor will: a. In consultation with the Veteran and VA COR/Liaison, determine if the Veteran achieves this milestone. b. Provide periodic follow-up post-graduation. c. Work with the Veteran to eliminate barriers for successful completion of the program. d. Document in the VA medical record a discharge plan a minimum of one month prior to a Veteran discharge. | 90% during quarterly rating period | Quarterly Veteran record review, site visits, observations at team meetings, conference calls, Veteran satisfaction. The Government may, at its discretion, choose any time, announced or unannounced, to have VA personnel inspect the contractor's records. |
| Records and Reports: Documentation of Veteran assessments, service plans, individual contacts, progress reviews and other VA documentation requirements will be maintained utilizing VA medical records system (CPRS) and the VA Homeless Operations Management Evaluation System (HOMES). | Contractor will document the following: a. All essential identifying data relevant to the resident and his/her family including a bio-psychosocial assessment in CPRS. b. Data relating to the Veteran's admission in a progress note. c. Report within 24 hours on any significant contact with Veteran to include negative incidents, issues related to the Housing Stabilization Plan, | 90% during quarterly rating period | Quarterly Veteran record review, site visits, observations at team meetings, conference calls, Veteran satisfaction. The Government may, at its discretion, choose any time, announced or |

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| | <p>changes in living status and all assistance provided to the Veteran related to attending required appointments.</p> <p>d. Provide weekly written status reports including, but not limited to, the number of Veterans screened, enrolled, Veterans discharged from program with reason, Veterans identified as chronically homeless, (HOMES) forms completed, name and contact information for case manager.</p> <p>e. Provide a weekly program information spreadsheet including but not limited to Veteran name, last four of SSN, status in program, contact information, and case manager name/contact information.</p> <p>f. All Veteran records shall be maintained in accordance with Federal, State, The Joint Commissions and/or CARF standards.</p> | | <p>unannounced, to have VA personnel inspect the contractor's records.</p> |
| Life Skills: | <p>Contractor will:</p> <ul style="list-style-type: none"> • Provide life skills education and assistance such as: • Budgeting/money management • Advice on maintaining a clean and safe residence • Socialization • Instruction on how to be a good neighbor/tenant • Mental Health Wellness Self-Management / mental health recovery | 90% during quarterly rating period | <p>Quarterly Veteran record review, site visits, observations at team meetings, conference calls, Veteran satisfaction.</p> <p>The Government may, at its discretion,</p> |

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| | <p>living skills (if applicable)</p> <ul style="list-style-type: none"> • Relapse prevention and harm reduction (if applicable) • Healthy lifestyle/living • Access to community resources • Parenting/family living skills (if applicable) • Family reunification and/or development of relevant social support networks. • Assist with obtaining legal Assistance-Free/Low Cost Resource. • Locating the local Specialty or Treatment Court • Assistance with light house cleaning, shopping, cooking | | <p>choose any time, announced or unannounced, to have VA personnel inspect the contractor's files</p> |
| <p>Voucher Porting</p> <p>Contractors are responsible for two types of porting vouchers:</p> <p>1. Within referring VAMC catchment area: Veteran can live within the jurisdiction of another PHA within the referring VAMC catchment area if contractor can still provide case management.</p> <p>2. Outside catchment area: For moves outside the referring VAMC catchment area, the contractor must determine that the new VAMC has a new HUD-VASH case</p> | <p>Contractor will:</p> <p>a. Complete closing VA documentation and assure smooth transition of the Veteran.</p> <p>b. Be responsible for administering case management services related to porting vouchers and will complete HUD-VASH portability forms and the appropriate HOMES forms.</p> | <p>90% during quarterly rating period</p> | <p>Quarterly Veteran record review, site visits, observations at team meetings, conference calls, Veteran satisfaction.</p> <p>The Government may, at its discretion, choose any time, announced or unannounced, to have VA personnel inspect the</p> |

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| management slot and that the new PHA has an available HUD-VASH voucher | | | contractor's records. |
| <p>Qualifications – Facility/Accreditation/Licensing/Staff:</p> <p>Contractor will ensure that sufficient staff is available to provide the documented needs of the Veterans as well as the ability to make home visits consistent with treatment plans and the needs of the Veteran.</p> <p>Contractor will ensure consistency of case management services to enhance staff ability to engage and form relationships with Veterans and provide consistent and highly skilled interventions.</p> <p>Contractor will have procedures in place to ensure clients have access to case management services twenty-four (24) hours per day, seven (7) days per week, which will include crisis management and referral.</p> <p>The contractor shall utilize the personnel named in its quotation to perform the services required under this contract. In the event that any of the personnel named in the quotation are unable to perform the</p> | <p>Contractor will be staffed by the following:</p> <p>a. Licensed Clinical Social Worker or Licensed Clinical Psychologist full time on staff. Schedule must permit 24-hour supervision of case management personnel for the purposes of clinical oversight, documentation and crisis management. The Licensed Clinical Social Worker or Licensed Psychologist must be available for team conferences as requested by the local VA medical center HUD-VASH program. In addition, he/she must ensure appropriate supervision of any non-clinical/non-licensed Contractor staff providing related supportive services to Veterans to ensure quality of care, such as peer support specialists, vocational services counselors, etc.</p> <p>b. Case Managers with a minimum of a bachelor's degree, and at least 5 years (1 year for master's level) of demonstrated case management experience with high needs / high intensity of services populations. There is a strong preference by VA for master's level case managers.</p> <p>c. Housing Specialist on staff with experience working with homeless individuals and with Public Housing Authorities available to assist Veterans</p> | 100% during quarterly rating period | <p>Quarterly Veteran record review, site visits, observations at team meetings, conference calls, Veteran satisfaction.</p> <p>The Government may, at its discretion, choose any time, announced or unannounced, to have VA personnel inspect the contractor's files</p> |

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| <p>duties of this task order, for any reason such as death, illness, resignation from the contractor's employ, the contractor shall, within 5 business days, submit to the Contracting Officer and COR, in writing, a detailed explanation of the circumstances necessitating the substitution. The contractor shall submit a completed Contractor Change form (see Contractor Change Request), a resume for the proposed substitute, and any other information that may be needed to approve or disapprove the proposed substitution. Any substitution of personnel will occur without any increase to the contract price and without delay in the performance or delivery of services to the Government.</p> | <p>with housing search and placement options. The Housing Specialist must be knowledgeable of community resources and experienced in housing placement.</p> <p>The Contractor facility shall meet the following: Contractor's facility conforms to the Life Safety Code, National Fire Protection Association (NFPA) #101 standards: http://www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=101&cookie%5Ftest=1 Contractor's facility meets all city, state and federal requirements concerning licensing and health codes; Contractor shall possess a valid Business License/Certification for the state where contract performance shall occur; (i.e.) California. Contractor facility must have a current Certificate of Occupancy permit or license as required by the authority that has jurisdiction to issue and must adhere to all applicable local, state and federal laws. Contractor must have Certificate of Liability insurance for services provided. Contractor's facility shall be wheelchair accessible. Contractor must be in compliance with Americans with Disabilities Act Guidelines for Buildings and Facilities. http://www.access-</p> | | |
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| | board.gov/adaag/html/adaag.htm Contractor's facility shall have access to public transportation. Contractor's facility where services are to be provided shall be within the catchment areas of the VISN 22. Please refer to Section 2 for geographical areas. | | |
| Transportation: In cases where the VA is unable to provide the Veteran with transportation, the Contractor shall locate local transportation for Veterans to attend appointments at the VA, SSA, PHA, benefits agencies, and landlords. Transportation may include assistance in obtaining and completing applications for obtaining bus passes, transit cards, or subsidized transportation services such as Access, and other identified needed services and entitlements. | Contractor will: a. Ensure the manufacturer's rated seating capacity of all Contractor provided vehicles utilized to transport Veterans under this contract shall not be exceeded. b. Provide vehicles used to transport Veterans that are maintained in a safe operating condition. c. Only use drivers licensed for the type of vehicle operated. d. Have automobile liability insurance for all Contractor provided vehicles transporting Veteran patients. | 90% during quarterly rating period | Quarterly Veteran record review, site visits, observations at team meetings, conference calls, Veteran satisfaction. The Government may, at its discretion, choose any time, announced or unannounced, to have VA personnel inspect the contractor's records. |

SURVEILLANCE: The Government quality assurance (QA) person and the COR shall use the surveillance methods listed below in the administration of this QASP.

- a. Direct Observation. Direct observation shall be performed periodically or through 100% surveillance. All Performance Standards
- b. Periodic Inspection. Evaluate outcomes on a periodic basis. Inspections may be scheduled Daily, Weekly, Monthly, Quarterly, Annually or unscheduled, as required. All Performance Standards
- c. Progress or status meetings. All Performance Standards
- d. Complaints. Complaints from agency personnel shall be passed to the Contractor's quality control inspector (QCI) for correction. All Performance Standards

STANDARD: Customer complaints shall not exceed the thresholds cited above for each performance objective. The Government's QA personnel shall notify the contracting officer for appropriate action in accordance with FAR 52.212.4, Contract Terms and Conditions-Commercial Items (May 1997) or the appropriate Inspection of Services clause, if any of the above service areas exceed the customer complaint thresholds.

DOCUMENTING PERFORMANCE

- a. Acceptable Performance: The Government shall document performance. Any report may become a part of the supporting documentation for any contractual action.
- b. Unacceptable performance: When unacceptable performance occurs, the COR shall inform the Contractor. This shall normally be in writing unless circumstances necessitate verbal communication. In any case the COR shall document the discussion and place it in the COR file.

When the COR determines formal written communication is required, the COR shall prepare a Contract Discrepancy Report (CDR), and present it to the Contracting Officer (CO). In turn, the CO shall present the CDR to the Contractor's contracting personnel.

The Contractor shall acknowledge receipt of the CDR in writing. The CDR shall specify if the Contractor is required to prepare a corrective action plan to document how the Contractor shall correct the unacceptable performance and avoid a recurrence. The CDR shall also state how long after receipt the Contractor has to present this corrective action plan to the COR. The Government shall review the Contractor's corrective action plan to determine acceptability.

Any CDRs will become a part of the supporting documentation for any contractual action deemed necessary by the CO.

SURVEILLANCE: The Government evaluator shall evaluate the services required by each delivery/task order to ensure complete compliance.

PROCEDURES: The Government evaluator shall inspect to ensure Contractor compliance with the appropriate section of the Statement of Work (SOW) periodically. The evaluator shall

record results of inspection, noting the date and time of inspection. If inspection indicates unacceptable performance, the Government evaluator shall notify the CO and/or QCI of the deficiencies within 3 business days and have QCI correct said deficiencies. Contractor shall be given notification to correct the deficiencies within a reasonable amount of time, on a case-by-case basis. The CO shall have the final authority on the amount of time the Contractor has to correct the deficiency. The evaluator shall not issue a receiving report accepting the services for the month in question until all deficiencies have been corrected.

FREQUENCY OF MEASUREMENT: During contract performance, the COR shall periodically analyze whether the negotiated frequency of surveillance is appropriate for the work being performed. Performance Assessment Meetings will be conducted monthly. The Government may, at its discretion, choose any time, announced or unannounced, to have VA personnel inspect the contractor's files

The COR shall meet with the Contractor quarterly to assess performance and shall provide a written assessment.

Signature – Contractor Program Manager

Signature – Contracting Officer's Representative

Signature – Contracting Officer