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SOURCES SOUGHT NOTICE

SAN FRANCISCO PERFORMANCE WORK STATEMENT HCHV CONTRACT EMERGENCY RESIDENTIAL SERVICES (CERS)

Description of Services: Residential Treatment Services on a per diem basis in accordance with Performance Work Statement.

Estimated QTY: 3 Veterans per night

Location: San Francisco County

Estimated Period of Performance: October 1, 2018 – September 30, 2023

NAICS Code: 623220

Response Date: March 26, 2018

Contracting Office Address:

Department of Veteran Affairs
VA Sierra Pacific Network (VISN 21)
VA Northern California HealthCare System
5342 Dudley Blvd, Bldg. 209
McClellan, CA 95652-2609
Contract Specialist

Only firms interested and capable should send their information and capability statement and any questions by email to Brian Trahan at brian.trahan@va.gov no later than 4:30pm Pacific Standard Time, March 26, 2018. Information should include all the following:

Name of Company

Company Website

Address of Company

Facility size (in square feet)

Facility Address

Number of Beds Available

Capability Statement and copy of business license and insurance

Previous contracts

Licenses

POC Name

Phone

Email Address

References

DUNS number

VIP (if applicable)

Small Business Size

NAICS code

Socioeconomic Status

**PERFORMANCE WORK STATEMENT
HCHV CONTRACT EMERGENCY RESIDENTIAL SERVICES (CERS)**

1. PURPOSE

Contracted Emergency Residential Services (CERS) programs target and prioritize homeless Veterans transitioning from literal street homelessness, Veterans being discharged from institutions and Veterans who recently became homeless and require safe and stable living arrangements while they seek permanent housing. CERS Programs, either directly or through linkage with community and other VA services, provide time-limited services such as supporting mental health stabilization, SUD treatment services, enhancement of independent living skills, vocational training, and employment services. Emphasis is placed on referral and placement in permanent housing or longer term residential programs utilizing VA and/or community resources. Lengths of stay in CERS typically range from 30 to 90 days with the option to extend based on clinical need. Contractors should make efforts to minimize the number of negative exits, or exits that involve the Veteran violating the program rules, failing to comply with program requirements, or leaving the program without consulting staff. The Contractor will be required to provide therapeutic and rehabilitative services, but will not be required to provide detoxification or other hospital level treatment – those services will be provided by the VA at VA facilities or other non-VA community based clinics. If the VA hospital determines that the Veteran doesn't meet a hospitalized level of care, the VA will expect that the Contractor accept the Veteran back until other shelter, housing, or community program arrangements are made either by VA staff or the Contractor staff.

2. BACKGROUND

The foundation of the HCHV program is the provision of outreach services to Veterans who are homeless. The central goal of the HCHV program is to reduce homelessness among Veterans by conducting outreach to those who are the most vulnerable and who are not currently receiving VA services, and then engaging them in treatment and rehabilitation as well as in other VA programs and non-VA community programs that provide prevention and support services. The HCHV program was developed from the original Homeless Chronically Mentally Ill (HCMI) Program, a 6-month pilot project, established February 12, 1987. In recent years, VA's effort to eliminate Veteran homelessness has led to the development of a range of additional programs and initiatives implemented by VHA Central Office, Office of Clinical Operations, Homeless Programs Office. Because HCHV programs typically are the first to make contact with homeless Veterans, they frequently serve as the entry point for these services and thus, provide VA a way to outreach, assist, and offer homeless Veterans an "Open Door" to the continuum of VA services. In addition to this core mission, HCHV functions as a mechanism to contract with providers for community-based residential treatment, or CERS, for homeless Veterans. Because the least disruptive and most economically efficient way to end homelessness is to prevent its occurrence, VA has expanded its homeless initiatives to include support services aimed at the prevention of homelessness. Unlike VA's traditional homeless programs, which focus on treatment and rehabilitation of the individual Veteran, prevention services address those Veterans and their families who are at immediate risk for becoming homeless or who have recently

become homeless. This group includes Veterans recently released from prison or who are otherwise involved with the criminal justice system. HCHV programs are well positioned to assist these Veterans in accessing the appropriate level of services through other VA programs and non-VA community programs. The HCHV program is vital for providing a gateway to VA and community-based supportive services for eligible Veterans who are homeless. This includes ensuring that chronically homeless Veterans and/or those with serious mental health diagnoses can be placed in community-based programs that provide quality housing and services that meet the needs of these special populations.

3. ELIGIBILITY AND DURATION

3.1. Homeless: To be eligible for placement in residential treatment, all Veterans must be homeless or at imminent risk of becoming homeless and must be eligible and registered for VA services. More specifically, before contractors can bill for services provided to a Veteran, they must verify that a VA Social Worker has met with them and completed a particular VA homelessness assessment, called a "HOMES assessment," within the previous 30 days. This serves as a verification of homelessness.

3.2. Denial of a Veteran's admission to program must be explained in writing to the VA.

1. **Open Beds:** The Contractor shall make all effort to keep the contracted number of beds available for Veterans.
2. **Length of Stay:** The Contractor shall furnish services to the beneficiaries for whom such care is specifically authorized by the Veterans Health Administration (VHA) for a period not to exceed 90 days. An extension will be considered after 90 days. This will require justification in writing from the Contractor or a VA staff and approval from the Contracting Officer's Representative, subject to the availability of funds.
3. **Informed Consent:** The Contractor shall create a one page handout that informs Veterans of what the program offers, the Veterans responsibilities, and other initial info.

4. BASIC SERVICES

The Contractor shall furnish each Veteran authorized care under this contract with the following:

1) Residential Room and Board

The facility shall provide sleeping accommodations and nutritious meals. Food shall be prepared, served and stored under sanitary conditions. The facility shall provide storage space in an onsite refrigerator for Veterans to store personal food. The facility shall establish and maintain sanitary procedures for washing dishes, cleaning equipment and work areas, and disposing of waste. At least three nutritious meals or their equivalent shall be served daily at regular times with not more than a 14 hour span between evening meal and breakfast of the following day. Snacks of nourishing quality, i.e. fruits, shall be offered between meals or bedtime.

2) Laundry, Showers, Toilets, Secure Space for belongings:

Laundry facilities shall be provided for residents to do their own laundry. Showers and toilets must be kept clean. A secure space for belongings, examples include dresser or cabinets.

3) **Management of Medications:**

Medications and narcotics shall be properly stored, controlled, issued and recorded in compliance with physicians' orders.

4) **Transportation:** The Contractor shall assist the Veterans with local transportation to scheduled meetings and appointments. The Contractor will be expected to help the Veteran access public transportation, including providing information and instructions necessary to enable Veterans to utilize public transportation. If VA staff determines that adequate public transportation is not available or appropriate for a Veteran, the Contractor shall arrange for alternative transport by car.

5) **Therapeutic Services:**

Therapeutic, Rehabilitative, and Recovery Services determined to be needed by the individual resident in a treatment plan developed by the Contractor with consultation by the Veteran and the VA case manager and/or other appropriate VA staff. The plan should include interventions to meet client-driven goals, particularly housing. Services which the contractor must be able to furnish include:

a. Group Activities: Structured group activities as appropriate – examples include group therapy, social skills training, Alcoholics Anonymous, Narcotics Anonymous, Harm Reduction Counseling, vocational counseling and physical activities as appropriate.

b. Individual Counseling/Clinical Case Management: The Contractor shall provide access to *treatment for co-occurring disorders* including mental health and substance abuse disorders. The Contractor shall discuss with Veterans their personal income and expenditures and include *savings goals* in every treatment plan. The Contractor shall assist Veteran in setting up an account or provide other interventions to help Veteran save a significant portion of their income while in the program. The Contractor shall discuss and assist with Veterans their *primary and secondary housing plans*, including identifying options and assisting with applications when necessary. Also the Contractor shall provide other *individual counseling* as appropriate - such as counseling on self care skills, adaptive coping skills, and vocational rehabilitation. Interventions should be in collaboration with VA program and community resources.

c. VA Coordination: Clinical care should also include coordination and referral to Veterans Affairs inpatient and outpatient treatment for medical issues, addiction, mental health issues/PTSD, unemployment, and homelessness including occasional transfer to other VA residential treatment programs as recommended by VA providers.

d. Living Skills: Assistance to develop responsible living patterns and to achieve a more adaptive level of psychosocial functioning, upgraded social skills, and improved personal relationships.

e. Community Involvement: The program will promote community involvement that promotes the Veterans continued healthy engagement in the community discharge.

g. Discharge Planning: The clinical case managers will provide assistance with discharge planning. Housing needs will be assessed upon arrival and resources will be coordinated for discharge to a successful community placement.

5. BILLING

- 1) **Policy:** Unless specifically excluded in this contract, the per diem rate established will include the services listed in this document and will also include all services or supplies normally provided other residents by the facility without extra charge. Payments made by the VA under this contract shall constitute the TOTAL cost of care and housing of the homeless Veterans. Payments are made for the day the Veteran arrived/admitted to the program and each day of their stay. On the day the Veteran is discharged from the program, payment will not be authorized. If a beneficiary is admitted to or discharged from the program on the same calendar day, payment will not be authorized.
- 2) **Immediate Communication:** When an intake or discharge is confirmed, the program will communicate the written information to the appropriate VA staff immediately. Invoices at the end of the month will reflect the same date of intake or discharge as previously reported. Sign-in sheets should also reflect the same dates of intake and discharge.
- 3) **Absences:** If Veteran leaves the facility, is admitted to hospital, detox or other treatment-related locations and is expected and welcome to return, the program will be paid for up to 72 hours after the Veteran left the program but the program must inform the VA immediately if this occurs. If the program is willing to hold the bed longer than this time, each day after 72 hours will be a non-billable day. On the day the decision is made that the Veteran is not expected back, the veteran can be discharged at that point. If Veteran is absent without leave but the program is willing to hold the bed, VA will pay for up to 72 hours after the veteran left the program.

6. STAFFING

The Contractor shall employ sufficient professional staff and other personnel to carry out the policies and procedures of the program. There will be, at a minimum, an employee on duty on the premises, or residing at the program and available for emergencies, 24 hours a day, 7 days a week. All Contractor staff providing services to Veterans under this contract must undergo an appropriate background investigation. The Contractor should inform the VA when relevant staff leave temporarily or permanently and who can be relied on for coverage while they are out.

7. RECORDS AND REPORTS

The Contractor shall make available to the VA, documentary information deemed necessary by the VA to conduct utilization review audits for the mandated national evaluation study as required by Section 2 of Public Law 100-6; to verify quality of patient care for veterans, to assure confidentiality of patient care for Veterans, to assure confidentiality of patient record information, and to determine the completeness and accuracy of financial records. The facility shall maintain an individual client record on each Veteran admitted under this contract. The facility shall comply with the requirement of the "Confidentiality of Alcohol and Drug Abuse Patient" (42 CFR, Part II) and the "Confidentiality of Certain Medical Records" (38 USC 4132). All case records shall be secured and confidential. Records will be made available on a need-to-know basis to appropriate VA staff members involved with the treatment program of the Veterans concerned. The files shall include:

- a. Reasons for referral, including any initial referral paperwork.
- b. All essential identifying data relevant to the resident and his/her family including a socio-cultural assessment, weekly progress reports or notes, and documentation of any case management interventions, treatment plans, or patient care conferences.
- c. Copies of any medical prescriptions issued by physicians, including orders, if any, for medications to be taken.
- d. Final summaries on each resident who leaves the program, to include reasons for leaving, the resident's future plans, and follow-up locator information.
- e. **Incident Reports:** The Contractor shall notify the authorizing VA facility immediately of any incidents involving Veterans residing in the residential program. Incidents include, but are not limited to, emergency medical services and/or police contact. The Contractor shall notify the VA case manager by telephone during the hours of 8:00am and 4:30pm. For all incidents that occur after normal business hours, the Contractor should notify VAMC staff. The Contractor shall provide the HCHV case manager and the COR with a copy of the incident report within 24 hours. The Contractor shall maintain a copy of the incident report in the Veteran's case record.

Other reports (not to be included in veteran's file) include:

- d. **CARF uSPEQ Survey:** This survey will be the primary tool for collecting Veteran satisfaction data in VA specialized homeless programs. Contractor staff must follow instructions as they support Veterans completing this survey.
- e. **HMIS data reporting:** All Veterans who enter the program are homeless and program staff will enter data into the HMIS system.

8. VA PATIENT BILL OF RIGHTS

The Contractor shall comply with the VA Patient's Bill of Rights as set forth in Section 17.34a, Title 38 of the Code of Federal Regulations.

9. CERTIFICATION & ACCREDITATION REQUIREMENTS

The Contractor will not be performing a function that requires access to a VA system or VA sensitive information (e.g., system administrator privileged access to a VA system, or contractor systems or processes that utilize VA sensitive information). The C&A requirements do not apply, and that a Security Accreditation Package is not required.

The Contractor is required to ensure that a Contractor Security Control Assessment (CSCA) is completed within 30 days of contract approval and yearly on the renewal date of the contract. The completed CSCA must be sent to the COR for review before sending to the VA ISO and OCS Certification Program Office.

10. FACILITY REQUIREMENTS

- 1) It is the responsibility of the Contractor to properly maintain its facilities and the VA shall have no responsibility for paying or reimbursing the Contractor for such expenses. The contract facility must:
 - a) Have a current occupancy permit issued by the local and state governments in the jurisdiction where the facility is located.
 - b) Be in compliance with existing standards of State safety codes and local, and/or State health and sanitation codes.
 - c) Be licensed under State or local authority.
 - d) Where applicable, be accredited by the State.
 - e) Be equipped with operational air conditioning /heating systems
 - f) Be kept clean, free of bed bugs, dirt, grime, mold, or other hazardous substances that detract from a healthy environment.
 - g) Be equipped with first aid equipment and an evacuation plan in case of emergency.
 - h) Have windows and doors that can be opened and closed in accordance with manufacturer standards.
 - i) The Contractor facility must meet fire safety requirements, as follows:
 - i. The building must meet the requirements of the applicable residential occupancy chapters of the current version of NFPA 101, National Fire Protection

Association's Life Safety Code. Any equivalencies or variances must be approved by the appropriate Veterans Health Administration Veterans Integrated Service Network (VISN) Director.

- ii. All residents in the facility must be mentally and physically capable of leaving the building, unaided, in the event of an emergency.
- iii. Fire exit drills must be held at least quarterly. Residents must be instructed in evacuation procedures when the primary and/or secondary exits are blocked. A written fire plan for evacuation in the event of fire shall be developed and reviewed annually. The plan shall outline the duties, responsibilities and actions to be taken by the staff and residents in the event of a fire emergency. This plan shall be implemented during fire exit drills.
- iv. A written policy regarding tobacco smoking in the facility shall be established and enforced.
- v. Portable fire extinguishers shall be installed at the facility. Use NFPA 10, Portable Fire Extinguishers, as guidance in selection and location requirements of extinguishers.
- vi. Requirements for fire protection equipment and systems shall be in accordance with NFPA 101. All fire protection systems and equipment, such as the fire alarm system, smoke detectors, and portable extinguishers, shall be inspected, tested and maintained in accordance with the applicable NFPA fire codes and the results documented.
- vii. The annual inspection by a VA team required by paragraph 7 shall include a fire and safety inspection conducted at the facility unless a review of past Department of Veterans Affairs inspections or inspections made by the local authorities indicates that a fire and safety inspection would not be necessary, in which case the fire and safety inspection may be waived by the VA.

K. INSPECTION OF FACILITY AND PROGRAM

Prior to the award of a contract and annually during the contract term, a multidisciplinary VA team consisting of a Social Worker, Dietitian, Registered Nurse, a Representative of the VA Police, and a Facilities Management Safety Officer, plus other subject matter experts - as determined necessary by the Medical Center Director or HCHV Coordinator - shall conduct a survey of the Contractor's facilities to be used to provide Veterans' food, shelter, and therapeutic services. This is to assure the facility provides quality care in a safe environment. Inspections may also be carried out at such other times as deemed necessary by the Department of Veterans Affairs.

The Contractor will be advised of the findings of the inspection team. If deficiencies are noted during any inspection, the Contractor will be given a reasonable time to take corrective action

and to notify the Contracting Officer that the corrections have been made. A contract will not be awarded until noted deficiencies have been eliminated. Failure by the Contractor to take corrective action within a reasonable time will be reported to the VA Contracting Officer. If corrections are not made to the satisfaction of the VA, the Contracting Officer will consult with the appropriate officials so that suitable arrangements can be made to discontinue plans to award a contract, or to discharge or transfer patients and to terminate the existing contract, as appropriate.

The inspection of the Contractor facilities will include inspection for conformity to the current Life Safety Code as described in paragraph 6, and will also include the following:

- General observation of residents to determine if they maintain an acceptable level of personal hygiene and grooming.
- Assessment of whether the facility meets applicable fire, safety and sanitation standards.
- Determining whether the facility's surroundings are suitable and conducive to social interaction and to the fullest development of the resident's rehabilitative potential.
- Observation of facility operations to see if appropriate organized activity programs are available during waking hours (including evenings) and degree to which a high level of activity is observed in the facility, such as individual professional counseling, physical activities, assistance with health and personal hygiene.
- Seeking evidence of facility-community interaction, demonstrated by the nature of scheduled activities or by information about resident flow out of the facility, e.g., community activities, volunteers, local consumer services, etc.
- Observation of staff behavior and interaction with residents to determine if they convey an attitude of genuine concern and caring.
- Inspecting the types of meals and other nutrition provided to residents to see if appetizing, nutritionally adequate meals are provided in a setting which encourages social interaction; and if nutritious snacks between meals and bedtime are available for those requiring or desiring additional food, when it is not medically contraindicated.
- Making a spot check of Veterans' records to ensure accuracy with respect to Veterans' length of stay and services provided to the Veterans.
- Assessment of Contractors compliance with local HMIS reporting

All Department of Veterans Affairs reports of inspection of residential facilities furnishing treatment and rehabilitation services to eligible veterans shall, to the extent possible, be made available to all government agencies charged with the responsibility of licensing or otherwise regulating or inspecting such institutions.

L. CONTRACT CHANGES/TECHNICAL DIRECTIONS.

The Contracting Officer is the only person authorized to approve changes or modify any of the requirements of this contract. The Contractor shall communicate with the Contracting Officer on all matters pertaining to contract administration. Only the Contracting Officer is authorized to make commitments or issue changes that shall affect price, quantity or quality of performance of this contract.

IN THE EVENT THE CONTRACTOR AFFECTS ANY SUCH CHANGE AT THE DIRECTION OF ANY PERSON OTHER THAN THE CONTRACTING OFFICER WITHOUT AUTHORITY, NO ADJUSTMENT SHALL BE MADE IN THE CONTRACT PRICE TO COVER AN INCREASE IN COSTS INCURRED AS A RESULT THEREOF.

The COR will be responsible for the overall technical administration of this contract as outlined in the COR Delegation of Authority, including monitoring of the Contractor's performance.

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