

Caregivers: Financial and Legal Services

Historical Information

On June 6, 2018, the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 or the VA MISSION Act of 2018, Public Law 115-182, was signed into law. Section 161 of this law, among other things, expands eligibility for VA's Program of Comprehensive Assistance for Family Caregivers to eligible Veterans with a serious injury incurred or aggravated in the line of duty in the active military, naval, or air service before September 11, 2001 in two phases, the first of which will begin upon VA certifying to Congress that VA has fully implemented a required information technology system. This law also establishes new benefits for designated primary family caregivers of eligible Veterans under the Program of Comprehensive Assistance for Family Caregivers. VA is currently working on regulations to define the scope of financial planning services and legal services under 38 U.S.C. 1720G(a)(3)(A)(ii)(IV), as amended by section 161(a)(3) of the VA MISSION Act of 2018, under which VA is required to provide designated primary family caregivers:

- (1) financial planning services relating to the needs of injured Veterans and their caregivers; and
- (2) legal services, including legal advice and consultation, relating to the needs of injured Veterans and their caregivers.

Under the law, these services must be provided through the use of contracts with, or the provision of grants to, public or private entities.

THIS IS A REQUEST FOR INFORMATION (RFI) ONLY (as defined in FAR 15.201(e)), this is not a solicitation. Solicitations are not available at this time. Requests for a solicitation will not receive a response. Respondents are advised that the Government is under no obligation to acknowledge receipt of the information received, provide feedback to respondents with respect to any information submitted, or respond to any questions or comments that may be submitted in response to this RFI. This notice does not constitute a commitment by the United States Government and does not obligate the Government to award a contract or otherwise pay for the information provided in response. Responders are solely responsible for all expenses associated with responding to this RFI.

The purpose of this RFI is: 1) to understand industry capabilities related to healthcare transformation, 2) to collect information to enable the development of potential future acquisition strategy (include socio-economic consideration and methods), and 3) to obtain industry comments on the draft Service Group Descriptions (SGD). Through this process, VHA is requesting the capabilities and experience of large and small business contractors interested in providing these services for VHA. Interested small business contractors including Veteran-Owned and Service Disabled Veteran-Owned Small Businesses, are encouraged to respond. Additionally, VHA is requesting comments on the draft SGD from both large and small businesses. The Government requests that contractors respond to the specific questions provided in this request for information. Responses should "demonstrate" capability, not just "confirm" corporate capabilities.

The agency does not intend to award a contract but rather gather capabilities and market information pertinent to acquisition planning. The responses to this RFI will be captured as market research and may contribute to the development of an acquisition strategy. Information provided may be used to assess tradeoffs and alternatives available for the potential requirement and may lead to the development of a solicitation. All submissions become Government property and will not be returned. The Government reserves the right to use information provided by respondents for any purpose deemed necessary and legally appropriate.

The information provided in the RFI is subject to change and is not binding on the Government.

Any organization responding to this notice should ensure that its response is complete and sufficiently detailed.

PURPOSE

VHA is exploring a long-term, multi-vendor vehicle, that integrates efficiency and opportunity for Veteran Owned Firms and support its efforts in organizational transformation to become the largest high-functioning, high reliability, integrated health system in the U.S. This Request for Information (RFI) will provide input for VA decision makers.

We cannot stress enough how important it is that you take these few minutes to help us increase our market research knowledge in VA contracting.

As part of our market research effort, we are seeking input from industry to identify the ability of the commercial market to fulfill potential requirements.

Thank you for your participation.

If unable to complete this questionnaire in one sitting, you will need to close the questionnaire window and re-open the questionnaire link to edit your response. The questionnaire will start from the beginning, but will show the responses previously entered. This only works if returning to the questionnaire from the original computer (IP address) used initially. All responses are collected based on IP addresses; only one response per IP address is permitted. This edit process will not work if you try to use a different computer to complete your response.

All questions with an "*" require a response to continue. Open surveys do time out after approximately 10 minutes of inactivity.

Monterey Consultants, Inc., is contracted by VA, Office of Small and Disadvantaged Business Utilization (OSDBU) to assist with market research. The survey portal is managed by Monterey on behalf of VA OSDBU. Monterey has signed Non-Disclosure Agreements and is restricted under Organizational Conflict of Interest clauses from sharing submitted information with any party outside VA. Monterey is not engaged in this industry and does not plan on doing business within this area in the foreseeable future.

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Demographic Information

1. Please enter the following information:*

Name of Firm

Business Address

Business

City/Town

Business State

Business Zip

Code

Point of Contact

Name

POC Phone Number	<input type="text"/>
POC Address	<input type="text"/>
POC City/Town	<input type="text"/>
POC State	<input type="text"/>
POC Zip Code	<input type="text"/>
Website URL address	<input type="text"/>

2. Contact Email:*

A copy of your responses will be sent to this email address. Please check any "spam" or "junk" files in case the response is rerouted.

3. Please provide your company's Data Universal Numbering System (DUNS) identification number:*

(9-Digit Identification Number without hyphen)

4. Identify which of the following NAICS codes your company uses to provide financial and legal services benefits network provider services:*

(select all that apply)

- ☐ 525120 - Health and Welfare Funds (Employee benefit plans (except pension))
- ☐ 541612 - Human Resources Consulting Services (Benefit consulting services)
- ☐ 523930 - Investment Advice (Financial investment advice services)
- ☐ 541110 - Offices of Lawyers (Legal aid services)
- ☐ 624190 - Other Individual and Family Services
- ☐ Other, please specify

5. What is your company's primary NAICS code of operation?*

(Limited to 6 digits)

6. Please indicate any small business designations that describe your business:*

(select all that apply)

- ☐ Service-Disabled Veteran Owned Small Business (SDVOSB)
- ☐ Veteran Owned Small Business (VOSB)
- ☐ 8(a) Business Development Small Business Certification
- ☒ HUBZone Business Concern
- ☐ Economically Disadvantaged Women-Owned Small Business (EDWOSB in accordance with 19.1503)
- ☐ Women-Owned Small Business (WOSB in accordance with 19.1503)
- ☒ Small Disadvantaged Business (SDB)
- ☐ Small Business as per primary NAICS code of operation
- ☐ Large Business
- ☐ AbilityOne Firm
- ☐ Other, please specify

7. How many years of experience does your business have performing as a financial and legal services benefits network provider?*

☐ < 1 year

- ☐ 1 - 2 years
☐ 3 - 4 years
☐ 5 - 6 years
☐ 7 - 8 years
☐ 9 - 10 years
☐ > 10 years

8. Is your company currently operating as a financial and legal services benefits network provider to Federal or State government agencies?

- ☐ Yes
☐ No

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9. Has your company provided financial and legal services benefits network provider support to Federal or State government agencies in the past?*

- ☐ No
☐ Yes. please provide Agency and Contract Number

10. Is your company currently on a GSA Federal Supply Schedule (FSS)?*

- ☐ No
☐ Yes. please provide Schedule ID and SIN Code

11. Please provide information regarding specific financial and legal services benefits network provider support your company has utilized in the past 3 years:

(include Month/Year Start to Finish, Name of Case Management System, Customer, and a brief summary of the project for each)

12. For whom has your company provided financial and legal services benefits network provider support services, and in what capacity? (select all that apply)

	Prime Contractor	Subcontractor	Joint Venture	N/A
Department of Veterans Affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Defense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Federal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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13. Please identify those groups of financial and legal services benefits services your company can provide:*

(select all that apply)

- ☐ Financial
- ☐ Legal
- ☐ Social Work
- ☐ Call Center
- ☐ Drug & Alcohol
- ☐ Tax Assistance
- ☐ Military Benefits Guidance
- ☐ Family Support Services
- ☐ Transition Services
- ☐ None of the Above
- ☐ Other, please specify

14. Who are the key financial and legal services personnel that your company has on staff or under subcontract?*

(select all that apply)

- ☐ Legal Counselors
- ☐ Legal Advisors
- ☐ Paralegals
- ☐ Financial Counselors
- ☐ Financial Advisors
- ☐ None of the above
- ☐ Other, please specify

15. Regarding program, project, and release management support services, identify those requirements your company can fully support and finance:*

(select all that apply)

- ☐ Provide program, project, and release management and deployment services in support of the Caregivers Financial and Legal services program
- ☐ Provide program, project, and release management support to assist in planning, monitoring, and controlling program development and/or progress
- ☐ Track, coordinate, facilitate, and evaluate program, project, and release activities and provide recommendations for VA decision-making as well as identifying/presenting ideas and approaches to solving program/project issues that have impacts to scope, cost, and schedule
- ☐ Implement agile process management and coordination
- ☐ Coordinate requirements elicitation, management, and analysis
- ☐ Facilitate meetings and internal communications
- ☐ Support research and analysis

- ☐ Provide lifecycle price/cost estimation
- ☐ Provide process improvement and workflow assessment evaluations
- ☐ Provide risk and change management
- ☐ Analyze performance and knowledge management
- ☐ Provide reporting and documentation
- ☐ Provide monitoring and governance
- ☐ Coordinate Internal and external stakeholder communications
- ☐ Support Authority to Operate (ATO) coordination and documentation development
- ☐ NONE OF THE ABOVE

16. Identify those tools below with which your company has experience:*

(select all that apply)

- ☐ CISCO Finesse System (CFS)
- ☐ Veterans Enterprise Management System (VEMS)
- ☐ Customer Relationship Management System (CRM)
- ☐ CERNER Electronic Health Records (EHR)
- ☐ None of the above
- ☐ Other, please specify

17. Which of the following are included in your company's Case Management service offerings:*

(select all that apply)

- ☐ Address Financial Needs
- ☐ Address Legal Needs
- ☐ Provide On-going Support Services
- ☐ Track Financial Progress
- ☐ Track Legal Needs
- ☐ Liaise between Client and Other Service Providers (i.e., other VA services, State services)
- ☐ Interrupted Follow-Up Services
- ☐ Reporting
- ☐ None of the above
- ☐ Other, please specify

18. Benefit administration of Financial and/or Lawyer Referral and Information Services includes a broad range of activities. Please identify those with which your firm has current or past experience:*

(select all that apply)

- ☐ Assisting caregivers in developing a plan to manage their own personal finances to include household budget planning (such as making a budget, learning to balance a checking account and learning to pay bills)
- ☐ Assisting caregivers in developing a plan to manage their own personal finances to include debt management (such as assistance establishing payment plans and credit counseling)
- ☐ Assisting caregivers in developing a plan to manage their own personal finances to include retirement planning (such as consulting on personal retirement plans, pension planning, and investment options)
- ☐ Assisting caregivers in developing a plan to manage their own personal finances to include insurance review and counseling (such as reviewing current insurance policies; and counseling on alternative insurance options to include health, automobile, life, or house insurance)
- ☐ Assisting caregivers in developing a plan to manage their own personal finances to include referrals to community resources for representation in matters not included
- ☐ Estate planning
- ☐ Advanced care planning
- ☐ Wills

- ☐ Trusts
- ☐ Designating a Power of Attorney (POA)
- ☐ Appointing a guardian for the eligible Veteran
- ☐ Assisting caregivers with information and legal referrals for Estate Planning
- ☐ Assisting caregivers with information and legal referrals for Advanced Care Planning
- ☐ Assisting caregivers with information and legal referrals for establishing and filing Wills
- ☐ Assisting caregivers with information and legal referrals for establishing and filing Trusts
- ☐ Assisting caregivers with information and legal referrals for establishing and filing as Power of Attorney (POA)
- ☐ Assisting caregivers with information and legal referrals for appointing a guardian for the eligible Veteran
- ☐ None of the above
- ☐ Other, please specify

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Financial Services

19. Which of the following services are included in your company's Financial Services portfolio:*

(select all that apply)

- ☐ Household budget planning (such as making a budget, learning to balance a checking account, and learning to pay bills)
- ☐ Debt Management (such as assistance establishing payment plans and credit counseling)
- ☐ Retirement planning (such as consulting on personal retirement plans, pension planning, and investment options)
- ☐ Insurance review and counseling (such as reviewing current insurance policies: and counseling on alternative insurance options to include health, automobile, life, or house insurance)
- ☐ Federal Tax preparation services
- ☐ State Tax preparation services
- ☐ Local Tax preparation services
- ☐ None of the above
- ☐ Other, please specify

20. What are the average qualifications of your company's Professional Financial Services Staff?*

(select all that apply)

- ☐ Associates Degree
- ☐ Bachelors
- ☐ Masters
- ☐ PhD
- ☐ None of the above
- ☐ Other, please specify

21. Please identify the typical industry/customer experience of your company's Professional Financial Services Staff?*

(select all that apply)

- ☐ Knowledge of concepts and regulations related to financial planning.
- ☐

Knowledge of economic and accounting principles and practices, financial markets, investments, and insurance based products.

- ☐ Knowledge of related technology, software planning tools and presentations
- ☐ Create financial plans and follow up with clients on recommended next steps
- ☐ Demonstrated ability to build a trusting relationship with your customer via telephone in an ongoing relationship-based environment
- ☐ Act as a liaison to insurance providers, estate planning attorneys and other financial professionals
- ☐ Analyze prospective client's current situation and present comprehensive recommendations
- ☐ Teaching Veterans and their caregivers to make informed decisions and to be aware of associated costs such as insurance, maintenance, fuel costs, etc.
- ☐ Teaching Veterans and their families how to save for emergencies, unanticipated contingencies, and both short and long-term goals.
- ☐ None of the above
- ☐ Other, please specify

22. What certifications does your company require of Financial Counselors?*

(select all that apply)

- ☐ Certified Financial Planners (CFP's)
- ☐ FINRA Series 7 Licensed
- ☐ FINRA Series 66 Licensed
- ☐ FINRA Series 65 Licensed
- ☐ FINRA Series 63 Licensed
- ☐ FINRA Series 6 Licensed
- ☐ Life, Health, and Variable Annuity License
- ☐ CPA
- ☐ Securities Industries Essentials (SIE) Exam
- ☐ Accredited Financial Counselor (AFC)
- ☐ Chartered Financial Consultant (ChFC)
- ☐ None of the above
- ☐ Other, please specify

23. Does your company require that Financial Counselors complete continuing educational requirements?*

- ☐ Yes
- ☐ No

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Legal Referrals and Services

24. Which of the following services are included in your company's Legal Referrals/Services portfolio:*

- ☐ Estate planning
- ☐ Advanced care planning
- ☐ Wills
- ☐ Trusts
- ☐ Designating a Power of Attorney (POA)

- ☐ Legal Guardian Appointment
- ☐ Basic high-level information/education for various legal areas (not legal advice)
- ☐ Referral for Legal Service Providers in a customer's local area
- ☐ None of the above
- ☐ Other, please specify

25. Does your company have an established network of licensed attorneys for its referral services?*

- ☐ Yes
- ☐ No

26. If your company does have an established network of lawyers, does that network include those that provide services pro bono?*

- ☐ Yes
- ☐ No

27. What education/certification does your company require of staff that provide Lawyer Referral and Information Services?*

(select all that apply)

- ☐ Juris Doctor (JD)
- ☐ Master of Laws (LLM)
- ☐ Doctor of Science of Law (JSD or SJD)
- ☐ Master of Legal Studies (MLS)
- ☐ Master of Science in Law (MSL)
- ☐ Legal Certificate Programs
- ☐ Associates Degree
- ☐ Bachelors
- ☐ Masters
- ☐ PhD
- ☐ Paralegal
- ☐ None of the above
- ☐ Other, please specify

28. What education/certification does your company require of Legal Advisors (ABA Lawyers)?*

(select all that apply)

- ☐ Juris Doctor (JD)
- ☐ Master of Laws (LLM)
- ☐ Doctor of Science of Law (JSD or SJD)
- ☐ Master of Legal Studies (MLS)
- ☐ Master of Science in Law (MSL)
- ☐ Legal Certificate Programs
- ☐ Successful Passage of State BAR Exam(s)
- ☐ None of the above
- ☐ Other, please specify

29. What additional qualities does your company require of staff that provide Lawyer Referral and Information Services?

*

(select all that apply)

- ☐ Knowledge of concepts and regulations related to legal planning.
- ☐ Knowledge of related technology, software planning tools and presentations
- ☐ Create legal plans and follow up with clients on recommended next steps
- ☐ Ability to help the client determine if the problem is truly of a legal nature by screening inquiries and referring the client to other service agencies when appropriate
- ☐ Ability to provide the client with an unbiased referral to an attorney who has experience in the area of law appropriate to the client's needs
- ☐ Demonstrate ability to build a trusting relationship with your customer via telephone in an ongoing relationship-based environment
- ☐ Work with a clients insurance providers and financial professionals to provide comprehensive support to Veterans and their caregivers
- ☐ Analyze prospective client's current situation and present comprehensive recommendations
- ☐ Assisting Veterans and their caregivers to make informed legal decisions
- ☐ None of the above
- ☐ Other, please specify

30. Does your company require and verify that lawyers in its referral network carry errors and omissions insurance?*

- ☐ Yes
- ☐ No

31. Does your company perform periodic client satisfaction surveys and take appropriate corrective actions when necessary? (e.g., removal of an attorney from the referral list that fails to provide the client with sound legal advice)*

- ☐ Yes
- ☐ No

32. Does your company have established subject matter panel(s) that determine the minimum eligibility requirements of attorneys to be included on its referral list?*

- ☐ Yes
- ☐ No

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Call Center - Client Service

33. Does your company have call center support staff with case management system experience?*

- ☐ Yes
- ☐ No

34. Please identify process steps that your company uses for client intake:*

(select all that apply)

- ☐ Record the client's details
- ☐ Confirm client eligibility
- ☐ Send client welcome information (via email or post)
- ☐ Ask client questions to determine needs

- ☐ Record client notes into a customer relationship management (CRM) tool
- ☐ Upload documentation into CRM tool
- ☐ Develop financial strategy offline to present to client
- ☐ Determine with client next steps and provide legal referral information
- ☐ None of the above
- ☐ Other, please specify

35. Identify the communication channels and other support offered by your company for contact center service:*

(select all that apply)

- ☐ Telephone
- ☐ Inbound E-mails (including web forms)
- ☐ Metrics Analysis and Reporting
- ☐ Customer Dashboard Metrics
- ☐ Web Chat
- ☐ Short Message Service (Text Messages)
- ☐ Walk-in Center
- ☐ Other, please specify

36. What language services, other than English, does your company's call center offer?*

(select all that apply)

- ☐ Spanish
- ☐ Chinese
- ☐ Tagalog (including Filipino)
- ☐ Vietnamese
- ☐ Arabic
- ☐ French
- ☐ Korean
- ☐ Other, please specify

37. What types of customer call center support services does your company provide?*

(select all that apply)

- ☐ Telephone support (24/7)
- ☐ Telephone support (weekdays, 8am - 6pm ET only)
- ☐ Email support (24/7)
- ☐ Email support (weekdays, 8am - 6pm ET only)
- ☐ Other, please specify

38. Identify what type of support your company's call center can manage:*

(select all that apply)

- ☐ Tier 1 - basic contact center support - e.g. password resets, set up initial assistance appointments, etc.
- ☐ Tier 2 - complex contact center support - e.g. assistance with financial/legal point of contact communications
- ☐ Other, please specify

39. Identify what type of support your company's call center can manage:

(select all that apply)

	Tier 1 Support	Tier 2 Support
< 1 month	<input type="checkbox"/>	<input type="checkbox"/>
1 month	<input type="checkbox"/>	<input type="checkbox"/>
2 months	<input type="checkbox"/>	<input type="checkbox"/>
3 months	<input type="checkbox"/>	<input type="checkbox"/>
4 months	<input type="checkbox"/>	<input type="checkbox"/>
> 4 months	<input type="checkbox"/>	<input type="checkbox"/>

40. On average, how many inbound calls can your company's call center manage per month?*

- ☐ < 1,000 contacts
☐ 1,000 - 2,500 contacts
☐ 2,501 - 3,500 contacts
☐ 3,501 - 4,500 contacts
☐ > 4,500 contacts

41. On average, how many inbound emails can your company's call center manage per month?*

- ☐ < 500 contacts
☐ 501 - 1,000 contacts
☐ 1,001 - 1,500 contacts
☐ 1,501 - 2,000 contacts
☐ 2,001 - 2,500 contacts
☐ 2,501 - 3,499 contacts
☐ > 3,500 contacts

42. Please identify the key performance measurements tracked by your company for call center activities:*

(select all that apply)

- ☐ Accuracy Rate
☐ Agency Busy Rate
☐ All Trunks Busy
☐ Average Talk Time
☐ Customer Satisfaction
☐ E-mail Turnaround Time
☐ Service Level
☐ Average Speed of Answer
☐ Abandonment Rate/Percentage
☐ First Contact Resolution Percentage
☐ Interactive Voice Response (IVR) System Resolution Rate/Percentage
☐ None of the above
☐ Other, please specify

43. Based on your company's most recent metrics, what has been your company's average agency busy rate?*

- ☐ 0%-20%
☐ 20%-40%
☐ 40%-60%
☐ 60%-80%
☐ 80%-100%
☐ Metric not tracked

44. Based on your company's most recent metrics, what has been your company's average all trunks busy rate?*

- ☐ 0%-20%
- ☐ 20%-40%
- ☐ 40%-60%
- ☐ 60%-80%
- ☐ 80%-100%
- ☐ Metric not tracked

45. Based on your company's most recent metrics, what has been your company's average call answer time?*

- ☐ < 15 seconds
- ☐ 15 to 20 seconds
- ☐ 21 to 30 seconds
- ☐ 31 to 40 seconds
- ☐ 41 to 45 seconds
- ☐ > 45 seconds
- ☐ Metric not tracked

46. Based on your company's most recent metrics, what has been your company's average call abandonment rate?*

- ☐ < 1%
- ☐ 1% - 1.5%
- ☐ 1.6% - 2%
- ☐ 2.5% - 3%
- ☐ > 3%
- ☐ Metric not tracked

47. Based on your company's most recent metrics, what has been your company's average email response time?*

- ☐ < 15 minutes
- ☐ 16 minutes - 30 minutes
- ☐ 31 minutes - 1 hour
- ☐ 1.1 hours - 3 hours
- ☐ 3.1 hours - 8 hours
- ☐ 8.1 hours - 24 hours
- ☐ > 24 hours
- ☐ Metric not tracked

48. How does your company measure caller/contact satisfaction:*

(select all that apply)

- ☐ Caller comments and feedback
- ☐ Customer satisfaction survey
- ☐ Quality assurance testing
- ☐ Focus groups
- ☐ Call monitoring
- ☐ Risk assessments
- ☐ Monthly incident review and contract performance indicators
- ☐ American customer satisfaction index survey
- ☐ None of the above
- ☐ Other, please specify

49. Does your company have a Continuity of Operations Plan (COOP) in place for its call center(s) support services?*

- ☐ Yes
☐ No

50. What is your company's average resolution rate for network connectivity issues?*

- ☐ 0 - 5 minutes
☐ 6 - 10 minutes
☐ 11 - 20 minutes
☐ 21 - 45 minutes
☐ 46 - 60 minutes
☐ > 1 hour
☐ N/A

51. What is your company's average response rate for system shutdown support?*

- ☐ 0-2 hours
☐ 3-4 hours
☐ 5-6 hours
☐ 7 hours +

52. Based on the average response rate, what does your company provide by means of redundancy to prevent long-term disruption in service?*

(select all that apply)

- ☐ Backup System with duplication
☐ Daily or weekly system maintenance scheduled
☐ 24/7 software/hardware specialists available to address critical malfunctions
☐ Other, please specify

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53. Is your company's staff and subcontractors able to pass the minimum Government investigation to receive National Agency Check with Inquiries (NACI) Tier 1 Personal Identity Verification (PIV) Credentials?*

- ☐ Yes
☐ No

54. Based on past experience, how much time has it taken your company to train financial and legal staff/sub-contractors on specific customer process requirements?*

- ☐ < 1 month
☐ 1 month
☐ 2 months
☐ 3 months
☐ 4 months
☐ 5 months
☐ 6 months
☐ > 6 months
☐ N/A

55. How many VA medical centers could your company support with financial and legal services benefits network provider support services?*

- ☐ 0
- ☐ 1 to 2
- ☐ 3 to 5
- ☐ 6 to 15
- ☐ 16 to 25
- ☐ 26 to 50
- ☐ 51 to 75
- ☐ 76 to 100
- ☐ 101 to 200
- ☐ > 200

56. How many FINANCIAL services benefits network providers does your company have that are within 100 miles of a VA facility?*

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 to 10
- ☐ 11 to 15
- ☐ 16 to 25
- ☐ 26 to 50
- ☐ 51 to 100
- ☐ 101 to 150
- ☐ 151 to 200
- ☐ 201 to 300
- ☐ More than 300 sites
- ☐ None

57. How many LEGAL services benefits network providers does your company have that are within 100 miles of a VA facility?*

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 to 10
- ☐ 11 to 15
- ☐ 16 to 25
- ☐ 26 to 50
- ☐ 51 to 100
- ☐ 101 to 150
- ☐ 151 to 200
- ☐ 201 to 300
- ☐ More than 300 sites
- ☐ None

58. What is the largest geographic area covered by your firm for this type of work?*

- ☐ Local availability only
☐ Within one State only
☐ Primarily within one state and its bordering states
☐ Regionally
☐ Nationally
☐ Nationally and US Territories

59. Indicate the states/territories in which your company has provided financial and legal services benefits network provider support services within the past 3 years:*

(select all that apply)

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Alabama (AL) | <input type="checkbox"/> Alaska (AK) | <input type="checkbox"/> Arizona (AZ) | <input type="checkbox"/> Arkansas (AR) | <input type="checkbox"/> California (CA) |
| <input type="checkbox"/> Colorado (CO) | <input type="checkbox"/> Connecticut (CT) | <input type="checkbox"/> Delaware (DE) | <input type="checkbox"/> District of Columbia (DC) | <input type="checkbox"/> Florida (FL) |
| <input type="checkbox"/> Georgia (GA) | <input type="checkbox"/> Hawaii (HI) | <input type="checkbox"/> Idaho (ID) | <input type="checkbox"/> Illinois (IL) | <input type="checkbox"/> Indiana (IN) |
| <input type="checkbox"/> Iowa (IA) | <input type="checkbox"/> Kansas (KS) | <input type="checkbox"/> Kentucky (KY) | <input type="checkbox"/> Louisiana (LA) | <input type="checkbox"/> Maine (ME) |
| <input type="checkbox"/> Maryland (MD) | <input type="checkbox"/> Massachusetts (MA) | <input type="checkbox"/> Michigan (MI) | <input type="checkbox"/> Minnesota (MN) | <input type="checkbox"/> Mississippi (MS) |
| <input type="checkbox"/> Missouri (MO) | <input type="checkbox"/> Montana (MT) | <input type="checkbox"/> Nebraska (NE) | <input type="checkbox"/> Nevada (NV) | <input type="checkbox"/> New Hampshire (NH) |
| <input type="checkbox"/> New Jersey (NJ) | <input type="checkbox"/> New Mexico (NM) | <input type="checkbox"/> New York (NY) | <input type="checkbox"/> North Carolina (NC) | <input type="checkbox"/> North Dakota (ND) |
| <input type="checkbox"/> Ohio (OH) | <input type="checkbox"/> Oklahoma (OK) | <input type="checkbox"/> Oregon (OR) | <input type="checkbox"/> Pennsylvania (PA) | <input type="checkbox"/> Rhode Island (RI) |
| <input type="checkbox"/> South Carolina (SC) | <input type="checkbox"/> South Dakota (SD) | <input type="checkbox"/> Tennessee (TN) | <input type="checkbox"/> Texas (TX) | <input type="checkbox"/> Utah (UT) |
| <input type="checkbox"/> Vermont (VT) | <input type="checkbox"/> Virginia (VA) | <input type="checkbox"/> Washington (WA) | <input type="checkbox"/> West Virginia (WV) | <input type="checkbox"/> Wisconsin (WI) |
| <input type="checkbox"/> Wyoming (WY) | <input type="checkbox"/> American Samoa (AS) | <input type="checkbox"/> Guam (GU) | <input type="checkbox"/> Northern Mariana Islands (MP) | <input type="checkbox"/> Puerto Rico (PR) |
| <input type="checkbox"/> Virgin Islands (VI) | | | | |

60. How many states can your company provide simultaneous financial and legal services benefits network provider support services either "alone" or with "teaming" partners?*

(provide one response per row; identify how many States/Territories your company can cover on its own, and then how many States/Territories your company can cover if it has at least one teaming agreement in place with another provider of these services)

	1-5 States	6-10 States	11-15 States	16-20 States	21-25 States	26-30 States	31-35 States	36-40 States	41-45 States	46-50 States
Alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaming Partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. On an annual basis, what is the total workload capacity that your firm could execute?*

- ☐ Up to \$50K
☐ \$51K to 100K
☐ \$101K to \$500K
☐ \$501K to \$1 M
☐ \$1.1 M to \$3 M
☐ \$3.1 M to \$5 M
☐ \$5.1 M to \$7.5 M
☐ \$7.6 M to \$10 M
☐ \$10 M to \$25 M
☐ \$25.1 M to \$50 M
☐ \$50.1 M to \$100 M
☐ > \$100 M

62. What percentage of your company's annual revenue is derived from Federal contract(s)?*

(both Prime and Subcontracts should be included in your total) (please provide best estimate available)

- ☐ < 10%
☐ 10%-20%
☐ 21%-33%
☐ 34%-50%
☐ > 50%
☐ Not Applicable - No Federal contract

63. How would your company best provide financial and legal services benefits network provider support service coverage for the VA if the contract would designate any of the following:

	Alone	Teaming Partner(s)
Local Service Area Only	<input type="radio"/>	<input type="radio"/>
Small Regional Service Area (1 to 3 connected States)	<input type="radio"/>	<input type="radio"/>
Mid-sized Regional Service Area (4 to 12 connected States)	<input type="radio"/>	<input type="radio"/>
Large Regional Service Area (13 to 25 connected States)	<input type="radio"/>	<input type="radio"/>
National Service Area (all Continental US States)	<input type="radio"/>	<input type="radio"/>

64. In what role would your company consider submitting a proposal for this type of work?

	Continental US	Outside Continental US
Prime Contractor	<input type="radio"/>	<input type="radio"/>
Teaming Arrangement	<input type="radio"/>	<input type="radio"/>
Approved Joint Venture	<input type="radio"/>	<input type="radio"/>
Subcontractor	<input type="radio"/>	<input type="radio"/>
Approved Mentor/Protégé Agreement	<input type="radio"/>	<input type="radio"/>
Not interested in bidding to support Caregivers Financial and Legal Support Services	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

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65. Contract awardees will be required to function as an integral team member in support of the VA mission and may be expected to share information with other VA contractors as well as cooperate with community and government entities; would this type of open collaboration approach deter your company from responding to an RFP for VA financial and legal services benefits network provider support services?*

- ☐ Yes
☐ No

66. Regarding VA personal and physical security requirements and processes:*

(select all that apply)

	Yes	No
Is your firm familiar with the personal security processes for VA facility access and protection of personal information?	<input type="radio"/>	<input type="radio"/>
In the past, has your company obtained security access for work within VA facility sites?	<input type="radio"/>	<input type="radio"/>

67. Based on the description of need in the draft PWS, how quickly could your company have a network of financial counselors, legal advisors, establish secure data transfer protocols with the VA, and have the call center established to manage this work?

(select all that apply)

	Trained	Operational
Capability available now	<input type="radio"/>	<input type="radio"/>
Within 30 days of contract award	<input type="radio"/>	<input type="radio"/>
Within 60 days of contract award	<input type="radio"/>	<input type="radio"/>
Within 90 days of contract award	<input type="radio"/>	<input type="radio"/>
Within 120 days of contract award	<input type="radio"/>	<input type="radio"/>
> 120 days after contract award	<input type="radio"/>	<input type="radio"/>
Cannot meet this requirement	<input type="radio"/>	<input type="radio"/>

68. Does your company have experience with applicable Federal and VA IT security and privacy policies, standards, regulations and statutes?*

(guidance and directives from the VA CIO's office is accessible to the public on the agency website: www.oit.va.gov)

- ☐ Yes
☐ No

69. If your company has experience coordinating data from disparate sources, how recent is that experience?*

- ☐ Current
☐ In last year
☐ Two years
☐ Three years
☐ Four years
☐ > Four years

70. Does your company have capacity to ensure secure file transfers?*

- ☐ Yes
☐ No

71. How does your company conduct internal quality assurance/ quality control?*

(Select all that apply)

- ☐ Pre-release peer review process
- ☐ Post-release peer review process
- ☐ File audits and reviews
- ☐ No corporate practice for company quality control
- ☐ Other, please specify

72. Identify those integration examples where your company has experience in the last 3 fiscal years:*

(Select all that apply)

- ☐ Integration with Contract management system
- ☐ Integration with EDI systems
- ☐ Integration with invoicing application
- ☐ Integration with internal procurement portal
- ☐ Integration with Point of Use software programming
- ☐ Integration with multiple product distribution platforms (includes bar-coding software, UPC coding, product assignment/ownership, etc.)
- ☐ Integration with MS Office productivity tools - upload/download into Excel
- ☐ Integration with supplier portals
- ☐ Integration with VA's ERP systems
- ☐ None of the above
- ☐ Other, please specify

73. Please identify those platforms where your company's CRM software solution is capable of integration while maintaining functionality and compatibility?*

- ☐ Mac OS
- ☐ Windows
- ☐ Interface
- ☐ Cerner Electronic Health Record Applications
- ☐ VEMS
- ☐ VistA
- ☐ Catamaran Software Solution
- ☐ HL7 Interface Experience
- ☐ MUMPS based Systems
- ☐ Commercial Off-the-Shelf Software (COTS), please specify

74. Based on the draft PWS, please provide some detail regarding if you believe there is sufficient detail and scoping information to enable the preparation of a competitive price proposal?*

75. Based on the draft PWS, what additional information must be included in a solicitation to enable the preparation of a competitive price proposal?*

76. Based on the draft PWS and industry standard practice, what are the primary cost drivers that must be factored into a competitive price proposal?*

77. Which of the following information is available in your company's current Capabilities Statement?*

- ☐ Company Overview
- ☐ CAGE Code
- ☐ Vets First Verification Logo
- ☐ Contact Information
- ☐ Core Capabilities
- ☐ NAICS Code
- ☐ List of Products/Services Offered
- ☐ Past Performance Project Descriptions/Narratives
- ☐ Certifications/Credentials Identified
- ☐ Current/Prior Business Partners
- ☐ Current/Prior Business Clients
- ☐ Company Web Address
- ☐ Socioeconomic Information
- ☐ Testimonials
- ☐ National Institute of Governmental Purchasing (NIGP) Codes
- ☐ Awards and Recognitions Listed
- ☐ Performance History Evaluations
- ☐ Contract Vehicles
- ☐ None of the above

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78. Company website address:*

79. Please identify those best practices that your firm has integrated into company standards:*

(select all that apply)

- ☐ Incorporation of proven commercial best practices
- ☐ Program Evaluation and Review Techniques (PERT)

- ☐ Risk management and mitigation
- ☐ Redundancy plan
- ☐ Quality assurance/quality control
- ☐ Standardized operating procedures
- ☐ None of the above
- ☐ Other, please specify

80. How does your company self-evaluate contract performance?*

(QA = Quality Assurance) (select all that apply)

- ☐ Customer interviews by corporate leadership or QA group
- ☐ Customer interviews by project leadership or QA group
- ☐ Customer questionnaires by corporate leadership or QA group
- ☐ Customer questionnaires by project leadership or QA group
- ☐ Guidance, procedures manuals, and Standard Operating Procedures (SOPs)
- ☐ Informal random spot-checks
- ☐ Internal project reviews, including financial and schedule milestones
- ☐ Internal work groups
- ☐ Performance work plans, guidance, and periodic meetings to set standards and evaluate performance
- ☐ Third-party service evaluation
- ☐ Training, coaching, and mentoring of staff
- ☐ Verification of compliance with project QA Plans or equivalent
- ☐ None of the above
- ☐ Other, please specify

81. Identify those areas that your company addresses through established on-going programs:*

- ☐ Additional licensure/certification for in-place staff
- ☐ Diversity subcontracting
- ☐ Ethics/core values training and audits
- ☐ ISO Certification
- ☐ Licensure/certification renewals or upgrades for in-place staff
- ☐ Limited-access site clearance
- ☐ Organizational conflict of interest awareness training
- ☐ Organizational conflict of interest mitigation
- ☐ Quality assurance/quality control
- ☐ Security and Compliance
- ☐ Staff advancement
- ☐ Staff retention
- ☐ None of the above
- ☐ Other, please specify

82. Would your company submit a proposal for a Caregivers Financial and Legal Support Services Request For Proposal?*

- ☐ Yes
- ☐ No

83. If your company would not be interested in submitting a bid for this work as a Firm-Fixed-Price contract, what contract type would your company suggest for this work that would encourage your company to submit a proposal?

*

84. We welcome your comments and suggestions on this topic:

Caregivers: Financial and Legal Services

85. How long did it take you to complete this FBO announcement response request?*

- ☐ 0-15 Minutes
- ☐ 16-30 Minutes
- ☐ 31-45 Minutes
- ☐ 46 Minutes – 1 Hour
- ☐ >1 Hour

86. If your company submitted a paper FBO announcement response in the past, approximately what amount of time did that take?*

- ☐ 0-15 minutes
- ☐ 16-30 minutes
- ☐ 31-45 minutes
- ☐ 46-60 minutes
- ☐ >1 hour
- ☐ >1 day
- ☐ >1 week
- ☐ No previous response via paper

87. How would your company prefer to submit your company's responses to FBO announcements?*

- ☐ Electronic Format (eRFI)
- ☐ Traditional Format

88. How likely do you think your company would be to response to more FBO requests if this electronic format became the standard request format?*

- ☐ Highly Likely
- ☐ Likely
- ☐ Unchanged Response Level
- ☐ Unlikely
- ☐ Highly Unlikely

89.

If there is some other method by which your company would prefer to submit FBO announcement responses, please specify here:

FOR REVIEW ONLY