FedBizOpps

**Sources Sought Notice**

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**CLASSIFICATION CODE**

**SUBJECT**

**CONTRACTING OFFICE'S**

**ZIP-CODE**

**SOLICITATION NUMBER**

**RESPONSE DATE (MM-DD-YYYY)**

**ARCHIVE**

**DAYS AFTER THE RESPONSE DATE**

**RECOVERY ACT FUNDS**

**SET-ASIDE**

**NAICS CODE**

**CONTRACTING OFFICE**

**ADDRESS**

**POINT OF CONTACT**

(POC Information Automatically Filled from

User Profile Unless Entered)

**DESCRIPTION**

**See Attachment**

**AGENCY'S URL**

**URL DESCRIPTION**

**AGENCY CONTACT'S EMAIL**

**ADDRESS**

**EMAIL DESCRIPTION**

**ADDRESS**

**POSTAL CODE**

**COUNTRY**

**ADDITIONAL INFORMATION**

**GENERAL INFORMATION**

**PLACE OF PERFORMANCE**

**\* = Required Field**

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Rev. March 2010

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612-19-3-085-0014 replaces 612-19-1-085-0003 Resubmitting

Base + 4 OPTION YEARS - Bi-BETT residential substance abuse

treatment is (VA-19-00009187)

95652-2609

36C26119Q0131

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624229

Department of Veterans Affairs

VA Sierra Pacific Network (VISN 21)

VA Northern California HealthCare System

5342 Dudley Blvd, Bldg 209

McClellan CA 95652-2609

Bruce Lundvall

bruce.lundvall@va.gov

VA Northern California HealthCare System

bruce.lundvall@va.gov

bruce.lundvall@va.gov

**SOURCES SOUGHT NOTICE**

**DEPARTMENT OF VETERAN AFFAIRS NORTHERN CALIFORNIA**

**VA MEDICAL CENTER (VASFMC)**

Description of Services: The Contractor shall provide described in the Statement Work Statement (SOW) included herein

Estimated Period of Performance: April 01, 2019 – April 01, 2024

NAICS Code: 624229

Response Date: January 11, 2019

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

Only firms interested and capable should send their information and capability statement and any questions by email to Bruce Lundvall at bruce.lundvall@va.gov no later than 12:00pm Pacific Standard Time, January 11, 2019. Information should include all the following:

Name of Company

Company Website

Address of Company

Capability Statement and copy of business license and insurance

CLIA and/or CAP accreditations

Interface & Data Management Capability

Implementation/Transition Timeframe

Testing capabilities

Previous contracts

Licenses

POC Name

Phone

References

DUNS number

VIP (if applicable)

Small Business Size

NAICS code

Socioeconomic Status

**VA Northern California Health Care System**

**Mental Health Product Line**

**SUD Residential Treatment Contract**

**PWS**

1. **PURPOSE**

Addiction Recovery Treatment Services (ARTS) at VA Northern California Health Care System (VANCHCS) requires contractors to provide residential treatment services as part of the overall continuum of care for Veterans with substance use disorders (SUD). The goal of ARTS is to assist Veterans with substance use disorders in their recovery efforts to live a life free of addiction. ARTS provides a full spectrum of care from outpatient to intensive outpatient to transitional living (clean and sober living environments) to intensive residential services. Intensive SUD residential services are residential environments with sufficient supportive and specialty treatment services to meet Veteran needs and ultimately, facilitate recovery and improvement of their overall health status. Contractor must be licensed by the State of California. These veterans may present with a serious mental illness, chronic health conditions or past legal problems in addition to addiction.

1. **BACKGROUND**

Through ARTS, VA provides assessment, case management and treatment services to Veterans and facilitates their access to a broad range of medical, mental health, and rehabilitative services provided by the VA. The purpose of this solicitation is to obtain offers from Contractors within the VANCHCS catchment that can provide SUD treatment and recovery services to Veterans. Providers in VANCHCS identify Veterans requiring this level of care using the American Society of Addiction Medicine’s (ASAM) Patient Placement guidelines. The Contractor will be required to provide a therapeutic and recovery- oriented milieu and attendant services targeting the underlying contributors to presenting substance use disorders that impacting veteran stability, mental health and at times housing status. Contractors shall not be required to provide detoxification or other hospital level treatment or services.

1. **REQUIRED SERVICES**

**1) STANDARD AMENITIES & DIRECT SERVICES**: The contractor shall furnish each Veteran referred for care under this contract with the following standard services:

1. **ROOM & BOARD**: Room and Board shall be accessible to the Veteran ***7 days a week and 24 hours per day***. Accomodations will include a bed and linens (towels and bed sheets), as well as other furnishings such as a dresser or other means of secure storage. At least three nutritious meals, 7 days a week will be provided for Veterans. Suitable alternative meal options must be made available to reasonably accommodate those with special, medically required dietary restrictions. In addition, nutritious snacks of nourishing quality (e.g. fruits), should be available between meals and before bedtime for those requiring or desiring additional food, when it is not medically contraindicated. There will not be more than a 14 hour span between evening meal and breakfast of the following day. Food shall be prepared, served and stored under sanitary conditions. The facility may 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.
2. **LAUNDRY**: Laundry facilities or service must be available at no cost for residents to tend to their laundry needs.
3. **DIRECT SERVICES**: The following are the minimum direct services which the Contractor will be expected to furnish to Veterans admitted to the program. The contractor shall comply with the principles listed in 38 CFR 17.707(b) to provide housing and supportive services in a manner that is free from religious discrimination. Direct services will be monitored as denoted in the QASP on regular basis.
   1. **Care Planning:** The program will engage the veteran in a collaborative assessment of needs, including barriers to recovery goals, and create an initial written care plan to begin addressing those concerns within 72 hours of program admission. Special attention will be taken to address Veterans flagged for High Risk Safety issues (HRS). Care plans for Veterans identified during the admission eligibility authorization review with HRS concerns should be completed in collaboration with VA Staff.
   2. **Recovery:** The program environment should be conducive to positive social interaction and the fullest development of the Veteran’s rehabilitative potential. The Contractor is expected to support the Veteran in gaining and applying knowledge of the recovery process, and to provide individual and group sessions focusing specifically on the treatment of substance use disorders, as well as providing other supports as needed to facilitate progress in the individual’s overall recovery effort.
   3. **Medication Management:** Medications and narcotics shall be properly stored, controlled, issued and recorded in compliance with physician orders. Contractor shall submit their plan to ensure safe and effective management of medications within the facility as an element of their proposal in response to this solicitation.
   4. **Case Management**: Individual case management and/or professional counseling efforts are expected to flow from the initial written care plan. At a minimum, Veterans are expected to engage in individual case management/counseling meetings three or more times per month. Case management and/or counseling are expected to be substantive work focusing on the needs identified during the initial assessment and care planning process. Progress notes documenting case management/counseling activities should demonstrate, at a minimum, consistent focus on substance use disorders, and engagement in physical and mental health care services. Other areas of focus may include self-care, adaptive coping strategies, financial/budget planning, and employment preparation if indicated.
   5. **Treatment**: A comprehensive and cohesive approach to treatment should be provided and tailored to the individual needs of the Veteran served. Interventions should be grounded in current evidenced-based approaches which might include (but are not limited to) motivational enhancement/interviewing, cognitive based interventions, MATRIX and 12 step recovery models.
   6. **Group Activities:** Structured group activities should be available to Veterans admitted to the program. At a minimum, Veterans should plan to attend five or more such activities per week. Examples of appropriate group activities include: group therapy (Cognitive Behavioral, Motivational Interviewing), relapse prevention, life skills training, social skills training, Alcoholics Anonymous, Narcotics Anonymous, vocational counseling, financial planning, and housing search groups. .
   7. **Discharge Planning**: Developing an effective after-care plan and promoting of ongoing recovery efforts will be the discharge goal for every Veteran. The program is expected to assist with the formulation of an initial discharge plan within five days of admission. The plan should clearly identify objectives and tasks, including dates for completion of each, and should be updated on an ongoing basis throughout the episode of care to accurately reflect progress. The final discharge plan should specifically list what services (through VA or other agencies) the Veteran will engage in upon leaving the contracted program.
   8. **VA Coordination:** The Contractor is expected to collaborate regularly with the identified VA Mental Health Treatment Coordinator (MHTC) and other VA providers as necessary to ensure proper coordination of care, services, and resources for the benefit of individual Veterans, and the program in general.
   9. **Transportation:** The Contractor shall support the Veterans with finding solutions for their local transportation needs (e.g. to scheduled meetings, appointments, etc.) At a minimum, the Contractor will be expected to help the Veteran by providing information and instructions necessary to enable Veterans to utilize public transportation. If VA or contractor staff determines that adequate public transportation is not available or appropriate for a Veteran, the Contractor shall engage Veteran in problem solving effort to identify and utilize alternative methods of transportation.
4. **ADMINISTRATIVE FUNCTION & PROCEDURES**

**Period of Performance:**

**Base Year: 4/1/19 – 9/30/19**

**Option Year 1: 10/1/19 – 9/30/20**

**Option Year 2: 10/1/20 – 9/30/21**

**Option Year 3: 10/1/21 – 9/30/22**

**Option Year 4: 10/1/22 – 9/30/23**

**1) COMMUNICATIONS:** Contractor is expected to have a reliable, working phone line for VA inquiries. Messages left for the program by VA Staff are expected to be returned as soon as possible during normal business hours Monday through Friday. This includes calls from VA proper or the Liaison to the program. Written correspondence, such as eligibility authorizations, extension requests, incident reports, and discharge reports shall be promptly delivered as denoted in their respective sections below. The program may also be asked to provide evidence of completion of substance use disorder treatment in order to satisfy requirements for Veterans court-ordered to complete such treatment.

**2) ADMISSIONS:** It is understood that the type of Veterans to be cared for under this contract will require services over and above the level of room and board. To be eligible for placement in residential SUD contract beds, all Veterans must be assessed and referred by VA NCHCS ARTS staff and be eligible and ***registered*** for VA services.

The initial referral period for a Veteran is typically 30 days, depending upon the needs of the Veteran as mutually determined by the Veteran, the Contractor’s staff, and VA MHTC and ARTS Program Director or Designee. An extension of the initial referral period, up to no greater than 90 days, may be authorized by the VA ARTS Program Director or Designee provided that there is clear clinical indication using ASAM criteria and available funds. All service periods must be authorized in Veterans electronic medical record by Program Director or Designee and communicated to the COR via additional signer for tracking purposes.

The VA is responsible for determining eligibility of Veterans prior to admission to Contractor bed for services. A Release of Information (ROI) should be obtained from the Veteran and written authorization from VA Staff is required (hard copy, or fax are acceptable) and shall be provided to the Contractor for each Veteran referred for services under the contract. If there is an urgent need to admit a Veteran and VA Staff are not available to provide a written approval in a timely manner, verbal authorization will be acceptable, provided written evidence of authorization is obtained at the next feasible juncture. No admissions at VA expense can occur without written/verbal approval. For the Contractor to receive payment for any services provided, the admission must be coordinated by VA staff (i.e. Veterans may not by-pass referral from VA providers and self-refer). Written documentation of eligibility verification, signed by an authorized VA Staff, shall be obtained by the Contractor as soon as possible for each Veteran referred for services under the contract for inclusion in the Veterans program file. Compliance with the procedures described above will be monitored regularly as denoted in the QASP.

A list of VA Staff authorized to approve admissions under the contract shall be provided to the Contractor upon award of the contract. VA Staff may be added or deleted from the list during the term of the contract at the discretion of VA. The Contractor shall be provided an updated list of authorized VA Staff whenever such changes are made.

It is understood that payment for services provided beyond the initial authorized service period may not be authorized, unless an extension is approved ***in writing*** by the VA.

**3) DOCUMENTATION:** An individual case record will be created for each referred Veteran. Case records must be maintained in security and confidence. The C&A requirements do not apply, and that a Security Accreditation Package is not required.

Individual case records shall include:

1. Reasons for referral.
2. All essential identifying data relevant to the resident and his/her family
   1. including a socio-cultural assessment, weekly progress reports or notes, and
   2. documentation of any case management interventions or patient care conferences.
3. Copies of any medical prescriptions issued by physicians, including orders,
   1. if any, for medications to be taken.
4. Case management notes including Care Plan with attendant goals and
   1. documented activity indicating Veteran and Case Manager are actively working on
   2. identified goals, including formulation of plans for sustained recovery efforts
   3. and discharge.
5. Final summaries on each resident who leaves the program, to include reasons for leaving, the resident’s future plans, and follow-up locator information.
6. Extension approval(s) if applicable.

**4) ABSENCES AND CANCELLATION:** The contractor shall notify the VA of any unauthorized absence of a Veteran admitted to the Contractor’s facility. Should a Veteran absent himself/herself from the Contractor’s facility in an unauthorized manner, payment for services for that Veteran may only be continued for a maximum period of 24 hours if the bed is held, provided there is an active outreach attempt on the part of the Contractor’s staff to return the Veteran to the facility and there is a reasonable belief that the Veteran will return. If there is no reason to believe the Veteran will return, or 24 hours have passed with no further contact from the Veteran, that Veteran should be discharged from the program. Absences of any Veteran from the facility in excess of 24 hours will not be reimbursable. Authorized, or “excused” absences shall be permitted, at the discretion of the Contractor, for a period of up to 14 days if necessary, however, it is understood that no further payment will be authorized beyond the initial 24 hours of such an absence.

**6) CRITICAL INCIDENT REPORTING & EMERGENCY RESPONSE:** The contractor shall notify the VA immediately when any adverse critical incident involving a Veteran admitted to the program occurs. The identified VA Liaison (typically MHTC), ARTS Program Director or Designee, or COR should be contacted immediately by phone to report such an incident (M-F 8am to 4:30pm); if the incident occurs outside these hours, contact is made as soon as possible by telephone within those hours. A written report to the VA Liaison and/or COR should follow within 24 hours. Contractor shall maintain a copy of all critical incident reports in the involved Veteran’s record.

Below is a list of Critical Incidents that are required to be reported:

1. Falls, Slips or Trips (including on ice or snow)
2. Assault (to Veteran or Staff)
3. Elderly/Dependent Adult Abuse or Neglect
4. Sexual Assault
5. Fire (Veteran Involved)
6. Medical Emergency (911 Calls)
7. Hospitalization
8. Suicide or Suicide Attempt
9. Homicide
10. Death
11. Infection Control (Bed Bugs, TB exposure, etc.)
12. Use of any psychoactive substances
13. Observation/ Possession of Weapons
14. If Medications are Lost, Stolen or Mis-Used.

In the event of a medical or psychiatric emergency, it is agreed that every effort will be made to facilitate Veteran access to local VA Medical Center for care. If a VA Medical Center is not available in the vicinity or is otherwise inconveniently located, the Contractor will advise the VA Liaison or ARTS Program Director or Designee of the facility to which the Veteran has been admitted. The Contractor will also be expected to assist Veteran’s requiring non-urgent services with accessing appropriate care from a VA or community facility, as appropriate.

**7) DISCHARGES**: The Program is expected to assist with the formulation of an initial discharge plan within five days, that includes identified objectives and target dates for task completion(s), and for which progress shall be evaluated and documented on an ongoing basis for the duration of the veteran’s admission.

At the time of discharge, whether planned or unplanned, the program will follow the appropriate procedure for handling and documenting Veteran discharges. This includes: notifying the identified VA MHTC or designee within 24 business hours that a discharge has occurred. A written report of the discharge that contains follow up contact information for the veteran, a summary of goals completed/not completed, should be submitted to VA MHTC or designee within 48 business hours of discharge.

**8) CONTRACTOR PERSONNEL:** The contractor is shall have sufficient personnel to carry out all of the policies, procedures, and duties required for service delivery and administrative oversight.

The Contractor must identify each person functioning as “Key Personnel” under this contract, and provide to the VA a description of the services to be provided by such person, together with a resume summarizing that person’s relevant skills, experience and where applicable, licensure or certification. Key personnel should be considered anyone in the service delivery line who will provide direct services to veterans, as well as the administrative staff charged with overseeing those services. This information should be submitted with any formal proposal packages in response to this solicitation. Additionally, back up personnel are to be identified for the case that key personnel cannot be reached.

The VA reserves the right to refuse or revoke acceptance of key personnel and request alternatives if personal or professional conduct, or lack of required skills or experience, jeopardizes patient care or interferes with the regular and ordinary operation of the facility.

Once work has begun under this contract, Contractor personnel shall be expected to treat referred Veterans with dignity and respect and abides by standards of conduct mirroring those prescribed by current federal personnel regulations.

Temporary substitutions of key personnel shall be permitted in accordance with the Contractor’s contingency plan. The Contractor’s contingency plan to be utilized if personnel leave Contractor’s employment or are unable to continue performance in accordance with the terms and conditions of the resulting contract should also be submitted as part of the proposal package in response to this solicitation.

1. **FACILITY**

**1) GENERAL REQUIREMENTS:** 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:

1. Have a current occupancy permit issued by the local and state governments in the jurisdiction where the facility is located.
2. Be in compliance with existing standards of State safety codes and local, and/or State health and sanitation codes.
3. Meet the requirements of the Americans with Disabilities Act (ADA) pertaining to handicapped accessibility in effect on the date of contract award.
4. Be licensed under State or local authority.
5. Where applicable, be accredited by the State or other recognized accrediting body (Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF)).
6. Be equipped with operational air conditioning /heating systems
7. Be kept clean free of dirt, grime, mold, or other hazardous substances and damaged noticeably detract from the overall appearance
8. Be equipped with first aid equipment and written disaster plan that is written in coordination with local emergency response unit.
9. Have an aggressive on-going plan to address bed bug infestation. This policy must be a part of your written response to this solicitation. On-going bed bug infestation will be grounds for immediate discharge of Veterans from the facility

The contractor facility must meet fire safety requirements, as follows:

1. 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 VASNHCS Director
2. Fire exit drills must be held at least monthly. 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.  
   A written policy regarding tobacco smoking in the facility shall be established and enforced.
3. Portable fire extinguishers shall be installed at the facility. Use NFPA 10, Portable Fire Extinguishers, as guidance in selection and location requirements of extingushers.  
   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.

**2)** **INSPECTION:** Prior to the award of any contract and annually thereafter during any subsequent contracted performance periods, a multidisciplinary VA team consisting of an ARTS Clinician, dietitian or nutrition and food service professional, VA Police, and a Safety and Occupational Health Specialist, as well as any other subject matter experts determined necessary by the medical center director, COR, ARTS Program Director, shall conduct a survey of the Contractor’s facilities to be used to provide Veterans food, shelter, and clinical services to assure the facility provides acceptable level quality care in a safe environment. Additional inspections may also be carried out, announced or unannounced at any other time as deemed necessary by VA.

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 amount of 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 the reasonable time provided will be reported to the VA Contracting Officer. If corrections are not made to the satisfaction of the VA, the Contracting Officer will be notified, and shall be the final arbiter on the necessary resulting consequences and action.

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

1. General observation of residents to determine if they maintain an acceptable level of personal hygiene and grooming.
2. Assessment of whether the facility meets applicable fire, safety and sanitation standards.
3. Determining whether the facility is in attractive surroundings conducive to social interaction and the fullest development of the resident's rehabilitative potential.
4. 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.
5. 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.
6. Observation of staff behavior and interaction with residents to determine if they convey an attitude of genuine concern and caring.
7. 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.
8. Making a spot check of Veterans’ records to ensure accuracy with respect to Veterans’ length of stay and services provided to the Veterans.

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

1. **QUALITY ASSURANCE SURVEILLANCE**

The contractor shall provide the COR with a written report detailing program activities on a quarterly basis in accordance with the QASP. The report should contain, at minimum, the following information:

1. Total Number of Veterans Served
2. Discharge Outcomes (e.g. # or % of veterans discharged to VA follow-up care vs those not.)
3. Data from QASP Compliance Tool
4. Other pertinent information, such as: quality improvement projects, changes in staffing or business practices, systems or resource concerns, etc.

These reports, along with all other identified QASP performance standards, shall be reviewed with the Contractor quarterly by the COR, or designee, and maintained in the contract administrative file.

The Contractor is expected to prepare a separate, annual report, summarizing program data over the past year of performance, for submission to the VA Liaison at the time of the annual clinical inspection.

See attachment: QASP