

July 13, 2000

REQUEST FOR PROPOSALS FOR PILOT PROGRAM IN ASSISTED LIVING

1. PURPOSE. This Veterans Health Administration (VHA) Notice announces the opportunity for VHA organizational elements to compete for funding to carry out a Pilot Program for the purpose of determining the feasibility and practicability of enabling eligible veterans to secure needed assisted living services as an alternative to nursing home care. This notice represents a mechanism for soliciting and supporting a Pilot Program in assisted living in order to develop and evaluate such a Pilot Program that, if shown to enhance the quality or productivity of the health care VHA provides, might be replicated beyond the demonstration site(s).

2. BACKGROUND. The Acting Under Secretary for Health recently approved a proposal for a task force to coordinate the implementation of the long-term care (LTC) provisions of Public Law (Pub. L.) 106-117, The Veterans Millennium Health Care and Benefits Act. A Pilot Program to determine the feasibility and practicability of enabling eligible veterans to secure needed assisted living is authorized in Pub. L. 106-117, Section 103.

3. ACTION. This Pilot Program shall be carried out in a designated health care region of VHA as selected by the Secretary of Veterans Affairs. For the purposes of this RFP, we are defining the term region to mean a VHA Network, a portion of a Network, or two or more Networks working in partnership. The proposal must outline a plan for collecting required data and for working cooperatively with the Health Services Research and Development (HSR&D) Center for Excellence. The proposal may recommend additional measures useful for evaluation of the pilot. *NOTE: The health care region awarded this Pilot Program is encouraged to implement the Assisted Living Pilot Program at multiple sites within their region.*

4. FUNDING AND DURATION OF PROGRAMS

a. **Funding.** VHA Office of Geriatrics and Extended Care Strategic Healthcare Group (SHG) will accept proposals requesting funding for a Pilot Program in Assisted Living. Proposals must be submitted by September 22, 2000. Up to \$6,000,000 annually is proposed for the Pilot Program and evaluation.

b. **Duration.** Proposals are expected to include requests limited to 36 months of funding for the Pilot Program. The authority of the Secretary of Veterans Affairs to provide services under the Pilot Program shall cease on the date that is 3 years after the date of the commencement of the Pilot Program.

c. **Reports.** Reports from the awarded Pilot Program are due to the Office of Geriatrics and Extended Care SHG annually and at other specified intervals as outlined in paragraph 9.

5. REQUIREMENTS

a. **Letter of Intent (LOI).** A LOI to submit a proposal(s) should be faxed to Ms. Jackie Holmes, Geriatrics and Extended Care SHG (114), at (202) 273-9131 by July 31, 2000. Information should include: Veterans Integrated Service Network (VISN) and/or VA facility(s) within the VISN planning to submit a proposal, the model or models to be piloted, and the name, title, telephone number and e-mail address of the person coordinating the proposal submission.

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b. **Origination, Required Coordination, and Approvals.** Proposals will only be accepted from the Department of Veterans Affairs (VA) health care regions that are able to show evidence that assisted living facilities are licensed or certified by the State and where Health Care Financing Administration (HCFA) and/or Medicaid waivers are granted to fund such programs. Proposals may originate from any organizational level or location within VHA and are to be coordinated and approved by appropriate facility leadership and the Network Director. Applications may involve more than one site, but leadership must be located clearly at one specific site. Proposals must be coordinated among parties with significant programmatic or implementation interests, including the appropriate facility clinical leadership, facility Director(s), and Network Director. **NOTE:** *Applicants are encouraged to consult with other stakeholders such as Veteran Service Organizations.*

c. **Scope of Pilot Program.** The Pilot Program must provide, through contracts with appropriate facilities within the region where the program is carried out, a period of up to six months of assisted living services per individual on behalf of eligible veterans. For purposes of the Pilot Program, “assisted living services” are defined as services in a facility that provides room and board and personal care for and supervision of residents as necessary for the health, safety, and welfare of residents. The Pilot Program is to ensure that the required data collection and reporting are completed for the Pilot Program participants and a comparison group of veterans not receiving services as part of the Pilot Program.

d. **Eligibility for Pilot Program Participation.** A veteran is an eligible veteran for participation in this Pilot Program if the veteran:

(1) Is eligible for placement assistance by the Secretary of Veterans Affairs under of Title 38, United States Code (U.S.C.) Section 1730(a); and

(2) Is unable to manage routine activities of daily living without supervision and assistance as functionally defined by the Medicaid waiver program established within the Pilot Program health care region; and

(3) Is reasonably expected to receive ongoing services after the end of the contract period through enrollment in another Government program or through other means.

e. **Standards.** Contracts for assisted living placements shall be made only with facilities that meet the standards established in regulations prescribed under 38 U.S.C. 1730.

f. **Program Evaluation.** The Pilot Program evaluation will be conducted by an HSR&D Center of Excellence designated by the Under Secretary for Health. The health care region awarded the Pilot Program is to cooperate with the designated HSR&D Center in the design of the pilot evaluation, and is responsible for the collection of required data, as identified by the center.

g. **Co-Payments.** Pilot Program participants are not subject to co-payments for their participation in this Pilot Program. **NOTE:** *When co-payment regulations are finalized, VA is authorized to provide assisted living services only under this legislation which does not require co-payments.*

6. PROPOSAL CONTENT. Proposals are to contain the following information in indicated order and are to be no greater than 15 pages in length (excluding abstract, table of contents, transmittal letter, and any letters of support). Proposals should be typed on standard-sized (8-½ by 11 inch) white paper, single-spaced, with a font size no smaller than 12 characters per inch.

a. **Abstract.** The first page of the proposal should be an abstract of the overall proposal; page numbered "i." The abstract should not exceed one page. It should include the following information in the format and order specified:

(1) Program identification, to include name of VHA organizational entity directing the proposed Pilot Program.

(2) Brief program description articulating the primary objectives of the proposal. Describe the health care region (unique characteristics, system readiness for the pilot, etc.) in which the Pilot Program is proposed to be carried out. Briefly note the key elements of the proposed Pilot Program and identify proposed key methods of program evaluation.

(3) Total projected cost listed at the bottom of the abstract.

b. **Table of Contents.** This is to be page number "ii." List all sections of the proposal (including all appendices) and the initial page number for each section.

c. **Proposal Narrative.** The narrative should include the following sections:

(1) **Objectives.** Articulate the goals and/or objectives of the proposed Pilot Program in Assisted Living.

(2) **Health Care Region Description and Capability.** Summarize the demographic characteristics of the region, the facilities and/or sites that would be involved, general characteristics of the population to be served, and how this Pilot Program fits within the overall continuum of care offered within the region. Describe the HCFA-Medicaid Waiver program to fund assisted living services within the State(s) in the proposed Pilot Program region.

(3) **Description of Specifics.** Address the following in detail:

(a) Delineation of the Pilot Program implementation activities, plans, timeline, and milestones;

(b) Description of the role of each member of the Pilot Program team (including evaluation personnel) and how coordination will be accomplished;

(c) Description of the availability and sustainability of assisted living placement options and the scope of services provided, including at least the following:

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1. Individualized assessments that match State and Federal requirements;
2. Adequate space and privacy;
3. Personal care services;
4. Medical oversight;
5. Access to emergency services;
6. Social and religious activities;
7. A range of services that promote the quality of life and independence of the individual;
and
8. Transportation.

***NOTE:** The VHA health care region may contract with State Veterans Homes that are able to provide these services.*

- (d) Description of the applicant's experience in implementing like programs;
- (e) Description of the plan for transition of the veteran to an alternate payment source for assisted living services in order to assure continued care at the appropriate level upon discontinuation of the veteran's enrollment in the Pilot Program;
- (f) Delineation of the process for identification, enrollment, and continued assessment of the pilot participants;
- (g) Delineation of the process for identification of comparable veterans not receiving care through the Pilot Program;
- (h) Description of methods, instruments and reporting processes to ensure required data collection.

(4) **Coordination.** Describe which VA and other program resources that have been involved in developing and/or reviewing the proposal, and which are in support of the proposal. Reference appended letters of support where appropriate. ***NOTE:** Letters of support from elected officials or potential vendors are not to be solicited nor submitted.*

d. **Program Evaluation.** The health care region awarded the Pilot Program is to work cooperatively with the designated HSR&D Center for Excellence in development and implementation of explicit mechanisms for evaluating the Assisted Living Pilot Program. Minimally, the evaluation must address the following:

- (1) Names of participants and dates of participation;

(2) Institutional care utilization data among participants and a designated comparison group; (Make-up of the comparison group will be determined in collaboration with the HSR&D Center for Excellence designated by the Under Secretary for Health.)

(3) Veteran satisfaction;

(4) Satisfaction of the assisted living provider(s);

(5) Costs, both contractual and VHA Full-Time Employee Equivalent (FTEE);

(6) Functional status measures (must be standardized at all sites of the implemented Pilot Program);

(7) List of assisted living facilities licensed and/or certified in service area;

(8) Description of the implementation and operation of the Pilot Program.

e. **Resource and Workload Plan.** The proposal must comprehensively present the requested budget and proposed workload (number of veterans to be served) for the Pilot Program, differentiating clearly the types of expenditures (e.g., FTEE, equipment and/or supplies, direct service and/or contract expenses, evaluation activities, etc.), timing of expenditures (e.g., start-up only versus annual commitment), and workload goals over the duration of the Pilot Program. This plan should explicate cost sharing (in cash or in-kind) committed to the Pilot Program by the health care region including evidence of facility and/or Network support in provision of space, equipment, technology, personnel, and other resources needed to adequately support the program.

f. **Appendices.** Appendices may only include:

(1) **Transmittal Letter.** A transmittal letter approved and signed by the VISN Director and facility Director(s). This letter is to articulate support for the program. **NOTE:** *Any proposal without a signed letter of support from the VISN Director where the pilot is planned, will be returned without review.*

(2) **Letters of Support.** Letters of support (e.g., from important program participants and/or consultants). **NOTE:** *Letters of support from elected officials or potential vendors are not to be solicited nor submitted.*

7. PROPOSAL SUBMISSION. An unbound original and 12 copies of each proposal are to be submitted by September 22, 2000, to:

Chief Consultant, Geriatrics & Extended Care SHG (114)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

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8. PROPOSAL REVIEW PROCESS

a. **Review Committee.** A committee of both field and VHA headquarters personnel, reflecting appropriate subject matter expertise and knowledge of the VHA health care system, will be selected to review applications. Reviewers generally will be asked to review all criteria, but selected reviewers will emphasize issues identified in parentheses. The Office of Finance will review all the financial sections of all the proposals, and the Chief Network Officer representative will review all proposals in terms of potential individual and across-Network contribution. The Chief Consultant, Geriatrics and Extended Care SHG, or designee, will chair the review committee. The committee consists of representatives from the:

- (1) Office of Chief Consultant Geriatrics & Extended Care SHG (clinical aspects);
- (2) Office of Policy and Planning (linkage to current planning activities);
- (3) Field facilities, including domiciliaries;
- (4) Office of Research and Development (state of the art and/or science in the area);
- (5) Office of Finance (finance and budget);
- (6) Office of the Chief Network Officer (coordination with the specific Network and overall Network plans);
- (7) External reviewers (e.g. members from Geriatrics and Gerontology Advisory Committee, community assisted living programs, etc.).

b. **Review Criteria.** Proposals are expected, at a minimum, to be responsive to this announcement with a complete, clear, and well-organized proposal. Proposal review criteria will emphasize:

- (1) Significance, originality, and appropriateness of objectives in terms of implementing the Pilot Program in accordance with Pub. L. 106-117;
- (2) The quality and feasibility of specific Pilot Programs; consideration of this issue includes:
 - (a) How well Pilot Program is defined;
 - (b) Evidence of comprehensiveness of services to be provided;
 - (c) Evidence of appropriate coordination and collaboration;
 - (d) Evidence of appropriate integration within the existing continuum of care;
 - (e) Evidence of facility and/or Network interest; and

(f) Rationale supporting the possibility for the Pilot Program meeting articulated goals and/or objectives.

(3) Quality and appropriateness of proposed Pilot Program plan for collaborating with HSR&D and for collecting evaluation data;

(4) Evidence of availability and sustainability of assisted living placement options;

(5) Evidence of facility and Network support including space, equipment, technology and other resources needed to adequately support the program.;

(6) Appropriateness of proposed budget to proposed anticipated workload.

c. **Review Process Timeline.** Proposals will be reviewed and the proposal recommended for approval will be forwarded to the Policy Board, which will make recommendations to the Under Secretary for Health. Subject to availability of funds, the final funding decision for the Pilot Program will be made by the Under Secretary for Health and announced in November 2000.

9. REPORTS. The health care regions awarded a Pilot Program will work cooperatively with the designated HSR&D Center to develop the reporting formats and processes to transmit the data needed for the following required reports.

a. **Annual Reports.** The designated HSR&D Center will submit annual reports within 30 days after the 12th month and 24th month of the Pilot Program implementation. To support these efforts, the Pilot Programs will submit data in the negotiated format by agreed-on deadlines to include:

(1) Names of participants and dates of participation;

(2) Institutional care utilization data among participants and a designated comparison group;
NOTE: Make-up of the comparison group will be determined in collaboration with the HSR&D Center for Excellence designated by the Under Secretary for Health.

(3) Veteran satisfaction;

(4) Satisfaction of the assisted living provider(s);

(5) Costs to date, both contractual and VHA FTEE;

(6) Functional status measures (must be standardized at all sites of the implemented Pilot Program);

(7) List of assisted living facilities licensed and/or certified in service area, noting which are under contract for the Pilot Program;

(8) Description of the implementation and operation of the Pilot Program.

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b. **Interim Report.** The designated HSR&D Center for Excellence will submit an interim report not later than six months prior to the end of the Pilot Program. Data from this report will be utilized for preparing the report the Secretary of Veterans Affairs is required to submit to Congress 90 days before the end of the Pilot Program. To support these efforts, the Pilot Programs will submit data in the negotiated format by agreed-on deadlines to include:

- (1) Names of participants and dates of participation;
- (2) Institutional care utilization data among participants and a designated comparison group;
NOTE: Make-up of the comparison group will be determined in collaboration with the HSR&D Center for Excellence designated by the Under Secretary for Health.
- (3) Veteran satisfaction;
- (4) Satisfaction of the assisted living provider(s);.
- (5) Costs, both contractual and VHA FTEE;
- (6) Functional status measures (must be standardized at all sites of the implemented Pilot Program);
- (7) List of assisted living facilities licensed and/or certified in service area, noting which are under contract for the Pilot Program;
- (8) Description of the implementation and operation of the Pilot Program;.
- (9) A comparison of assisted living services provided by VA through the Pilot Program with VA-provided domiciliary care;
- (10) Recommendations regarding the extension or discontinuation of the program.

c. **Final Report.** A final report of the Pilot Program is required for submission not later than 90 days after the end of the Pilot Program. This report is to be developed through cooperative efforts of the Pilot Program and HSR&D Center for Excellence. To support these efforts, the Pilot Programs will submit data in the negotiated format by agreed-on deadlines to include:

- (1) Names of participants and dates of participation;
- (2) Institutional care utilization data among participants and a designated comparison group;
NOTE: Make-up of the comparison group will be determined in collaboration with the HSR&D Center for Excellence designated by the Under Secretary for Health.
- (3) Veteran satisfaction;
- (4) Satisfaction of the assisted living provider(s);.

- (5) Costs, both contractual and VHA FTEE;
- (6) Functional status measures (must be standardized at all sites of the implemented Pilot Program);
- (7) List of assisted living facilities licensed and/or certified in service area, noting which are under contract for the Pilot Program;
- (8) Description of the implementation and operation of the Pilot Program.

d. **Report Submission.** Each report submitted will be accompanied by a transmittal letter approved and signed by VISN Director and appropriate facility Director. All reports are to be submitted to:

Chief Consultant, Geriatrics and Extended Care SHG (114)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

10. RESPONSIBILITY. The Office of Geriatrics and Extended Care SHG (114) is responsible for the contents of this Notice. ***NOTE:** For information regarding proposal procedures and review, contact the Chief Consultant for Geriatrics and Extended Care SHG (114).*

11. RECISSIONS: This Notice expires December 31, 2004.

S/ Melinda L. Murphy for
Thomas L. Garthwaite, M.D.
Acting Under Secretary for Health

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