

April 20, 2007

**REQUEST FOR PROPOSALS FOR PILOT PROGRAM
FOR CAREGIVER ASSISTANCE**

1. PURPOSE: This Veterans Health Administration (VHA) Notice requests proposals for the opportunity to compete for funding to carry out a Pilot Program for providing assistance to caregivers of veterans. This Request for Proposal (RFP) represents a mechanism for soliciting and supporting a Pilot Program in caregiver assistance in order to develop and evaluate such a Pilot Program that, if shown to enhance the quality of life of veterans and to reduce the strain on veterans' caregivers, might be replicated beyond the demonstration site(s).

2. BACKGROUND: The Chief Officer of Patient Care Services recently appointed a Patient Care Services Task Force to implement Section 214, Title II of Public Law 109-461, "Veterans Benefits, Health Care, and Information Technology Act of 2006." This section of the law requires VHA to carry out a Pilot Program to assess the feasibility and advisability of various mechanisms to expand and improve caregiver assistance services.

a. Specifically, the law states: "The goal of the pilot program is to encourage [Department of Veterans Affairs] VA providers to initiate their own versions of support services for caregivers in areas where such services are needed and where there are few other options available for families of disabled or aging veterans, particularly in rural or geographically-isolated areas. The Committee seeks to assist VA in building its non-institutional long-term care capacity and believes this pilot program would be one innovative way to do so."

b. "VA currently administers a number of services that are geared towards providing support to severely disabled or aging veterans, and the families of those veterans, who can no longer care for themselves but who do not want to be cared for in an institutional setting. These programs include, but are not limited to: adult-day care, respite care, case management and coordination, transportation services, home care services, hospice, and general caregiver support, such as education and training of family members (Senate Report #109-297)".

3. ACTION: This Pilot Program is to be carried out in designated VHA health care facility(s) or Veterans Integrated Service Network(s) (VISN(s)), as selected by the Under Secretary for Health. The proposal may be implemented in any clinical area throughout the facility(s) and is not limited to, but may include non-institutional care programs. The proposal must outline a plan for collecting data to demonstrate outcome measures related to VHA's domains of value including: quality, access, function, satisfaction, cost effectiveness, and healthy communities. The proposal may recommend additional measures useful for evaluation of the pilot. **NOTE:** *It is expected that quality improvement techniques or system redesign principles will be used to demonstrate improvement using the domains of value outlined in VHA's strategic plan,*

THIS VHA NOTICE EXPIRES DECEMBER 31, 2008

April 20, 2007

4. FUNDING AND DURATION OF PROGRAMS

a. **Funding.** VHA Office of Patient Care Services will accept proposals requesting funding for a Pilot Program in Caregiver Assistance. Proposals must be submitted by June 30, 2007. Each proposal must specify all costs associated with the proposal as accurately as possible.

b. **Duration.** Proposals must include requests for funding for the Pilot Program in Fiscal Year (FY) 2007 and FY 2008, with plans for conclusion of the Pilot Program and evaluation completed by September 2008. No funding will be available in FY 2009.

c. **Reports.** Reports from the awarded Pilot Program are due to the Office of Patient Care Services quarterly as outlined in paragraph 9.

5. REQUIREMENTS

a. **Letter of Intent (LOI).** A LOI to submit a proposal(s) should be faxed to the Acting Director of Social Work, Office of Patient Care Services (11CC-SW) at 202-273-8385 by May 15, 2007. Information needs to include: VISN and/or VHA facility(s) within the VISN(s) planning to submit the proposal, the type or types of caregiver assistance services to be piloted, a brief description of the evaluation plan, and the name, title, telephone number, and e-mail address of the person(s) coordinating the proposal submission.

b. **Origination, Required Coordination, and Approvals.** Proposals may originate from any organizational level or location within VHA and are to be coordinated and approved by the appropriate facility leadership and the VISN Director. Applications may involve more than one site, but a leader for the pilot must be located at one specific site. If multiple programs or sites are involved, coordination is expected among all programs and offices with significant programmatic or implementation interests, including the appropriate clinical leadership, facility Director(s) and VISN Director(s). *NOTE: Applicants are encouraged to consult with other stakeholders, such as Veteran Service Organizations.*

c. **Scope of Pilot Program.** The Pilot Program must provide caregiver support within the scope of existing VA legislative authority. The facility and/or VISN awarded the Pilot Program must ensure that the required data collection and reporting are completed for the Pilot Program participants. The Pilot Program must include an evaluation plan to determine the effectiveness of the Pilot.

d. **Eligibility for Pilot Program Participation.** For purposes of this RFP, a caregiver is someone who is caring for a veteran and who is not paid by VA or others to do so. A caregiver may be a spouse, adult child, parent, grandparent, other family member or significant other. Services may only be provided within the scope of VA's current legislative authority.

e. **Program Evaluation.** The Pilot Program evaluation must be completed within the designated time frame of the Pilot, with the evaluation completed by September 2008. Proposals must contain psychometrically-validated outcome measures to evaluate effectiveness and are to

be related to the domains of care found in the VHA Strategic Plan of quality, access, function, satisfaction, cost effectiveness, and healthy communities. For example, outcome measures might include utilization of resources, costs, impact on the veteran, patient and caregiver satisfaction, quality of life, etc. **NOTE:** *It is expected that quality improvement methods such as those included in system redesign will be followed.* Use of either baseline data or a comparison group is optimal so that these findings might be replicated or extended beyond the demonstration site(s).

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

a. **Abstract.** The first page of the proposal is to be an abstract of the overall proposal, page numbered “i.” The abstract is not to exceed one page and needs to contain the following information in the format and order specified:

(1) Program identification, to include the name of the VHA facility or VISN directing the proposed Pilot Program.

(2) A brief program description articulating the primary objectives of the proposal. Describe the VHA facility and/or VISN (unique characteristics, system readiness for the pilot, etc.) in which the Pilot Program will 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 for all components of the Pilot Program.

b. **Table of Contents.** Number this page “ii.” List all sections of the proposal (including all appendices) and the initial page number for each section.

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

(1) **Objectives.** Articulate the goals and/or objectives of the proposed Pilot Program for Caregiver Assistance.

(2) **VHA Facility and/or VISN Description and Capability.** Summarize the demographic characteristics of the region, the facilities and/or sites that will be involved in the Pilot Program, general characteristics of the population to be served, and how this Pilot Program fits within the overall continuum of care.

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

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

VHA NOTICE 2007-02

April 20, 2007

(b) A description of the role of each member of the Pilot Program team (including staff conducting the evaluation) and how coordination is to be accomplished.

(c) A description of the caregiver assistance services to be offered as part of the Pilot Program, including how these services are going to be provided.

(d) A description of the facility and/or VISN's experience in providing similar services and implementing similar programs.

(e) Delineation of the process for identification of caregivers to participate in the Pilot Program, educating prospective caregiver participants about the Pilot Program, and assessing their interest, willingness, and ability to participate.

(f) A description of the methods, instruments, and reporting processes to ensure required data collection.

(4) **Coordination and Support.** Describe how the proposal was developed and which program, facility, and/or VISN offices were involved in development and review. **NOTE:** *Reference appended letters of support where appropriate.*

d. **Program Evaluation.** The VHA facility and/or VISN awarded the Pilot Program must work cooperatively with their VISN Quality Manager regarding the development and implementation of explicit mechanisms for evaluating the Caregiver Support Services Pilot Program. At a minimum, the evaluation must address:

(1) Names of Pilot Program participants and dates of participation.

(2) Level of caregiver and veteran satisfaction with the services provided as part of the Pilot Program.

(3) Impact on the caregiver of the provision of services in terms of their ability to care for the veteran.

(4) Impact on the veteran of the provision of services to the veteran's caregiver in terms of unanticipated admissions, unscheduled outpatient visits, emergency care required, etc.

(5) Impairment, activity, and participation measures of participating veterans (must be standardized at all sites of the Pilot Program).

(6) Costs of providing the caregiver services, including contractual and VHA full-time equivalent (FTE) employee.

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

(8) Planned comparisons of outcome data from the pilot program with either baseline data or a comparison group.

e. **Resource and Workload Plan.** The proposal must comprehensively present the requested budget and proposed workload (number of caregivers served) for the Pilot Program, differentiating clearly the types of expenditures (FTE, equipment and/or supplies, direct service and/or contract expenses, evaluation activities, etc.), timing of expenditures (start up costs versus ongoing), and workload goals over the duration of the Pilot Program. The plan needs to explicate cost sharing (cash or in-kind) committed to the Pilot Program by the VHA facility and/or VISN, including evidence of facility and/or VISN support in provision of space, equipment, technology, personnel, and other resources needed to adequately support the program.

f. **Appendices.** The proposal appendix is only to include:

(1) **Transmittal Letter.** The proposal must include a transmittal letter approved and signed by the facility and VISN Directors which articulates support for the Pilot Program. **NOTE:** *Proposals submitted without a signed letter of support from the VISN Director will be returned without review.*

(2) **Letters of Support.** The proposal should include letters of support from all participating program offices at the facility and/or VISN where the Pilot Program is to be implemented, community groups, caregiver advocacy groups, and stakeholders.

7. PROPOSAL SUBMISSION. An unbound original and 12 copies of each proposal must be submitted by June 30, 2007 to:

Chief Officer, Patient Care Services (11)
Department of Veterans Affairs Central Office
810 Vermont Avenue NW
Washington, DC 20420

8. PROPOSAL REVIEW PROCESS

a. **Review Committee.** An interdisciplinary committee comprised of field and VA Central Office staff, reflecting appropriate subject matter expertise and knowledge of the VHA health care system, will be selected to review applications.

(1) Reviewers generally will be asked to review all criteria, but selected reviewers will emphasize issues identified in subparagraphs 8a(2)(h), 8a(2)(i), and 8a(2)(j). The Office of Finance will review the financial aspect of all proposals, and the Deputy Under Secretary for Health for Operations and Management's representative will review proposals in terms of potential individual and across-VISN contributions.

(2) The Director of Social Work Service chairs the review committee, which consists of representatives from:

(a) Office of Patient Care Services,

VHA NOTICE 2007-02
April 20, 2007

- (b) Office of Geriatrics and Extended Care,
- (c) Office of Rehabilitation Services,
- (d) Office of Social Work Service,
- (e) Office of Care Coordination,
- (f) Office of Mental Health and Behavioral Sciences,
- (g) Office of Readjustment Counseling Services,
- (h) Office of Finance (finance and budget),
- (i) Office of Research and Development (evaluation components), and
- (j) Office of the Deputy Under Secretary for Health for Operations and Management (coordination with specific VISN and overall VISN plans).

b. **Review Criteria.** Proposals must be complete, clear, and well-organized. Proposal review criteria will emphasize:

- (1) Significance, originality, and appropriateness of objectives in terms of implementing the Pilot Program in accordance with Public Law 109-461; and
- (2) The quality and feasibility of the Pilot Program, including:
 - (a) How well the Pilot Program is defined;
 - (b) Evidence of comprehensiveness of services to be provided to caregivers;
 - (c) Evidence of appropriate coordination and collaboration;
 - (d) Evidence of appropriate integration within existing continuum of care and services provided by the facility and/or VISN;
 - (e) Evidence of facility and VISN interest and support, including space, equipment, technology and other resources needed to adequately support the program;
 - (f) Rationale supporting the expected success of the Pilot Program in meeting goals and objectives including specific outcome measures.
 - (g) Evidence of availability of services provided as part of the Pilot Program; and
 - (h) Appropriateness of proposed budget.

c. **Review Process Timeline.** Following the review of all proposals, the proposals recommended for approval will be forwarded to the VHA 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(s) will be made by the Under Secretary for Health and announced in August 2007.

9. REPORTS. The facility(s) and VISN(s) awarded a Pilot Program must work cooperatively with the VISN Quality Manager to develop the reporting formats and processes to transmit the data needed for the required quarterly reports. Quarterly reports to the Office of Patient Care Services from the awarded Pilot Program must include notations regarding adherence to the proposed timeline(s), expenditures, contracting costs, and implementation feasibility.

10. RESPONSIBILITY. The Office of Social Work Service, Patient Care Services, has responsibility for oversight of the Caregiver Assistance Pilot Program proposal review and for oversight of the Pilot Programs selected.

Michael J. Kussman, MD, MS, MACP
Acting Under Secretary for Health

DISTRIBUTION: CO: E-mailed 4/20/2007
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 4/20/2007

THIS VHA NOTICE EXPIRES DECEMBER 31, 2008