

VA Innovation Initiative's (VAi2) Industry
Innovation Competition (Industry-IC)

Department of Veterans Affairs Innovation Initiative (VAi2)
Industry Innovation Competition (Industry-IC)
Solicitation Number: VA118-10-RP-0418

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I. INTRODUCTION

This Broad Agency Announcement (BAA), solicitation number VA118-10-RP-0418, sponsored by the Veterans Affairs Innovation Initiative (VAi2) will provide support to the VAI2 Industry Innovation Competition (Industry-IC). The Industry-IC invites private sector companies, entrepreneurs and academic leaders to contribute ideas for innovations that increase Veteran access to VA services, reduce or control costs of delivering those services, enhance the performance of VA operations and improve the quality of service that Veterans and their families receive. Specifically, the proposed effort supports the acquisition of solutions submitted by industry in response to VAI2 solicitations. Note: In order to conduct business with the Government, contractors must be registered in the Central Contractor Registration (CCR) database.

This BAA is issued under the provisions of Parts 35.016 and 6.102(d)(2)(i) of the Federal Acquisition Regulation (FAR), which provides for the competitive selection of proposals submitted in response to this announcement. Accordingly, proposals selected for award are considered to be the result of full and open competition and fully compliant with PL 98-369, entitled "The Competition in Contracting Act of 1984."

This BAA is an expression of interest only and does not commit the Government to make an award or pay proposal preparation costs generated in response to this announcement. The cost of proposal preparation for response to a BAA is not considered an allowable direct charge to any resultant contract or any other contract.

The Government will be prepared to commence evaluations by July 6, 2010. The BAA closing date is September 30, 2010. No contract award will be made unless appropriated funds are available. Prospective Offerors are reminded that only a duly warranted Contracting Officer may obligate the Government to an agreement involving expenditure of Government funds.

All questions shall be submitted to the Contracting Officer (CO) (Carol Newcomb, 732-578-5421, Carol.Newcomb@va.gov).

II. GENERAL INFORMATION

The Government intends to maximize use of Firm Fixed Price (FFP) type contract(s) resulting from this BAA. However, Offerors may propose alternate contract types providing that the alternative is supported in the proposal.

Proposals shall be valid for at least ninety (90) days.

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It is anticipated that proposals submitted in response to this BAA shall fit into one or both of the following phases. Offerors shall indicate which phase applies to their submission, or that it is a combination proposal.

Development Proposals: New and untested ideas and technologies or novel customization and application of existing technologies with the potential to provide benefits outweighing all costs and which provide results that significantly exceed currently deployed solutions. Technologies and products submitted as Development Proposals shall achieve a working prototype or test system preferably within one year but preferably within two years.

Field Test Proposals: Products and solutions that have demonstrated significant value in commercial or other production environments but are new to the operating environment within Veterans Affairs. Solutions shall be repeatable and ready for small-scale deployment at the regional or VISN level. Should the results from small-scale deployment prove favorable, the solution shall be scalable to a VA-wide implementation. It is anticipated that this BAA fund the small-scale field testing.

The VA is looking for solutions which can be implemented and impact to the VA realized within a 12-24 months timeframe.

An industry day is scheduled via Webinar on June 16 2010. Information will be provided for each area of interest and questions from industry will be addressed. As it becomes available, additional Webinar information will be posted at www.fbo.gov and www.va.gov/vai2

III. AREAS OF INTEREST

This section of the BAA contains statements of particular fields of interest to the VAI2 Industry-IC. Prior to proposal submission, questions on technical matters and availability of project funding relating to a particular area of interest shall be directed to the Contracting Officer identified in this BAA introduction. After proposal submission, no discussions are to be held without the permission of the Contracting Officer.

NOTE: When responding/inquiring on a specific area of interest, refer to the Topic Number listed on the following appropriate pages.

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Topic Number: 0001

Topic Title: Addressing Veteran Homelessness via Innovative Housing Technology

Topic Detail: Ending homelessness among Veterans is a top priority for the Department, and VA offers a wide array of special programs and initiatives designed to help homeless Veterans live as self-sufficiently and independently as possible. Strong collaboration between VA and its federal and community partners is required for programs to be successful, and plans must be individualized at the local level, as both needs and resources vary from setting to setting. Across all environments, a vital part of VA's efforts is providing greater access to permanent supportive housing.

Currently, VA and the Department of Housing and Urban Development (HUD) are collaborating to enhance access to permanent housing through programs such as HUD-VASH (HUD-VA Supportive Housing). However, it is clear that the need outstrips the available resource.

Existing VA campuses have the potential to meet more of the need for permanent supportive housing. Vacant or under-used buildings may be renovated in order to provide additional affordable housing units. In addition, open space on VA grounds could also be developed to provide new housing. Both approaches can provide solutions in both rural and urban settings, to serve homeless Veterans and their families as well as those who are at risk of becoming homeless.

VA is interested in solutions that significantly enhance our ability to provide housing units that are safe, affordable, energy-efficient, adaptable to the available space, and that meet the needs of homeless Veterans who have disabilities but are able to live independently. Solutions that fall into the following categories are of interest, though truly innovative solutions that fall outside these categories may also be of interest:

Renovation of existing buildings: In cases where VA has existing buildings that can be repurposed, renovation is already an option that is sometimes undertaken to provide housing units. VA is interested in proposals involving innovative design & construction approaches, materials and other techniques to rapidly convert existing structures into highly functional, affordable and energy-efficient housing units. Multiple VA sites, in both urban and rural settings, may be made available for field testing of approaches of interest.

New housing technologies: VA is interested in proposals involving innovative materials and construction techniques that yield significant improvements in time of construction, accommodation of disabled Veterans, affordability, energy efficiency, site utilization, etc. Proposals addressing multiple improvements are desirable, but proposals that make large improvements in a single dimension (for example, very rapidly constructed units, or very low cost units) may be of interest as well. Multiple VA sites, in both urban and rural settings, may be made available for field testing of models of interest.

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Topic Number: 0002

Topic Title: Telehealth

Topic Detail: Broadly defined, Telehealth includes a wide range of technologies and solutions that connect caregivers and patients and improve the ability to prevent, diagnose and monitor health conditions, to manage treatments and to enable communication and intervention when required. Telehealth solutions can provide mobile caregivers with greater flexibility, allowing them to spend more time interacting with patients. Access to healthcare services can be enhanced for rural patients or for patients for whom travel to hospitals is difficult. Frequently, these services can improve the quality of care while lowering costs.

The Department of Veterans Affairs has been a leader in the deployment of Telehealth solutions for some time, and currently reaches thousands of veterans through services such as home health monitoring (see www.carecoordination.va.gov/telehealth for more information).

VA is interested in solutions that significantly extend and improve our ability to provide the right treatment in the right place at the right time, using technologies such as, but not limited to:

- Wireless communications
- Videoconferencing
- Imaging
- Remote sensing & monitoring
- Portable or wearable sensors
- Mobile devices
- Web-based services and patient portals
- Human factors, ergonomic and usability design
- Process and workflow design

Potential applications for Telehealth solutions are broad and varied, and we encourage the submission of proposals that have significant impact on the quality, access, cost and performance of the healthcare delivered to veterans. Example applications include, but are not limited to:

- Home Monitoring for Chronic Care: The ability to monitor patient vital statistics from a distance has existed for many years and has improved chronic care and disease management. However, the needs and expectations of both patients and caregivers continue to evolve, and Telehealth technology must evolve beyond the recording and reporting of key statistics. Functions such as real-time, two-way communication between patients and all members of the care team; self-

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management tools allowing patients to take an active role in their care, continuous, real-time and/or unobtrusive sensing & monitoring; delivery of educational content, integration of wireless mobile devices with Telehealth delivery and more can significantly extend the reach and scope of Telehealth services in the home environment.

- **Home Monitoring for Severe or Challenging Disabilities:** Veterans with severe disabilities may have care that is managed at home, but may further benefit from specialist recommendations for environmental modifications or other quality-of-life improvements based on continual home monitoring. Also, certain injuries (such as Traumatic Brain Injuries) and conditions (such as mental health) are difficult to diagnose and monitor through the measurement and analysis of traditional vital statistics. Long-term monitoring of diverse symptoms such as headaches, fatigue, memory function, depression, irritability, anxiety, etc. may be required. Changes in symptoms based on social environment such as family interaction and community involvement, or based on types & levels of activities such as physical exercise, home management, child rearing, work and recreation may be important to monitor. As a special case of Home Monitoring, solutions that involve creative methods to capture, record and communicate these kinds of difficult-to-capture symptoms are of interest.
- **Home Monitoring for Acute Care:** Acute hospital care may not always be the best solution for many patients. Factors from risk of additional infection to the emotional benefits of being in a familiar environment may make home-based care a preferred option. Home monitoring capabilities are a crucial part of enabling such options. Hospital@Home is an innovative approach that VA has employed for a number of years to provide hospital-like services to patients in their homes for such conditions as acute heart failure, pneumonia, and other conditions that can safely be managed at home with intensive support of a physician, nursing, and home infusion capability. Also, similar capabilities exist to remotely monitor patients in Intensive Care Unit settings. VA is interested in innovative approaches that allow for the remote monitoring, in the home environment, of patients' vital signs and that enable visual interaction between patients and caregivers. Proposed solutions must be capable of storing information in VA electronic medical records.
- **Mobile Support for VA Preventive Care Coordinators:** Preventive Care coordinators can improve care and reduce costs by serving multiple veterans outside of the hospital environment, capturing and reporting relevant data and interacting with patients to monitor overall well-being. However, a substantial amount of caregiver time involves routine data collection and recording, leaving less time for valuable patient interaction. Solutions that provide a capability to capture vital statistics and quickly transfer them to the Care Coordinator can significantly impact the quality of interaction between the Care Coordinator and the patient. As an illustrative example, a vest containing relevant sensors and

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monitors might capture vital statistics upon or prior to Care Coordinator arrival and transmit data to a mobile device carried by the Coordinator.

- VA has offered patients group visits (Doctor Interactive Group Medical Appointments - DIGMA) for almost 10 years. These group interactions with healthcare providers optimize care for patients with similar chronic conditions, such as diabetes, and foster an environment where patients can coach and mutually support each other in the management of their chronic disease. VA would like to explore virtual options to provide a similar environment for patients that cannot or choose not to travel for such care. These solutions may employ social networking tools that would allow patients to drop-in to a virtual group visit in a secure environment. These solutions should allow for the capture of some information into VA's electronic medical record, such as patient documentation and the collection of health information relevant to the encounter.
- Online Care: Veterans currently have access to online services through My HealthVet (www.myhealth.va.gov), where they can access trusted, secure and current health and benefits information and may be able to access Personal Health Records and functions such as prescription refill. However, web-based technology offers the opportunity to provide significant new services such as real-time interaction with caregivers via video, text chat and/or telephone. VA wishes to explore options that would allow for either synchronous or asynchronous communication between patients and clinicians or administrative staff, in ways that protect patient confidentiality and privacy. Where possible, integration of new online services with the existing MyHealthVet should be considered. It should be noted that VA has some experience with providing online services, such as video monitoring, on a small scale. Therefore, proposals that demonstrate point solutions via individual prototypes may not be as valuable as proposals that involve fully integrated solutions and scalable platforms.
- Communication Tools that allow Clinician-to-Clinician interaction: VA has an advanced electronic health record, but lacks tools that improve clinician to clinician communication, particularly over significant distances. VA would like to provide the capability to staff to be able to communicate with each other about sensitive patient care information in a secure environment that protects patient confidentiality and privacy. These tools might provide either synchronous or asynchronous capability to request urgent help with patient care issues or to communicate more routine information that might not otherwise specifically be in the medical record. For example, such a tool might be used by a physician in an acute care setting (hospital or emergency room) to communicate with the patient's primary care team, notifying them of the visit or discharge, with specific concerns or follow up requirements. Ideally, this tool could be used by both VA staff as well as clinicians outside of VA to communicate with VA staff. These tools should ideally fit into the normal work flow of VA staff (possibly from within the VA electronic medical record).

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Topic Number: 0003

Topic Title: Expansion of Polytrauma Rehabilitation Services

Topic Detail: Rehabilitation services encompass a broad range of therapies and treatments which provide maximum reduction of physical or mental disability and restoration of a patient to their optimal functional level. Service delivery models vary by range of providers and environments of care, which include but are not limited to provider offices, freestanding outpatient clinics, medical centers, nursing homes, patient homes, and may involve remote/Telehealth interventions. Regardless of provider type or treatment setting, an effective individualized rehabilitation plan, developed following a comprehensive evaluation, can help patients restore function and cope with deficits that have not otherwise been reversed by medical care.

The Department of Veterans Affairs has been a leader in the provision of rehabilitation services across multiple spectrums of care. Rehabilitation services provide the core disciplines in the Polytrauma System of Care (see www.polytrauma.va.gov) which was established to provide specialized comprehensive inter-disciplinary rehabilitation care to veterans and returning service members with polytraumatic injuries.

VA is interested in technological solutions that assist in the provision of evidence based practice through enhanced access to treatment algorithms and the expansion of remote assistive technology monitoring services, regardless of treatment location. This effort will help to bridge geographic distances and improve our ability to provide the right treatment in the right place at the right time. For these efforts, we are interested in using technologies such as, but not limited to:

- Portable interfaces to computerized medical records
- Real time bi-directional data exchange
- Interactive/responsive programming to user entries
- Wireless communications
- Videoconferencing
- Remote sensing & monitoring
- Portable or wearable sensors
- Mobile devices
- Web-based services and patient portals
- Human factors, ergonomic and usability design
- Process and workflow design

Potential applications for rehabilitation services are broad and varied, and we encourage the submission of proposals that have significant impact on the quality, access, cost and performance of the health care delivered to veterans. Example applications include, but are not limited to:

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- **Dynamic Treatment Algorithms:** Collaboration among VA, Department of Defense, and private sector has expanded the availability of evidence-based clinical practice guidelines in rehabilitation focused treatment areas which include but are not limited to mild TBI, low back pain, cerebrovascular accidents, dysphagia, and amputation. Provider utilization of these clinical practice guidelines/decision trees for emerging areas of practice through technology based interfaces is still not maximized. Technology should be sensitive and responsive to the actions of the providers such that treatment recommendations and contraindications are provided, practice patterns are captured and monitored, and outcomes are stored for analysis. The expansion of this monitoring should include not only the immediate clinical setting, but may also extend to the patients home for regular follow up. Consideration should be given to provider collaboration and outreach in dealing with complex cases through technological solutions which permit real time exchange of data between multiple locations working on the same evaluation; interaction between patient (self completed surveys), and multiple providers; and documentation/storage of the results in a central location. Consideration should also be given to self-management tools which would allow patients to take an active role in their care and delivery of appropriate educational content based on patient feedback/status.
- **Home Monitoring for severe or challenging disabilities:** Veterans with severe disabilities may have care that is managed at home, but may further benefit from specialist recommendations for environmental modifications or other quality-of-life improvements based on continual home monitoring. Also, certain injuries (such as Traumatic Brain Injuries) and conditions (such as mental health) are difficult to diagnose and monitor through the measurement and analysis of traditional vital statistics. Long-term monitoring of diverse symptoms such as headaches, fatigue, memory function, depression, irritability, anxiety, etc. may be required. Changes in symptoms based on social environment such as family interaction and community involvement, or based on types & levels of activities such as physical exercise, home management, child rearing, work and recreation may be important to monitor. As a special case of Home Monitoring, solutions that involve creative methods to capture, record and communicate these kinds of difficult-to-capture symptoms are of interest.
- **Symptom-Based Medication Guidance:** The prevalence of patients with symptoms related to TBI has led to increased research and collaboration on developing treatment recommendations for patients who may have experienced a mild, moderate or severe TBI. Medication recommendations based on reported symptoms are available, and technology can enhance the communication of these recommendations and their utilization by providers caring for these patients. This technology should be mobile, dynamic, and reactive based on changes in patient status and provider entries. Solutions should be able to store, analyze and respond to data entered into the system,

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alerting providers to any potential recommendations or contraindications. Consideration should also be given to provider collaboration and outreach in dealing with complex cases through technological solutions which permit real time exchange of data between multiple locations working on the same evaluation; interaction between patient (self completed surveys), and multiple providers; and documentation/storage of the results in a central location. Expansion of technological solutions in this area will assist in improving care and reducing costs through remote patient interactions and adherence to evidence based practice.

- **Assistive Technology (AT):** Veterans are currently provided with a variety of assistive technology devices, including augmentative communication devices, environmental control units, cognitive devices, specialized mobility devices, etc. Initial evaluation and training occurs at the prescribing clinic. Often training needs change or do not become apparent until this technology is used in the home for a period of time. VA is interested in mechanisms to monitor use, provide ongoing follow-up and training, and further evaluate the AT needs of Veterans remotely in their homes. Consideration should also be given to provider collaboration and outreach in dealing with complex cases through technological solutions which permit real time exchange of data between multiple locations working on the same evaluation; interaction between patient (self completed surveys), and multiple providers; and documentation/storage of the results in a central location.

Topic Number: 0004

Topic Title: Adverse Drug Event Trigger Tool: Reducing Adverse Drug Events for our Nation's Veterans

Topic Detail: The VA defines an adverse drug event (ADE) as an injury resulting from the use of a drug. Under this definition, the term ADE includes harm caused by the drug (adverse drug reactions and overdoses) and harm from the use of the drug (including dose reductions and discontinuations of drug therapy). Adverse drug events may be preventable (e.g., due to a medication error) or not preventable. The latter is typically referred to as an adverse drug reaction.

There are limitations of current knowledge on the overall frequency of ADEs, especially in the outpatient setting. Larger scale studies have focused on one or two individual hospitals, nursing homes or emergency departments and have applied different definitions for an ADE and different methodology. However, all studies demonstrate increased costs, length of stay and mortality/morbidity associated with preventable ADEs. Many studies showed an addition cost of \$2,000-\$4,000 per ADE and extrapolated costs in the billions. Add to this the psychological and physical experience of the patient, lost wages, lost productivity, etc and the costs are enormous.

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GAO/HEHS-00-21 Adverse Drug Events provides a summary of the studies. This report can be accessed at: <http://www.gao.gov/new.items/he00021.pdf>

The Department of Veterans Affairs (VA) has been a leader in the development and deployment of strategies to reduce ADEs and prevent patient harm. These include careful selection of safe formulary drugs, evidence-based prescribing criteria, electronic medical record (EMR) that provides alerts at the point of prescribing, pharmacy re-engineering software, bar code medication administration, pharmacovigilance, passive surveillance (national spontaneous ADE Reporting database), active surveillance, signal generation on a global scale, focused risk-reduction projects at the patient-provider level and individual efforts at each medical center. While all of these strategies have proven effective there still exist major gaps that continue to place patients at risk and contribute to patient harm and increasing costs. Through analysis of a New Service Request, an ADE Trigger Pilot and input from clinicians in the field the following gaps have been identified:

- Inability to pro-actively identify patients “at risk” for an ADE (e.g. patient with rapidly declining renal function and receiving a medication that may become harmful with renal decline).
- Building and running reports in current systems is resource intensive and may not provide information in real time to pro-actively prevent an ADE.
- Current alerts are dependent on someone taking an action (e.g. prescribing a medication) to generate. They do not generate if there is a change in the patient status (e.g. change in renal function) that will affect the medications the patient is currently prescribed.
- “Alert overload” often results in inaction on alerts aimed at preventing ADEs.
- The inability to detect trends, such as a 50% decrease in platelets, or a 1 mg/dL increase in a lab test over the chosen period of time. Current functionality only provides for an absolute threshold comparison of a given lab test, i.e., less than or greater than a designated cutoff value.
- A change in patient status that may affect medication use may not be addressed for months in the outpatient setting. (e.g. patient is seen in the emergency department for a urinary tract infection and lab tests are ordered. The lab tests show a decline in the patient’s renal function that may affect medications the patient is receiving for chronic medical condition(s). The patient is now “at risk” for an ADE but may not have an appointment scheduled with their primary care provider for 2-3 months in the future).
- Resources do not exist to provide a full review of every patient’s medication profile in every care setting each time there are new lab or other therapeutic testing results or changes in drug therapy to determine what may be impacted.

VA is interested in solutions that will close these gaps. While innovative solutions that provide significant increases in functionality are invited, VA is particularly interested in solutions that can provide the following functionality:

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- Fully interface with the VA electronic health record and continuously run in the background to identify patients at risk for an ADE based on defined rules or “triggers” (e.g. patient on heparin with a 50% decrease in platelet count)
- Be patient centric and applicable to all care settings.
- Ability to extract the data at a national level for global metrics, medication use evaluations and performance improvement efforts.
- Continuously monitor for “at risk” patients and provide a list on demand in real time.
- Ability for the end user (clinician or quality specialists) to independently and efficiently generate a list of at risk patients on demand. The user should have the ability to choose the parameters for the list to include:
 - Patient location, team, ward, clinic or treating specialty level
 - Desired date and time range
 - All triggers, specific triggers or a specific subset of triggers
- The ability for the system to auto-generate a notification to selected users based on the report parameters chosen.
- The ability for the system to auto-generate a report based on the report parameters chosen
- Mechanism to accommodate a review and approval of triggers being implemented.
- Allow for the addition or changes to “triggers” as new drug information emerges or new drugs enter the market.
- The ability to detect trends or a change in the patient’s status, such as a 50% decrease in platelets, or a 1 mg/dL increase in a lab test over the chosen period of time.

Topic Number: 0005

Topic Title: Integrated Business Accelerator

Topic Detail: Fully 74% of Service-Disabled Veterans from 2001-2010 are under 30 years of age. Fewer than 10% of these newer Veterans have an education beyond high school. Yet their military training has equipped them with unique skills and the current labor market offers them distinct business advantages due to their Veteran status. The lack of higher education and the challenges of starting a business impose barriers preventing these Veterans from successfully utilizing their unique skills to capitalize on the valuable business opportunities available to them.

A wide array of services and benefits are available to assist Veterans to start and sustain new businesses. These services include assistance through VA’s Vocational Rehabilitation and Employment program (VR&E), VA’s Center for Veteran Enterprises, Small Business Administration programs, and partner programs such as Service Corps of Retired Executives (SCORE), Department of Labor’s Veterans Employment and Training program, and numerous local programs such as the Veteran Entrepreneurship

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Bootcamp for Veterans with Disabilities, which is sponsored by several prominent business schools. These programs provide varying degrees of support that include development of business plans, evaluation of viability of success in the current market place, training support, marketing assistance, sponsorship of start-up costs, and ongoing mentoring to ensure long term success. Although all of the programs provide vital and important assistance and resources, none of them stand alone in providing end-to-end support from training that supplements a military skill set to establishment and sustainment of self-employment. Programs are interdependent and require the active support of a counselor who has detailed knowledge plus the ability to assist Veterans in connecting and leveraging the various programs. Although Veterans can succeed without an integrated support network, many are at risk to fail in new ventures or to abandon goals for self-employment.

VA's VR&E program provides assistance for Veteran entrepreneurs through a variety of services that are primarily targeted to Veterans with limited access to traditional employment and/or need flexible work schedules or a more accommodating work environment due to their disabilities. Services include: analysis of viability of business concept, development of a business plan, training in small business operations, marketing assistance, cost of licenses and permits, and guidance on obtaining resources. For the most seriously disabled, VR&E may also fund some start-up costs, including the purchase of tools and equipment. Although VR&E provides assistance with training and some costs of the self-employment plan, VR&E collaborates with SBA, SCORE, and private sector partners for assistance with business planning, assessment of business viability, and specialized assistance such as developing marketing plans.

VA is interested in solutions that significantly extend the ability to support Veterans in launching and building businesses. Of particular interest is the establishment of a business accelerator model, focused on educating, mentoring, and growing companies started and owned by Service Disabled Veterans, with a particular emphasis on younger Veterans who have the potential to success in a small business venture but may need a longer term approach that includes education, apprenticeship, and/or more extensive mentoring assistance. The accelerator would work collaboratively with VA, DOL, and SBA to leverage current services and programs available and offer early stage SDVO companies a range of services, such as business development training, avenues of seed funding, staffing, subject matter experts, office facilities, and government contracting support. Business accelerators can take many forms, both physical (e.g. providing space to house new businesses) and virtual, and can offer a wide variety of services. Business models may also vary, from grant-supported facilities to incubators that fund themselves through revenue derived from its occupants.

We encourage proposals that can be demonstrated via a pilot implementation, funded by the VAI2 Industry Innovation Competition, but have a fully integrated plan for self-sustaining operation on a larger scale. Goals and features that are important to VA include the following; proposals may address as many or as few (and may include additional items) as required to provide a well integrated solution:

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- Enhance vocational opportunities for veterans for whom self-employment is a viable option
- Complete a preliminary evaluation of a veteran's potential for self-employment, including identifying any areas of concern or barriers to the successful pursuit of a self-employment plan
- Work collaboratively with VR&E and other partners to address barriers, such as training or assistive technology needs
- Conduct a thorough and adequate feasibility analysis of all proposed business plans
- Establish realistic self-employment goals based on sound business research
- Provide services and assistance that produce a sustaining and successful self-employment business, which continues after rehabilitation services are completed, including but not limited to:
 - Office and facilities space
 - Support and services for company functions such as payroll, IT, human resources, and legal services
 - Marketing and sales strategy
 - Access to financial resources and advice on financing strategy
- Monitor, evaluate, measure, and verify all self-employment plans/goals
- Provide access to staff and leadership composed of experienced entrepreneurs and business men and women.
- Engage senior leaders from government and industry, perhaps through advisory boards or boards of directors.

Topic Number: 0006

Topic Title: Dialysis & Kidney Replacement

Broadly defined, dialysis is the replacement of kidney function through artificial means. The major kidney functions accomplished by dialysis are the balancing of blood salts, waste products, and water. Dialysis is performed to support people with either acute or end stage kidney failure. The two major cause of end stage kidney failure in the veteran population include diabetes mellitus and hypertension. The two major current means of providing dialysis support for those with end stage kidney disease (ESKD) are hemodialysis and peritoneal dialysis. In addition, kidney transplantation is an alternative to dialysis support for those with (ESKD).

The rate of development of end stage kidney failure can be reduced via control of high blood pressure and by consultation with a kidney doctor. The VA estimates that at least 622,000 veterans suffer from hypertension and at least 3,200 veterans reach end stage kidney disease per year.

The Department of Veterans Affairs provides dialysis annually for over 10,000 eligible veterans with ESKD. Dialysis is provided to half of these veterans directly by VA at medical facilities (i.e. at VA hospital-based dialysis units). The remainder receives

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dialysis via community-based vendors at free standing facilities under fee basis/contract authority. Both the number of veterans with ESKD, and the cost of providing dialysis support to these veterans, particularly under contracted care, are increasing - the latter exponentially.

Most veterans receive their dialysis treatments away from home, necessitating multiple weekly trips to obtain necessary care. Dialysis is either provided within a free-standing dialysis unit or in a hospital-based unit. However, technology exists to deliver dialysis within a patient's home. Currently, home dialysis is not frequently used by VA, but expansion of this health service model would be useful to increase VA's capacity to provide dialysis, to improve access to health care for the veteran with geographic inaccessibility to a VA or community dialysis facility, and would potentially yield cost savings in reduced travel expenditures and in contracted care. Home dialysis has been limited, however, by veteran homelessness or inadequate housing, non-user-friendly dialysis equipment, a requirement for and lack of availability of support personnel to perform the treatment, and non-availability of mobile dialysis services. Improvements in these areas would make home dialysis more feasible for VA.

Kidney transplantation is constrained predominantly by the limited donor organ pool available. Geographic inaccessibility of VA facilities for some veterans may be another impediment to expansion of this modality of kidney replacement therapy.

Novel means of preventing ESKD and/or supporting veterans with ESKD, particularly those in rural areas or those in areas of limited community dialysis capacity, are needed. Solutions to the challenges of delivering dialysis in rural areas and in areas with limited capacity are necessary to ensure the continued availability and access to this lifesaving therapy. Access to healthcare services can be enhanced for rural patients or for patients for whom travel to hospitals is difficult. Frequently, these services can improve the quality of care while lowering costs.

VA is interested in alternative treatment strategies and solutions that significantly extend and improve our ability to provide each veteran with quality care of their kidney disease in the patient-preferred setting. Examples of such care include, but are not limited to:

- Facilitated home dialysis services
- Remote monitoring/videoconferencing for home dialysis patient support
- Portable or wearable dialysis
- Mobile dialysis services
- Improved dialysis technology: ergonomic and usability design (particularly for home)
- Improved electronic reporting of dialysis care
- Optimizing process and workflow design in center-based VA dialysis facilities
- Alternative models of patient centered health services delivery to veterans with CKD/ESKD
- Facilitated communication technologies

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- Optimizing access to kidney transplantation, particularly for rural veterans
- Identifying and targeting preventive care of veterans at risk for kidney failure
- Expanded joint ventures with other federal agencies to provide renal support services
- Patient education initiatives regarding treatment of kidney disease

Potential applications for renal support solutions are broad and varied, and we encourage the submission of proposals that have significant impact on the quality, access, cost and performance of the health care delivered to veterans with kidney disease. Example applications include, but are not limited to:

- **Home Monitored Dialysis Care:** The ability to monitor patient vital statistics from a distance has existed for many years and has improved chronic care and disease management. However, the needs and expectations of both patients with ESKD and dialysis caregivers are beyond the recording and reporting of key statistics. Functions such as real-time, two-way communication between patients, dialysis equipment, and all members of the care team; self-management tools allowing patients to take an active role in their care, continuous, real-time and/or unobtrusive sensing & safety monitoring; delivery of educational content, integration of wireless mobile devices with telehealth delivery and more can significantly extend the reach and scope of telehealth services in the home environment.
- **Mobile Dialysis Care:** Mobile units that allow VA to provide quality dialysis care for veterans with ESKD at the site of or in proximity to their home. Hospital@Home is an innovative approach VA has employed for a number of years to provide hospital like services to patients in their homes for such conditions as acute heart failure, pneumonia, and other conditions that can safely be managed at home with intensive support of a physician, nursing, and home infusion capability. VA is looking for innovative approaches that would allow for the delivery of dialysis services to veterans in their homes, avoiding travel for the patient and improving access to dialysis services. Technology employed must be capable of providing state-of-the-art dialysis including but not limited to purified dialysis water and quality dialysate generation, and storing dialysis information in our electronic medical record.
- **Enhanced Disease Management of Veterans at Risk of Kidney Failure:** VA seeks to use novel strategies to identify veterans at high risk for kidney failure to improve care and reduce costs. By targeting veterans at risk for adverse drug effects due to their kidney disease or who could benefit from intensified antihypertensive or other kidney preserving therapy, such a strategy could reduce the morbidity associated with kidney disease. Solutions that provide a capability to identify these veterans, reach out to them, maintain “capture” of such patients, and eliminate “loss to follow up” could also potentially reduce the volume of patients reaching ESKD and thus requiring dialysis services. VA seeks

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proposals for health delivery models that enhance the delivery of care for progressive kidney disease before it reaches the stage requiring dialysis or transplantation.

- **Enhanced Care Coordination:** VA seeks proposals for health service models that would promote the coordination of care of veterans with kidney disease receiving dual care (i.e. receiving community dialysis under fee basis but primary care within VA). Proposed models of health care delivery would incorporate patient satisfaction measures as well as exemplify seamless, patient-centered health care for veterans with kidney disease receiving dual care. The VA Patient Centered Medical Home initiative, for example, promotes better care coordination through improved communication and interaction between the VA and the non-VA health care provider.
- **Alternative Models for Delivery of Dialysis Services:** VA seeks proposals examining cost effectiveness of alternative models of the delivery of hemodialysis; examples include development of tools to evaluate cost effectiveness of various staffing models for free-standing or hospital-based dialysis units for make/break decisions about implementing alternative dialysis programs such as nocturnal dialysis or daily dialysis or self dialysis.
- **Alternative ventures with other federal agencies to provide renal support services for veterans:** VA seeks models of care which demonstrate feasibility, cost effectiveness, and patient satisfaction with dialysis care delivered by cooperative effort of federal agencies. Examples might include operation of shared freestanding dialysis facilities; cross referral between federal dialysis facilities; etc.
- **Software Innovation to integrate dialysis medical services documentation into EMR:** VA seeks unifying software innovation that would automatically download dialysis data into the EMR for national and local quality improvement purposes and enhanced medical documentation. Such a proposal would address reporting of home dialysis data as well as dialysis data generated in VA based facilities. It should also address dialysis data/labs/medical notes generated in community-based dialysis facilities to improve the clinical oversight of dialysis care delivered in the community via contracted services.
- **Wearable Dialysis devices:** VA seeks proposals to test utility and feasibility of employing wearable dialysis devices. Quality of care and patient acceptability are requisite measures.
- **Facilitated Communication - Clinical Information Sharing with VA and Community Providers:** VA has an advanced electronic health record, but lacks tools that improve clinician to clinician communication, particularly over significant distances. VA would like to provide the capability for staff to communicate with

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each other regarding sensitive patient care information in a secure environment that protects patient confidentiality and privacy. These tools might provide either synchronous or asynchronous capability to request urgent renal consultative help with patient care issues or to communicate more routine information that might not otherwise specifically be in the medical record. For example, such a tool might be used by a nephrologist with a remote primary care colleague for a virtual renal consultation, or with a patient dialyzing at home, or with the staff of a mobile dialysis unit. Ideally, this tool could be used by both VA staff as well as clinicians outside of VA (at free-standing or contracted community dialysis facility) to communicate with VA renal staff. These tools will ideally fit into the normal work flow (possibly from within the VA EMR) of VA staff. The virtual renal consultation conserves cost while improving access to needed specialist expertise.

- Tools to embed chronic kidney disease clinical practice guidelines (CPG) and tool kit into work flow process: Embedding, rather than overlaying, of guidelines and tool kits is critical to usefulness of CPGs and their associated tool kits. Proposals are sought that would encourage guideline consideration, facilitate tool kit use, and permit assessment of utility and of adherence to guidelines.
- Models of PCMH: VA seeks proposals exploring models of patient centered medical homes (PCMH) for those with CKD and ESKD. These models demand close relationships between Primary Care and Specialist services with sharing of expertise and knowledge through frequent communication and interactions revolving around patient care. Different alternatives for different geographic or demographic patient populations could be proposed. Broad outcomes would include (but are not limited to) measures of coordination of care, patient satisfaction, delivery of disease specific care and preventive care, morbidity and mortality.
- Patient Education Initiatives: VA seeks proposals that would allow patients to more fully participate in their care, working toward a more patient-centered approach. This would include development of educational modules regarding the many aspects of care for patients with kidney disease and mechanisms to effectively distribute the information to patients. Proposals could include: tailored measures to slow down progression of kidney disease, nutritional information tailored to fit the patient's profile, dialysis options, transplantation options, and shared decision making about dialysis initiation and discontinuation decisions (per Renal Physicians Association guidelines), and efforts to evaluate and improve the quality of end-of-life and palliative care for veterans receiving dialysis.
- Patient-centered decision making – VA seeks proposals for the development of effective mechanisms to help patients achieve greater satisfaction with care by involving them as a central figure in decision-making regarding CKD and ESKD

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care. These mechanisms can be broad ranging, from the development of specific tools to clinical systems to achieve the desired goal.

IV. PROPOSAL PREPARATION INSTRUCTIONS

Proposal(s) must present the proposed area of interest solution in sufficient detail to allow the VAI2 Industry-IC peer review to thoroughly evaluate the impact of the proposal to the area of interest. All proprietary data must bear an appropriate restrictive legend.

Offerors are advised that the quality of the information presented in the proposal is significantly more important than the quantity. It is desired that the proposals, as briefly as possible, provide details of the technology and the design of the proposed solution, the impact to the stated field of interest, the scalability of the solution, the implementation plan, and the capabilities and experience of the Offeror as described in the section entitled "Proposal Submission Format". All information, except cost, shall be provided in Volume I, not to exceed 50 pages. Cost shall be submitted as Volume II and there is no page limit. Volumes I and II must be provided for the proposal to be considered.

Proposal Submission Format

A. General

(1) Transmittal Letter:

On your organization's letterhead stationery, provide:

- a. Legal name and address of your organization, and Cage Code
- b. Type of organization and place of performance
- c. Topic number and Title of the proposed development and/or field test solution
- d. Period of performance and proposed amount
- e. Type of contract proposed
- f. Name and title of the Principal Investigator or Project Director
- g. Name, title and signature of an official authorized to legally bind the organization
- h. Confirmation of update On-line Representation, Certification, and Application (ORCA)

(2) Format

Proposals must be printed in English, using no smaller than 12-point Arial or Times New Roman font on standard 8 1/2" x 11" white paper with 1-inch margins. Chart, tables, and graphs may utilize 8 point font size and spacing. Pages may be printed double-sided and presented in a standard portrait presentation. Pages printed double-sided will count as two (2) pages. Charts, diagrams, and similar representations will count towards the page count limitations and any page larger than 8 1/2" x 11" will count as more than one (1) page. Proposals that exceed the page count limits will be reduced to the page limitation by removing every page in excess of the limit and removed pages

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will not be evaluated. All pages minus the cover page must be numbered. Page limitations are outlined in the above section.

B. Technical Proposal - The Technical proposal shall include, but not be limited to:

(1) A detailed background, discussion and description of the proposed solution. The Offeror shall identify whether the solution is a Development Proposal and/or a Field Test Proposal. The proposal shall demonstrate that the Offeror understands the area of interest.

(2) A clear, concise definition of the impact, benefits, and scalability of the solution to the stated area of interest.

(3) A description of the solution design and/or architecture. Development Proposals shall clearly identify the new technology being developed, including a description of the current technology status and the future development to be undertaken. Field Test Proposals shall clearly indicate the current level of deployment of the solution and describe the areas where a VA deployment involves new or untested usage.

(4) A reasonably complete discussion which details the feasibility and the methodology of the proposed approach(s) and identifies the level of effort to be employed. Risks associated with the proposers' solutions as well as mitigation strategies shall be identified and discussed.

(5) Offeror's unique capabilities and/or specialized experience shall be identified.

(6) An Implementation Plan shall address the areas of personnel, facilities, management, and structure of the organization, schedule, milestones and deliverables proposed. The Implementation Plan shall clearly identify the major development, testing and integration activities involved in the proposed solution. The Implementation Plan shall include reporting on the program's progress.

(7) Offeror shall identify and provide resumes for key personnel and the principal investigator.

Development Proposals shall include milestones that demonstrate achievement of significant design steps, validation of new technologies and/or architectures, completion of work that indicates substantial risk reduction, etc. Prototype delivery and/or demonstration milestones shall be included, if appropriate.

Field Test Proposals shall include milestones that demonstrate significant steps in design, integration, testing, installation, verification, data collection, etc. The proposal shall clearly identify any required interaction with VA resources, data, facilities, etc. Prototype delivery and/or demonstration milestones shall be included, if appropriate.

All Proposals shall clearly identify the risks involved with their proposed solutions.

D. Cost/Price

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The Government intends to maximize the use of Firm Fixed Price (FFP) type contract(s) awarded under this BAA. However, if a contractor were to propose the use of a cost type contract, the Federal Acquisition Regulation cites a specific limitation for use. The contractor must have an accounting system that is adequate for determining costs applicable to the contract. In addition, the use of a cost-reimbursement contract is prohibited for the acquisition of commercial services.

The Offeror's cost/price proposal shall be prepared in a clear and concise manner that accurately reflects the Offeror's total proposed amount for accomplishing the proposed solution. Cost data shall include all costs expected during the performance of the contract. All details, broken down by cost element, shall be prepared for each major task along with supporting rationale. All cost data is subject to Government evaluation and verification.

The cost proposal shall include the following elements of cost for the proposed effort:

- (1) Direct Labor: The labor category, number of hours, direct labor rate per hour for each category and totals for each category of the effort.
- (2) Materials: An itemized listing of material requirements and associated costs for the effort. Unless otherwise specified, all materials purchased for performance of the effort are to be delivered to the Government upon completion/termination of the contract.
- (3) Travel: Contemplated expenditures for travel which support the effort.
- (4) Other Direct Costs: Costs associated with laboratory usage, computer usage, reproduction, etc.
- (5) Costs for Consultants: The number of hours and breakdown of total costs shall be indicated as well as the nature and scope of the service furnished by any consultant. State the reason(s) why a consultant was required to complete the effort.
- (6) Cost for Subcontractors: A breakdown of the subcontract amount by cost element and profit/fee must be shown to fully evaluate the proposal.
- (7) Indirect Costs: Overhead and general & administrative rates. Indirect costs shall indicate whether the rates used are fixed or provisional. Also indicate the time frames to which the rates are applicable.
- (8) Profit/Fee: Proposed fee for cost-plus type contracts shall not exceed the statutory limitations.
- (9) Funding Profile: Since contracts awarded under this BAA may be incrementally funded, the Offeror shall include its desired funding profile indicating planned expenditures by calendar quarters.

VI. PROPOSAL EVALUATION CRITERIA

It is the policy of the VA i2 to treat all proposals as privileged information. All proposals shall be subject to evaluation by a team of Government personnel and Industry Subject Matter Experts (SMEs) from Intel Capital, New Enterprise Associates, and ON

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Semiconductor. The Evaluation SMEs may be modified by the VA, however, any changes to this list will be provided via an amendment to the BAA.

Proposals shall be evaluated on their own merit, according to the factors cited below. All evaluators are made aware that without written permission from the Offeror proposals shall not be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate the proposal. If a contract is awarded on the basis of the proposal submitted under this BAA, the negotiated terms of the contract control disclosure and use of the proposal.

The following criteria will be used to evaluate all proposals:

1. The potential impact, benefits, and contributions of the solution to the VA mission areas of interest.
2. The quality of the proposed solution design.
3. The quality of the proposed implementation plan.
4. The scalability of the proposed solution.
5. The Offeror's capabilities, related experience, facilities, techniques, or unique combinations of these which are integral factors for achievement of proposal objectives.
6. The availability of funds.

Proposals submitted in response to this BAA shall be evaluated as they are received throughout the duration of this solicitation. Proposals lacking technical merit or relevance to VA's needs, or those proposals that may fall in areas wherein funds are not expected to be available, may be rejected without further action.

Proposals will not be evaluated against other proposals in the same area of interest.

VII. OTHER PERTINENT INFORMATION

A. Certificate of Current Cost or Pricing Data: Upon completion of negotiations and agreement of contract price, when the cost or pricing data is required, the Offeror shall submit a Certificate of Current Cost or Pricing Data see FAR 15.406-2. The Contracting Officer will utilize the techniques set forth at FAR 15.402 and other appropriate sections to assist in the determination of price reasonableness.

B. Responsibility Determination: To be eligible for award of a contract, all prospective Offerors must meet certain minimum standards pertaining to financial resources, ability to comply with performance schedules, have a satisfactory performance record, integrity, organizational structure, experience, accounting and operational controls, technical skills, facilities and equipment and be otherwise qualified. For additional information concerning standards of responsibility for prospective contractors, please refer to FAR Subpart 9.1.

- C. Restrictive Marking on Proposals:** Notwithstanding VA policy, if information contained in the proposal is in the public domain or cannot be protected under law as trade secret (e.g., a patent application), the VA will not accept liability for failure to safeguard it against open disclosure. If an Offeror wishes to restrict the proposal, the Offeror shall mark the title page with the following legend: "This data shall not be disclosed outside the Government and shall not be duplicated, used or disclosed in whole or in part for any purpose other than to evaluate the proposal; provided that if a contract is awarded to this BAA responder as a result of or in connection with the submission of this data, the Government shall have the right to duplicate, use or disclose the data to the extent provided in the contract. This restriction does not limit the Government's right to use information contained in the proposal if it obtained from another source without restriction. The data subject to this restriction is contained on page _____."
- D. Representations and Certifications:** The vendor shall complete and submit Representations and Certifications via <https://www.bpn.gov/orca>. Vendors attest that at of the submission of their offer, their record at On-line Representation, Certification, and Application (ORCA) is current, accurate, and complete.
- E. Subcontracting Plan:** In negotiated acquisitions, each solicitation of offers to perform a contract or contract modification, that individually is expected to exceed \$550,000 and that has subcontracting possibilities, shall require the apparently successful Offeror to submit an acceptable subcontracting plan. If the apparently successful Offeror fails to negotiate a subcontracting plan acceptable to the contracting officer within the time limit prescribed by the contracting officer, the Offeror will be ineligible for award. However, subcontracting plans are not required from small business concerns.
- F. Central Contractor Registration (CCR):** Successful Offerors not already registered in the Central Contractor Registry (CCR) will be required to register prior to award of any contract. Information on CCR registration is available at <http://www.ccr.gov>.
- G. Electronic Submissions:** The Government requires electronic submittal of proposals. All proposals shall be submitted to following email address: vai2baa@va.gov.
- H. Negotiation of proposals:** If a proposal is selected, the Contracting Officer shall provide the contractor a solicitation document containing the terms and conditions of the proposed contract. The Contracting Officer shall then commence negotiations with the contractor.

VIII. REFERENCES

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- Federal Information Security Management Act (FISMA) of 2002;
- VAAR 852.273-75 Security requirements for unclassified information technology resources (interim Oct 2008)
- FIPS Pub 201, Personal Identity Verification for Federal Employees and contractors, February 25, 2005
- Software Engineering Institute Capability Maturity Model Integration, (CMMI)
- Privacy Act of 1974
- Title VI of the Civil Rights Act of 1964
- VA Directive 0710 dated September 10, 2004
- VA Directive 6102
- VA Handbook 6102, Internet/Intranet Services
- Health Insurance Portability and Accountability Act (HIPAA); 45 CFR Part 160, 162, and 164; Health Insurance Reform: Security Standards; Final Rule dated February 20, 2003
- Electronic and Information Technology Accessibility Standards (36 CFR 1194)
- OMB Circular A-130
- U.S.C. § 552a, as amended
- 32 CFR 199
- An Introductory Resource Guide for Implementing the Health Insurance Portability and Accountability Act (HIPAA) Security Rule, March 2005
- Sections 504 and 508 of the Rehabilitation Act (29 U.S.C. § 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998
- Homeland Security Presidential Directive (12) (HSPD-12)
- VA Handbook 6500, Information Security Program
- OED ProPath Process Methodology
(<http://vaww.webdev.oed.oit.va.gov/process/propath/>)

NOTE: In the event of a conflict, OED ProPath takes precedence over other processes or methodologies.

- NBS SP500-153, " Guide to Auditing for Controls and Security: A System Development Life-Cycle Approach," April 1988
- Program Management Accountability System (PMAS) portal
<http://vaww.oed.portal.va.gov/pmas/Pages/default.aspx>

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- Technical Reference Model (TRM) National Institute Standards and Technology (NIST) Special Publications
- Federal Travel Regulation (FTR)
(www.gsa.gov/federaltravelregulation) d f d f

ADDENDUM A

Cyber and Information Security Requirements for VA IT Services

The Contractor shall ensure adequate LAN/Internet, data, information, and system security in accordance with VA standard operating procedures and standard PWS language, conditions, laws, and regulations.¹ The Contractor's firewall and web server shall meet or exceed the VA minimum requirements for security. All VA data shall be protected behind an approved firewall. Any security violations or attempted violations

¹ See VAAR 852.273-75 referenced *infra*.

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shall be reported to the VA Program Manager and VA Information Security Officer as soon as possible. The Contractor shall follow all applicable VA policies and procedures governing information security, especially those that pertain to certification and accreditation.

Each documented initiative under this contract incorporates the security clauses at VAAR 852.273-75 voiced in the Secretary's 27 February 2009 memorandum, "Protecting Information Security and Privacy" by reference as though fully set forth therein. The clauses shall also be included in every related agreement, contract or order. Referenced memoranda are attached below.



Memorandum VA
Contract Security Pri

Training requirements: The Contractor shall complete all mandatory training courses identified on the Intranet at the current VA training site Learning Management System (LMS) and will be tracked therein. The LMS may be accessed at <https://www.lms.va.gov/plateau/user/login.jsp>.

Contractor employees shall complete a VA Systems Access Agreement if they are provided access privileges as an authorized user of the computer system of VA.

A1.0 VA Enterprise Architecture Compliance

The applications, supplies, and services furnished under this contract must comply with One-VA Enterprise Architecture (EA), available at <http://vaww.eas.vaco.va.gov/OneVAEA/> in force at the time of issuance of this contract, including the Program Management Plan and VA's rules, standards, and guidelines in the Technical Reference Model/Standards Profile (TRMSP). The VA reserves the right to assess contract deliverables for EA compliance prior to acceptance.

A1.1. VA Internet and Intranet Standards:

The Contractor shall adhere to and comply with VA Directive 6102 and VA Handbook 6102, Internet/Intranet Services, including applicable amendments and changes, if the Contractor's work includes managing, maintaining, establishing and presenting information on VA's Internet/Intranet Service Sites. This pertains, but is not limited to: creating announcements; collecting information; databases to be accessed, graphics and links to external sites.

Internet/Intranet Services Directive 6102 is posted at (copy and paste the following URL to browser): http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=409&FType=2

Internet/Intranet Services Handbook 6102 is posted at (copy and paste following URL to browser): http://www1.va.gov/vapubs/viewPublication.asp?Pub_ID=410&FType=2

A2.0 Notice of the Federal Accessibility Law Affecting All Electronic and Information Technology Procurements (Section 508)

On August 7, 1998, Section 508 of the Rehabilitation Act of 1973 was amended to require that when Federal departments or agencies develop, procure, maintain, or use Electronic and Information Technology, that they shall ensure it allows Federal employees with disabilities to have access to and use of information and data that is comparable to the access to and use of information and data by other Federal employees. Section 508 required the Architectural and Transportation Barriers Compliance Board (Access Board) to publish standards setting forth a definition of electronic and information technology and the technical and functional criteria for such technology to comply with Section 508. These standards have been developed and published with an effective date of December 21, 2000. Federal departments and agencies shall develop all Electronic and Information Technology requirements to comply with the standards found in 36 CFR 1194.

Section 508 – Electronic and Information Technology (EIT) Standards:

The Section 508 standards established by the Architectural and Transportation Barriers Compliance Board (Access Board) are incorporated into, and made part of all VA orders, solicitations and purchase orders developed to procure Electronic and Information Technology (EIT). These standards are found in their entirety at: <http://www.section508.gov> and <http://www.access-board.gov/sec508/standards.htm>. A printed copy of the standards will be supplied upon request. The Contractor shall comply with the technical standards as marked:

- § 1194.21 Software applications and operating systems
- § 1194.22 Web-based intranet and internet information and applications
- § 1194.23 Telecommunications products
- § 1194.24 Video and multimedia products
- § 1194.25 Self contained, closed products
- § 1194.26 Desktop and portable computers

The standards do not require the installation of specific accessibility-related software or the attachment of an assistive technology device, but merely require that the EIT be compatible with such software and devices so that it can be made accessible if so required by the agency in the future.

A3.0 Physical Security & Safety Requirements:

The Contractor and their personnel shall follow all VA policies, standard operating procedures, applicable laws and regulations while on VA property. Violations of VA regulations and policies may result in citation and disciplinary measures for persons violating the law.

1. The Contractor and their personnel shall wear visible identification at all times while they are on the premises.

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2. The VA does not provide parking spaces at the work site; the Contractor must obtain parking at the work site if needed. It is the responsibility of the Contractor to park in the appropriate designated parking areas. The VA will not invalidate or make reimbursement for parking violations of the Contractor under any conditions.
3. Smoking is prohibited inside/outside any building other than the designated smoking areas.
4. Possession of weapons is prohibited.
5. The Contractor shall obtain all necessary licenses and/or permits required to perform the work, with the exception of software licenses that need to be procured from a contractor or vendor in accordance with the requirements document. The Contractor shall take all reasonable precautions necessary to protect persons and property from injury or damage during the performance of this contract.

A4.0 Confidentiality and Non-Disclosure

The Contractor shall follow all VA rules and regulations regarding information security to prevent disclosure of sensitive information to unauthorized individuals or organizations.

The Contractor may have access to Protected Health Information (PHI) and Electronic Protected Health Information (EPHI) that is subject to protection under the regulations issued by the Department of Health and Human Services, as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA); 45 CFR Parts 160 and 164, Subparts A and E, the Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”); and 45 CFR Parts 160 and 164, Subparts A and C, the Security Standard (“Security Rule”). Pursuant to the Privacy and Security Rules, the Contractor must agree in writing to certain mandatory provisions regarding the use and disclosure of PHI and EPHI.

1. The Contractor will have access to some privileged and confidential materials of the VA. These printed and electronic documents are for internal use only, are not to be copied or released without permission, and remain the sole property of the VA. Some of these materials are protected by the Privacy Act of 1974 (revised by PL 93-5791) and Title 38. Unauthorized disclosure of Privacy Act or Title 38 covered materials is a criminal offense.
2. The VA Contracting Officer will be the sole authorized official to release in writing, any data, draft deliverables, final deliverables, or any other written or printed materials pertaining to this contract. The Contractor shall release no information. Any request for information relating to this contract presented to the Contractor shall be submitted to the VA Contracting Officer for response.
3. Contractor personnel recognize that in the performance of this PWS, Contractor personnel may receive or have access to sensitive information, including information provided on a proprietary basis by carriers, equipment manufacturers and other private or public entities. Contractor personnel agree to safeguard such information and use the information exclusively in

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- the performance of this contract. Contractor shall follow all VA rules and regulations regarding information security to prevent disclosure of sensitive information to unauthorized individuals or organizations as enumerated in this section and elsewhere in this Contract and its subparts and appendices.
4. Contractor shall limit access to the minimum number of personnel necessary for contract performance for all information considered sensitive or proprietary in nature. If the Contractor is uncertain of the sensitivity of any information obtained during the performance this contract, the Contractor has a responsibility to ask the VA Contracting Officer.
 5. Contractor shall train all of their employees involved in the performance of this contract on their roles and responsibilities for proper handling and nondisclosure of sensitive VA or proprietary information. Contractor personnel shall not engage in any other action, venture or employment wherein sensitive information shall be used for the profit of any party other than those furnishing the information. The sensitive information transferred, generated, transmitted, or stored herein is for VA benefit and ownership alone.
 6. Contractor shall maintain physical security at all facilities housing the activities performed under this contract, including any Contractor facilities according to VA-approved guidelines and directives. The Contractor shall ensure that security procedures are defined and enforced to ensure all personnel who are provided access to patient data must comply with published procedures to protect the privacy and confidentiality of such information as required by the VA.
 7. Contractor must adhere to the following:
 8. The use of "thumb drives" or any other medium for transport of information is expressly prohibited.
 9. Controlled access to system and security software and documentation.
 10. Recording, monitoring, and control of passwords and privileges.
 11. All terminated personnel are denied physical and electronic access to all data, program listings, data processing equipment and systems.
 12. VA, as well as any Contractor (or Contractor) systems used to support development, provide the capability to cancel immediately all access privileges and authorizations upon employee termination.
 13. Contractor PM and VA PM are informed within twenty-four (24) hours of any employee termination.
 14. Acquisition sensitive information shall be marked "Acquisition Sensitive" and shall be handled as "For Official Use Only (FOUO)".
 15. Contractor does not require access to classified data.
 16. Regulatory standard of conduct governs all personnel directly and indirectly involved in procurements. All personnel engaged in procurement and related activities shall conduct business in a manner above reproach and, except as authorized by statute or regulation, with complete impartiality and with preferential treatment for none. The general rule is to strictly avoid any

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conflict of interest or even the appearance of a conflict of interest in VA/Contractor relationships.

(End of Broad Agency Announcement)