

TASK FORCE CHARTER FOR FEASIBILITY STUDIES & MASTER PLANS

1. **PURPOSE:** To ensure national conformity and consistent methodology in implementation of the Secretary of Veterans Affairs CARES Decisions, a contractor will be retained nationally to develop the options and recommendations for the realignments identified in Attachment 1. While the contractor will provide an objective set of options and a recommendation for implementing CARES Decisions, VA will ensure local participation in the process and allow for meaningful stakeholder input by developing locally-based task forces charged with working with the contractor to develop studies or plans and evaluating and making recommendations on the analysis completed by the contractor.

2. TASK FORCE OBJECTIVES:

Task Forces will be responsible for accomplishing the following objectives.

- A. Collaborate with the contractor to provide an executive perspective on CARES plans, realignment plans, facility mission and workload, facility clinical issues, environmental factors, VISN referral issues, significant cross VISN issues, and stakeholder concerns. VISN staff will be responsible for providing information in support of the contractor and the task force.
- B. In collaboration with the Contractor, develop and execute a stakeholder relations plan that will ensure that local stakeholders are informed of, and have an opportunity to provide input into, the implementation process.
- C. Evaluate the contractor provided options and recommendation. Solicit stakeholder input and make a recommendation on which Option to implement. If the Task Force agrees with the Contractor's option, a memo to that effect is required from the Chairman of the Task Force. If the Task Force recommendation does not agree with the Contractor's recommended option, If the Task Force recommendation does not agree with the Contractor's recommended option, the task force will be required to justify its recommendation. Attachment 4, "Addendum to 04 Strategic Plan: CARES Implementation Plan: CARES Implementation Plan" is included as a draft sample format for this submission. Justifications will be submitted to the DUSHOM and will be reviewed by the DUSHOM and USH before being presented to the CARES Implementation Board for consideration and approval.

3. TASK FORCE MEMBERSHIP:

- A. Each facility realignment study and Master Plan will have a Task Force of 5-10 members established to interact with the contractor, develop and execute a stakeholder relations strategic plan, and review and make recommendations regarding the implementation options provided by the contractor. Membership will include:

Chair - Network Director or Facility Director, not from the facility under review, within the Network (Boston and New York studies to have a non-VA health care executive as the Chair)

VA Members – Regional Counsel, adjacent VISN representative (if appropriate), facility top management and other appropriate VISN or facility staff and clinicians. The task force should include members with expertise in strategic planning, finance, clinical, and capital management.

Non-VA Members – Stakeholders will also be included in the membership. Stakeholders will include, but not be limited to, representatives from: Local government, Congressional interests, Affiliates, Veterans Services Organizations and Unions. The Network Management Assistance Councils (MAC) may serve this function.

Consultants – Other VACO and VHA consultants are also available as needed during the study/plan development to include, but not be limited to, 10N, Facilities Management, the VSSC, and the Office of Asset and Enterprise Management.

- B. Each VISN Network Director shall submit nominations for the Chair and Task force membership to the Office of Strategic Initiatives (10ND) in the Office of the Under Secretary for Health for Operations and Management (10N) no later than July 8, 2004. These nominations will be considered for official appointment by the CARES Implementation Board.

Type of Study / Plan	Description	Facilities	Required Board Actions	Due Dates
Type A - National Studies/Plans				
VRAH study	At completion of VRAH policy and guidance, analysis of clinical data against criteria to define the appropriate scope of practice and ensure that it meets quality standards. Will provide results to Networks for comments and implementation planning as part of the Strategic Plan submission in 2005	Aitona Erie Beckley Grand Junction Cheyenne Hot Springs Poplar Bluff	Approve National Policy, Approve general methodology and VRAH study PLUS cost studies	Policy due June 2004 Plans with Strat Plan in Feb 2005
Mental Health Strategic Plans	After completion of policy, projections and template (in progress), Networks to include plans for incorporating outcome as part of the 2005 Strategic Plan. Where plans involve neighboring Networks, team will include neighboring Network representation	National	Approve Plan mid-summer	With Strat Plan in Feb 2005
Long Term Care Strategic Plans	After completion of policy, projections and template (in progress), Networks to include plans for incorporating outcome as part of the 2005 Strategic Plan. Where plans involve neighboring Networks, team will include neighboring Network representation	National	Approve Plan	With Strat Plan in Feb 2005
SCI/BRC Plans	After bed and type of care validation is completed, include plans for incorporating outcome as part of the 2005 Strategic Plan. Where plans involve neighboring Networks, team will include neighboring Network representation	VISN 2, 3, 4 (Syr, Phil, Bronx, Castle Point, East Orange) Augusta - SCI Tampa - SCI Memphis - SCI Cleveland - SCI VISN 16 - SCI Denver - SCI Long Beach - SCI Minneapolis - SCI Biloxi - BRC Long Beach - BRC	Approve scope, approve team, review recommendations and approve study	With Strat Plan in Feb 2005
Historic Property Plan	Develop plan - identify all facilities & costs, develop strategy for unneeded/ underused space. Develop partnerships with historical societies for donation or disposal.	National	Approve Plan	Dec-04
National Clinical Contracting Study	Develop National Clinical Contract Strategy to leverage the healthcare community providing healthcare services to VA, developing standardized contract scope resulting in quality healthcare with quality based monitors and performance based objectives.	National	Approve scope, approve team, review recommendations and approve study	Nov-04
Type B - Feasibility Studies & Master Plans utilizing VA contractor				
Feasibility Study	Comprehensive study of the feasibility, cost-effectiveness and impact of realignment. Focus on modern state of the art facilities, access to care and quality of care and will result in recommendations based on an in-depth cost/business analysis outlined in the Secretary's Decision. VA will assign a contractor to conduct the study. VA will develop a local task force to oversee the study, conduct stakeholder outreach, review the study and make a recommendation to the CARES Implementation Board. Waco and Walla Walla will also include a Master Plan	Boston (Non-VA Chair) NY City (Non-VA Chair) CAVHCS Muskogee Louisville w/VBA Waco w/VBA Big Spring Walla Walla	Approve task force, approve study template, and review and approve task force recommendation	Due Dec 04
Master Plans	Using a National Contractor and local Task Force, develop a Master Plan to include the physical plant and the transfer of healthcare services (if appropriate). Plan will include strategies for managing the transition of care, ensuring no interruption of services and minimizing any impact on patients, employees and the community. Plan will include strategies for the appropriate size and location of the facilities, state of the art facilities, historical properties, environmental clean-up, opportunities for VBA/NCA collaborations, a cost effectiveness analysis and will pursue EU opportunities for vacant and underutilized space.	Pittsburgh Bracksville Gulftport Denver Montrose/Castle Point w/NCA Livermore Knoxville Canandaigua	Approve task force, approve methodology, and review and approve task force recommendation Approve task force, approve methodology, and review and approve task force recommendation	Due Sept 04 Due Dec 04
	Using a national contractor and local Task Force, develop a Master Plan (Master Plan is limited to options identified in the Secretary's decision) to include the physical plant. Plan will include strategies for the appropriate size and location of the facilities, state of the art facilities, historical properties, environmental clean-up, opportunities for VBA/NCA collaborations, a cost effectiveness analysis and will pursue EU opportunities, or other disposal methods for vacant and underutilized space.	St. Albans Perry Point Augusta Lexington (Leestown) Vancouver White City	Approve task force, approve methodology, and review and approve task force recommendation	Due Dec 04

Type of Study / Plan	Description	Facilities	Required Board Actions	Due Dates
Type C - Plans for implementing decisions already made (No national Contractor)				
One-VA Studies - VBA	Determine feasibility of collaboration and develop plans as appropriate for moving forward.	Columbia Minneapolis	Approve feasibility study	Due Sept 04
Transition Plans	Plan to include the strategies for managing the transition of care, including closures, ensuring no interruption of services, and minimizing any impact on patients, employees and the community. Include collaboration of stakeholders in study.	V1 inPt access study Dublin Ft. Wayne Saginaw	Review and approve transition plan	With Strat Plan in Feb 2005
		Butler	Review and approve general methodology and EU plan	
		Kerrville	Review and approve general methodology and implementation plan	
		Perry Point / Wash DC Martinsburg / Wash DC Murfreesboro / Nashville Ann Arbor Phoenix / Prescott Battle Creek / Detroit	Approve transition plan Approve methodology and transition plan	Due Dec 2004
Type D - Tracking items only - Implementation already underway using other VA processes				
One-VA Studies - VBA/NCA		Newington Leavenworth St. Louis - JB Marion Roseburg Sarasota Mountain Home	On-going	
Master Plans		Columbus Las Vegas (with VBA) West LA - (w/VBA & NCA)	On-going	
Design & Construct Plans		Tampa Orlando San Juan	On-going	
Enhanced Use Lease Plans		Ft. Howard Charleston, SC Durham	On-going	

SCOPE OF WORK FOR CONTRACTOR ON CARES STUDIES/PLANS
Draft

This is a draft document solely for the intent to provide preliminary information about the anticipated scope of work for studies and master plans. The general approach will be the development of specific data and standardized templates, which will be utilized for specific individual study activities

Scope of Work:

A Contractor will be retained nationally, with the Contracting Officer's Technical Representative in the Office of Strategic Initiatives to perform the Feasibility Plans and Master Plans. This will ensure objectivity and uniformity in the analysis.

Scope for the Feasibility Studies: Working with the Task Force, develop a comprehensive study, with at least 3 options for the feasibility, cost-effectiveness, highest and best use determination of property and impact of realignment. Focus will be on modern state of the art facilities, access to care and quality of care. Recommendations will be then be based on an in-depth cost/business analysis outlined in the Secretary's Decision. Each site will have more detailed information provided at a future date, but in general, this shall be completed for the following sites:

Boston	CAVHCS-West	Waco	Louisville
New York City	Muskogee	Big Spring	Walla Walla

Scope for the Master Plans: Working with the locally chaired Task Force, develop a Master Plan to include the physical plant and the transfer of healthcare services (if appropriate). Plan will include strategies for managing the transition of care, ensuring no interruption of services and minimizing any impact on patients, employees and the community. Plan will include determination of the appropriate size and location of the facilities, provision of state of the art facilities, consideration of historic properties and environmental impacts, opportunities for VBA/NCA collaborations, determination of highest and best use of the property, a cost effectiveness analysis of all planned procurement, and analysis of implementation alternatives for acquisition of needed facilities through use of EU leases. Master Plans will include a space plan and campus plot plans showing the proposed changes. Each site will have more detailed information provided at a future date, but in general, this shall be completed for the following sites:

Pittsburgh	Gulfport	Montrose/Castle Point	St. Albans
Brecksville	Denver	Canandaigua	Lexington (Leestown)
Augusta	White City	Livermore	Knoxville
Perry Point	Vancouver		

Objectives of the Analysis

The objectives of the studies and Master plans include:

- A. Working with the VISN Task Force, develop a methodology & template to evaluate 3 alternatives and identify the most appropriate means for the provision of quality, easily accessible care to veterans in the area, the most appropriate location and size of site for provision of care, options to effectively manage vacant and/or underutilized space or land including a detailed analysis to ensure effective use of VA resources, balanced with retaining a high level of quality.
- B. Options for consideration include, but not be limited to:
 - Transferring care to a nearby VHA facility
 - Contracting services in the local community
 - Joint Venture with DoD
 - Sharing agreements, or other instruments, with the objectives of reducing excess space, buildings, or campuses
 - Continuation of inpatient and/or outpatient services
 - New construction on the same or a new site
 - Renovation of an existing site
 - Leasing of clinical space
 - Enhanced Use Lease Authority
 - Out-leasing
 - Revocable License/other conveyances
 - Transfer to other federal, state, or local governments
 - Divestiture through GSA disposal procedures
 - Demolition, to include proper use/transfer of land
 - Economic development conveyances
- C. Develop a detailed analysis to ensure effective use of VA resources, balanced with retaining a high level of quality. The CARES Commission report and the Secretary's decision document noted concerns regarding the limited financial analysis conducted during development of the Market Plans. Special attention should be given to this cost analysis resulting in an in-depth analysis, which builds upon earlier CARES analysis and develops cost and business decisions that guide the recommendation. The analysis will include:
 - Life Cycle Costs
 - Costs to restore current infrastructure versus leasing facilities
 - Cost Accounting findings and recommendations

- D. Develop a plan for soliciting and incorporating stakeholder comments. Stakeholders include Veterans Service Organizations or other Veterans groups, Local and State governments, Congressional Offices, Affiliated Partners, and Employee Unions. VISN Task Force will identify key Stakeholders for Contractor.
- E. Note that any decision to commercially develop, dispose, or reuse VA property must serve to enhance the Department's mission either through consolidation, new buildings, equipment, cash flow, or other mechanisms that lead to improved patient care and/or more effective use of Departmental resources. The Enhanced Use Lease process is currently the only program allowing funds to return to the VA, to be re-programmed for patient care services. The Task Force must also consider alternatives that will enhance services to veterans, such as an application for the McKinney Act for veterans, identifying an assisted living provider who might partner with VA to bring services on site, or by virtue of disposing of property that will allow allocation of scarce dollars formerly used to maintain underutilized infrastructure to patient care activities.
- F. Criteria to be utilized, and analyzed in the studies/master plan for each option:
- Improving or maintaining access to care: Include the current access measurement and proposed along with the narrative if access is changed or remains the same/within VA standards
 - Quality of Care: Describe how the recommended option maintains/improves quality. Identify any program eliminated from the "area of study" or any programs added.
 - Continuity of Care: Describe how VISN will ensure no interruption of services during transition.
 - Physical condition of the receiving site and patient safety: Describe the plans for a state of the art facility to provide the care including long-term strategies to raise the facility condition. Include proposed timeframes and plans for ensuring a safe environment for patient, staff and visitors.
 - Minimize the negative Impact on veterans, employees, community and other stakeholders. Describe concerns and recommendations.
 - Capital requirements: Describe/list all capital requirements to transition the care and implement CARES recommendations. Include schedules for critical implementation projects such as budget year, award year, completion year.

- Operating costs: Determine how to enhance services while more effectively utilizing resources. Describe the impact on operating costs, savings, FTEE, etc. Maximize federal health care dollars through collaboration with other federal entities
 - Human resources: Describe plans for transitioning current employees to new location or positions.
 - Patient care issues and specialized programs: Describe any challenges or actions impacting patient care and special disability programs such as Alzheimer's, SCI, BRC, etc. Please include recommendations to resolve barriers to successfully rollout implementation plans.
 - Impact on Research and Academic Affairs: Describe any impact and the mitigation of any negative impact on Research and Academic Affairs
- G. Submit final report of options and recommended option to the Office of Strategic Initiatives (10N).
- H. Plot plans: Provide "before and after" plot plans of the campus, as shown in Exhibits A, B and C
- I. Demolition/Divestiture Plans: Provide a plot plan as shown in Exhibit D for building to be divested.
- J. Space Plan: Provide a space plan as shown in Exhibit E
- K. Capital Plans: Provide capital plans as shown in Exhibit F
- L. Timeline: Provide a timeline or Gant chart of all activities planned for the transition, including any capital plans

4. **AUTHORITY/LIMITATIONS:**

Options presented must be compliant with existing laws, VA regulations and requirements.

5. **REPORTING SCHEDULE:**

All deliverables will be submitted to the DUSHOM and presented to the CARES Implementation Board for review.

For the following Master Plans

Pittsburgh	Gulfport
Brecksville	Denver

Deliverable 1 – 3 weeks after award of contract - *Develop methodology, templates and plan for stakeholder solicitation and incorporation of stakeholder input for each individual study*

Deliverable 2 – August 20 – *Submit an interim report providing options being developed*

Deliverable 3- September 15 - *Final Report with Options, including timelines, capital plans, stakeholder feedback, etc.*

For the following Feasibility Studies:

Boston	CAVHCS-West	Waco	Louisville
New York City	Muskogee	Big Spring	Walla Walla

And the following Master Plans:

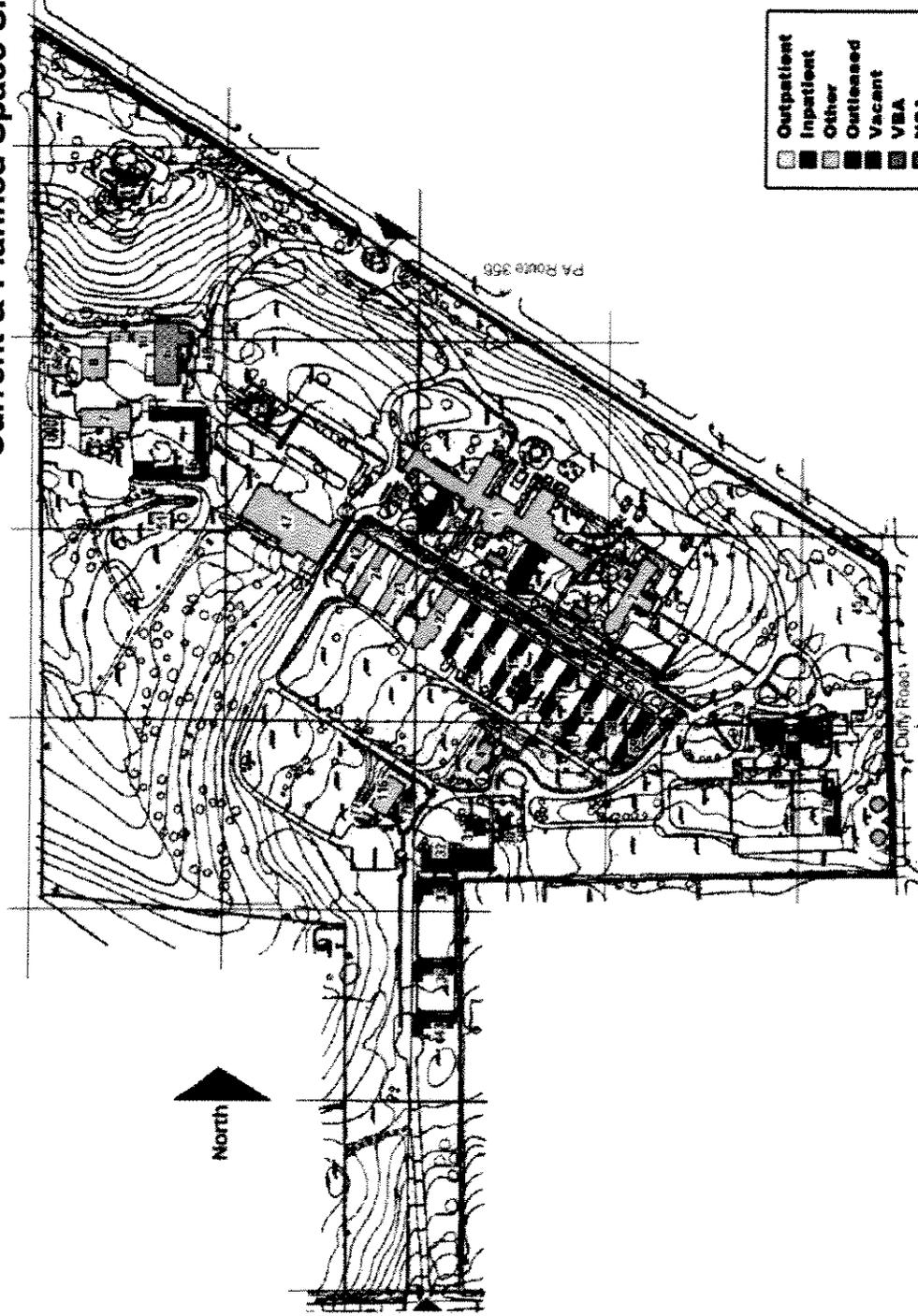
Montrose/Castle Point	Canandaigua	Augusta	White City
Livermore	St. Albans	Lexington (Leestown)	
Knoxville	Perry Point	Vancouver	

Deliverable 1 – 3 weeks after award of contract - *Develop methodology, templates and plan for stakeholder solicitation and incorporation of stakeholder input for each individual study*

Deliverable 2 – September 15 - *Submit an interim report providing options being developed*

Deliverable 3- December 15 - *Final Report with Options, including timelines, capital plans, stakeholder feedback, etc.*

Sample of Exhibit A, B or C Current & Planned Space Site Plans



□	Outpatient
■	Inpatient
□	Other
■	Outleased
□	Vacant
■	VBA
■	NCA

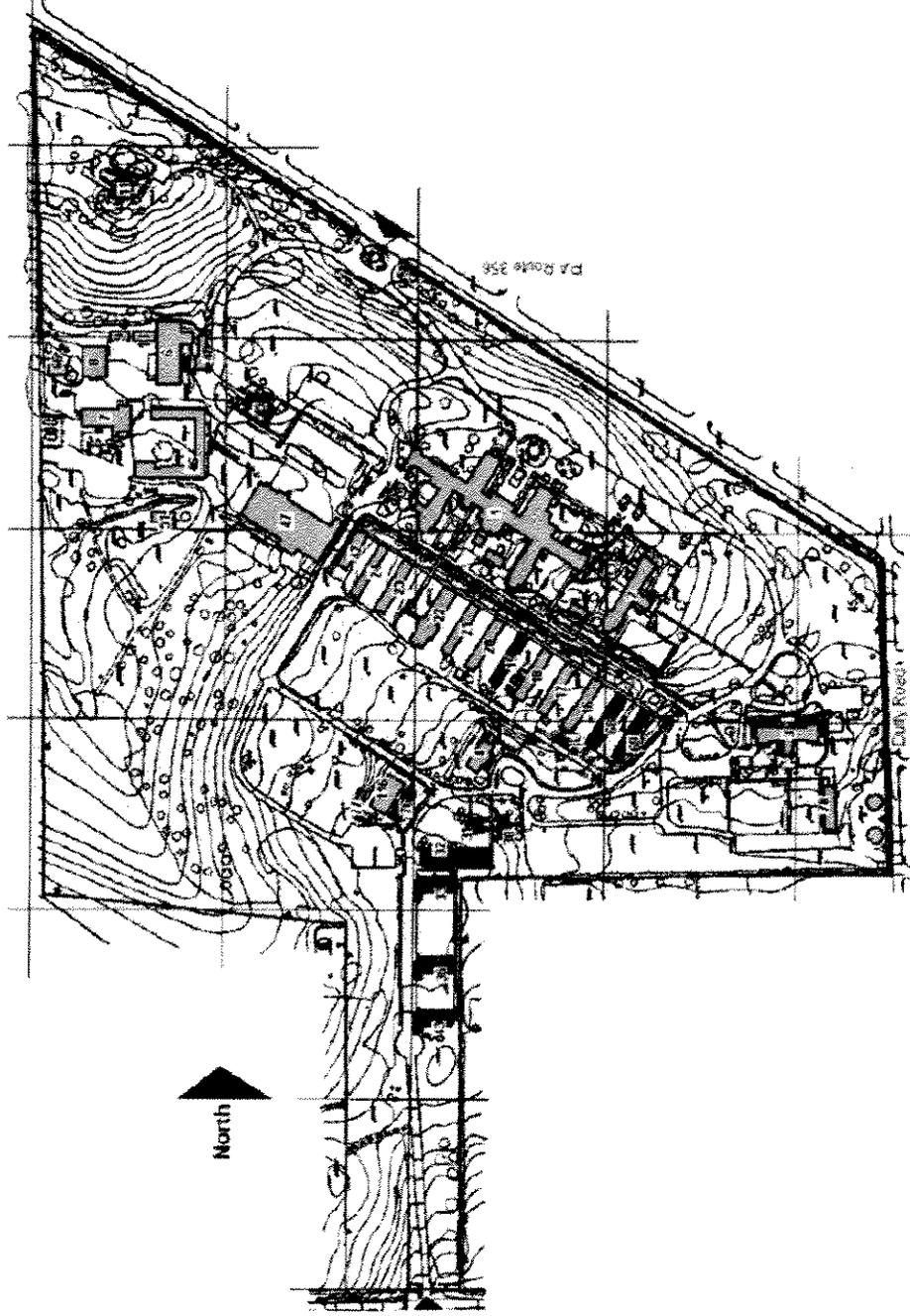
VAMC Butler, PA

REV 05-12-04

SAMPLE

Sample of Exhibit D

Demolition / Disposal Site Plan



VAMC Butler, PA

REV 01-22-04

Enhanced Use

Demolition

VA Use

Sample of Exhibit E

Space Summary

CARES SPACE SUMMARY & COSTS						
CARES Planning Category	Existing Space	Projected Space 2012	Projected Space 2022	Space Gap 2022 +/-	Estimated Capital Cost /	Remarks
Primary Care						
Specialty Care						
Mental Health						
Surgery						
Residential Rehab						
Domiciliary						
Medicine						
Psychiatry						
Ancillary/Diagnostics						
Blind Rehab						
Intermediate and NHCU						
Spinal Cord Injury						
Research						
Administrative						
Other (leased, enhance use, shared etc)						
Vacant						
FACILITY TOTALS						

**Sample of Exhibit F
Capital Plan**

Butler - NRM										
Parent Facility	NRM Category	2005	2006	2007	2008	2009	Sub Total by Category			
Butler	Inpatient	\$149,500	\$171,925	\$395,427	\$454,741	\$522,952	\$1,694,545			
Butler	Outpatient	\$747,500	\$859,625	\$395,427	\$682,112	\$1,045,905	\$3,730,569			
Butler	Infrastructure	\$299,000	\$343,850	\$593,141	\$454,741	\$522,952	\$2,213,684			
Butler	Seismic	\$0	\$0	\$0	\$0	\$0	\$0			
Butler	Research	\$0	\$0	\$0	\$0	\$0	\$0			
Butler	Other	\$299,000	\$343,850	\$593,141	\$682,112	\$522,952	\$2,441,055			
Butler Total		\$1,495,000	\$1,719,250	\$1,977,136	\$2,273,706	\$2,614,761	\$10,079,853			
Butler - Minor										
CARES Cost Scenario #	Parent Facility	Project Category	Project Number	Project Title	Description	VISN Priority by FY	Budget Year Proposed	Estimated Cost		
2436	Butler	All Other	VISN 4-Butler-2005-2	NHCU 2E	Renovate NHCU 2E		2005	\$3,600,000		
-	Butler	All Other	VISN 4-Butler-2006-1	NHCU 3E	Renovate NHCU 3E	3	2006	\$3,600,000		
-	Butler	All Other	VISN 4-Butler-2007-1	Expand Primary and Specialty Care Clinics	Renovate 2W	2	2007	\$3,500,000		
New	Butler	All Other	VISN 4-Butler-2007-2	Dom Renovation	Dom Renovation	9	2007	\$3,500,000		

Butler - Major									
CARES Cost Scenario #	Parent Facility	Project Category	Project Number	Project Title	Description	VISN Priority by FY	Budget Year Proposed	Estimated Cost	
New	Butler	All Other	VISN 4-Butler-2005-1	100 Bed Trans Care Unit	New Major Nursing Home	2	2005	\$40,000,000	
Butler - Enhanced Use									
Parent Facility	VISN CARES Cost Scenario	Type of EUL space(brief description)	Net Useable Square Feet	Acres	List EUL partner	Planned Term of agreement (start and end dates)	VISN's annual projected Net Revenue	Quantified Anticipated benefit/cost avoidance, etc.	
Butler	2387	Private hospital to develop VAMC property	350,000	30	Butler Memorial Hospital	2004-2022	\$ 0	Free Erand Inpatient Service to VA	
Butler	New	Butler County to construct Psych facility on grounds	2,000	2	Butler County	2004-2022	\$ 0	730 BDOC free to VA plus revenue	

Draft Document
ADDENDUM TO 2004 STRATEGIC PLAN (CARES IMPLEMENTATION PLAN)
FORMAT

Introduction:

The purpose of this document is to provide guidance on the required Feasibility Studies and Master Plans to be included as addendums to your FY2004 Strategic Plan. The addendums will incorporate the recommendations of the VACO contractor as to the feasibility, cost-effectiveness, highest and best use determination of property and impact of realignment for select capital assets identified in the recent decisions published in the Secretary of Veterans Affairs CARES Decision Document. Where the specific task force is in agreement with the final recommendations of the contractor endorsement of that addendum will be sufficient. Where the Task Force disagrees with the Contractor's recommended option an additional addendum identifying the alternative recommendation will be submitted for DUSHOM and USH consideration.

For the Transition Studies (no VACO contractor involved), this same format will be adopted for use and submission.

Format:

- I. VISN/Facility Plan Title:**
- II. Executive Summary:** Provide a detailed description of the Contractor Option being recommended – type of care, rationale, etc. Provide a detailed description of the plan for implementing the decision, including stakeholder involvement and timelines.

III. Workload Summary: Complete the table below for the type of care to be transitioned for the period between FY 04 to full implementation date. Expand the table as needed for more years and more receiving facilities.

Workload Category	Workload at Transition Facility			Workload to be transferred to Facility Name			
	Baseline Workload FY 01	2012 Projected Wkid (beds, stops)	2022 Projected Wkid (beds, stops)	FY __	FY __	FY __	FY __
Inpatient Medicine							
Inpatient Surgery							
Inpatient Psych							
Inpatient Dom							
Inpatient NHCU							
Inpatient PR RTP							
Inpatient SCI							
Inpatient BRC							
Outpatient Primary Care							
Outpatient Specialty Care							
Outpatient Mental Health							
Ancillary & Diagnostics							

IV. Analysis. Complete an alternative analysis describing the benefits and negative impacts of each of the Options provided by the contractor. Provide a detailed narrative describing the impact (and minimizing the negative impact) of the recommended option in each of the following areas:

	Option 1	Option 2	Option 3	Option 4
Describe Option				
Access to Care				
Quality of Care				
Continuity of Care				
Physical Plant				
Impact on Stakeholders				
Capital requirements				
Costing				
Human Resources				
Patient Care Issues				
Impact on Research				
Impact on Education				

- Improving or maintaining access to care: Include the current access measurement and proposed along with the narrative if access is changed or remains the same/within VA standards.
- Quality of Care: Describe how the recommended option maintains/improves quality. Identify any program eliminated from the "area of study" or any programs added.
- Continuity of Care: Describe how VISN will ensure no interruption of services during transition.
- Physical condition of the receiving site and patient safety: Describe the plans for a state of the art facility to provide the care including long-term strategies to raise the facility condition. Include proposed timeframes and plans for ensuring a safe environment for patient, staff and visitors.
- Minimize the negative Impact on veterans, employees, community and other stakeholders. Describe concerns and recommendations.
- Capital requirements: Describe/list all capital requirements to transition the care and implement CARES recommendations. Please include schedules for critical implementation projects such as budget year, award year, completion year.
- Operating costs: Determine how to enhance services while more effectively utilizing resources. Describe the impact on operating costs, savings, FTEE, etc. Maximize federal health care dollars through collaboration with other federal entities
- Human resources: Describe plans for transitioning current employees to new location or positions.
- Patient care issues and specialized programs: Describe any challenges or actions impacting patient care and special disability programs such as Alzheimer's, SCI, BRC, etc. Please include recommendations to resolve barriers to successfully rollout implementation plans.
- Impact on Research and Academic Affairs: Describe any impact and the mitigation of any negative impact on Research and Academic Affairs

V. Summary of Recommendation: Summarize the alternatives analysis, and the recommendation made by the Task Force. Provide full justification.