

MENTAL HEALTH PHYSICIAN ASSISTANT RESIDENCY PILOT INITIATIVE
for Academic Year 2016-2017 (Academic Year 2017)

Request for Proposals (RFP):

The Office of Academic Affiliations (OAA, 10A2D), in collaboration with the Veterans Health Administration (VHA), Mental Health Services (MHS), and the Office of Mental Health Operations (OMHO), has been engaged in a major expansion of training positions and programs through the Mental Health Education Expansion (MHEE). Previous phases of the MHEE have established training for licensed professional mental health counselors and marriage and family therapists, incorporated clinical training opportunities for allied professions (e.g., pharmacists, chaplains), and substantially expanded or established clinical training for psychiatrists, psychologists, and social workers. **This RFP solicits proposals to establish a Mental Health Physician Assistant (PA) Residency (MH-PAR). The MH-PAR RFP is separate from the MHEE RFP, though both are being competed in the same academic year.** The VHA Office of Patient Care Services PA Services national program and MHS are active partners in this process. Such expansion is intended to increase expertise in critical areas of need; expand the recruitment pipeline of well-trained, highly qualified health care providers; and promote interprofessional collaboration in an integrated mental health care environment.

MH-PAR is a pilot program with funding planned for up to 10 resident positions to be located at 3-5 sites. Continuation of the program beyond five years will be dependent on achievement of accreditation (if available) or similar objective indicators of educational quality, availability of funding, and demonstrated success of the programs, including outcomes such as percent of graduates who obtain the Certificate of Added Qualifications (CAQ) in Psychiatry (while this is not required, this achievement will be viewed as an external validation of excellence) within 12 months of completing the residency and percent of graduates who are employed within VA. **Funding for these positions will be provided by OAA during the pilot program and is expected to recur in subsequent years, assuming the program demonstrates evidence of productivity and educational quality.** The goal of this RFP is to increase the available pool of residency-trained and credentialed PAs who are able to provide mental health care to Veterans in collaboration with other professions. Because there are ten residency positions to be allocated, and we anticipate intense competition, only those programs that demonstrate the ability to offer high quality and innovative clinical education are encouraged to apply.

1. BACKGROUND

OAA leads VHA's health professions statutory education mission to develop, recruit, and retain high-quality professional staff and to provide excellent care to Veterans. The *VHA Workforce Succession Strategic Plan* annually has identified PA as one of VHA's top priority disciplines for recruitment and retention. Mental health

practitioners have been identified as a high priority need for recruitment and retention given the current and future needs of the Veteran population. To that end, VHA has made substantial efforts to recruit and retain psychiatrists. However, there is still a need to continue to train other types of mental health providers who understand the complex needs of Veterans. Health professions training programs have been shown to be effective mechanisms for the development of recruitment pools of skilled health care providers who will be able to work with Veterans to assist them in managing their clinical needs. For example, OAA has previously established a successful PA Residency in Primary Care, and the present RFP has been developed with lessons learned from that program.

Ongoing efforts by VA to transform its health care delivery system require that care is: (1) *Patient-centered* (the patient is seen as a whole person; patient preferences guide care; communication between patients, families, and providers is honest, respectful, reliable, and culturally sensitive); (2) *Continuous* (every patient has an established and longitudinal relationship with a mental health provider); (3) *Team-based* (mental health is delivered by an interprofessional team led by a mental health provider using facilitative leadership skills; team members work at the top of their individual expertise; communication among team members is honest, respectful, reliable, and culturally sensitive); (4) *Efficient* (Veterans receive the care they need at the time they need it); (5) *Comprehensive* (mental health serves as an important component of a broad range of medical, behavioral, and psychosocial needs that are fully integrated with other VA health services and community resources); (6) *Coordinated* (the team coordinates care across venues of care, including those in the private sector); and (7) *Evidence-based*. An essential component of patient-centered mental health practice is interprofessional teamwork. Patient-centered clinical practices with strongly motivated leadership and high-functioning interprofessional teams will be essential for appropriate professional identity formation.

OAA, with the concurrence of the Under Secretary for Health, is presently in the final year of a five-year expansion of clinical training positions in mental health. Since 2004, VA has re-emphasized its commitment to meeting the mental and general physical health needs of Veterans. The agency formally adopted the *VHA Comprehensive Mental Health Strategic Plan* in 2004, followed in 2008 by *VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics*. The Uniform Services Handbook provides guidance to all VA facilities detailing what mental and behavioral health services must be available for all Veterans.

In support of VA's national transformation of its primary, mental health, and specialty health care delivery systems, preparing the future health professions workforce for practice in this new environment is a priority. An essential component of patient-centered primary, mental health, or specialty health care practice is interprofessional collaboration among members of the health care team in an integrated environment.

Interprofessional practice allows health care team members to use complementary skills to effectively manage the physical and mental health of their patients, using an array of tools that support information sharing, in a secure environment, among relevant providers. High-functioning teams addressing behavioral and mental health needs require collaboration among diverse professions, including, but not limited to chaplains, licensed professional mental health counselors (LPMHC), marriage and family therapists (MFT), nurse practitioners, nurses, PAs, pharmacists, physicians, psychologists, and social workers.

While this pilot RFP focuses on one specific profession, proposed programs should include an interprofessional focus, to the maximum extent possible. This can be achieved by embedding PA residents into existing interprofessional training programs, collaborating with other professions' training directors to incorporate joint rotations, and ensuring that there are discipline-specific *and* interprofessional training objectives, curriculum, didactics (led by faculty from a range of disciplines), and competencies. The acculturation of learners to practice in patient-centered, team-based models of care is a central feature of this initiative. For a discussion regarding the development of interprofessional competencies, please see *Core Competencies for Interprofessional Collaborative Practice*, developed by the Interprofessional Education Collaborative, <https://ipecollaborative.org/uploads/IP-Collaborative-Practice-Core-Competencies.pdf>.

2. POLICY

- A. OAA's Associated Health Education Office maintains overall responsibility for administration of VA's PA Residency Programs and will work collaboratively with the PA national program office and MHS in the oversight of these programs.
- B. All positions requested must be for one-year, full-time appointments. Residents are expected to complete training within the one-year training program (2080 hours). Start times may be negotiated between July 2016 - January 2017 (other start dates may be considered on a case-by-case basis). Future start times must be consistent with the agreed upon time in subsequent years.
- C. **Residents are expected to complete the full one-year training program.** While the intent of the program is to prepare PAs for roles as mental health providers, the strong preference is for these trainees to complete the full program and receive their certificate of completion prior to transferring to a staff position. Hiring authorities exist that enable the selection the resident for an available position, but commencing the staff position at the conclusion of the program is strongly recommended. Programs that fail to have the resident complete the 12-month program, even when residents shift to staff positions, may not be renewed.
- D. Trainees recruited for these positions must be graduates of programs accredited by the Accreditation Review Commission on Education for the Physician

Assistant (ARC-PA), certified by The National Commission on Certification of Physician Assistants (NCCPA), and citizens of the United States.

- E. OAA will provide approved VA facilities with stipends and benefits for these residents. Benefits include VA's share of Federal Insurance Contribution Act (FICA) contributions, and health and life insurance premiums. Continuation of funding will depend on availability of funds as well as successful implementation and accreditation of the proposed program(s), if available, or other internal and external measures of quality. Program Implementation: Sites approved for positions should expect to utilize their new training positions as early as July 1, 2016 and no later than January 31, 2017.
- F. Post award follow-up and tracking: Positions allocated under this RFP will be closely monitored to evaluate success in improving health care and training. Information about program implementation, recruitment of trainees, and educational and patient care outcomes will be reported to OAA annually according to the evaluation criteria outlined in Section 4 of this Request for Proposals.
- G. Facilities collaborating with another academic institution must follow the guidelines in Handbook 1400.08 Education of Associated Health Professions (http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3180). Residents may rotate to non-VA facilities, but this time off-site may not exceed one-sixth (two months) of their training time, and the establishment of an affiliation agreement (form 10-0094h) is required.

3. PROGRAM DESCRIPTION/CURRICULUM

- A. The goal of this RFP is to produce a PA Residency with a curriculum that reflects both didactic and clinical coursework in relevant clinical mental health topics. Sites must provide a clear description of how the program will result in a practitioner with a broad-based postgraduate experience in advanced mental health practice. The medical center must provide the program with a sufficient patient population to provide clinical experiences for PA residents; computer and audio/visual equipment; instructional materials; technological resources that provide access to the Internet, medical information, and current literature; the full text of current books, journals, periodicals, and other reference materials related to the curriculum needed by the program, staff, and PA residents to operate the educational program and to fulfill obligations to matriculating and enrolled PA residents. **The goal should be to produce mature practitioners qualified and interested in future mental health practice within VA.**
- B. Whenever possible, applicant sites should establish linkages with and collaborate with nearby affiliated PA schools and programs. If a resident will be rotating to a non-VA facility this may not exceed one-sixth of their time in the program unless there is an even exchange with a without-compensation (WOC) resident from another approved PA residency program. An affiliation agreement (form 10-

0094h) must be established for any non-VA rotations. A memorandum of understanding alone is not sufficient in this instance.

- C. Proposed sites must have adequate, responsible faculty, as well as written, defined objectives for all learning experiences and a written curriculum explicitly tied to the specified objectives. Faculty must include both staff PAs and board-certified psychiatrists (MD or DO). If a PA resident is supervised by a psychiatrist, there must also be an identified PA preceptor or mentor. (Reference: VHA Handbook 1400.04 – Supervision of Associated Health Trainees). There should be a plan for performance evaluation and a plan for documentation of case-based exposures for learning experiences.
- D. These learning experiences must explicitly address the mental health content identified in the Psychiatry CAQ content blueprint (<http://www.nccpa.net/Psychiatrycb>). Other learning activities must explicitly address interprofessional competencies (<https://ipecollaborative.org/uploads/IP-Collaborative-Practice-Core-Competencies.pdf>) and might include team practice issues such as conflict management, leadership, developing and measuring goals and objectives, practice management, care coordination, population-based outcomes analysis, health systems, community resources, patient health education (individual and groups) methods, and theoretical models for change in behavior. The outlines, intended learning objectives, and curriculum for the residents who will be selected should be created as examples. They should include the concepts surrounding the schedules of activities such as grand rounds, presentations, rotation experiences across areas in VA mental health including general mental health clinics, inpatient units, substance use disorder programs, homeless programs, residential programs, and trauma recovery clinics. The curriculum must have written goals, measurable objectives, expected level of performance and competencies to be achieved, meaningful methods for teaching/ learning and resident evaluation, and options for remediation.

4. PROGRAM EVALUATION

Evaluation should emphasize evaluation of trainees, faculty, curriculum, instruction, and measurement strategies related to the implementation of the proposed residency program.

Funded facilities will be required to submit an annual report of activities and outcomes for the resident program to OAA through the PA Program Office. This should include at a minimum:

- a. Number of individuals that applied,
- b. Lessons learned,
- c. Changes proposed for the next year,
- d. Analysis of feedback from residents,
- e. Analysis of feedback from academic or other partners (if any),
- f. External markers of program quality (e.g., CAQ pass rates),

- g. Overall satisfaction with the program by resident and faculty, and
- h. Job placement for graduating residents (overall and within VHA).

Funded facilities should include additional information not explicitly mentioned above that indicates the clinical and educational excellence of their program and positive outcomes for their MH-PAR graduates and their facility.

5. CRITERIA FOR VA FACILITY ELIGIBILITY
(Applicant facilities must meet all listed criteria)

- A. The Mission and Goals of the MH-PAR trainee program must be stated in the application and must be related to training PA residents to provide specialized mental health care to Veterans in an interprofessional environment and to encouraging ongoing VA employment of the PA resident.
- B. Facility Characteristics. The facility must provide evidence of committed leadership, appropriate clinical and educational programming, and sufficient workload to support a culture of excellence in PA training. The site must demonstrate:
 - i. VISN, facility, and clinical leadership commitment to build and sustain an outstanding learning environment.
 - ii. Strong leadership by the facility's Designated Education Officer (DEO).
 - iii. Evidence-based clinical activities and workload to support proposed training programs.
 - iv. Experience providing overall excellence in health professions education.
 - v. Experience with or commitment to interprofessional training and care models.
 - vi. Administrative infrastructure to support the proposed physician assistant residency program.
 - vii. Evidence of sound strategies for programmatic and learner evaluation.
 - viii. An identified PA leader to serve as the PA residency training director.
 - ix. An identified PA residency director who has sufficient release time to manage training program-related activities. Support for this administrative time should come from the identified PA leader, from the training director's service line supervisor (if applicable), and from the medical center director. PA residency directors generally spend 25% or more of their time in training-related activities, depending on the size and complexity of the training program. As these will be new programs in a novel area, it is likely the required time in the first two years of the residency will be closer to 50%.

- x. An identified board-certified psychiatrist with sufficient release time to serve as the PA residency medical director. Support for this administrative time should come from the identified PA leader, from the medical director's service line supervisor (if applicable), and from the medical center director. Release time should be no less than 10% in all years of the program.
- xi. A minimum of two PA VA employees boarded and hired in the PA occupation series for provision of supervisory support, professional role modeling, and administrative functions. At least one of these PA employees must be working in Mental Health, providing services consistent with the intent of the MH-PAR program. One PA employee may be in Primary Care.
- xii. Release time for the PA staff who will supervise trainee(s) so they may engage in training-related activities. Support for this administrative time should come from the identified PA leader, from the PA staff's service line supervisor (if applicable), and from facility top management.
- xiii. Funded facilities will be required to submit an annual report of activities and outcomes for the resident program to OAA through the PA Program Office. See Section 4 – Evaluation for requirements
- xiv. The program may be affiliated with an accredited PA school or sponsoring institution providing accredited physician residency training. It is understood that collaborating post-graduate clinical programs *may* not be accredited at this time.
 - a. If new affiliation relationships are begun, formal affiliation agreements must be in process. Residents may rotate to non-VA facilities, but this time off-site may not exceed one-sixth (two months) of their training time, and the establishment of an affiliation agreement (form 10-0094h) is required. Where appropriate, existing or potential partnerships between the VA facility and its academic affiliates should be maximized and utilized.
 - b. Strong leadership from qualified and experienced academic program directors is especially important.
 - c. Reviewers will assess the "strength" and duration of the affiliation relationships.
 - d. Collaboration with a nearby PA academic program is highly desirable.
- xv. Space, equipment, and clinical personnel with qualifications to supervise the health profession residents requested.
- xvi. Clinical activities and workload to support expanded training programs.
- xvii. Past experience with or commitment to interdisciplinary and interprofessional training/care models. **Note:** *While not an absolute requirement for approval, OAA is especially interested in proposals that incorporate trainees into interprofessional care delivery models.*

- xviii. **A detailed plan to employ a substantial portion of the graduates of the program.**

APPLICATION INSTRUCTIONS

A. Deadlines. There are two key deadlines for this initiative:

1. **March 25, 2016.** A non-binding Letter of Intent (LOI), is due to OAA no later than 11:59 pm Eastern Daylight Time (EDT) on Friday, March 25, 2016. These letters are to allow OAA to project the demand for expansion positions and to allow us to plan for the review panels that will be needed to review these proposals.
2. **May 6, 2016.** The full proposal is due to OAA no later than 11:59 pm EDT on Friday, May 6, 2016.

B. Letter of Intent Instructions

LOIs, not to exceed two pages plus the cover page template (Appendix B), must be submitted by the medical center or health care system's DEO rather than by individual service lines within the medical center. Each DEO is limited to one LOI submission for each facility or health care system. LOIs are non-binding, meaning that submitting an LOI does not compel the facility to submit a complete proposal.

A special application entry point has been established for submission of both LOIs and full applications in response to this Program Announcement. All LOIs must be submitted through the following OAA portal:

http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=41. LOIs are **due no later than 11:59 pm EDT on Friday, March 25, 2016, and must be uploaded to the OAA password protected web portal**. Letters should be addressed to the Chief Academic Affiliations Officer (10A2D) and must include the cover page (see Appendix B).

The individual from the facility education office, or a designee assigned by the DEO, submitting the LOI must register upon the first use of this portal. As the full proposal will be posted on the same portal, "LOI" should be identified in the document title to distinguish between the LOI and final proposal submissions. After the LOI is submitted and "complete" is selected, an automatically-generated confirmation e-mail will be forwarded both to the submitter and to OAA staff. **Faxed, mailed, or e-mailed LOI's will NOT be accepted.**

LOIs should be from the DEO (or designee) and should contain the following information (OAA recognizes that some of this information may evolve or change with the development of a full proposal):

1. Name, credentials, and contact information for the person responsible for the proposed PA residency program (Cover page template in Appendix B must be **included in LOI**). Each facility or health care system's DEO is limited to

- submitting one proposal. The residency program being proposed must identify a training director (PA) and a medical director (board-certified psychiatrist).
2. Identify the health setting(s) for each proposed residency program, and list the content areas/rotations of submission anticipated (included in Cover Page Template).
 3. Identify whether each proposed program is a new site proposing a PA residency or if the site has an existing PA residency in primary care and is proposing a new residency focused on mental health (included in Cover Page Template).
 4. Indicate the number of residents (maximum of two) being requested (included in Cover Page Template).

C. Notification of Decisions

After the DEO or designee registers on the portal, it is important that they select the "Award Notify" link on the left side of the portal menu. This allows the submitter to enter the email addresses of anyone who should be notified of the proposal review result. The email entry screen is linked to the VA Global Address List. You can enter the name of the employee to be notified in the search box and the person's email will be displayed. Click on the correct email and then on the button to move it to the notification list at the bottom of the screen. **Only those addresses listed on the portal will be notified.**

D. Proposal Instructions

Proposals must be submitted by the medical center or health care system's DEO (or designee) rather than by the individual service line within the medical center. Each DEO is limited to one narrative submission single spaced, with 12 point Arial or Calibri font. The core narrative page limit may not exceed eight pages and the full proposal may not exceed 35 pages. Proposals are due **no later than 11:59 pm EDT on Friday, May 6, 2016**, and must be uploaded through the aforementioned OAA Portal (http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=41) with three separate documents:

- ❖ **Document 1 - Core Narrative,**
- ❖ **Document 2 - Letters of Support, and**
- ❖ **Document 3 - Supplemental Materials (optional).**

The submission portal will only allow three documents to be uploaded, including the letter of intent. All final application materials may not exceed 35 pages total. Any pages in excess of 35 will not be read or reviewed. The three final documents must be submitted through the aforementioned OAA Portal where LOIs were initially uploaded. **Only facilities that submitted a non- blinding LOI may complete a full application.**

Core Narrative must not exceed eight pages. **Please follow this outline explicitly.**

- 1) Introductory Information
 - (a) Location and Name of Facility
 - (b) Type of Proposal and Specialty Area(s) (see Page 1)
 - (c) Number of residency positions requested (maximum of two)
 - (e) Academic collaborator (if any) and nature of the partnership (e.g., grand rounds, off-site rotation, affiliate faculty appointed in VA, etc.)
- 2) Background Statement
 - (a) Describe any existing PA pre-degree and/or residency programs at your facility, including formalized education presented to academic institutions, the number of institutions with which your facility currently has existing affiliation agreements, and available outcome data related to retention of trainees in VA. Describe staffing, number and type of current PAs, recruitment and retention of staff, ongoing training of staff, and desirability of the VA facility as a training site. Relevant statistics related to the proposed program should be presented, including number of patient beds, average daily census, length of stay, number of patients seen in inpatient and outpatient settings during FY 2015, types of clinical programs, and approximate case mix of patients served.
 - (b) Describe the relationship and past collaboration with the academic institution (if you are collaborating).
 - (d) Describe outcomes of your training program, the measures you use and how you use those outcomes to improve your program. If applicable, include feedback you receive from your academic partner.
- 3) PA Residency Program Description
 - (a) Residency Program Mission Statement. State the emphasis areas, purpose of the program, including philosophy, goals, and objectives.
 - (b) Methods. Describe specific skills to be developed by residents, with an emphasis on how evidence-based care will be taught. In addition, address other skills and activities that will be part of the program, including assessment, modalities of treatment, staff consultation, interprofessional treatment team participation, and opportunities for teaching and research. Programs must be designed to produce graduates eligible to sit for the CAQ in Psychiatry offered by the National Commission on Certification of Physician Assistants (NCCPA). Facilities submitting proposals are strongly encouraged to consult the NCCPA website for information on the examination (<http://www.nccpa.net/Psychiatrycb>) prior to and throughout the program and application planning. PA Residency Directors at existing primary care residency programs may be made available for mentoring and consultation upon request. Please contact the program office for assistance with this proposal/curriculum development process

- (c) Describe how PA services are provided to mental health patients in your facility. Describe opportunities for interprofessional education and interaction between the resident and staff in the range of mental health professions.
- (d) Describe other areas of training that may take place outside VA. Describe the partnerships that are available and the agreements that have been developed.
- (e) If partnering with an academic PA program, describe the support from the partner and the delineation of responsibilities for each in a memorandum of understanding. **If a resident will be rotating to a non-VA facility this may not exceed one-sixth of their time in the program unless there is an even exchange with a without-compensation (WOC) resident from another accredited physician assistant residency program.** It is understood that collaborating post-graduate clinical programs *may* not be accredited at this time. **An affiliation agreement (form 10-0094h) must be established for any non-VA rotations. A memorandum of understanding alone is not sufficient in this instance.**
- (f) Given the resident will have a VA appointment, describe the mechanism to ensure that hours, supervision, and administrative oversight will be managed by VA.
- (g) Describe facilities and staff available to support the program, including office space, computer availability, library support, academic instructor availability and access to other unique training opportunities or equipment.
- (h) Program Evaluation. Specify how the training program's effectiveness for meeting its training goals and objectives will be evaluated. See the requirements for annual reporting of program outcomes in Section 4 – Evaluation. The proposal must clearly outline how each of these outcomes will be measured and analyzed and should indicate any other outcomes the program believes is an important indicator of clinical and educational quality.
5. Recruitment of Potential Residents. Describe how residents will be recruited and selected. What techniques for recruiting PA's into staff positions have been most successful in the past? How might these be adapted to recruit potential residents?
6. Recruitment of Residents Into Staff Positions. **An important component of this program is the transition from trainees to staff PA roles.** Describe how residents will be recruited and selected.

The special hiring authority allows tentative offers to be made if a trainee is on track to meet the profession's qualification standards at the completion of their program, and positions rarely require that USAjobs announcements be posted. Since PA residencies are not required to be hired in VA, residents would be eligible for VA appointments and could be directly hired. Please contact Assoc.Health@va.gov for additional details on leveraging these hiring flexibilities.

Letters of Support must provide assurance of local facility and VISN support. Medical Center and VISN leadership must have a demonstrated commitment to health professions education, mental health care, and patient-centered practice models. **There must be a letter of support from each of the individuals listed below. Submissions missing any letter of support will be considered incomplete and will not be reviewed.**

- 1) Facility Director. The director's letter must address the facility's commitment to the educational process, including the percentage of release time for the MH-PAR training director, MH-PAR medical director, and supervisors to be fully engaged in the educational mission and process. Note: It is estimated that at minimum, 25% of the MH-PAR training director's time will need to be devoted to this program in later years and 40-50% in the first two years for initial development. The medical director will require 10% release time. Similarly, sufficient release time that supports educational and administrative activities should be identified, including curriculum development. The facility director is also asked to support the recruitment initiative to ensure that candidates are processed efficiently through Human Resources. Adequate resources, acquisition and financial, as well as time for planning and procurement is expected to assist the physician assistant residency program to fulfill their critical mission to Veterans and Service members.
- 2) Facility Designated Education Officer (DEO) or Associate Chief of Staff for Education.
- 3) VA MH-PAR Training Director (must be a PA).
- 4) VA MH-PAR Medical Director (must be a psychiatrist).
- 5) VISN Director. **The letter of support must be from the VISN Director or Acting/Interim VISN Director. Please note that a letter from the VISN MH lead may not replace a letter from the VISN Director.**
- 6) Program Director for any affiliated PA programs or non-VA facility that may be involved in curriculum development or rotations (if applicable) indicating accreditation status (academic institutions or non-VA residency programs) and interest in affiliating with a VA physician assistant residency program. It is understood that collaborating post-graduate clinical programs *may* not be accredited at this time.
- 7) Chief of Mental Health Services

Optional Supplemental Materials, such as brief biographical sketches for the program training directors, curricula rotational schedule, and/or calendar of didactic seminars may be added as desired, so long as the total number of pages for the full proposal does not exceed 35. Additional information may include the following:

- a. List of staff who will be involved in the program, including training program director, medical director, supervisors, faculty, and consultants. You may include the following information for each: name; degree; date of degree; university from which degree was received; clinical profession; the number of hours that will be devoted to the program; university appointments (if applicable).
- b. Abbreviated Curricula Vitae of the MH-PAR training director and medical director.

E. SUBMISSION OF PROPOSALS

1. **Preparation of Applications**. The VA Designated Education Officer (DEO), ACOS/Education, or equivalent should be the focal point for coordination and submission of the Letter of Intent and Full Proposals.

a) **File formats**. Word, Excel, or PDF, files formats may be used. Letters of support must include a signature (either electronic or a scanned copy of an original, signed document). Three individual documents should be uploaded with all necessary materials included in one of the three files, **Core Narrative, Letters of Support, or Supplemental Materials**.

b) **Font and margin sizes**. Font size must be 12-point Arial or Calibri for narrative portions. Margins must be at least one inch all around (excluding headers and footers).

2. **Online Submission Instructions**:

Applicants will submit the Core Narrative, Letters of Support, and supplemental materials using the OAA Support Center web portal where Letters of Intent were initially uploaded. Proposals are to be submitted through the following portal:

http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=41. It is critical that sites verify the “award notify list” after logging into the portal (see left navigation tab). **Notification of funding decisions will only be provided to the email addresses identified in the “award notify list” section of the proposal portal. Please verify that you have included e-mail addresses for your facility’s director, DEO, PA Residency training director, PA Residency medical director, and any others you wish to be notified.**

The individual from the education office who submitted the LOI will have registered upon the first use of this portal and should also submit the full proposal. Only sites that submit a LOI may complete full applications.

- a) The application will be uploaded as two or three files, depending on whether supplemental materials are submitted. (e.g., Document 1-Core narrative, Document 2-Letters of support, Document 3-Supplemental Materials)
- b) Applications may be changed or modified up to the deadline for applications. Only authorized individuals from the education office may upload files or other information into the application database.
- c) After materials are submitted a confirmation e-mail will be sent identifying all files that were uploaded successfully.
- d) **Faxed, mailed, or e-mailed applications will NOT be accepted.**

3. Review Process

An ad hoc, interprofessional peer review committee designated by the Chief Academic Affiliations Officer (CAAO) will assess the merits of applications. Reviewers will have demonstrated expertise and leadership in clinical health professions education and patient care. The CAAO may, at her/his discretion, create subsets of applications for special review according to considerations such as rurality, site complexity, and other needs consistent with VA goals and missions. Applications will be reviewed within the context of VA standards and support of VA’s strategic plans. The committee will evaluate specific items in the application that reflect the following criteria:

Criteria	Points
a. Demonstrated commitment from the local VA facility and VISN, including executive and program management levels to establish a mental health PA residency program, including previous PA training provided and availability of infrastructure and resources such as support staff, office space, library support, and computer access. A facility should demonstrate readiness for establishing a PA residency program.	20 points
b. Strength of the proposed faculty and curriculum including potential to achieve the primary objective of training the PA resident with the specific advanced skills in mental health.	20 points
c. Evidence of a clear understanding of the program’s purpose, philosophy, and goals and objectives, including dedication to training in evidence-based practice for PAs.	25 points
d. Quality of training to be offered, including quality and diversity of specific training settings and qualifications of supervisory staff. Clear understanding of proposed clinical, didactic, research and teaching opportunities.	25 points

Criteria	Points
e. To promote proposals for training in rural health settings, points will be awarded (up to 10) based upon the proportion of patients residing in a rural or highly rural zip code area. Up to five additional points will be awarded for programs incorporating specific training in working with rural health populations. This may include telehealth, home-based primary care, or other innovative special programs focusing on rural health where incorporation of a mental health PA is appropriate. The combined possible points for rurality and focus on rural health-related training is 10 points.	10 points
TOTAL	100 points

4. Appointment And Pay

- a) **Governance.** OAA maintains overall responsibility for the administration of VA’s health professions education. All “associated health” trainees (defined here as clinical trainees not in dentistry, medicine, or nursing) included in these teams shall comply with the Program Requirements of the respective discipline’s educational accreditation bodies and with VA provisions for training in those disciplines.
- b) **Program Sponsorship.** Currently allocated facility associated health trainee positions may be included in activities undertaken as a part of this Program Announcement.
- c) **OAA Support for Trainees.** OAA will provide funds to VA facilities for trainee stipends and fringe benefits.
- d) **Appointment and Compensation of Trainees.**
 - 1) **Appointment authority.** Appointments will be made under 38 U.S.C. 7405.
 - 2) **Stipend determination.** The per annum training for PA residency positions is locality based on the PA resident rate identified by facility at <http://vaww.oaa.med.va.gov/DBReports/LocBasedStipends.aspx>
 - 3) OAA will provide approved facilities with stipends, VA’s share of Federal Insurance Contribution Act (FICA) contributions, and VA’s share of health and life insurance premiums.
 - 4) Other expenses connected with trainee recruitment, educational activities, or travel must be funded from other sources. Transportation to the VA facility and housing arrangements are the sole responsibility of the trainee.
 - 5) Appointments will be made under 38 U.S.C. 7405(a)(1) for a period not to exceed thirty- six months. For PAID coding purposes, PA Residents will be identified by the use of Pay Plan N; Series Code 0633 Title Code 80, Assignment Code T5; Title, Physical Therapy Resident; Subaccount, 1051; FTE, 0.5; Grade/Step, 00/N.

- 6) PA Residents may be detailed to other educational institutions without loss of pay for not more than one-sixth of the time of their training period. (Reference: VA Handbook 5007, Part II, Chapter 2, paragraph 2.m.(1)(b))
 - 7) General Schedule annual and sick leave policy applies to trainees under this program. (Reference: VHA Manual M-8, Part II, Chapter 2, Paragraph 2.14). PA Residents are eligible for life and health insurance benefits.
 - 8) PA Residents will be protected from personal liability while providing professional services at a VA health care facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679 (b)-(d).
- e) **Liability.** Trainees will be protected from personal liability while providing professional services as a trainee at a VA facility under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d).

6. SCHEDULE

March 7, 2016	OAA sends Program Announcement to eligible facilities, VISNs, and appropriate Central Office officials. Program Announcement published on OAA website.
March 25, 2016	Nonbinding letter of intent due to OAA, via an ONLINE submission process, uploaded by the Designated Education Officer.
May 6, 2016	Full Proposals from eligible facilities due in OAA via an ONLINE submission process, uploaded by the Designated Education Officer.
June 30, 2016	OAA notifies facilities about the approval/disapproval of proposals.
July 1, 2016 – January 31, 2017	Trainees begin according to respective academic cycles.

7. CONTACTS

1. OAA

- A. **General information:** For general questions, please contact David Latini at (832) 377-9927, (David.Latini@va.gov) or Ken Jones at (202) 461-9493 (Kenneth.Jones6@va.gov).
- B. **Technical information:** For information regarding the online submission process, e-mail the OAA Help Desk (oaahelp@va.gov) or contact David Bernett at (803) 667-4100, (David.Bernett@va.gov).

2. Patient Care Services

Denni J. Woodmansee, PA-C
Director of Physician Assistant Services
Office of Patient Care Services
U.S. Department of Veterans Affairs
810 Vermont Ave. NW
Washington, DC 20420
(202) 461-7042
denni.woodmansee@va.gov

8. NATIONAL PROGRAM REVIEW AT CONCLUSION OF PILOT

Since this is a national pilot program, its continuation beyond five years is not guaranteed, but rather is dependent on availability of funding and measurable outcomes, including resident completion, hiring of residents into VA, resident and program satisfaction, and growth of non-VA PA residencies nationally. OAA, the PA National Program Office and MHS will jointly conduct the formal review to determine continuation of OAA funding.

CHECKLIST FOR FINAL PROPOSAL SUBMISSION

This is a checklist to assist you in submitting a complete proposal. You need not submit this checklist with the proposal, as it is for your use only.

Core Narrative, not to exceed page limit specified in Sections 1 and 5. Narrative description of the proposed clinical education programs, including a description of the interprofessional curriculum. The proposal should emphasize the “Description of specialty practice” elements that will be used to establish the new curriculum and mechanisms to evaluate the effectiveness of the education on an ongoing basis throughout the residency program.

Proposals must include these elements:

- Background statement: Describing existing training programming
- PA Mental Health Residency Program Description
 - Residency program mission statement
 - Methods for development of curriculum
 - Plan for implementation of teaching curriculum
 - Describe how training venues will have appropriate, on-site supervision and role models of residents
 - Describe multiple areas where programming will be implemented to bring the specialty to those patient populations
 - Describe training outside the VA if applicable – scope, purpose and oversight
 - Describe other faculty/instructors who will be involved in the program
 - Describe the role of the academic partner if applicable
 - Describe administrative oversight of the resident to ensure the appointment is controlled by the VA
 - Facility support for the program
 - Program evaluation
- Recruitment of residents into the residency
- Hiring plan for residents upon graduation from the program

Letters of Support must provide assurance of local facility and VISN support. Medical Center and VISN leadership must have a demonstrated commitment to health professions education, and patient-centered practice models. There must be a letter of support from each of the individuals listed below:

- Facility Director. The director’s letter must address the facility’s commitment to the educational process, including the percentage of release time for the program training/medical directors, mentors, and supervisors to be fully engaged in the educational mission and process. Similarly, sufficient release time (minimum of 25%) should be identified supporting educational and administrative activities, including curriculum development. The director must indicate HR support for appointment efforts for residency candidates. The director must indicate willingness to pay accreditation and annual fees for accreditation of the program if programmatic accreditation becomes available.

APPENDIX A

- Facility Designated Education Officer (DEO) or Associate Chief of Staff for Education (ACOS/Education)
- VISN Director or Acting/Interim VISN Director
- PA Residency Training Director (PA)
- PA Residency Medical Director (Board-certified Psychiatrist)
- Program Director for any affiliated PA programs or non-VA facility that may be involved in curriculum development or rotations (if applicable) indicating accreditation status (academic institutions or non-VA residency programs) and interest in affiliating with a VA physician assistant residency program. It is understood that collaborating post-graduate clinical programs *may* not be accredited at this time.
- Chief of Mental Health Services

Optional Supplemental Materials Brief biographical sketches for the program training directors and/or calendar of didactic seminars, may be added as desired, so long as the total number of pages in the proposal does not exceed 35.

Submission of Proposals

- Full proposals are submitted by VA DEO, ACOS/Education, or designee.
- Acceptable formats for submitted proposals are Word, Excel, or PDF, formats.
- Letters of support must include a signature (electronic or scanned copy of an original, signed document).
- Three documents, **Document 1-Core Narrative, Document 2-Letters of Support, and Document 3-Optional Supplemental Materials**, are uploaded. These must be uploaded as three separate files following the requirements outlined for each document above. **The portal will not allow you to submit more than three documents. Documents will not be accepted as one single file.**
- Font size must be 12-point Arial or Calibri for narrative portions. Margins must be at least one inch all around (excluding headers and footers).
- Files are uploaded by DEO, ACOS/E, or designee using the OAA portal at http://vaww.oaa.med.va.gov/rfp_general/default.aspx?PID=41

Appendix B

Physician Assistant Mental Health Residency Programs
for Academic Year 2017 (Positions beginning July 1, 2016 – January 31, 2017)

Cover Page Template

Facility Name: _____ Facility Number: _____ VISN Number _____

Address _____ City, State, Zip _____

Check one:

- New Physician Assistant residency site
 New PA residency program at existing residency site

Who should be notified of the proposal review decision?

After the DEO or designee registers on the portal, it is important that they select the “Award Notify” link on the left side of the portal menu. This allows the submitter to enter the email addresses of anyone who should be notified of the proposal review result. The email entry screen is linked to the VA Global Address List. You can enter the name of the employee to be notified in the search box and the person’s email will be displayed. Click on the correct email and then on the button to move it to the notification list at the bottom of the screen. **Only those addresses listed on the portal will be notified.**