

CLINICAL SUPPORT AGREEMENT (CSA) PROGRAM  
PERFORMANCE BASED STATEMENT OF WORK

BEHAVIORAL HEALTH SUPPORT SERVICES FOR  
GUTHRIE AMBULATORY HEALTH CARE CLINIC, FORT DRUM, NEW YORK

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1.0. INTRODUCTION.

1.0.1. The Contractor shall provide health care providers support for Guthrie Ambulatory Health Care Clinic, Fort Drum, New York (NY), a military treatment facility (MTF) under the North Atlantic Regional Medical Command (NARMC). The services will be of a nature and scope described in the paragraphs below. The contractor will work in conjunction with other health care providers, professionals, and non-contract personnel. The Contractor shall comply with Executive Order 11222, May 8, 1965, "Prescribing Standards of Ethical Conduct for Government Officers and Employees," and shall also comply with the DOD and Department of the Army (DA) regulations implementing this Executive Order. The Contractor shall provide the personal services of behavioral health (BH) specialties licensed for independent practice to perform services of the nature and scope described in this Performance Work Statement (PWS) as part of the U.S. Army-wide behavioral health support of military health care system (MHS) beneficiaries. The behavioral health specialties include but are not limited to: Clinical Social Workers, Adult and Child Psychiatrists, Adult and Child Psychologists, and Psychiatric Clinical

Nurse Specialist or Nurse Practitioners, Behavioral Health. The Government designated official is the Chief, Psychiatrist Services, or his designated representative.

1.0.2. The quality of care provided by the contract employee shall be of a quality meeting or exceeding currently recognized national standards as established by the Joint Commission (JC), American Medical Association (AMA), and National Board of Medical Examiners (NBME), and established principles and ethics of the medical profession. Contract employees shall give the highest regard to patient dignity and observe the precepts of the American Hospital Association's Bill of Rights for Patients. The contract employee shall abide by the MTF rules, regulations and by laws, including Medical Staff By laws, as well as applicable Army regulations governing such things as medical records. The primary purpose of this position is to provide Behavioral Health support services in accordance with industrial best practices applicable to Department of Army and Department of Defense guidance and in accordance with their medical licensure.

#### 1.1. GENERAL INFORMATION.

1.1.1. PERSONAL SERVICES. This is a Personal Services contract and is intended to create an employer-employee relationship between the Government and the individual Health Care Provider (HCP). The performance of the individual health care providers under this contract is subject to day-to-day supervision, clinical oversight and control by Government healthcare facility personnel comparable to that exercised over military and civil service HCP engaged in comparable work.

1.1.1.1. Malpractice Insurance. Direct health care providers in performance of services are not responsible for obtaining medical malpractice insurance under this contract in accordance with the Gonzales Act (10 U.S.C. Section 1089, also known as the Medical Malpractice Immunity Act). The Government will not reimburse or otherwise pay for medical malpractice insurance should it be purchased by the contractor or contractor employees.

1.1.1.2. If the Contract is terminated, the contract provider shall be covered for any malpractice claims or lawsuits that may arise in the future if the care provided was rendered to the claimant during the term of the contract, at the Army MTF indicated in paragraph 1.0.1.

1.1.1.3. Litigation. In the event of litigation/investigation of a claim of liability or malpractice, the contract employee shall cooperate fully with government authorities and designated officials in the investigation of the claim or preparation of litigation. Contract personnel shall immediately notify the Contracting Officer and promptly furnish copies of all pertinent papers received; cooperate with the Government in the processing, review, settlement or defense of the suit, action or claim; and authorize Government representatives to settle or defend the claims and to represent the health care provider in, or take charge of, any litigation involved in such an action.

1.1.2. Confidentiality / HIPAA. The contractor shall abide by AR 40-3 and AR 40-66 concerning the nature of limited privileged communication between patient and health care provider for security and personnel reliability programs. The contractor shall abide by AR 40-66

concerning the confidentiality of patient records, as embodied in federal statutes including the Privacy Act of 1974 and the Drug and Alcohol Act, Public Law 92-129 and HIPAA. The contractor shall direct all requests for medical information on patients to the Chief, Patient Administration Division. The contractor shall not release any medical or personal information on a patient without first receiving written approval from the government. Government will provide the regulations upon request by the contractor.

1.1.3. Conflict of Interest.

1.1.3.1. Contract employee shall not use patient care rendered pursuant to this agreement as a part of a study, research grant, or publication without the prior written consent of the MTF Commander.

1.1.3.2. Contract employee shall not bill the patient, an insurer, or anyone else for services rendered. The contract employee is prohibited from receiving compensation of any kind for eligible patients treated, procedures performed, or any other actions performed, except under the terms and conditions of this contract, at the rate specified in the contract.

1.1.3.3. Contract employee shall not, while performing services under this contract, advise, recommend, or suggest to persons eligible to receive medical care at Army expense that such persons should receive care from the Contract employee at any place other than at the MTF. The contract employee will not refer any patients to any company or service to which they have a direct or indirect involvement (including partnership programs and ancillary services not offered by the MTF).

1.1.3.4. Contract employee shall not introduce new medical procedures or changes in standing operating procedures without first coordinating with the Chief of Services, or his/her designated representative.

1.1.3.5. Contract employee is not prohibited by reason of his employment under this contract from conducting private practice, if there is no conflict with the performance of services under this contract.

1.1.3.5.1. Contractor or contract employee shall not use Government facilities or other Government property in connection with conducting a private practice.

1.1.3.6. Contract employee shall not be an employee of the United States Government if the employment would create a conflict of interest. The contract employee who is an employee of the Department of Defense, either military or civilian, shall not be employed unless such person seeks and receives approval in accordance with DoD 5500.7-R and MEDCOM Reg 600-3.

1.1.4. Safety. The Contractor and/or Contract employee shall be responsible for knowing and complying with all installation safety prevention regulations. Such regulations include, but are not limited to, general safety, fire prevention, and waste disposal.

1.1.5. Security. The NARMC MTFs are restricted access military installations. A Personnel Background Check may need to be processed. An ID, the Common Access Card (CAC) and the vehicle registration (see section 1.1.5.2) will not be issued until the background checks are completed and approved by the Installation Security Manager. The CAC card is required for access to Government computer databases and also is given to the security guards when entering the military installation.

1.1.5.1 Security Identification Badges. Contract employees shall comply with the local installation and MTF personnel identification and access requirements. The contractor is responsible for absences of contract employees due to expired identification and access documents.

1.1.5.1.1. Each Contractor shall wear a visible Security badge ID, provided by the Military Treatment Facility or the Military Installation in accordance with their guidance. The badge must show the full name, title and if required by the Military the words "Contractor" in front.

1.1.5.1.2. Contractor/Contract employees shall turn in the MTF badge and Civilian ID Card to the Clinical Support Technical Representative (CSTR) upon termination of their services under this contract.

1.1.5.2. Vehicle Registration.

1.1.5.2.1. All contract employees must register their vehicles with the Provost Marshal's Office to gain access onto the military installation. A valid driver's license, government-furnished civilian ID, proof of insurance and current registration must be presented to the Provost Marshal's Office, at which time a Department of Defense decal will be issued. The decal shall be placed on the vehicle's front windshield in accordance with instructions.

1.1.5.2.2. Vehicles, with or without a DoD decal, are subject to search. Contract employees may encounter long delays for vehicle inspection and identification checks upon entering and exiting the installation. The government will not reimburse the contractor for time spent at installation checkpoints. Contract employees should plan accordingly and report to work at their scheduled duty time, at their appointed place of duty within the MTF.

1.1.5.2.3. Contract employees shall follow installation procedures for removal and turn-in of the vehicle decal upon termination of services under this contract.

1.1.5.3. ADP Security. The contract employee under this contract shall have access to and/or process information requiring protection under the Privacy Act of 1974. These positions are considered "ADP Sensitive" positions. Compliance with DoD Directive 5200.28, DoD 5200.2-R, AR 25-2 and AR 380-67 (for Army), and applicable regulations for other services, is mandatory for ADP Sensitive positions.

1.1.6 JC Standards. Contract employee shall take part in Department or MTF programs as required to meet the JC standards.

1.1.7. RESERVED.

1.1.8 MTF Formulary. Contract employee authorized to prescribe pharmaceuticals shall do so according to the availability of drugs listed therein. The pharmacy services will provide instructions to all prescribing contract physicians on substitutions and generic drugs for prescribed drugs. The contract employees shall follow the procedures of the MTF when prescribing drugs.

1.2. TECHNICAL REQUIREMENTS.

1.2.1. Licensing Requirements. The contractor shall, without additional expense to the Government, be responsible for obtaining any necessary licenses and permits, to comply with any applicable Federal and State laws, codes, and regulations, in connection with the performance of the type of services required by this contract.

1.2.2. Communication. The Contractor and contract employee shall be able to read, write, understand and speak English clearly and effectively communicate with all patients and other healthcare providers.

1.2.3. DISCLOSURE / BACKGROUND SECURITY CHECK. Federal laws and Department of Defense Instruction (DODI) 1402.5, Criminal History Background Checks on Individuals in Child Care Services, 19 Jan 1993, requires that contract employees who will be dealing with children undergo specific federal and state background checks. As a result of these laws, any contractor or contractor employee who will be working in any of the military medical treatment facilities may have to undergo a federal and state background clearance following the awarding of the contract by the Department of the Army. During the period when the background checks are in progress, specific security arrangements may have to be implemented by the Hospital Commander.

1.2.3.1. Criminal History Background Check Requirement (MANDATORY). Contract employees determined by the MTF to be involved in the delivery of healthcare to children under the age of 18 on a frequent and regular basis must meet the requirements of the Crime Prevention Act of 1990, as specified in paragraph 1.1.6, entitled "Criminal History Background Check Requirement." The contractor shall provide criminal background checks, at his own expense, on all contract employees prior to employees providing services at the MTF. An affidavit attesting to the completion and results of the criminal background check signed by the verifying person shall be provided to the COR as part of the profile packet.

1.2.3.2. Complete disclosure of any past incidents in the contractor employee's professional duties or of incidents which might be considered to impact on his/her professional standing, such as charges (unless acquitted) involving either felonies or misdemeanors (other than minor traffic violations), is a necessary part of the competency process. This disclosure must also specifically include reports of any actions, claims, charges, of malpractice ever brought against the contract employee (either individually or as a part of a group), as well as the outcome (or current status) of any such case. The MTF will evaluate any such incident and determine whether it should be disqualifying.

1.2.3.3. Contractor employees are advised to make full disclosure under this paragraph as a condition of employment. Failure to make a full disclosure will result in a determination that the provider's services were unsatisfactory.

1.2.3.4. If at any time during the contract period it is discovered through a medical center investigation or any investigation, that the employee is currently pending charges, or has previously been convicted of any of the aforementioned incidents, that contract provider may be removed from service under the contract. Replacements must be provided in accordance with the timeframe and procedures contained in paragraph 1.2.6.

#### 1.2.4. SCHEDULE/PERIOD OF PERFORMANCE.

1.2.4.1. Regular work hours: The contractor shall provide services not to exceed a 40-hour work week consisting of an average of 8-hour workdays plus a 60 minute, unpaid break. Clinics have designated operating hours established by the local MTF and clinic policies, and may vary by location (typically 0730-1630) however hours may be modified during surge activities. Required services may be scheduled between the hours of 6:00 a.m. to 7:00 p.m., Monday through Friday. Duty on weekends and outside normal clinic hours may be required based on mission requirements. Lunch periods are not payable periods, but will be coordinated by the assigned MTF supervisor and scheduled with the contract service provider. The number and length of breaks will be in accordance with Department of Labor laws and coordinated by the local MTFs, clinics and offices as appropriate. Commuting time to and from required place of performance is not compensable by the Government. In the event the contract employee is required to work beyond the normal duty day for the reasons stated, the duty hours will be adjusted within the subsequent five days of performance by mutual agreement between the contractor and the CSTR/COR. The CSTR/COR will provide the contractor a minimum of 15 calendar days advance notice if and when the normal duty hours are changed.

#### Holidays:

Federal Holidays/Training Holidays. The contract employee will not be paid on federal holidays or training holidays unless contract employee is scheduled to work on a holiday and will be paid for hours worked at the hourly rate established in the contract. Contract Employees will be required to work federal holidays and training holidays. The contract employees will be required to work one winter holiday to include: Thanksgiving, Christmas, and New Years and one summer holiday to include: Memorial Day, Independence Day, and Labor Day.

Holidays that are declared by Presidential Executive Order shall be observed in the same manner as the holidays listed above. If the area in which a contract employee is scheduled to work is closed due to the holiday declared by an Executive Order and the employee is not required to report in, payment will not be made for those hours. Closures of the installation due to inclement weather or other such acts of God shall be handled in the same manner.

Section J  
Attachment 10.1

Holidays. The following is a list of legal federal holidays as referred to elsewhere in the contract/task order. Contract employees may be required to work on legal holidays as determined by the department chief.

New Year's Day, January 1<sup>st</sup>  
Martin Luther King's Birthday, 3<sup>rd</sup> Monday in January  
President's Day, 3<sup>rd</sup> Monday in February  
Memorial Day, Last Monday in May  
Independence Day, July 4<sup>th</sup>  
Labor Day, 1<sup>st</sup> Monday in September  
Columbus Day, 2<sup>nd</sup> Monday in October  
Veteran's Day, November 11<sup>th</sup>  
Thanksgiving Day, 4<sup>th</sup> Thursday in November  
Christmas Day, December 25<sup>th</sup>

1.2.4.2. Absences: When anticipated contract personnel have not reported for duty, have - become ill, or are unable to work during a scheduled shift they must contact the contractor, and the designated government official.

1.2.4.3. Absences due to emergency shall be called into the CSTR and the MTF Department/Clinic Chief within the first 2 hours of each duty day that the contract provider is unable to report to work.

1.2.4.4. Replacements. Absences such as vacations, shall be coordinated and approved at least 30 days in advance and mutually agreed upon by the COR, Department Chief, clinic OIC or Administrator and the contractor. Scheduled absences shall be limited to two (2) weeks. If requested by the COR, the contractor shall provide replacements for all absences.

1.2.4.5. Contract employees working under this contract shall be paid only for hours actually worked at the hourly rates established in the contract. Payment to the contractor will not be made for temporary work stoppage due to circumstances beyond the control of the Medical Treatment Facility, such as acts of god, inclement weather, power outages, or temporary closing of facilities.

1.2.4.6. Overtime Service. This is defined as over 80 hours within a 2 week or 14-day period. Contractor staff will not be authorized to work overtime.

1.2.4.7. Interviews: There will be no interviews for contractor employees prior to award of the contract.

1.2.4.8. Facility Closures. During anticipated closure of the facility due to Command declared training holidays, administrative leave granted to the entire government staff, or other closure, contract employees may not be required to perform services, unless specifically scheduled. In the event of unplanned closure of the facility due to natural disasters, military emergency, or

severe weather, contract workers who are scheduled to work, shall not report to work unless notified differently.

## 1.2.5 SCOPE OF WORK.

1.2.5.1. TO 1.2.5.6. PROFESSIONAL QUALIFICATIONS, SPECIFIC TASK / RESPONSIBILITIES. See Attachment #1-A.

1.2.5.7 PERSONAL APPEARANCE. The Contract employee shall present a neat and clean appearance. All outer clothing shall be laundered or dry cleaned as appropriate, well-fitting and fresh each workday.

1.2.5.7.1. Shoes shall cover the foot to meet sanitation and safety requirements. Open-toe shoes or sandals shall not be worn.

1.2.5.7.2. Fingernails shall be clean and not extend one quarter of an inch beyond the flesh tips.

1.2.5.7.3. Hair shall be neatly groomed. The length and bulk of hair shall not be unkempt, or of extreme appearance.

1.2.5.7.4. Contract employees shall wear dresses, pants or slacks, shirt or blouses with collar and sleeves, shoes and socks. Tank tops, cut-off pants, shower shoes or similar items of apparel are specifically prohibited. In all cases, contractor employees shall conform to the established personal appearance policy of MTF.

1.2.5.8. HEALTH REQUIREMENTS. Contractor/contract employees performing services shall comply with the health and immunization requirements at the time of initial request for clinical privileges and annually thereafter (*See Attachment #1-B, sample format*). Backup/replacement contract employees shall be required to provide current certification of health at the time of initial request for employment, and annually thereafter. The expense for all physical examinations to comply with the health requirements shall be borne by the contractor at no additional cost to the government.

1.2.5.8.1. Infection Control. The contractor shall adhere to the Centers for Disease Control guidelines concerning universal precautions and Exposure Control Plans for Blood Borne Pathogens & the Management of Regulated Medical Waste, at all times while providing services under this contract. The contractor shall report all PPD converters to Infection Control and comply with guidance provided.

1.2.5.8.2. Contractor will provide proof of compliance for contract employees to the CSTR/COR at the time of initial request for employment, and annually thereafter.

1.2.5.9. MISCONDUCT/DISRUPTION OF SERVICES. At any time during the performance of this contract, the Contracting Officer's Representative (COR) or Chief of Service may request that the contractor immediately remove any contract employee whose actions, or impaired state,



results in a disruption to the workforce. The contractor must replace the provider within 30 days, or as agreed upon with COR.

1.2.5.9.1. The Government reserves the right to test contract personnel prior to performing services and/or at any time during the contract performance period to ensure that they possess the necessary contract-required skills. Any contract personnel found to be unacceptable in administering skills required by the contract shall be immediately released from duty by the on-duty supervisor or COR. The COR or on-duty supervisor shall immediately notify the Contracting Officer, who will direct the contractor to provide a replacement.

#### 1.2.6. CREDENTIALLED PERSONNEL DOCUMENTATION.

See Army Regulation 40-68, [http://www.army.mil/usapa/epubs/pdf/r40\\_68.pdf](http://www.army.mil/usapa/epubs/pdf/r40_68.pdf) for list of personnel that require credentialing.

1.2.6.1. Contract employees providing services to the MTFs must be privileged by the Commander prior to providing services under this contract. Any failure to meet the credentialing and privileging requirements will result in the provider not being allowed to provide services under this contract.

1.2.6.2. No later than 60 days after the award, the Contractor must submit complete credential documentation on the contract providers who will be performing services under this contract. Credentials shall be submitted to the Credentialing Coordinator at the appropriate MTF.

1.2.6.3. Privileging process is subject to the provisions of Army Regulation (AR) 40-68 ([http://www.army.mil/usapa/epubs/pdf/r40\\_68.pdf](http://www.army.mil/usapa/epubs/pdf/r40_68.pdf)) Medical Services, Quality Assurance Administration, and any subsequent changes to that regulation or any successor regulations that might evolve. The Credentials Committee established at the MTF is the sole agency authorized to accept applications for privileges submitted by the Contractor and to make recommendations to the Commander for the granting of privileges.

1.2.6.4. The MTF Commander is the sole authority that can grant, revoke or otherwise restrict the privileges of any contract employee whom he determines is not qualified to perform contract services.

1.2.6.5. Once privileges are granted, subsequent actions taken concerning the privileges of contract employee, including any limitations on privileges, will be governed by the procedures in AR 40-68.

1.2.6.6. Actions that suspend, revoke, place in abeyance, or otherwise restrict the privileges of contract employee result in not being authorized to perform under the contract. A replacement contract employee, with the same qualifications, must be provided according to the terms of this contract.

1.2.6.7. Credentials Packet. Provides detailed explanation and delineation of the documents required for the completion of an application for the MTF Credentials Committee and Commander to grant privileges to the contract employee proposed to actually perform the required contract services. The packet is sent to the contractor upon award (see *Attachment #1-C*).

### 1.2.7. MOBILIZATION AND OTHER CONTINGENCY PLANNING.

1.2.7.1. The contractor may be expected to fill in for mobilized (deployed) staff. Such demands could require extended work hours and expansion of the contract workforce.

1.2.7.2. To ensure the Government operations can progress with no or only minimal disruption, the contractor shall anticipate the possibility of a mobilization or similar emergency and identify the steps it will need to take to rapidly expand its contract capabilities to meet the emergency.

### 1.3. CONTRACTOR FURNISHED SUPPLIES/SERVICES.

#### 1.3.1. SERVICES.

1.3.1.1. The Contractor shall furnish all personnel and services to comply with the requirements of this contract, except where specifically identified as government-furnished supplies and services (paragraph 1.4).

1.3.1.2. Certificates/licenses/training shall be maintained in a current status at all times while performing services under this contract. If at any time during the contract, a contractor employee does not renew any of the required certifications/licenses prior to the expiration date, he will not be allowed to work at a Military Treatment Facility, Hospital, or Clinic. This expense shall be borne by the contractor.

1.3.1.3. During the period of time between the removal by government personnel due to a suspicion of impairment and the final decision of the Contracting Officer, the contractor shall provide a backup/replacement contract personnel IAW paragraph 1.2.6.

1.3.1.4. Point of Contact. Three calendar days prior to performance of services, the contractor shall designate, in writing, and provide to the CSTR, COR and Contracting Officer, the name, email address, and telephone number of the point of contact for all actions on this requirement.

#### 1.3.2. EQUIPMENT.

1.3.2.1 Nametag. The contract employee shall wear a nametag furnished by the MTF. The nametag will be in compliance with, and in accordance with, MTF policy.

1.3.2.2 Uniforms / Stethoscopes. The contractor shall provide each contract employee his own uniform and / or stethoscope. The contractor shall ensure that, when worn, the uniform is clean and in good repair.

1.3.2.3 Rubber Stamp. The contract employee shall have his own rubber stamp containing his full name, degree, specialty and company name. The stamp will be placed on all forms and documentation requiring a signature.

#### 1.4. GOVERNMENT FURNISHED SERVICES / SUPPLIES.

##### 1.4.1. Government Training / Orientation.

1.4.1.1. *Staff Orientation - New Employee.* Contract employees shall participate in all staff orientation and/or training. Contract employees will attend a government-sponsored initial orientation to familiarize them with the policies and procedures of the MTF. Orientation attendance will be scheduled by the COR or designated representative. Such orientation may include instruction on automated processing, standard operating procedures, local in-services, quality improvement policies, communications, occupational exposure to blood borne pathogens, safety programs, etc.

1.4.1.2. *Annual Training Updates.* Contract employees shall be required to complete an annual training update at the MTF Annual training updates may be accomplished via video or classroom instruction, computer-based instruction, or review of written materials.

1.4.1.3. *Armed Forces Health Longitudinal Technology Application (AHLTA) Training* (formerly known as CHCSII). Contract employees shall attend training in the use of AHLTA. The length of training will depend upon the computer skills of the individual contract employee. This training will be coordinated and scheduled by the COR or his designated representative. (Access to such patient data systems is an "Automated Data Processing Sensitive" position requiring compliance with AR 25-2 and AR 380-67.)

1.4.1.4. *HIPAA Privacy and Security Training (HIPAA 101).* Contract employees shall be required to complete the On-Line Web-based Training Modules within the first 30 days of performance.

1.4.1.5 In addition to the specified courses listed above, Contract employees are required to attend or complete on-line any Department of Defense, Army, or Federal Government directed courses, which are not available to contract employees outside of the MTF.

1.4.1.6. Hours for attending any of the above shall be compensated at the regular hourly rate established in the contract.

##### 1.4.2 GOVERNMENT FURNISHED SUPPLIES.

1.4.2.1. The government will provide the use of all available MTF facilities and support services, materials, publications and forms, and equipment required for contract performance (except as designated). Contract employees shall keep government furnished supplies, equipment and work areas in a safe, orderly and clean condition. Contract employees shall notify the government

whenever maintenance of equipment is required. Contract employees shall abide by all MTF and Army requirements for physical security of Army property and equipment.

1.4.2.2. Telephones, facsimile machines, copiers and computer equipment are authorized for transaction of official government business only and shall not be used for personal business. Personal long distance calls are not authorized and the cost of all personal long distance calls made may be deducted from the Contractor's invoice payments. Telephones, facsimile machines and computer equipment are subject to communications security monitoring at all times.

1.4.2.3. Space used by contract employees in performance of services may be used for other purposes during their absence. Items of clothing, personal effects, or equipment cannot be secured during their absence. The government will not incur any liability for theft, damage to, or loss of such personal items.

1.4.2.4. Contract employees may be issued keys. The contractor shall safeguard the keys from loss, theft or destruction, and must display all keys signed for at scheduled or unscheduled key control inspections. The contractor shall be required to reimburse the government for lost keys, or lockset (if locksets are required to be replaced) as a result of lost keys. The cost of replacement of keys/locksets may be deducted from payments to the contractor.

1.4.2.5. Pagers. If pagers are issued, the contractor shall safeguard the pagers from loss, theft or destruction, and must display the pager for a scheduled or unscheduled control inspection. The contractor shall be required to reimburse the government for lost pagers. The cost of replacement of pagers may be deducted from payments to the contractor.

1.4.2.6. Protective Clothing. The MTF will supply special protective clothing and shoe covers when required.

1.4.2.7. Items issued will remain the property of the Government and will not be removed from the hospital. They are to be used, turned in, or disposed of as directed.

1.4.2.8. Emergency Healthcare. The MTF will provide emergency healthcare for injuries occurring while on duty. The contractor shall reimburse the government for such services.

## 1.5. QUALITY CONTROL.

1.5.1. Government Quality Assessment and Improvement (QA&I). The Government will monitor the Contractor's performance under this contract using the quality improvement/assessment procedures established by MTF. Additionally, the Contractor's performance is subject to scheduled and unscheduled review by a Quality Assurance Evaluator as defined by the MTF QA Plan & AR 40-68.

1.5.2. Quality Control (QC). The Contractor shall establish a complete QC program to ensure that the requirements of the contract are provided as specified. The quality control plan shall incorporate current quality assurance programs in place at the MTF, in their own QC, to ensure that the medical services are provided at a level of quality that meets MTF standards.

1.6. DELIVERABLES / REPORTING REQUIREMENTS. The contractor shall submit reports to the CSTR, COR and/or the Contracting Officer as requested for use in monitoring contractor performance. Such reports will include, but are not limited to, current license status, initial and/or monthly/annually immunizations, BLS status personnel recruitment/credential status, projected losses and vacancy/fill rate. The following deliverables shall be submitted in accordance with requirement.

1.6.1. Mandatory Contractor Manpower Reporting (CMR). Contractors awarded Army contracts are required to report certain information to the Army CMR system (web address stated in paragraph 1.6.1.1.). Contractors, setting up for the first time in order to begin reporting, shall use an estimate of 20 hours for their estimated cost (see para 1.6.1.1.2). The Army customer organization shall provide the Unit Identification Code (UIC) to the contractor and the Contracting Officer for purpose of required reporting. The CSTR and COR are responsible for monitoring the contractor's reporting of required information. Contractors may direct questions to the CMR help desk at 703/377-6199.

1.6.1.1. The Office of the Assistant Secretary of the Army (Manpower & Reserve Affairs) operates and maintains a secure Army data collection site where the contractor will report ALL contractor manpower (including subcontractor manpower) required for performance of this contract. The contractor is required to completely fill in all the information in the format using the following web address <http://www.cmra.army.mil>.

1.6.1.1.1. The required information includes: (1) Contracting Office, Contracting Officer, COR, and CSTR; (2) Contract number, including task and delivery order number; (3) Beginning and ending dates covered by reporting period; (4) Contractor name, address, phone number, e-mail address, identity of contractor employee entering data; (5) Estimated direct labor hours (including sub-contractors); (6) Estimated direct labor dollars paid this reporting period (including sub-contractors); (7) Total payments (including sub-contractors); (8) Predominant Federal Service Code (FSC) reflecting services provided by contractor (and separate predominant FSC for each sub-contractor if different); (9). Estimated data collection cost; (10) Organizational title associated with the Unit Identification Code (UIC) for the Army Requiring Activity (the Army Requiring Activity is responsible for providing the contractor with its UIC for the purposes of reporting this information); (11) Locations where contractor and sub-contractors perform the work (specified by zip code in the United States and nearest city, country, when in an overseas location, using standardized nomenclature provided on website); (12) Presence of deployment or contingency contract language; and (13) Number of contractor and sub-contractor employees deployed in theater this reporting period (by country).

1.6.1.1.2. As part of its submission, the contractor will also provide the estimated total cost (if any) incurred to comply with this reporting requirement (see para 1.6.1.). This cost is to be included in your general administration and services cost.

1.6.1.1.3. Reporting period will be the period of performance not to exceed 12 months ending September 30 of each government fiscal year and must be reported by 31 October of each calendar year.

1.6.1.1.4. Contractors may use a direct XML data transfer to the database server or fill in the fields on the website. The XML direct transfer is a format for transferring files from a contractor's system to the secure web site without the need for separate data entries for each required data element at the web site. The specific formats for the XML direct transfer may be downloaded from the web site.

1.6.1.1.5. Information from the secure web site is considered to be proprietary in nature when the contract number and contractor identity are associated with the direct labor hours and direct labor dollars. At no time will any data be released to the public with the contractor name and contract number associated with the data.

## 1.7. PERFORMANCE QUALITY LEVEL STANDARDS.

1.7.1. Outcome. The government requires that the contractor provide qualified personnel who will fulfill the performance requirements at a standard that enables the MTF to provide a high level of quality health care.

1.7.2. Productivity Standards. Acceptable measures include:

1.7.2.1. Compliance with JC Standards. Contract employee shall take part in Department or MTF programs as required to meet JC standards subject to audit by the Chief, Hospital Services Division, or his designated representative.

1.7.2.2. A maximum of 2 substantiated patient complaints per year per provider.

1.7.3.1. Department/clinic supervisory personnel will monitor contractor and contractor employee performance through government information systems, records, patient records, customer service information, contractor reports, and time sheets. Contractor performance will be monitored the same as other military and government providers with respect to MTF and department quality improvement processes.

1.7.3.2. Performance Reports will be provided by the CSTR through the COR to the Contracting Officer monthly to ensure acceptable performance of the contract; annual reports provided by COR to Contracting Officer after completion of each performance period will be reported to the DOD Past Performance Information Management System (PPIMS).

## 1.8. ATTACHMENTS

- 1.8.1. Attachment #1-A Professional Qualifications and Specific Responsibilities for Each Type of Health Care Service Provider
- Attachment #1-B SAMPLE FORM - IMMUNIZATION
- Attachment #1-C CREDENTIAL DOCUMENTS
- Attachment #1-D QUALITY ASSURANCE SURVEILLANCE
- Attachment #1-E PUBLICATIONS
- Attachment 2-A-2-D Position Descriptions

1.9. APPLICABLE TECHNICAL ORDERS, MANUALS, REGULATIONS, DIRECTIVES AND FORMS. All applicable directives and publications {advisory or mandatory}, and supplements or amendments to these directives and publications will be current when furnished to the contractor. Directives will be available to contractor upon request. Current issues of many DA publications and many forms can be accessed at <http://www.apd.army.mil>. DOD publications and forms can be accessed at <http://www.defenselink.mil>.

1.9.1. Publications and forms not on the websites can be obtained from the MTF. A list of applicable publications is attached at Attachment #1-E.

1.9.2. The Contractor is required to follow all mandatory documents to the extent they apply to this contract. Any such changes to mandatory publications that cause a change in the scope of performance will not be implemented by the Contractor until the Contracting Officer issues a modification in writing.

## 2. DEFINITIONS/ACRONYMS.

### 2.1. DEFINITIONS.

**ADVISORY DIRECTIVES:** Those directives that the contractor may use for information and guidance but are not binding for compliance.

**AMBULATORY DATA MODULE (ADM).** An automated clinical information system used for statistical documentation of ambulatory medical care. The computerized system is designed to monitor and track ambulatory encounters and to document patient diagnoses and treatment in order to support management of patient care.

**ANCILLARY PERSONNEL:** These personnel are commonly referred to as radiology, pathology, and/or medical and pharmacy technicians/technologists. Also clerks, secretaries, and receptionist's personnel are commonly considered administrative personnel.

**ARMED FORCES HEALTH LONGITUDINAL TECHNOLOGY APPLICATION (AHLTA):** An automated medical information system that provides integrated support for the functional work centers of inpatient and outpatient care facilities, patient administration, patient appointments and scheduling, nursing, laboratory, pharmacy, radiology, and clinical dietetics.

**BENEFICIARIES OF THE MILITARY HEALTHCARE SYSTEM:** Those individuals entitled to care at the MTF IAW AR 40-3.

**BACKUP PERSONNEL:** Pre-approved contract personnel designated to move into the position of the primary contract personnel to perform required services for the duration of his/her absence.

**CLINICAL PRIVILEGES:** Authorization by the government body to provide specific patient care and treatment services in the organization, within well defined limits, based on the

individual's license, education, training, experience, competence, judgment, and physical and mental health.

**CLINICAL SUPPORT TECHNICAL REPRESENTATIVE (CSTR):** A person who is the key point of contract at the MTF for the TRICARE Management Activity (TMA) COR and Contracting Officer throughout CSA performance and who verifies hours worked as presented on the contractor's invoice for performance of the services identified herein. The MTF Commander or his designee will designate a CSTR for each MTF for CSA services.

**CONTINUING EDUCATION:** Education beyond initial professional preparation that is relevant to the type of patient care delivered in the organization, that provides current knowledge relevant to the individual's field of practice, and that is related to findings from quality assurance activities.

**CONTRACTING OFFICER (KO):** A person with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings on contracts.

**CONTRACTING OFFICER'S REPRESENTATIVE (COR):** A government employee, appointed in writing and within the limits of authority as delegated by the Contracting Officer, authorized to act as his representative in monitoring a contract.

**DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS):** A computerized system that maintains current eligibility status for all eligible health care beneficiaries.

**MILITARY TREATMENT FACILITIES (MTF):** Military hospital or clinic.

**MILITARY TIME** is on a 24-hour clock, i.e.

8:00 a.m.-0800  
9:10 a.m.-0910  
Noon -1200  
8:00 p.m.-2000  
9:10 p.m.-2110  
Midnight-2400  
12:01 a.m.-0001

**MILITARY DATES** are written by placing the day of the month, followed by the first three letters of the month, followed by the last two digits of the year, i.e.

September 02, 2001 - 02 Sep 01  
November 10, 2004 - 10 Nov 04  
May 1, 2005 - 01 May 05

**PRIME SOURCE VERIFICATION:** Confirmation from a primary source (granting agency) or a service that confirms credentials from a primary source that the information provided by the health care provider is current, correct, and substantiates qualifications.



**QUALITY ASSESSMENT AND IMPROVEMENT (QA& I):** An ongoing program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, to pursue opportunities to improve patient care, and to resolve identified problems.

**QUALITY CONTROL (QC):** Those actions taken by the contractor to control and ensure that performance of duties meet the requirements of the contract.

**THIRD PARTY COLLECTIONS PROGRAM:** A Department of Defense (DOD) directed program that identifies those eligible beneficiaries who are also beneficiaries of another health insurance, health indemnity or pre-paid health plan. The goal of the program is to recover and retain costs of care provided to those beneficiaries to the benefit of the government (10 USC 1095 (1990)).

**TRAINING HOLIDAYS:** Training holidays are days designated by the MTF Commander either the workday preceding or following a legal public holiday. The number of training holidays may vary from year to year.

## 2.2. ACRONYMS/ABBREVIATIONS:

ADP	-	Automated Data Processing
AHA	-	American Hospital Association
AHLTA	-	Armed Forces Health Longitudinal Technology Application
AR	-	Army Regulation
AMA	-	American Medical Association
AOD	-	Administrative Officer of the Day
APA	-	American Psychological Association
BCLS	-	Basic Cardiac Life Support
BLS	-	Basic Life Support
C	-	Chief
CFR	-	Code of Federal Regulations
CHAMPUS	-	Civilian Health and Medical Program of the Uniformed Services
CHCS	-	Composite Health Care System
CLIN	-	Contract Line Item Number
CME	-	Continuing Medical Education
COR	-	Contacting Officer's Representative
CPGs	-	Clinical Practice Guidelines
CSP	-	Contract Service Provider
CSTR	-	Clinical Support Technical Representative
CSW	-	Clinical Social Worker
CVS	-	Contractor Verification System
DA	-	Department of Army
DEA	-	Drug Enforcement Administration
DA	-	Department of the Army
DCCS	-	Deputy Commander for Clinical Services
DEA	-	Drug Enforcement Administration
DMHRSi	-	Defense Medical Human Resources System Internet
DOD	-	Department of Defense

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DODI	-	Department of Defense Instruction
ECFMG	-	Educational Commission for Foreign medical Graduates
EFT	-	Electronic Funds Transfer
FAR	-	Federal Acquisition Regulation
FIPS PUB	-	Federal Information Processing Standards Publication
FSO	-	Facility Security Officer
FTE	-	Full Time Equivalent
GS	-	General Schedule
HCAA	-	Health Care Acquisition Activity
HCP	-	Health Care Provider
HIPAA	-	Health Insurance Portability & Accountability Act of 1996
HSPD	-	Homeland Security Presidential Directive
JC	-	Joint Commission
KO	-	Contracting Officer
MEDCEN	-	Medical Center
MEDCOM	-	Medical Command
MEDDAC	-	Medical Department Activity
MHS	-	Military Health System
MTF	-	Military Treatment Facility
NACI	-	National Agency Check with Inquiries
NASW	-	National Association of Social Workers
NCOIC	-	Noncommissioned Officer in Charge
NRP	-	Neonatal Resuscitation Program
OIC	-	Officer-in-Charge
OMB	-	Office of Management and Budget
OSHA	-	Occupational Safety & Health Association
PALS	-	Pediatric Advanced Life Support
PAD	-	Patient Administration Division
PBWS	-	Performance Based Work Statement
PCF	-	Practitioner's Credentials File
PDH-CPG	-	Post Deployment Health Evaluation and Management - Clinical Practice Guidelines
PDHRA	-	Post-Deployment Health Re-Assessment
PL	-	Public Law
PPIMS	-	Past Performance Information Management System
QA&I	-	Quality Assessment & Improvement
QC	-	Quality Control
RFP	-	Request for Proposal
RMC	-	Regional Medical Command
SF	-	Standard Form
SLIN	-	Sub-line item number
SRP	-	Soldier Readiness Processing
SWS	-	Social Work Services
TA	-	Trusted Agent
TAB	-	Therapeutic Agents Board

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1.2.5. PROFESSIONAL QUALIFICATIONS / SPECIFIC TASKS / RESPONSIBILITIES. All Contract employees provided by the contractor shall meet the qualifications for that specialty and perform essentially the same functions, within the scope of acceptable for their technical professional discipline and standard, as those required by Army or government service technical professionals of similar experience and in similar duty assignments. Contract employee practices/productivity will be compared to that of other Contract employees assigned to the same medical center.

1.2.5.1. The Government has the right to test the contract employee the first day of the contract and any time during contract performance to determine whether the contract employee can perform all contract-required skills. If the contract employee cannot perform all those skills, the Government activity may request that the contract employee be replaced with a contract employee that can perform all the contract-required skills.

1.2.5.1.1. Medical Records. Maintain outpatient medical records in accordance with [IAW] AR 40-60. Medical records will be subject to review by the Medical Care Evaluation Committee, Quality Assurance Committee, and designated representatives of the Commander, U.S. Army Medical Department Activity.

1.2.5.1.2. CHCS/AHLTA. Mandatory use of medical database for keeping records, ordering of ancillary procedures, ordering of medications, writing doctor's orders, schedule follow-up visits and performing other required patient functions. The government will provide training to contract employees (see para 1.4.1.3).

1.2.5.1.3. All documentation will be required for review prior to start of work.

1.2.5.2. PROFESSIONAL QUALIFICATIONS -. Contractor's employees shall have the qualifications and documentation as outlined in the attached position descriptions (Attachments 2A through 2D).

1.2.5.3. SPECIFIC DUTIES/TASKS THE CONTRACT SERVICE PROVIDER SHALL PERFORM INCLUDE BUT ARE NOT LIMITED TOO:

1.2.5.3.1. Assesses and resolves complex social, economic and psychosocial problems that may impact on service members' and their families' medical treatment as outpatients by providing direct casework services, to include screening, assessment, treatment, referral, consultation and education and in conjunction with Department of Defense Post Deployment Health Evaluation and Management - Clinical Practice Guidelines (PDH-CPGs).

1.2.5.3.2. Assesses and resolves complex social, economic and psychosocial problems that may impact on service members' and their families' medical treatment as inpatients or while the service member is being evaluated for medical discharge from the service by providing direct casework services, to include screening, assessment, referral, consultation and education.

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- 1.2.5.3.3. Conducts psychosocial evaluations and provides therapeutic interventions including crisis counseling to individuals, groups and families as needed to facilitate behavioral health clinical care management and optimize care.
- 1.2.5.3.4. Evaluates the impact of diagnosis or lack of diagnosis with unexplained chronic symptoms on individual and family systems as well as assess patient's functioning within work, family and routines of daily living and identify areas needing continued support, resources, and treatment in order to assist patients.
- 1.2.5.3.5. Provides services to high-risk populations including service members pending medical discharge due to physical and or behavioral health injuries/illnesses, service members who were wounded as a result of their military duties, and the families of service members killed in action.
- 1.2.5.3. 6. Supports local and remote Soldier Readiness Processing (SRP) events that prepare large numbers of service members for mobilization, deployment, demobilization and redeployment in clinical and non-clinical settings. This support shall include provision of behavioral health clinical care management services, screening, evaluation and referrals for Soldiers who report deployment-related symptoms on Pre-Deployment Health Assessment (DD Form 2795), Post Deployment Health Assessment (DD Form 2796), Post Deployment Health Reassessment (DD Form 2900) or other screening forms, assistance with administrative requirements for transfer from active to reserve status and other administrative requirements. The SRP events may occur as frequently as bi-weekly or as infrequently as semi-annually.
- 1.2.5.3. 7. Develops, implements, and maintains in partnership with Patients, other health care providers and community resources as applicable. Develops a comprehensive treatment care plan in accordance with behavioral health care standards for patients and their families.
- 1.2.5.3 8. Coordinates services for those patients who move to another location to ensure continuity of care. Facilitates transfer of the case to local behavioral health care case management resources, as appropriate.
- 1.2.5.3. 9. Performs Mental Status Evaluations, Fitness for Duty Evaluations, Chapter Evaluations and other clinical examinations requiring a DSM-IV diagnosis. As such, contract employee must be a skilled diagnostician, and familiarize themselves with relevant provisions of AR 40-501, Standards of Medical Fitness, and AR 635-200 Enlisted Ranks Personnel to properly evaluate and classify such soldiers.
- 1.2.5.3. 10. Coordinates and assists installation community agencies and the MTF in the referral process, to provide re-integration training and services for Soldiers returned from deployment.
- 1.2.5.3. 11. Educates patients, their families, commanders and health care staff on community resources including information and referral for financial, housing, educational, employment and childcare resources as required by patient's needs assessment.
- 1.2.5.3. 12. Maintains complete and accurate records and documents all patient contacts/services provided in accordance with professional standards (AR 40-68) as well as DoD, U.S. Army, installation

and facility directed administrative requirements. Enters patient clinical and administrative data as well as utilization data and other data into automated systems and/or paper records and create reports from these data in accordance with local policies and procedures, Army Regulations and directives from the Army Medical Department, its program administrators, C, Psychology and/or the C, BHS.

1.2.5.3. 13. Responsible for the completion of individual workload accountability in accordance with clinic, medical treatment facility and program requirements.

1.2.5.3. 14. Maintains inpatient and outpatient medical records IAW AR40-66. Medical records will be subject to review by the Medical Care Evaluation Committee, Quality Assurance Committee, and designated representatives of the Commander, U.S. Army MEDCOM. Only approved medical abbreviations will be used. Charting will be in compliance with Army, MTF, or clinic requirements as directed by the provider's immediate supervisor. The contract service provider is responsible for the content and correctness of all prepared and transcribed reports and shall verify the content and correctness of all prepared and transcribed reports by affixing signature and stamp to all copies of the document and validating its contents the same day as documents are provided by the U.S. Government. All evaluations and other records of patients will remain the property of, and subject to the exclusive control of, the U.S. Government. All reports and documents prepared by the Contractor in fulfillment of this contract will become the property of the U.S. Government.

1.2.5.3. 15. Abides by all applicable MTF by-laws, JC, DoD, DA and MEDCOM regulations with regard to Utilization Review and Quality Improvement directives including, but not limited to, in-service training, peer review, performance improvement, records maintenance, performance evaluations, and release of information.

1.2.5.3. 16. Consults with and assists other contract service providers, military commanders and community agencies in the development and implementation of deployment-related health programs at the installation and or clinic level.

1.2.5.3. 17. Participates, as appropriate, in departmental Quality Assurance (QA) programs and adhere to all safety regulations at all times. The contract service provider shall provide technical advice and professional opinions upon request from the MTF Commander, C, Psychology and/or C, BHS, Clinic OIC, or other assigned supervisors.

1.2.5.3. 18. Attends and participates in patient care reports, patient care conferences, team conferences, professional staff conferences and any other appropriate professional activities only to the extent that such attendance and participation is relative to assigned cases and/or performance of contract services as determined by the MTF Commander, C, Psychology and/or C, BHS, Clinic OIC or other assigned supervisors.

1.2.5.3. 19. Presents patient cases in regularly scheduled case staffing meetings to discuss status and updates to cases under the direction of the C, Psychology and/or C, BHS, Clinic OIC, and/or other assigned supervisors.

1.2.5.3. 20. Attends meetings, case conferences and training under the direction of the C, Psychology and/or C, BHS, Clinic OIC, and other assigned supervisors, as required.

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ATTACHMENT #1-B  
SAMPLE IMMUNIZATION STATUS

EMPLOYEE'S NAME: \_\_\_\_\_

HIV

NEGATIVE: \_\_\_\_\_ POSITIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

HEPATITIS B

Serologic Testing Hepatitis Vaccine: (Specify Dates and Results) (Specify Dates Doses Given):

HbsAG \_\_\_\_\_ Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_

HbsAB \_\_\_\_\_ Dose #3 \_\_\_\_\_ Booster \_\_\_\_\_

TB STATUS

Mantoux Test PPD

Chest X-ray

PPD Given: \_\_\_\_\_ Date of CXR: \_\_\_\_\_

PPD Read: \_\_\_\_\_ CXR Results: \_\_\_\_\_

Results: \_\_\_\_\_

Results of Evaluation and Indication for Treatment: \_\_\_\_\_

MEASLES/MUMPS/RUBELLA

Positive Antibody Titer

(Specify Dates and Results):

MMR Immunization

(Specify Dates Doses Given):

Measles: \_\_\_\_\_ Dose #1 \_\_\_\_\_

Mumps: \_\_\_\_\_ Dose #2 \_\_\_\_\_

Rubella: \_\_\_\_\_

TETANUS & DIPHTHERIA

(Specify Dates Given)

Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_ Dose #3 \_\_\_\_\_ Booster \_\_\_\_\_

VARICELLA

Positive Antibody Titer (Specify Dates and Results): \_\_\_\_\_

Varicella Immunization Given: \_\_\_\_\_

EXAMINING PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE & DATE: \_\_\_\_\_

## ATTACHMENT #1-C

### CREDENTIAL DOCUMENTATION FOR CLINICAL PRIVILEGES

The following documents must be submitted for review by the Kimbrough Ambulatory Care Center Credentials Committee as a prerequisite to recommending that clinical privileges be granted a provider. Reference Army 40-68, [http://www.army.mil/usapa/epubs/pdf/r40\\_68.pdf](http://www.army.mil/usapa/epubs/pdf/r40_68.pdf) for list of personnel that requires credentialing.

1. Curriculum Vitae. Submit current chronological curriculum vitae. This must cover all periods of time beginning with entrance into a college and/or training institution to the present time, to include all hospital appointments by dates, a current home address, phone number, professional address and phone, date and place of birth.
2. Copy of Qualifying Diplomas/Degrees.
3. Copies of all qualifying certification/registration certificates for specialty.
4. All state licenses and current renewal certificates (current and inactive).
5. Copy of current BLS Certification. BLS must be sponsored by the American Heart Association or the American Red Cross content-equivalent of "CPR/AED for the Professional Rescuer."
6. Copies of Continuing Medical Education Certificates for the past year.
7. Two, current (within past 12 months) original letters of reference for verification of experience and current competence to include clinical judgment, rapport with patients/staff, emotional stability, physical health, ethical and professional conduct. [NOTE: If possible, the original letters should come directly from the author to the Credentials Committee.]
8. DA Form 4691, Initial Application for Clinical Privileges. Complete all areas. Cover all periods of education to include dates. Any break in time during your professional education, postgraduate training or hospital assignments, please explain on the DA Form 4691, or a separate sheet of paper. To expedite your application, you may contact the institutions that can provide primary source verification and have them send a letter directly to the credentials office.
9. DA Form 5754, Malpractice History and Clinical Privileges Questionnaire. Complete the Malpractice/ Privileges Questionnaire. *INITIAL, DO NOT CHECK*. Dates of malpractice coverage and history of suits and claims will be verified for the seven (7) years prior to application.

[Provide the complete address and policy number of all current and past malpractice carriers for the past seven (7) years. To expedite the application, please have the malpractice carrier submit a claims history check directly to the credentials office.]

10. DA Form 5440-series, Delineation of Privileges. DA Form 5440- series are used to request privileges and must be completed by the practitioner by placing a number beside each condition/procedure in the requested column. Check marks or X's are not acceptable. Areas not requested, enter appropriate number or line through and initial.

11. Statement of Affirmation. Read the release form, sign and date.

12. National Practitioner Data Bank Information. Complete the Data Information Sheet. This information is used to query the National Data Bank.



The following minimum Quality Assurance Plan applies. The Government may modify inspection methods in accordance with site specific requirements.

PERFORMANCE OBJECTIVE	PERFORMANCE STANDARD	REF PBWS	METHOD OF ASSESSMENT
Designate a point of contact in writing 3 days prior to start of performance period	Written notification received 3 days prior to start of performance period	Para 1.3.1.4.	Written notification to KO, COR and CSTR
Prepares medical records, forms and documents	Documentation in accordance with regulations, established guidelines	Attachment 1-1 Para. 1.2.5.1.1, 1.2.5.3.14 AR 40-66	QA peer reviews
Submits only complete credentialing/privileging packages for candidates with realistic employment opportunities	Contractor obtains all documents required by MTF credentialing office and performs primary source verifications.	Para 1.2.6 – 1.2.6.7 and Attachment #1-C AR 40-68	Incomplete credentialing packages submitted, candidates not meeting requirements
CSPs maintains professional licenses, certifications	100% of licenses and certificates shall be renewed and maintained in current status during life of contract	Para 1.01, 1.2.1, 1.3.1.2. and Attachment #1-C	Credentials records
CSPs shall complete any mandatory annual medical/government required training	100% compliance with mandatory training requirement	Para 1.3.1.2, 1.4.1 – 1.4.1.5, Attachment 1-A para 1.2.5.3.20	Attendance rosters
CSPs comply with Health and Immunization Requirements.	Comply initially and as required 100% of the time.	Para 1.2.5.8, 1.6., Attachment #1-B	CSTR/COR maintain log.
CSPs comply with basic life support requirements	100% compliance with life support training	Para 1.6, Attachments 1-C, 2-A thru 2-D	Credentials file
Comply with Security Requirements.	Comply initially and as required 100% of the time.	Para 1.1.2, 1.1.5 – 1.1.5.3, 1.2.3., 1.4.2.1	CSTR/COR maintain log.
Assure retention of qualified personnel	Fill rate of 95% after 60 day transition period.	1.0.1 -1.0.2. 1.6	Monthly fill/vacancy reports.
Continuous high level of quality of service	Substantiated patient complaints no more than 2 per year per provider.	1.7.2.2	CSTR/COR maintain log.
Submits bi-weekly report	Reports personnel recruitment/credential status, projected losses	Para 1.6	Bi-Weekly Report
Comply with Specific Tasks.	Comply at least 95% of the time.	Paragraph Attachment #1-A	CSTR/COR maintain log.

PERFORMANCE OBJECTIVE	PERFORMANCE STANDARD	REF PBWS	METHOD OF ASSESSMENT
		para 1.2.5 – 1.2.5.3.20, Attachments 1-C, 2-A thru 2-D	

STANDARD	MEASUREMENT	PAST PERFORMANCE ASSESSMENT
99% to 100%	Excellent	Document Past Performance
96% to 98%	Very Good	Assessment Report, paying particular attention to
95%	Satisfactory	performance that exceeds
92% to 94%	Marginal	the standard
92% or Less	Unsatisfactory	

**FILL/VACANCY REPORT**

<b>CONTRACTOR:</b>					
<b>DATE:</b>					
<b>CONTRACT/MODIFICATION NUMBER</b>	<b>CONTRACT START DATE</b>	<b>NO. OF FTE</b>	<b>NO. FILLED</b>	<b>NO. VACANT</b>	<b>ACTIONS TAKEN TO FILL POSITIONS</b>

## PUBLICATIONS

Following is a list of basic publications applicable to this performance work statement. Current issues of Army publications and links to other service publications can be accessed at <http://www.apd.army.mil/>. Army publications not on the internet or MTF policies and procedures can be obtained from the MTF. Department of Defense publications can be found at [www.defenselink.mil/pubs](http://www.defenselink.mil/pubs) or [www.dtic.mil/whs/directives](http://www.dtic.mil/whs/directives).

The Publications have been coded as mandatory or advisory. The Contractor is obligated to follow those coded as mandatory only to the extent that they apply to this contract. Supplements, amendments, or changes to these mandatory publications may be issued during the life of the contract. Advisory publications may be used for information and guidance but are not binding for compliance.

### Mandatory Publications:

Public Law 91-596	29 Dec 70 Occupational Safety and Health Administration
Public Law 104-191	21 Aug 96 Health Insurance Portability and Accountability Act of 1996
Current Edition Joint Commission for Accreditation of Healthcare Organizations (JCAHO)	
Manual	
AR 25-2	Information Assurance
AR 40-1	Composition, Mission, and Functions of the Army Medical Department
AR 40-3	Medical Services: Medical, Dental, and Veterinary Care
AR 40-4	Army Medical Department Facilities/Activities
AR 40-5	Preventive Medicine
AR 40-66	Medical Records Administration and Health Care Documentation
AR 40-68	Clinical Quality Management
AR 40-330	Rates Codes, Expense and Performance Reporting Systems, Centralized, Billing, and Medical Service Accounts
AR 40-400	Patient Administration
AR 40-407	Nursing Records and Reports
AR 40-501	Standards of Medical Fitness
AR 40-562	Immunizations and Chemoprophylaxis
AR 340-21	The Army Privacy Program
AR 380-5	Department of Army Information Security Program
AR 380-53	Information Systems Security Monitoring
AR 380-67	The Department of the Army Personnel Security Program
AR 385-40	Accident Reporting and Records and MEDCOM Supplements
AR 608-18	Army Family Advocacy Program
AR 600-85	Alcohol & Drug Abuse Prevention and Control Program
MEDCOM Pam 25-31	Index of Command Administrative Publications
DA PAM 40-11	Preventive Medicine
DoD 6055.5-M	Occupational Medical Surveillance Manual Advisory Publications.
AMA CPT	Physician's Current Procedural Terminology, updated annually See <a href="https://catalog.ama-assn.org">https://catalog.ama-assn.org</a>

AR 40-501	Medical Examinations
AR 190-13	The Army Physical Security Program
AR 608-1	Army Community Service Program
DA Pam 25-51	The Army Privacy Program: System Notices and Exemptions Rule
DoD 1341.2-M	DEERS Program Manual
DoDD 5200.2	DoD Personal Security
DoD 6010.8-R	Civilian Health and Medical Program of the Uniformed Services CHAMPUS, Ch 9, 1 Jul 1991
FM 3-19.30	Physical Security
PL 89-614	Chapter 55, 10 U.S.C. (1071-1088)
Title 29, CFR	Occupational Safety and Health Standards

ATTACHMENT# 2-A

PSYCHIATRIC CLINICAL NURSE SPECIALIST OR NURSE PRACTITIONER.

Education: Graduate of an Associate, Diploma, or Baccalaureate degree from accredited school of nursing (National League of Nursing), a Master's Degree in Psychiatric Nursing, and a specialty as a Psychiatric Nurse Practitioner. Is also board certified as such by the ANCC, or other recognized certifying body. A copy of the college transcript or Diploma will be submitted.

Licensure/Registration: Possess and maintain a current, active, valid, unrestricted license as Psychiatric Mental Health Advanced practice Nurse with Prescriptive Authority in at least one U.S. state, District of Columbia, Commonwealth, territory or jurisdiction. All licenses shall be unencumbered and remain in effect during employment.

Certification: Clinical Nurse Specialist in Adult Psychiatry or Psychiatric Mental Health Advanced Practice Nurse. If certification is required, it must be kept current according to the guidelines of the certifying organization.

Experience: Minimum one year of experience in the past three years caring for psychiatric patients.

Life support training. The nurse must possess and maintain current course completion documentation for basic cardiac life support (BCLS) through an American Heart Association and/or Red Cross approved training program.

Other Qualifications: Pass the NLN Psychiatric Medication Test with a minimum score of 80%. Possess the knowledge, actions, dosages of the most commonly used psychotropic medications. Must have been trained in assessment/evaluation and treatment of Post Traumatic Stress Disorder.

Specific Duties/Tasks: Contract nurses providing services under this contract shall perform the same clinical duties as those required of any military or government civil service nurse of similar experience assigned to the same unit.

Specific Duties/Tasks the contract service provider shall perform include but are not limited to:

1. Provides Psychiatric Mental Health Advanced Practice Nursing care as a case manager. Serves as a liaison and advocate for patients by assisting in coordinating continuing care for those with acute and chronic psychiatric problems.
2. Participates as a member of the Behavioral Health, Mental Health, Psychiatry Service within the context of a multidisciplinary team that coordinates care for psychiatric patients.
3. Collaborates with families, case managers, discharge planning and multidisciplinary team to ensure appropriate utilization of health care resources.

4. Assists the consultation and liaison team to evaluate patients and help implement aftercare.
5. Performs direct patient care to include:
  - Conducts psychiatric triage
  - Performs psychiatric-assessments to determine appropriate diagnostic impression according to current guidance
  - Determines appropriate patient disposition (admission or outpatient care)
  - Educates patients and family members, and significant others about the illness/condition, medication, and available resources
  - Administers and prescribes medications
  - Facilitates groups
  - Provides patient counseling
6. Assists psychiatrists with medication refill process.
7. Attends and participates in meetings and professional staff conferences and other appropriate professional activities such as, but not limited to the following: Quality Improvement meeting, professional staff meetings, Commander's staff meetings, Department meetings, and others required by applicable regulations, MTF guidance, or as directed by the Chief, Department of Behavioral Health or his/her designated representative.
8. Performs tasks related to the Graduate Education Program (GE) to include teaching and supervisory of clinical caseload of interns, residents, and fellows, and other duties as required by the Graduate Education Program.

## ATTACHMENT# 2-B

### CLINICAL SOCIAL WORKER.

**Education:** Clinical Social Workers shall have a Masters or Doctorate Degree from a Council on Social Work Education (CSWE) Accredited School.

**Licensure/Certification/Registration:** Must possess a Clinical Social Work license from a U.S. jurisdiction that allows for the independent practice of Clinical Services. Substitute or related degrees are unacceptable. Examples for acceptable licenses are LCSW in the state of Texas, LCSW in the state of Florida, LISW in the state of South Carolina and LCSW in the state of California. The Clinical Social Worker will maintain a professional license, certification and/or registration as required by the profession and appropriate regulatory bodies. This license will be current (not revoked, suspended, or lapsed in registration), valid (the issuing authority accepts and considers Quality Assurance information, i.e., practitioner professional performance and conduct in determining continued licenses), and unrestricted (not subject to restriction pertaining to the scope, location, or type of practice ordinarily granted to other applicants for similar licenses in granting jurisdiction). The license must be one granted by the recognized licensing agency of a State, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the Virgin Islands.

**Experience:** A minimum of two (2) years within the past five (5) years in the practice of clinical social work, preferably in a Government setting such as a DOD or Department of Veterans Affairs (VA) MTF and providing clinical services to individuals, couples or groups in clinical psychotherapy services. The Contractor shall ensure that the contract service provider has sufficient training and experience to effectively provide social work services for service members and family members. The Contractor will be trained in the assessment/evaluation and treatment of Posttraumatic Stress Disorder prior to hire. Related experience will not be accepted in lieu of degree or license requirements.

**Basic Life Support Training:** All contract service providers must possess and maintain current course completion documentation for basic life support (BLS) through an American Heart Association and/or Red Cross approved training program. BLS shall be renewed every two years.

Specific Duties/Tasks the contract service provider shall perform include but are not limited to:

1. Provides screenings, clinical assessments, treatment, case management, consultation, referral and education according to their professional discipline, Army Medical Departments' standards, and the DoD-directed Clinical Practice Guidelines (CPGs). Services shall be provided in accordance with the established principles, practices and ethics of both (1) the contract service provider's profession (e.g., National Association of Social Workers (NASW) and (2) Department of the Army (DA) regulations. Services shall be provided in accordance with MTF rules, regulations, bylaws, privileging and within the contract service provider's scope of practice.
2. Provides service as part of a multi-disciplinary health care team to patients who are eligible beneficiaries of the Military Health Care System as authorized by Army Regulation (AR) 40-3, Medical,

Dental, and Veterinary Care. Contract service providers shall utilize short-term and long-term care models, patient and provider consultation models and education in conjunction with the DoD CPGs to address behavioral health (BH) concerns and medical conditions related to behavioral health needs of service members and their families. Contract service providers will also provide BH screening, assessment, and direct care specialty referral to service members and their families. Clinical social work services provided by the contract service provider shall be at no expense to the military beneficiaries.

3. Serves as a behavioral health referral resource and subject matter expert in behavioral health-related programs to the MTF staff, medical staff in primary care clinics and other on-post medical settings such as Behavior Health Clinics and Soldier Readiness Processing locations.
4. Assesses and resolves complex social, economic and psychosocial problems that may impact on the service members' and their families' medical treatment as outpatients by providing behavioral health direct services, to include screening, assessment, treatment, referral, consultation and education and in conjunction with DoD BH-CPGs.
5. Assesses and resolves complex social, economic and psychosocial problems that may impact on service members' and their families' medical treatment as inpatients or while the service member is being evaluated for medical discharge from the service by providing direct services, to include screening, assessment, referral, case management, consultation and education.
6. Conducts psychosocial evaluations and provides therapeutic interventions including crisis counseling to individuals, groups and families as needed to facilitate behavioral health clinical care management and optimize care.
7. Evaluates the individual and family systems as well as assesses patient's functioning within work, family and routines of daily living and identifies areas needing continued support, resources, and treatment in order to assist patients.
8. Provides services for high-risk populations (service members pending medical discharge due to physical and or behavioral health injuries/illnesses, service members who were wounded as a result of their military duties, and the families of service members killed in action, etc.).
9. Support local and remote Soldier Readiness Processing (SRP) events that prepare large numbers of service members for mobilization, deployment, demobilization and redeployment in clinical and non-clinical settings. This support shall include provision of behavioral health services, screening, evaluation, management and referrals for Soldiers who report deployment-related symptoms on Pre-Deployment Health Assessment (DD Form 2795), Post Deployment Health Assessment (DD Form 2796), Post Deployment Health Reassessment (DD Form 2900) or other screening forms, assistance with administrative requirements for transfer from active to reserve status and other administrative requirements. The SRP events may occur as frequently as bi-weekly or as infrequently as semi-annually.
10. Develops, implements, and maintains partnerships with Soldiers, family members, other health care providers and community resources, as applicable. Develops comprehensive treatment care plans in accordance with behavioral health care standards.



11. Coordinates services for those Soldiers or patients who move out of the local area to ensure continuity of care. Facilitates transfer of the case to the gaining facilities' behavioral health care case management resources, as appropriate.
12. Serves as an advocate for Soldiers and patients as needed, assists with navigating healthcare systems in obtaining appropriate referrals. Some of these contacts/referrals may include communicating with physicians, nurses, behavioral health professionals, prevention specialists, family members, etc. Other referrals may be acquiring resources and services dealing with financial benefits and housing issues including assisting with completing proper paperwork.
13. Coordinates and assists installation community agencies and the MTF in the referral process, to provide re-integration training and services for Soldiers returned from deployment.
14. Educates patients, their families, commanders and health care staff on community resources including information and referral for financial, housing, educational, employment and childcare resources as required by patient's needs assessment.
15. Maintains complete and accurate records and documents all patient contacts/services provided in accordance with professional standards (AR 40-68) as well as DoD, U.S. Army, installation and facility directed administrative requirements. Enters patient clinical and administrative data as well as utilization and other data into automated systems and/or paper records and create reports from these data in accordance with local policies and procedures, Army Regulations and directives from the Army Medical Department, its program administrators, C, SWS and/or the C, BHS.
16. Responsible for the completion of individual workload accountability in accordance with clinic, medical treatment facility and program requirements.
17. Maintains inpatient and outpatient medical records IAW AR 40-66. Medical records will be subject to review by the Medical Care Evaluation Committee, Quality Assurance Committee, and designated representatives of the Commander, U.S. Army MEDCOM. Only approved medical abbreviations will be used. Charting will be in compliance with Army, MTF, or clinic requirements as directed by the provider's immediate supervisor. Responsible for the content and correctness of all prepared and transcribed reports and shall verify the content and correctness of all prepared and transcribed reports by affixing signature and stamp to all copies of the document and validating its contents the same day as documents are provided by the U.S. Government. All evaluations and other records of patients will remain the property of, and subject to the exclusive control of, the U.S. Government. All reports and documents prepared by the Contractor in fulfillment of this contract will become the property of the U.S. Government.
18. Abides by all applicable MTF by-laws, JCAHO, DoD, DA and MEDCOM regulations with regard to Utilization Review and Quality Improvement directives including, but not limited to, in-service training, peer review, performance improvement, records maintenance, performance evaluations, and release of information.

19. Consults with and assists other health care providers, military commanders and community agencies in the development and implementation of behavioral health-related programs at the installation and or clinic level.
20. Participates, as appropriate, in departmental Quality Assurance (QA) programs and adheres to all safety regulations at all times. Provides technical advice and professional opinions upon request from the MTF Commander, C, SWS and/or C, BHS, Clinic OIC, or other assigned supervisors.
21. Attends and participates in patient care reports, patient care conferences, team conferences, professional staff conferences and any other appropriate professional activities only to the extent that such attendance and participation is relative to assigned cases and/or performance of contract services as determined by the MTF Commander, C, SWS and/or C, BHS, Clinic OIC or other assigned supervisors.
22. Presents patient cases in regularly scheduled case staffing meetings to discuss status and updates to cases under the direction of the C, SWS and/or C, BHS, Clinic OIC, and/or other assigned supervisors.
23. Attend meetings, case conferences and training under the direction of the C, SWS and/or C, BHS, Clinic OIC, and other assigned supervisors, as required.
24. Conducts crisis intervention services which include weekends and evenings, as assigned.
25. Participates in and/or direct research and conducts clinical investigations in behavioral health or social work.

ATTACHMENT# 2-C  
ADULT AND/OR CHILD PSYCHIATRIST.

Education: Required to hold a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree from an accredited graduate school of Medicine. The physician must have completed psychiatric residency training program approved by the Accreditation Council for Graduate Medical Education. The physician must be Board Eligible or Board Certified in Psychiatry.

Licensure/Certification/Registration: Contractor personnel must have and maintain a current license to practice Medicine in any one of the 50 states, the District of Columbia, Puerto Rico, Guam or the U.S. Virgin Islands that allows for the independent practice of clinical services. This license must be current (not revoked, suspended, or lapsed in registration), valid (the issuing authority accepts and considers QA information (i.e. practitioner professional performance and conduct in determining continued licenses)), and unrestricted (not subject to restriction pertaining to the scope, location, or type of practice ordinarily granted to other applicants for similar licenses in granting jurisdiction).

Basic Life Support Training: All contract service providers must possess and maintain current course completion documentation for basic life support (BLS) through an American Heart Association and/or Red Cross approved training program. BLS shall be renewed every two years.

Specific Duties/Tasks shall include but are not limited too:

1. The contract service provider shall maintain credentials as required to evaluate and treat adult patients.
2. The contract service provider shall assess and resolve complex social, economic and psychosocial problems that may impact on service members' and their families' medical treatment as outpatients by providing direct casework services, to include screening, assessment, treatment, referral, consultation and education and in conjunction with DoD PDH-CPGs.
3. The contract service provider shall assess and resolve complex social, economic and psychosocial problems that may impact on service members' and their families' medical treatment as inpatients or while the service member is being evaluated for medical discharge from the service by providing direct casework services, to include screening, assessment, referral, consultation and education.
4. The contract service provider shall conduct psychosocial evaluations and provide therapeutic interventions including medication management.
5. The contract service provider shall evaluate the impact of diagnosis or lack of diagnosis with unexplained chronic symptoms on individual and family systems as well as assess patient's functioning within work, family and routines of daily living and identify areas needing continued support, resources, and treatment in order to assist patients.
6. The contract service provider shall provide services to high-risk populations including service members pending medical discharge due to physical and or behavioral health injuries/illnesses, service members who were wounded as a result of their military duties, and the families of service members KIA.

7. The contract service provider shall support local and remote Soldier Readiness Processing (SRP) events that prepare large numbers of service members for mobilization, deployment, demobilization and redeployment in clinical and non-clinical settings. This support shall include provision of behavioral health clinical care management services, screening, evaluation and referrals for Soldiers who report deployment-related symptoms on Pre-Deployment Health Assessment (DD Form 2795), Post Deployment Health Assessment (DD Form 2796), Post Deployment Health Reassessment (DD Form 2900) or other screening forms, assistance with administrative requirements for transfer from active to reserve status and other administrative requirements. The SRP events may occur as frequently as bi-weekly or as infrequently as semi-annually.
8. The contract service provider shall develop, implement, and maintain a partnership with patients, other contract service providers and community resources as applicable. The contract service provider shall develop a comprehensive treatment care plan in accordance with behavioral health care standards for patients and their families.
9. The contract service provider shall coordinate services for those patients who move out of the region to ensure continuity of care. They shall facilitate transfer of the case to local behavioral health care case management resources, as appropriate.
10. The contract service provider shall advocate for patients as needed, and assist with negotiating systems in obtaining appropriate referrals. Some of these referrals may include communicating with physicians, nurses, behavioral health professionals, prevention specialists, family members, etc. Other referrals may be acquiring resources and services dealing with financial benefits and housing issues including assisting with completing proper paperwork.
11. The contract service providers shall coordinate and assist installation community agencies and the MTF in the referral process, to provide re-integration training and services for Soldiers returned from deployment.
12. The contract service providers shall educate patients, their families, commanders and health care staff on community resources including information and referral for financial, housing, educational, employment and childcare resources as required by patient's needs assessment.
13. The contract service provider shall maintain complete and accurate records and document all patient contacts/services provided in accordance with professional standards (AR 40-68) as well as DoD, U.S. Army, installation and facility directed administrative requirements. The contract service provider shall enter patient clinical and administrative data as well as utilization data and other data into automated systems and/or paper records and create reports from these data in accordance with local policies and procedures, Army Regulations and directives from the Army Medical Department, its program administrators, C, PSYCHIATRY and/or the C, BHS.
14. The contract service provider shall be responsible for the completion of individual workload accountability in accordance with clinic, medical treatment facility and program requirements.
15. The contract service provider shall maintain inpatient and outpatient medical records IAW AR40-66. Medical records will be subject to review by the Medical Care Evaluation Committee,

Quality Assurance Committee, and designated representatives of the Commander, U.S. Army MEDCOM. Only approved medical abbreviations will be used. Charting will be in compliance with Army, MTF, or clinic requirements as directed by the provider's immediate supervisor. The contract service provider is responsible for the content and correctness of all prepared and transcribed reports and shall verify the content and correctness of all prepared and transcribed reports by affixing signature and stamp to all copies of the document and validating its contents the same day as documents are provided by the U.S. Government. All evaluations and other records of patients will remain the property of, and subject to the exclusive control of, the U.S. Government. All reports and documents prepared by the Contractor in fulfillment of this contract will become the property of the U.S. Government.

16. The contract service provider shall abide by all applicable MTF by-laws, JCAHO, DoD, DA and MEDCOM regulations with regard to Utilization Review and Quality Improvement directives including, but not limited to, in-service training, peer review, performance improvement, records maintenance, performance evaluations, and release of information.
17. The contract service provider shall consult with and assist other contract service providers, military commanders and community agencies in the development and implementation of deployment-related health programs at the installation and or clinic level.
18. The contract service provider shall participate, as appropriate, in departmental Quality Assurance (QA) programs and adhere to all safety regulations at all times. The contract service provider shall provide technical advice and professional opinions upon request from the MTF Commander, C, PSYCHIATRY and/or C, BHS, Clinic OIC, or other assigned supervisors.
19. The contract service provider shall attend and participate in patient care reports, patient care conferences, team conferences, professional staff conferences and any other appropriate professional activities only to the extent that such attendance and participation is relative to assigned cases and/or performance of contract services as determined by the MTF Commander, C, Psychiatry and/or C, BHS, Clinic OIC or other assigned supervisors.
20. The contract service provider shall present patient cases in regularly scheduled case staffing meetings to discuss status and updates to cases under the direction of the C, Psychiatry and/or C, BHS, Clinic OIC, and/or other assigned supervisors.
21. The contract service provider shall attend meetings, case conferences and training under the direction of the C, Psychiatry and/or C, BHS, Clinic OIC, and other assigned supervisors, as required.
22. The contract service provider shall complete reports on the mental status of patients as required by army regulation in the evaluation of patients for chapter action in accordance with AR 635-200, or in determining medical fitness in accordance with AR 40-501.

ATTACHMENT# 2-D  
ADULT AND/OR CHILD PSYCHOLOGIST.

Education: Contract service provider shall hold a Doctorate in clinical or counseling psychology from an American Psychological Association (APA) accredited program and must have completed an APA approved clinical psychology internship.

Licensure/Certification/Registration: Must have and maintain a current license to practice Clinical or Counseling Psychology in any one of the 50 states, the District of Columbia, Puerto Rico, Guam or the U.S. Virgin Islands that allows for the independent practice of clinical services. This license must be current (not revoked, suspended, or lapsed in registration), valid (the issuing authority accepts and considers QA information (i.e. practitioner professional performance and conduct in determining continued licenses)), and unrestricted (not subject to restriction pertaining to the scope, location, or type of practice ordinarily granted to other applicants for similar licenses in granting jurisdiction). Contract service providers must meet all credentialing requirements for the MTF where they will be providing services.

Experience: A minimum of two (2) years within the past five (5) years in the practice of clinical psychology, preferably in a Government setting such as a DOD or Department of Veterans Affairs (VA) MTF and providing clinical services to individuals, couples or groups in clinical psychotherapy services. The Contractor shall ensure that the contract service provider has sufficient training and experience to effectively provide social work services for service members and family members. Related experience will not be accepted in lieu of degree or license requirements.

Basic Life Support Training: All contract service providers must possess and maintain current course completion documentation for basic life support (BLS) through an American Heart Association and/or Red Cross approved training program. BLS shall be renewed every two years.

Continuing Education: Must maintain Continuing Education credit sufficient to maintain both their clinical license and to meet MTF specific Quality Assurance standards for credentialing as a Psychologist. The Government will not pay for the continuing education.

Other qualifications and requirements:

- Ability to work as part of a multidisciplinary health care team, work some evenings and weekends as needed, walk and stand for extended periods of time and be able to manage stress, as evidenced by the ability to respond and to meet demands of caseload, such as submitting proper documentation and referrals.
- Knowledge and experience with military health system, combat/deployment issues, people suffering from medically unexplained symptoms, Post-Traumatic Stress Disorder, and/or disasters are highly desired.
- Contract Psychologists are expected to have proficiency in administration and interpretation of basic psychological test measures to include Intelligence Testing, Personality Testing with Objective and Projective Testing, and basic neuropsychological screening techniques, such as Mental Status exams or Dementia Rating Scales.

\*\* Child Psychologists may spend up to 20% of their time with adult patients.

Specific Duties/Tasks the contract service provider shall perform include but are not limited to:

1. Assesses and resolves complex social, economic and psychosocial problems that may impact on service members' and their families' medical treatment as outpatients by providing direct casework services, to include screening, assessment, treatment, referral, consultation and education and in conjunction with DoD PDH-CPGs.
2. Assesses and resolves complex social, economic and psychosocial problems that may impact on service members' and their families' medical treatment as inpatients or while the service member is being evaluated for medical discharge from the service by providing direct casework services, to include screening, assessment, referral, consultation and education.
3. Conducts psychosocial evaluations and provides therapeutic interventions including crisis counseling to individuals, groups and families as needed to facilitate behavioral health clinical care management and optimize care.
4. Evaluates the impact of diagnosis or lack of diagnosis with unexplained chronic symptoms on individual and family systems as well as assess patient's functioning within work, family and routines of daily living and identify areas needing continued support, resources, and treatment in order to assist patients.
5. Provides services to high-risk populations including service members pending medical discharge due to physical and or behavioral health injuries/illnesses, service members who were wounded as a result of their military duties, and the families of service members killed in action.
6. Supports local and remote Soldier Readiness Processing (SRP) events that prepare large numbers of service members for mobilization, deployment, demobilization and redeployment in clinical and non-clinical settings. This support shall include provision of behavioral health clinical care management services, screening, evaluation and referrals for Soldiers who report deployment-related symptoms on Pre-Deployment Health Assessment (DD Form 2795), Post Deployment Health Assessment (DD Form 2796), Post Deployment Health Reassessment (DD Form 2900) or other screening forms, assistance with administrative requirements for transfer from active to reserve status and other administrative requirements. The SRP events may occur as frequently as bi-weekly or as infrequently as semi-annually.
7. Develops, implements, and maintains in partnership with Patients, other health care providers and community resources as applicable. Develops a comprehensive treatment care plan in accordance with behavioral health care standards for patients and their families.
8. Coordinates services for those patients who move to another location to ensure continuity of care. Facilitates transfer of the case to local behavioral health care case management resources, as appropriate.

9. Performs Mental Status Evaluations, Fitness for Duty Evaluations, Chapter Evaluations and other clinical examinations requiring a DSM-IV diagnosis. As such, contract employee must be a skilled diagnostician, and familiarize themselves with relevant provisions of AR 40-501, Standards of Medical Fitness, and AR 635-200 Enlisted Ranks Personnel to properly evaluate and classify such soldiers.
10. Coordinates and assists installation community agencies and the MTF in the referral process, to provide re-integration training and services for Soldiers returned from deployment.
11. Educates patients, their families, commanders and health care staff on community resources including information and referral for financial, housing, educational, employment and childcare resources as required by patient's needs assessment.
12. Maintains complete and accurate records and documents all patient contacts/services provided in accordance with professional standards (AR 40-68) as well as DoD, U.S. Army, installation and facility directed administrative requirements. Enters patient clinical and administrative data as well as utilization data and other data into automated systems and/or paper records and create reports from these data in accordance with local policies and procedures, Army Regulations and directives from the Army Medical Department, its program administrators, C, Psychology and/or the C, BHS.
13. Responsible for the completion of individual workload accountability in accordance with clinic, medical treatment facility and program requirements.
14. Maintains inpatient and outpatient medical records IAW AR40-66. Medical records will be subject to review by the Medical Care Evaluation Committee, Quality Assurance Committee, and designated representatives of the Commander, U.S. Army MEDCOM. Only approved medical abbreviations will be used. Charting will be in compliance with Army, MTF, or clinic requirements as directed by the provider's immediate supervisor. The contract service provider is responsible for the content and correctness of all prepared and transcribed reports and shall verify the content and correctness of all prepared and transcribed reports by affixing signature and stamp to all copies of the document and validating its contents the same day as documents are provided by the U.S. Government. All evaluations and other records of patients will remain the property of, and subject to the exclusive control of, the U.S. Government. All reports and documents prepared by the Contractor in fulfillment of this contract will become the property of the U.S. Government.
15. Abides by all applicable MTF by-laws, JCAHO, DoD, DA and MEDCOM regulations with regard to Utilization Review and Quality Improvement directives including, but not limited to, in-service training, peer review, performance improvement, records maintenance, performance evaluations, and release of information.
16. Consults with and assists other contract service providers, military commanders and community agencies in the development and implementation of deployment-related health programs at the installation and or clinic level.
17. Participates, as appropriate, in departmental Quality Assurance (QA) programs and adhere to all safety regulations at all times. The contract service provider shall provide technical advice and



professional opinions upon request from the MTF Commander, C, Psychology and/or C, BHS, Clinic OIC, or other assigned supervisors.

18. Attends and participates in patient care reports, patient care conferences, team conferences, professional staff conferences and any other appropriate professional activities only to the extent that such attendance and participation is relative to assigned cases and/or performance of contract services as determined by the MTF Commander, C, Psychology and/or C, BHS, Clinic OIC or other assigned supervisors.

19. Presents patient cases in regularly scheduled case staffing meetings to discuss status and updates to cases under the direction of the C, Psychology and/or C, BHS,, Clinic OIC, and/or other assigned supervisors.

20. Attends meetings, case conferences and training under the direction of the C, Psychology and/or C, BHS, Clinic OIC, and other assigned supervisors, as required.