

**Performance Work Statement
Southeast Louisiana Veterans Health Care System Medical Center Activation
Inpatient Transitional Simulation and Supplementary Education Services**

New Orleans, LA
12/12/2016

1. INTRODUCTION

1.1 Project Legacy has created a vision for a state-of-the-art replacement VA medical center in New Orleans. Since the devastation of the VA medical center in New Orleans from Hurricane Katrina in 2006, direct outpatient care has been sustained using a system of clinics. Inpatient and some specialty care have been coordinated with community providers and other VA Medical Centers. The replacement medical center, currently under construction, will be a 1.6 million square foot state-of-the-art facility in downtown New Orleans. This tertiary care regional referral medical center will have 120 medicine/surgery beds, 20 acute inpatient psychiatric beds and 60 transitional care beds. The facility will include eight buildings and 2 parking garages. The staff at the new medical center will care for approximately 70,000 veterans annually with an anticipated 500,000 annual visits.

The Southeast Louisiana Veterans Health Care System (SLVHCS) replacement medical center is scheduled to see the first patient in December 2016. Using a phased plan for activation of the new medical center, clinical services are scheduled to open between December 2016 and February 2018, starting first with outpatient services and ending with more complex inpatient programs. Inpatient services are projected to start opening in July 2017.

The purpose of this contract is to provide simulation and supplementary education services needed to orient and train SLVHCS staff for the transition to the new medical center located at 2400 Canal St, New Orleans, LA 70119.

2. BACKGROUND

2.1 The approximate timeline for activating the replacement medical center is outlined in the table below. The dates reflect an estimate of when the first patient will be seen in the clinical area. Each clinical area has its own unique start date. It is expected that all phases of training are to be completed prior to the unique start date for that area. The table below is a general guideline of projected openings for different clinical areas. The dates below represent projected dates not actual dates.

March 2017	May 2017	July 2017	August 2017	September 2017	October 2017	February 2018
Community Living Center (CLC) Inpatient Pharmacy	Radiology Path & Lab • Core Lab Sterile Processing Service	Inpatient Mental Health Path & Lab • Blood Bank • Morgue	Inpatient Med/Surg ICU Inpatient Dialysis Pulmonary & GI Procedures Surgery – Standard Complexity Emergency Room	Inpatient Rehab Hospice, Palliative Care & Respite	Hybrid OR Interventional Radiology/EP Lab Interventional Cardiology Pain Clinic Surgery – Intermediate Complexity	Surgery – High Complexity

2.2 The contractor shall provide all labor, supervision, materials and travel as necessary to satisfactorily perform the tasks detailed within this Performance Work Statement (PWS).

2.3 SPECIFIC TASKS

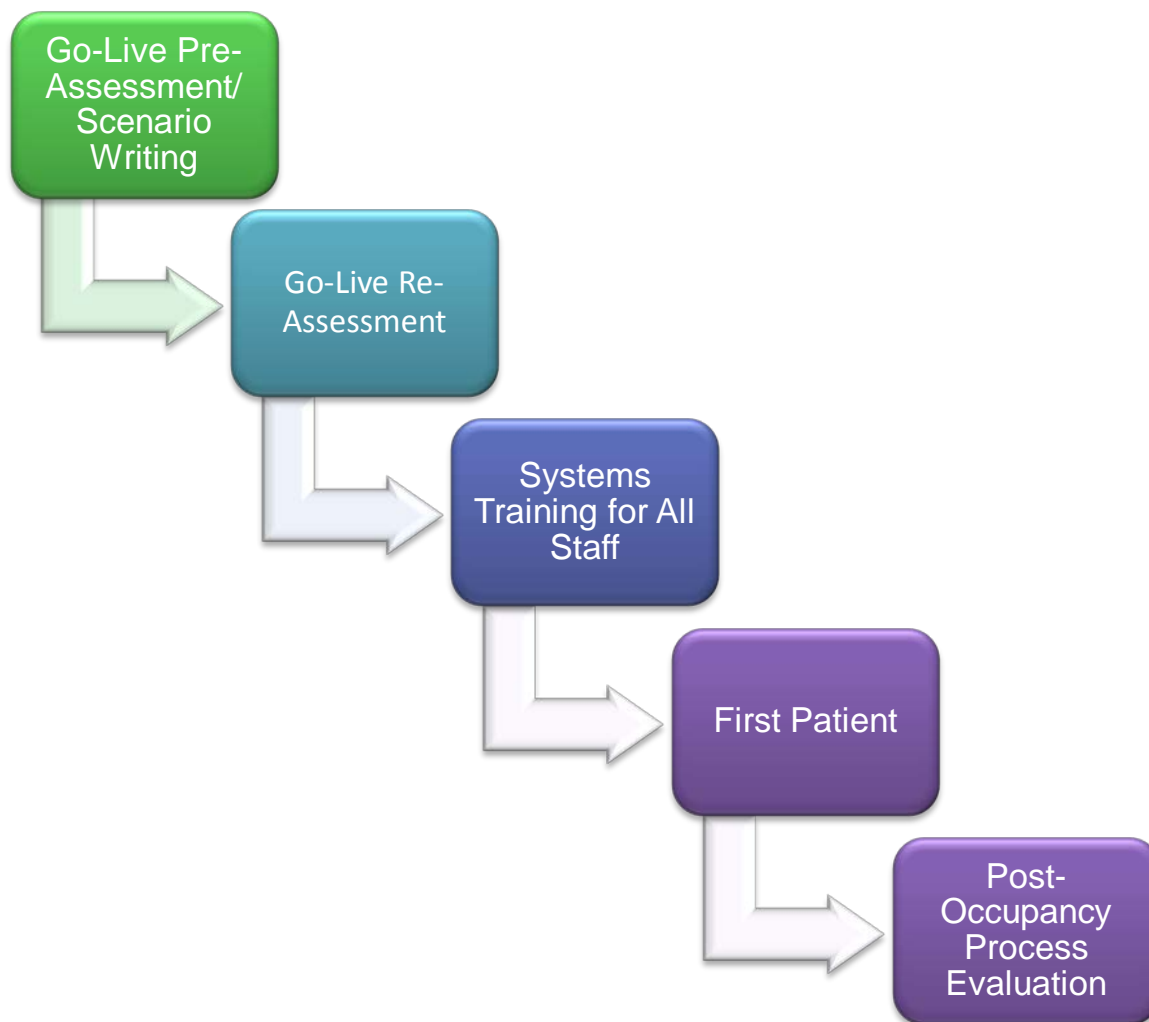
2.3.1 This contract focuses primarily on inpatient service activation and post occupancy assessment of all (inpatient and outpatient) services. SLVHCS currently collaborates with VHA (Veterans Health Administration) SimLEARN (VA's National Simulation program). The Simulation Learning, Education and Research Network (SimLEARN) is the VHA's program for simulation in health care training. Serving the largest integrated health care system in the world, VHA's SimLEARN provides an ever-growing body of curricula and best practices that improve health care for our nation's Veterans. The use of innovative technologies in a safe learning environment enhances diagnostic, procedural and communication skills to support quality care and the best possible outcomes. SimLEARN is a template from the National VA Simulation Center which supports activation projects for the Department of Veteran Affairs. Specific services are not being provided by/from/through SimLearn.

The SimLEARN template is used only as a format to create the scenario. Some of the information contained within the SimLearn template is listed below:

- Learning objectives and KSAs
- Scenario development
- Equipment and confederates
- Purpose of the scenario

SimLEARN will provide one-time Go-Live assessments for selected services. Any materials created by SimLEARN are proprietary and cannot be duplicated without written permission from SimLEARN. For this reason the SimLearn template cannot be provided nor be made available until after a vendor has been selected for a contract award. Because many of the services are new for SLVHCS, and not merely relocation, additional more intensive educational support is needed. The communications, IT and EHR systems assessment will be integrated into scenarios, when appropriate.

See Figure below.



2.2.2 **Scenario identification and writing-** The contractor will consult with SLVHCS Simulation Program staff and clinical services regarding the selection of processes/scenarios to assess. The contractor will write the scenarios for programs using SimLEARN’ s national template for those scenarios/processes that will not be evaluated by SimLEARN.

2.2.3 **Go-Live Pre-Assessments-** The pre-assessments include walk-throughs and mock runs with 5-10 key representative staff. The pre-assessments will focus on identified standard operating procedures and patient/workflow processes. The key representative staff will become the “experts” or trainers for educating the rest of the staff. The contractor will conduct the “mock runs”, as well as provide scenario-writing support, event coordination and scheduling support for the pre-assessments.

The processes will be identified prior to the pre-assessment by the clinical programs in collaboration with Veterans Health Administration SimLEARN (the national simulation program for the VA) and SLVHCS Simulation program. Additional processes may be identified based on consultation with the contractor’s activation experience.

These “mock runs” may include mannequins and/or confederates. A confederate is an individual other than the patient who is scripted in a simulation to provide realism, additional challenges, or additional information for the learner (e.g. paramedic, receptionist, family member, lab technician).

The confederate can also be called Standardized Patient, Actor, etc. SLVHCS will provide and operate mannequins, when mannequins are needed for scenarios.

The objectives of these pre-assessments are:

- To learn the steps of the process or procedure to ensure that the time VHA SimLEARN spends on evaluations is beneficial
- Identify major equipment and flow issues

The contractor will conduct pre-assessments for the following clinical units. The estimate for the time devoted to conduct pre-assessment scenarios is 1 scenario per hour. A single scenario may include multiple steps and locations for a patient. For example, a patient checking into a clinic, falling in the bathroom, receiving an x-ray, and ultimately being transferred to urgent care constitutes 1 scenario. See estimates for possible time devoted to conducting pre-assessment scenarios. This sample schedule gives you a general idea of what may be required during the pre-assessment phase. The final schedule will be mutually agreed upon between the contractor and the SLVHCS simulation team. (The schedule below is only a sample schedule and is not an actual schedule for pre-assessment scenarios).

- ... Radiology- 8 hours
- ... Inpatient Pharmacy- 8 hours
- ... Path& Lab- 8 hours
- ... Sterile Processing Service- 8 hours
- ... Emergency Dept.- 24 hours
- ... ICU- 24 hours
- ... Med/Surg Inpatient- 24 hours
- ... Interventional Cardiology- 8 hours
- ... Interventional Radiology- 8 hours
- ... Pulmonary /GI Procedures- 8 hours
- ... Surgery- 16 hours
- ... Inpatient Mental Health- 24 hours
- ... Pain Clinic- 4 hours
- ... Inpatient Dialysis – 8 hours
- ... Inpatient Rehab – 8 hours
- ... Hybrid OR – 8 hours
- ... Community Living Center (CLC) – 16 hours

Note: Go- Live Risk Assessments and Mitigation- focuses on 5-10 representative staff who will be the subject matter experts in developing and refining patient flow and workflow processes. VHA SimLEARN will provide this service. These assessments focus on identifying equipment, safety and patient flow issues that need to be addressed prior to seeing the first patient.

2.2.4 Go- Live Re-Assessments -This step will not be necessary for all processes. Based on VHA SimLEARN’s assessment and the pre-assessments, the contractor will schedule, coordinate and conduct “mock runs” on processes, which require extensive changes. This stage is also used for work and patient flow processes which need testing that SimLEARN did not assess. This step, if needed, will occur approximately 2-3 weeks after the SimLEARN assessment, and after corrections have been made. See estimates for possible time devoted to conducting re-assessment scenarios. This sample schedule gives you a general idea of what may be required during the re-assessment phase. The contractor will run approximately 1.5 re-assessment scenarios per hour. The final schedule will be mutually agreed upon between the contractor and SLVHCS simulation team: (The schedule below is only a sample schedule and is not an actual schedule for the Go-Live Re-Assessments).

- Radiology- 6 hours
- Inpatient Pharmacy- 8 hours
- Path& Lab- 4 hours
- Sterile Processing Service- 6 hours
- Emergency Dept.- 16 hours

- ICU- 12 hours
- Med/Surg Inpatient- 12 hours
- Interventional Cardiology- 4 hours
- Interventional Radiology- 4 hours
- Pulmonary /GI Procedures- 4 hours
- Surgery- 8 hours
- Inpatient Mental Health- 16 hours
- Pain Clinic- 4 hours
- Inpatient Dialysis – 4 hours
- Inpatient Rehab – 4 hours
- Hybrid OR – 4 hours
- Community Living Center (CLC) – 16 hours

These “mock runs” may include mannequins and/or confederates. SLVHCS will provide and operate mannequins, when mannequins are needed for scenarios.

Workflow Simulation Training- The contractor will schedule, coordinate and oversee these trainings to ensure all staff has an opportunity to practice scenarios with the representative staff/subject matter experts as observers/trainers. This step will be used to teach all staff the corrected procedures and processes, which require simulation or a similar hands-on experience. For many services, mock shifts may be used for teaching. These “mock runs” may include mannequins and/or confederates. SLVHCS will provide and operate mannequins, when mannequins are needed for scenarios. For this phase of simulation, the contractor will provide at least 4 confederates per day, either actors or standardized patients.

See estimates for possible time devoted to conducting pre-assessment scenarios. The contractor will run approximately 1.5 re-assessment scenarios per hour. This sample schedule gives you a general idea of what may be required during the workflow training scenarios. The final schedule will be mutually agreed upon between the contractor and SLVHCS simulation team. (The schedule below is only a sample schedule and is not an actual schedule for the Pre-Assessment Scenarios).

- Radiology- 24 hours
- Inpatient Pharmacy- 8 hours
- Path& Lab- 16 hours
- Sterile Processing Service- 8 hours
- Emergency Dept.- 24 hours
- ICU- 16 hours
- Med/Surg Inpatient- 16 hours
- Interventional Cardiology- 8 hours
- Interventional Radiology- 8 hours
- Pulmonary /GI Procedures- 12 hours
- Surgery- 12 hours
- Inpatient Mental Health- 16 hours
- Pain Clinic- 8 hours
- Inpatient Dialysis – 4 hours
- Inpatient Rehab – 8 hours
- Hybrid OR – 8 hours
- Community Living Center (CLC) – 12 hours

Day in the Life- The contractor will schedule, coordinate and conduct two 24-hour “mock runs” of the entire facility, including overnight services, such as nutrition, housekeeping, bed management, security, facilities, etc. These mock runs will use confederates as mock patients who stay overnight and additional confederates who do not stay overnight. For each Day in the Life, the contractor will provide at least 10 confederates, either

actors or standardized patients.

The contractor will be responsible for scenario development, scenario schedule/timing, resource and staffing requirement identification, and participant training (scenario directors, evaluators, etc.). The contractor will also conduct a debriefing and assist in identification of “ next steps”. SLVHCS will provide and operate mannequins, when mannequins are needed for scenarios.

2.2.5 Post Occupancy Process Evaluation

- The contractor develops and implements a formal assessment of processes and procedures for all inpatient and outpatient programs/areas approximately 30-45 days after seeing 1st patient
- Planning for post-assessment scenario trainings can be done via conference calls
- Provide up to 80 hours of training scenarios regarding processes that need adjustment
- The contractor will provide post-assessment reports for each area that is evaluated.

2.2.6 Information/Education Products

- Team Stepps training- develops tailored educational materials, such as brochures, posters, etc. to promote patient safety concepts facility wide and for services, including but not limited to pharmacy, ICU, OR, Med/Surg, ER.
- Transition Manuals (print and online). The contractor will develop functional orientation guides for use in Go-Live trainings and for employees after activation of the new medical center. These service level materials will include key information, such as important phone numbers, major process flow diagrams, facility resources, etc. Separate guides will be needed for each area, including ICU, Med/Surg, ER, Mental Health, CLC, Surgery, Pharmacy and Ambulatory Services, ACOS-E, and all outpatient programs.

3. PERIOD OF PERFORMANCE:

3.1 The period of performance for this order will be a base period of 12 months from the date of the contract award and two option periods of 6 months. Option periods shall be exercised at the discretion of the Government and upon availability of funding.

Start Date: Within 10 business days of contract approval

Base Period: 12 months

Option Period One: 6 months

Option Period Two: 6 months

4. PLACE OF PERFORMANCE:

4.1 The Government anticipates the place of performance for tasks to be at the Government’s location, 2400 Canal St, New Orleans, LA 70119 that is the site of the replacement medical center. The site is bordered on the west by South Rocheblave Street, on the south by Tulane Avenue, on the east by South Galvez Street, and the north by Canal Street. The Government’s primary operations are conducted Monday through Friday, In order to accomplish key activation milestones, weekend and evening hours may be necessary.

4.2 TRAVEL:

The Government anticipates travel under this effort to perform the tasks associated with the effort, throughout the period of performance. Any and all travel that is required to accomplish the necessary tasks in this Performance Work Statement is the responsibility of the contractor. Travel costs and costs relating to travel shall be included and incorporated as part of the unit cost for line items/deliverables. Travel by the contractor shall be coordinated with the COR. There must be no less than two project managers per trip. If 2 Project Managers are not available then there must be at least one Project Manager and another person (Key Personnel). Key Personnel are not expected to be FTE’s (Full Time Employees) however all FTE’s must be capable of successfully carrying out the tasks/requirements in this Performance Work Statement (PWS). The sample schedule listed below is a general overview of the travel demands that may be required. The final schedule will be mutually agreed upon between the

contractor and SLVHCS simulation team. (The schedule below is only a sample schedule and is not an actual schedule for travel).

- | | |
|---|------------|
| A. Planning trip - 12 days, 2 staff | +/- 2 days |
| B. Pre-assessment event trip - 28 days, 4 staff | +/- 3 days |
| C. Re-assessment - 18 days, 4 staff | +/- 2 days |
| D. Workflow training - 26 days, 2 staff | +/- 3 days |
| E. Post occupancy - 10 days, 4 staff | +/- 2 days |
| F. Day in the Life – 6 days, 3 staff | +/- 1 day |

5. DELIVERABLES

5.1 The Contractor shall deliver a Contractor Project Management Plan (CPMP) that lays out the Contractor’s approach, timeline and tools to be used in execution of the order. The CPMP should take the form of both a narrative and graphic format that displays the approach to overall management of the task and requirements engagement, i.e., schedule, milestones, risks and resource support. The CPMP shall include how the Contractor shall coordinate and execute planned, routine, and ad hoc data collection reporting requests as identified within the PWS. The initial baseline CPMP shall be concurred upon and updated monthly thereafter. The Contractor shall update and maintain the VA Program Manager (PM) approved CPMP throughout the period of performance.

5.1.1 The Contractor shall provide the COR and SLVHCS Simulation Program leadership with Monthly Progress Reports in electronic form in Microsoft Word or Microsoft Excel. The report shall include detailed instructions/explanations for each required data element, to ensure that data is accurate and consistent. These reports shall reflect data as of the last day of the preceding Month.

The Monthly Progress Reports shall cover all work completed during the reporting period and work planned for the subsequent reporting period. The report shall identify any problems that arose and a description of how the problems were resolved. If problems have not been completely resolved, the Contractor shall provide an explanation including their plan and timeframe for resolving the issue. The Contractor shall monitor performance against the CPMP and report any deviations. It is expected that the Contractor shall maintain communication with VA accordingly so that any arising issues are transparent to both parties to prevent escalation of outstanding issues.

5.1.2 Scenario Reports must be transcribed after the pre-assessments and re-assessments, and any post-occupancy scenarios. Documenting key findings, recommended actions or changes, champion, due date. These summaries will be distributed to the scenario participants, the Service Chief, SLVHCS Pentad, Assistant Chief Nurse for Education and the Associate Chief of Staff for Education. These summaries are due 48 hours after the scenario is done.

5.1.3 Post Occupancy Assessment Reports- A formal post-occupancy assessment should be completed for each SLVHCS service. The assessments will be completed 30-45 days after the first patient is seen for each inpatient service and the report will be distributed within 2 weeks of the post-assessment. The assessments will be completed 45-60 days after the first patient is seen for each outpatient and support services and the report will be distributed within 2 weeks of the assessment.

5.1.4 Weekly Updates- The contractor shall meet with the SLVHCS Simulation Program leaders or designees on a weekly basis to discuss progress, challenges, schedule changes, and action plans. A weekly meeting brief or summary, as well as master and individual schedule updates will be the deliverable.

5.1.5 Team Steps promotional materials- develop tailored educational materials, such as brochures, posters, screensavers, etc. to promote patient SLVHCS safety concepts facility wide and some strategies tailored for select services.

5.1.6 Transition Manuals (print and online). The contractor will develop functional orientation guides for use in

orientation in Go-Live trainings. These manuals will be needed for ICU, Med/Surg, ER, Mental Health, CLC, Surgery, Pharmacy, ACOS-E and for each Ambulatory Clinic or program.

6. Services Areas - The contractor shall provide services in the following areas:

6.1 Workflow/patient flow assessments and trainings

- Scenario identification and writing
- Go-Live Pre-Assessments
- Go- Live Re-Assessments
- Workflow Simulation Training
- Day in the Life
- Post Occupancy Process Evaluation

6.2 Education materials development

- Team Stepps education materials tailored to each clinical area (ambulatory, OR, CLC, ICU, Med/Surg, ER, Pharmacy, Lab)
- Transition Guides (separate guides for each clinic and inpatient service)

7.1 Delivery Schedule

- A. Weekly Update Reports- due every Friday by 5:30pm
- B. Contractor Management Plan- due every Monday by Noon.
- C. Monthly Progress Reports- due 5 (five) business days after the end of the previous month
- D. Scenario reports- 48 hours after the scenario is done
- E. Post occupancy assessment reports- due 2 weeks after the assessment
- F. Transition Guides- drafts at time of service trainings and when see first patient, final version (print and online) – due 30-60 days after post-assessment scenarios for the service
- G. Team Stepps promotional materials- due July 2017

8.0 Key Personnel

Skilled experienced professional and/or technical personnel are essential for successful contractor accomplishment of the work to be performed under this effort (which includes successful performance of required tasks and the programs being supported by those tasks in accordance with solicitation requirements). Skilled experienced professional and/or technical personnel are those individuals who have experience in medical facility activations or experience in conducting/executing healthcare related educational simulations (or related tasks) for direct patient care staff with a focus on patient safety and workflow efficiency. The Contractor agrees that the key personnel shall not be removed, diverted, or replaced from work without prior notification to the CO.

The following labor categories are required:

- Transcriptionist- transcribe findings, issues identified during scenarios, actions recommended and issue a scenario report.
- Project Manager/Lead- also serves as consultant regarding gaps in activation education needs
- One clinical subject matter expert with a medical or nursing background with experience in patient safety and workflow efficiency. This subject matter expert will provide input for writing scenarios.

Substitution of Personnel: Any personnel the contractor offers as substitutes shall have the ability and qualifications, including educations and experience, equal to or better than the key personnel whose biography was submitted with the successful proposal. Requests to substitute personnel shall be provided to the COR and CO for review and approval. All notification of substitutions in key personnel shall be submitted to the COR and CO at least 15 calendar days prior to making and change in key personnel, to the maximum extent practicable. The notification shall be in writing and shall provide a detailed explanation of the circumstances necessitating the proposed substitution. The contractor shall submit a résumé for the proposed substitute, and other information requested by the CO. The CO will evaluate such requests and promptly notify the contractor of

approval or disapproval in writing.

9.0 Quality Assurance

Performance Standards define required performance for specific tasks. The Government performs surveillance to determine if the contractor exceeds, meets, or does not meet these standards. The Government may utilize a Performance Based Service Assessment Survey or other methods to compare contractor performance to the Acceptable Levels of Performance (ALPs).

10.0 Methods of Surveillance

Various methods exist to monitor performance. The COR shall use any or several of the surveillance methods listed below in the administration of this QASP.

- 100% Inspection (evaluates all outcomes) - Each month, the COR shall review all of the contractor's performance/generated documentation and document results accordingly. This assessment shall be placed in the COR's QA file.
- Random Sample - The COR shall review a random sampling of the contractor's performance/generated documentation and document your results accordingly. This assessment shall be placed in the COR's QA file.
- Validated Customer Complaint or Validated Below Average ALP in a Specific Area - Each month, the COR shall review the contractor's performance/generated documentation corresponding to a validated customer complaint or validated inability to perform in accordance with the ALP in a specific area and document your results accordingly. This assessment shall be placed in the COR's QA file.

10.1 Frequency of Measurement

During contract performance, the COR will periodically analyze whether the negotiated frequency of surveillance is appropriate for the work being performed, and at a minimum shall be twice a year.

10.2 PERFORMANCE REQUIREMENTS SUMMARY (PRS)

10.3 Documenting Performance

Requirement	Performance Standard	Surveillance Method	Incentives/Disincentives for Meeting or not Meeting the Performance Standards
PROJECT MANAGEMENT, MILESTONES, AND SCHEDULE	a. Notifies customer of potential problems within 1 hour of problem identification 100% of the time	Customer Feedback and Complaints based on interactions with the contractor	For all tasks, the following applies: Performance that meets or exceeds the requirements will result in a positive CPARS rating. Performance that does not meet the required requirements may result in a negative CPARS rating.
	b. Submits Deliverables in accordance with the deliverable schedule with no more than two incidents of performance slippage	100% Inspection of deliverables	
WRITTEN COMMUNICATION	Uses correct English grammar, punctuation, and spelling 100% of the time; communicates information in a succinct and organized manner, produces written information that is appropriate for the intended audience	Random Sampling	
CUSTOMER SUPPORT	Courteous and professional interactions to receive and fill contract deliverables and in providing order status. Customer (VA) support satisfaction, having no more than 5 incidents of dissatisfaction.	Customer Feedback and Complaints based on interactions with the contractor	
CONFEDERATES	Identifies and provides confederates for Day in the Life and Workflow Simulation trainings. Confederates' acting performances add significant amount of "reality" to scenarios.	Customer feedback, confederate no-show rate, complaints regarding confederates	
TRANSITION GUIDES	High quality transition guides tailored to the needs of each clinical program/service	Customer feedback, survey of staff who use guides regarding quality and usefulness of guides	
TEAM STEPPS (Patient safety) Materials	High quality promotional materials tailored to the needs of each clinical program/service	Customer feedback	
SCENARIOS	Scenarios are run smoothly and effectively, well-organized, debriefings are helpful and well-organized	Customer feedback	

- 10.4 **Acceptable Performance**
The Government shall document acceptable performance in accordance with the PRS. Any report may become a part of the supporting documentation for any contractual action.
- 10.5 **Unacceptable Performance**
When unacceptable performance occurs, the COR shall inform the CO. This will always be in writing although when circumstances necessitate immediate verbal communication, that communication will be followed in writing. The COR shall document the discussion and place it in the COR file.
- 10.6 When the CO determines formal written communication is required, the COR shall prepare a Contract Discrepancy Report (CDR), and present it to the contractor's program manager.
- 10.7 The contractor shall acknowledge receipt of the CDR in writing to the CO. The CDR will state how long after receipt the contractor has to take corrective action. The CDR will also specify if the contractor is required to prepare a corrective action plan to document how the contractor shall correct the unacceptable performance and avoid a recurrence. The CO shall review the contractor's corrective action plan to determine acceptability.
- 10.8 Any CDRs may become a part of the supporting documentation for any contractual action deemed necessary by the CO.
- 11.0 **Security Language**

In accordance with Handbook 6500.6 Contract Security (March 12, 2010) include this contract security language into the Statement of Work (SOW) immediately following the security clause section: "A&A requirements do not apply--Security Accreditation Package is not required".

1. GENERAL

Contractors, contractor personnel, subcontractors, and subcontractor personnel shall be subject to the same Federal laws, regulations, standards, and VA Directives and Handbooks as VA and VA personnel regarding information and information system security.

11.1 POSITION/TASK RISK DESIGNATION LEVEL(S)

Position Sensitivity	Background Investigation (in accordance with Department of Veterans Affairs 0710 Handbook, "Personnel Security Suitability Program," Appendix A)
Low	National Agency Check with Written Inquiries (NACI) A NACI is conducted by OPM and covers a 5-year period. It consists of a review of records contained in the OPM Security Investigations Index (SII) and the DOD Defense Central Investigations Index (DCII), FBI name check, FBI fingerprint check, and written inquiries to previous employers and references listed on the application for employment. In VA it is used for Non-sensitive or Low Risk positions.

The position sensitivity and the level of background investigation commensurate with the required level of access for the following tasks within the PWS will be defined at the order level.

- 11.2 **Contractor Personnel Security Requirements**
VA INFORMATION AND INFORMATION SYSTEM SECURITY/PRIVACY LANGUAGE FOR INCLUSION INTO CONTRACTS:
- All contractors/subcontractors is required to submit electronic fingerprints, pass an eQIP background check, and take free required training (as specified by the COR).
 - Contractors shall be issue VA network logins.

3. Contractors shall have remote access to the VA network via CAG/VPN (Citrix Access Group/Virtual Private Network).
 4. VA sensitive information (PII/PHI/Business Confidential) may be temporarily viewed on vendor-owned and personally-owned computers via CAG (Citrix Access Group) VPN, but:
 5. VA sensitive information will not be recorded, copied, stored, or printed on non-VA owned computers or non-VA owned storage media at any time.
 6. VA sensitive information may not be printed out at any non-VA facility.
 7. VA sensitive information may not be removed from any VA facility.
- Contractor Responsibilities:
- A. The contractor shall prescreen all personnel requiring access to the computer systems to ensure they maintain the appropriate Background Investigation, and are able to read, write, speak and understand the English language.
 - B. The contractor shall bear the expense of obtaining background investigations.
 - C. Within 3 business days after contract establishment, the contractor shall provide a roster of contractor and subcontractor employees to the COR to begin their background investigations. The roster shall contain the Contractor's Full Name, Full Social Security Number, Date of Birth, Place of Birth, and individual background investigation level requirement (based upon Section 6.0 Tasks).
 - D. The contractor should coordinate the location of the nearest VA fingerprinting office through the COR. Only electronic fingerprints are authorized.
 - E. For a Low Risk designation the following forms are required to be completed: 1.OF-306 and 2. DVA Memorandum – Electronic Fingerprints. For Moderate or High Risk the following forms are required to be completed: 1. VA Form 0710 and 2. DVA Memorandum – Electronic Fingerprints. These should be submitted to the COR within 5 business days after award.
 - F. The contractor personnel shall receive an email notification from the Security and Investigation Center (SIC), through the Electronics Questionnaire for Investigations Processes (e-QIP), identifying the website link that includes detailed instructions regarding completion of the investigation documents (SF85, SF85P, or SF 86). The Contractor personnel shall submit all required information related to their background investigations utilizing the Office of Personnel Management's (OPM) Electronic Questionnaire for Investigations Processing (e-QIP).
 - G. The contractor is to certify and release the e-QIP document, print and sign the signature pages, and send them to the COR for electronic submission to the SIC. These should be submitted to the COR within 3 business days of receipt of the e-QIP notification email.
 - H. The contractor shall be responsible for the actions of all personnel provided to work for VA under this contract. In the event that damages arise from work performed by contractor provided personnel, under the auspices of this contract, the contractor shall be responsible for all resources necessary to remedy the incident.
 - I. A contractor may be granted unescorted access to VA facilities and/or access to VA Information Technology resources (network and/or protected data) with a favorably adjudicated Special Agreement Check (SAC) or "Closed, No Issues" (SAC) finger print results, and/or with appropriate training. The Contractor shall be responsible for the actions of the Contractor personnel they provide to perform work for VA. The investigative history for Contractor personnel working under this contract must be maintained in the database of the Office of Personnel Management (OPM).
 - J. The contractor, when notified of an unfavorably adjudicated background investigation on a contractor employee as determined by the Government, shall withdraw the employee from consideration in working under the contract.
 - K. Failure to comply with the contractor personnel security investigative requirements may result in termination of the contract for default.