

Statement of Work

Health Science Specialist for Palo Alto HCS

1.0 General Information. The Veterans Affairs Palo Alto Health Care System requires a full-time Contractor to provide a health science specialist to perform services in the First Step program at the Domiciliary located at Menlo Park Veterans Affairs Medical Center (VAMC) at 795 Shallow Road, Building 347, Menlo Park, California, 94025.

1.1 General Tasks. The Contractor shall serve as a Health Science Specialist in the First Step Program at the Menlo Park VAMC. The specialist shall focus on conducting clinical assessments on Veterans entering the 30-bed residential Substance Abuse Treatment Program. The Specialist shall provide case management, discharge planning, individual psychotherapy and group facilitation. The Specialist shall assist with program evaluation data collection and management. The Specialist shall work closely with the First Step Program Manager and multi-disciplinary treatment team. The Specialist shall possess computer skills such as Microsoft Access, Word, PowerPoint, Statistical software (SPSS) and shall possess the ability to deliver evidence based on treatments for mental health and substance use disorders.

2.0 Work Schedule. The Contractor shall work 40 hours per week, or as agreed upon by the site and the registry agency. The daily normal schedule shall be Monday through Friday from 8:00am-4:30 p.m.

2.1 The Contractor shall be flexible to perform different hours as needed to accommodate the program requirements. The Contractor shall not work more than 40 hours per week.

2.2 The Contractor shall not perform services on Federal holidays. Holidays are identified as the following Federal holidays are observed by the United States Government – New Year’s Day, Martin Luther King Day, President’s Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran’s Day, Thanksgiving Day, Christmas Day, and any other specifically declared by the President of the United States. When a holiday falls on a Sunday, the following Monday will be observed as a legal holiday. When a holiday falls on a Saturday, the preceding Friday is observed by U.S. Government agencies.

3.0 Period of Performance. The contract shall be for a period of twelve (12) months.

4.0 Scope of Work

4.1 Orientation. The Contractor shall learn about the First Step Program by reviewing program information, Domiciliary Service Policies and Procedures, and through participation on the First Step Treatment Team.

4.2 Direct Client Care

4.2.1 The Contractor shall maintain a caseload of up to 5 Veterans from the residential program and up to 5 Veterans participating in the aftercare groups.

4.2.2 The Contractor shall provide individual and family counseling as well as co-facilitate at least one weekly group meeting using evidence based interventions.

4.2.3 The Contractor shall actively participate in treatment planning for their caseload as well as contribute to the treatment plan development and implementation for all current residents (up to 30) and aftercare patients as needed. Primary forum shall be through participation in daily and multi-disciplinary staff meetings.

4.3 Documentation and Deliverables

4.3.1 The Contractor shall complete required clinical documentation, including initial psychosocial assessment, treatment progress notes, treatment plans, clinical summaries, discharge plans, as well as required documentation that results from unanticipated changes in treatment plan (i.e. suicide safety plan for Veterans reporting increased Suicide Ideation (SI)).

4.3.2 The Contractor shall complete at least one integrated clinical summary and at least one discharge summary per week.

4.3.3 The Contractor shall provide data analysis and syntheses as requested by the COR on a timely manner.

4.4 Program Evaluation/Program Development

4.4.1 The Contractor shall assist with data collection and data management for the Domiciliary Service in support of compliance with accrediting bodies such as The Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF) and VA policy and procedures.

4.4.2 The Contractor shall assist with analysis for all performance measures relating to the First Step Program.

4.4.3 The Contractor shall assist with ongoing and contribute to the development of new, evaluation of the clinical program.

4.4.4 The Contractor shall provide education and training for clinical staff to ensure integration between the clinical and program evaluation functions within the domiciliary service.

4.5 Interpersonal Effectiveness. The Contractor shall work effectively with Veterans, VA volunteers, staff, and other health care providers as measured by absence of written complaints.

4.6 Completion of VA Annual Mandatory Trainings. VA Privacy and Information Security Awareness; Emergency Preparedness; Hazardous Materials; Infection Control; Privacy and Health Insurance Portability and Accountability Act (HIPAA) Training; Safety; Security; Compliance and Business Integrity; Green Environmental Management System (GEMS); Medical Equipment Management; Utilities Management; Staff and Patient Boundaries; Veterans Health Administration Central Office (VHACO), Compliance and Business Integrity (CBI) Awareness; and Prevention of Workplace Harassment also known as No FEAR.

4.7 Scheduled Meetings. The Contractor shall meet with the COR quarterly to review and evaluate services provided.

4.8 Alternate and Backup Contingency Plan to replace personnel. In the event that the assigned Specialists are ill or unable to perform, the Contractor shall provide a “substitute” of equal ability and experience to replace the assigned specialist. The replacement shall have the appropriate background checks prior to start of work.

4.8.1 The Contractor shall provide toll-free telephone number(s) to reach the Contract Manager responsible for replacement of the Specialist. The Contract Manager or designated alternate(s) shall be available during normal duty hours.

5.0 Contractor’s Staffing Requirement, Qualifications and Required Training.

5.1 Education. The Contractor shall possess a Master's Degree in Psychology or Social Work. A PhD in psychology or social work is strongly desired but not required.

5.2 Experience. The Contractor shall have at least two (2) years of clinical experience working with Substance Use Disorders (SUD) population. At least some experience shall be with program development, program evaluation and quality improvement strategies.

5.3 Training. Documentation verifying the content of training, qualifications, etc. shall be given to the COR within 15 days after the effective date of the Contract.

5.4 All contractor employees and subcontractor employees requiring access to VA information and VA information systems shall complete the following before being granted access to VA information and its systems.

5.5 Sign and acknowledge (either manually or electronically) understanding of and responsibilities for compliance with the *Contractor Rules of Behavior*, Appendix E relating to access to VA information and information systems.

5.5.1 Successfully complete the VA Cyber Security Awareness and Rules of Behavior training and annually complete required security training.

5.6 The Contractor shall provide to the COR a copy of the training certificates and certification of signing the Contractor Rules of Behavior for each applicable employee within 1 week of the initiation of the contract and annually thereafter, as required.

6.0 Contractor’s Knowledge and Abilities. The Contractor shall have or possess:

6.1 The ability to provide psychosocial assessment and treatment to a wide variety of individuals from various socioeconomic, cultural, ethnic, educational, and other diversified backgrounds. These functions require knowledge of human development and behavior (physical and psychological), and the differential influences of the environment, society, and culture.

6.2 The ability to work with patients and families who are experiencing a variety of psychiatric, medical and social problems utilizing individual, group and family counseling skills. Work with more complex problems is done under supervision from the program manager. With guidance from the supervisor, ability to assess the psychosocial functioning and needs of patients and their family members, and to formulate and implement a treatment plan, identifying the patient's problems, strengths, weaknesses, coping skills, and assistance needed.

6.3 The knowledge of psychosocial treatment modalities, including evidenced based treatments for the Axis I and II disorders.

6.3.1 The ability to implement treatment modalities in working with individuals, families, and groups to achieve treatment goals.

6.3.2 The judgment and skills in utilizing supportive, problem solving, or crisis intervention techniques.

6.4 The ability to establish and maintain effective working relationships with clients, staff, and representatives of community agencies.

6.5 The ability to communicate effectively, both orally and in writing, with people from varied backgrounds.

6.6 The knowledge of medical and mental health diagnoses, disabilities and treatment procedures. This includes acute, chronic, and traumatic illnesses/injuries; common medications and their effects and/or side effects; and medical terminology.

6.7 The basic skills in the use of computer software applications for drafting documents, data management and tracking. The Specialist shall have the ability to learn and utilize software programs in use by the Veterans Health Administration (VHA) (e.g. Computerized Personal Records System (CPRS), Excel, File-maker Pro, Mental Health Suite)

6.8 The knowledge of community resources, how to make appropriate referrals to community and other governmental agencies for services, and the ability to coordinate services.

6.9 The ability to independently assess the psychosocial functioning and needs of patients and their family members and to formulate and implement a treatment plan, identifying the patient's problems, strengths, weaknesses, coping skills and assistance needed, in collaboration with the patient, family and interdisciplinary treatment team.

6.10 The ability to independently provide counseling and/or psychotherapy services to individuals, groups and families. The Contractor's psychologists shall have practice within the bounds of their license or certification.

6.11 The ability to provide consultation services to other staff about the psychosocial needs of patients and the impact of psychosocial problems on health care and compliance with treatment.

6.12 The ability to provide orientation and coaching to new case managers and graduate students.

6.13 The ability to serve as a field instructor for graduate students who are completing VHA field placements in psychology.

6.14 The ability to independently evaluate his/her own practice through participation in professional peer review case conferences, research studies, or other organized means.

7.0 Customer Service

7.1 The Contractor shall consistently communicate and treat customers in a courteous, tactful, and respectful manner.

7.2 The Contractor shall provide the customer with consistent information according to established policies and procedures. Handles conflict and problems in dealing with the consumer constructively and appropriately.

8.0 Age, Developmental and Cultural Needs of Patients

8.1 The primary age of patients treated and cared for are normally middle age, i.e. 40-65 years of age or older, although occasionally there may be younger patients between the ages of 18-60 years of age that require care. The Specialist shall possess or develop an understanding of the particular needs of these types of patients. Sensitivity to the special needs of all patients in respect to age, developmental requirements, and culturally related factors shall be consistently achieved.

8.2 The Specialist shall take into consideration age-related differences of the various Veteran populations served:

8.2.1 Young adults (20-40) are generally people who in general have normal physical functions and lifestyles. These adults will establish relationships with significant others and is competent to relate to others.

8.2.2 Middle age people (40-65) are those who may have physical problems and may have changes in lifestyles because children have left home or there is a change in occupation goals.

8.2.3 Older adults (65-75) are those who may be adapting to retirement and changing physical abilities. Chronic illnesses may also develop.

8.2.4 Middle older adults (75-85) are those who may be adapting to the decline in speed of movement, reaction time and sensory abilities. Also, these folks may have an increase need to depend on others.

8.2.5 Old Adults (85 and over) are those with increasing physical problems.

9.0 Contractor's Quality Control Plan (QCP):

9.1 The Contractor shall establish a complete quality control (QC) program that all requirements are provided for, as specified in all sections of this contract. One copy of the Contractors QCP shall be provided to the COR for review prior to contract performance. The Contractor's QCP shall include but not be limited to the following:

9.1.1 A statement describing how the Contractor will meet the basic requirements of this contract (i.e. staffing levels, time to respond to an incident, equipment requirements) shall be provided to COR 15 days after

effective date of Contract award and whenever there are major turnover of personnel. A major turn-over would be determined by the COR.

9.1.2 A method for identifying deficiencies in the quality of services performed before the performance deficiency becomes unacceptable.

9.1.3 A method of recording or logging the daily activities of the contractor, which would demonstrate the Contractor's ability to maintain the minimum requirements of this contract.

9.2 The Government will monitor the Contractor's performance using the Contractor's QCP and the Government's Quality Assurance Surveillance Plan (QASP) as established by the COR.

9.3 The Contractor shall provide monthly QC assurance report. It shall include the results of the reviews, identification of problems and a plan of correction.

10.0 Quality Assurance Monitoring: The COTR or designated representative will monitor the contractor's performance to assure that the performance thresholds and standards of performance are met in accordance with the statement of work and the Quality Assurance Surveillance Plan (QASP). In accordance with FAR 52.212-4 (a) "Inspection/Acceptance" the Government reserves the right to inspect or test any supplies or services that have been tendered for acceptance. The COTR may require repair or replacement of nonconforming supplies or re-performance of nonconforming services at no increase in contract price.

10.1 The contractor service requirements are summarized into performance objectives that relate directly to mission essential items. The performance standards describe the minimum acceptable level of the service required for each task. These thresholds are critical to mission success.

10.2 The COTR will evaluate the services required by each task order to ensure compliance.

10.3 The contractor shall perform all work required by the task orders in a satisfactory manner in accordance with the appropriate SOW task order sheet. The COTR will not consider the task completed until all deficiencies have been corrected.

10.4 The COTR will receive complaints from facility personnel and pass them on to the contractor's quality inspector for correction.

11.0 Security Requirements. The security requirements do apply and a Security Accreditation package is required.

11.1 Privacy Act. The Contractor shall be responsible for safeguarding all confidential information. The Contractor shall keep all information confidential pursuant to, and comply with all provisions of, the Privacy Act of 1974, HIPAA, the Freedom of Information Act, M-1, Part 1, Chapter 9 and other VA regulations.

11.2 Additional information to identify the patient and type of document will be provided by the COR or designated representative as needed. Violation of the Privacy Act of 1974 may involve the imposition of

criminal penalties. The Contractor shall protect against loss or misuse of all information and documents. The Contractor shall insure the confidentiality of all patient information, and shall be held liable in the event of breach of confidentiality.

11.3 The Contractor shall ensure the confidentiality of all patient and provider information. The Contractor shall not retain information longer than herein required sensitive or patient identifying data and shall comply with all directives and regulations pertaining to the Privacy Act of 1974, Freedom of Information Act, and VA Manual M-1, Par, Chapter 9. Contractor and all contract employees shall be required to sign confidentiality statements.

11.4 Business Associate Agreement (BAA): The Contractor shall execute a Business Associate Agreement upon award of the contract.

11.5 Computer Security. The Contractor shall protect printed and electronic files containing sensitive data in accordance with the provisions of the Privacy Act of 1974 and other applicable laws, Federal regulations, VA statutes and policy, and VHA policy.

11.5.1 The Contractor shall protect data from unauthorized release or from loss, alteration, or unauthorized deletion and adhere to applicable regulations and instructions regarding access to computerized files, release of access codes, etc.

11.5.2 The Contractor shall use word processing software to execute several office automation functions such as storing and retrieving electronic documents and files; activating printers; inserting and deleting text, formatting letters, reports, and memoranda; and transmitting and receiving e-mail.

11.5.3 The Contractor shall use the Veterans Health Information and Technology Architecture (Vista) to access information in the Medical Center Computer System.

11.2 Security Incident Investigation. The term "security incident" means an event that has, or could have, resulted in unauthorized access to, loss or damage to VA assets, or sensitive information, or an action that breaches VA security procedures. The contractor/subcontractor shall immediately notify the COR and simultaneously, the designated ISO and Privacy Officer for the contract of any known or suspected security/privacy incidents, or any unauthorized disclosure of sensitive information, including that contained in system(s) to which the contractor/subcontractor has access.

11.3 Liquidated Damages for Data Breach:

11.3.1 Consistent with the requirements of 38 U.S.C. §5725, a contract may require access to sensitive personal information. If so, the contractor is liable to VA for liquidated damages in the event of a data breach or privacy incident involving any SPI the contractor/subcontractor processes or maintains under this contract.

11.3.2 Based on the determinations of the independent risk analysis, the contractor shall be responsible for paying to the VA liquidated damages in the amount of \$37.50 per affected individual to cover the cost of providing credit protection services to affected individuals consisting of the following:

11.3.2.1 Notification;

11.3.2.2 One year of credit monitoring services consisting of automatic daily monitoring of at least 3 relevant credit bureau reports;

11.3.2.3 Data breach analysis;

11.3.2.4 Fraud resolution services, including writing dispute letters, initiating fraud alerts and credit freezes, to assist affected individuals to bring matters to resolution;

11.3.2.5 One year of identity theft insurance with \$20,000.00 coverage at \$0 deductible; and

11.3.2.6 Necessary legal expenses the subjects may incur to repair falsified or damaged credit records, histories, or financial affairs.

12.0 Safety. The Contractor shall:

12.1 Use appropriate equipment and supplies.

12.2 Maintain safe and orderly work areas.

12.3 Report any and all injuries or accidents to COR and fill out appropriate forms.

12.4 Follow Life Safety Management (fire protection) procedures.

12.5 Report safety hazards, accidents and injuries to COR within 24 hours of occurrence.

12.6 Review and adhere to hazardous materials (Material Safety Data Sheets) and waste management protocols as required.

12.7 Follow Emergency Preparedness plans.

12.8 Follow security policies/procedures.

12.9 Comply with Federal, State and Local environmental regulations and other requirements preventing pollution, minimizing waste, and conserving cultural and natural resources.

12.10 Use infection control practices for disease prevention (i.e. hand washing, universal precautions and isolation procedures).

12.11 Provide evidence of Tuberculin (TB) inoculation prior to start of work.

13.0 Environment of Care.

13.1 The Contractor shall implement and monitor OSHA goals for Life Safety Management, health and the environment procedures.

13.2 The Contractor shall implement, monitor and review hazardous materials via Material Safety Data Sheets (MSDS), waste management and fire protection.

13.3 The Contractor shall implement and monitor Emergency Preparedness plan.

13.4 The Contractor shall implement and monitor security policies and procedures.

13.5 The Contractor shall implements and monitor compliance with Federal, State and Local environmental and other requirements preventing pollution, minimizing waste, and conserving cultural and natural resources.

14.0 Infection Control. The Contractor shall implement and monitor infection control practices for disease prevention (i.e. hand washing, universal precautions/isolation procedures, including TB requirement/precautions.

15.0 Health and Safety.

15.1 The Contractor shall foster a high profile of the VA Occupational Safety and Health Program by assuring employee awareness of potential safety hazards, promptly reporting injuries and effecting corrective actions necessary to eliminate safety and health hazards in the work area.

16.0 Designation of Contracting Officer Representative (COR).

16.1 The Contracting Officer (CO) will appoint a Contracting Officer Representative (COR) to perform tasks related to the execution and surveillance of this contract. The COR will be designated to represent the Contracting Officer (CO) in furnishing technical guidance and advice under this contract. The foregoing is not be construed as authorization to interpret or furnish advice and information to Contractor relative to the financial or legal aspect of the contract. Those matters are the responsibility of the CO and shall not be delegated.

16.2 The CO is responsible for the administration of this contract. The CO is the only individual authorized, to extent indicated in this contract, to take actions on behalf of the Government, which may result in changes in the contract terms, to include deviation from the statement of work, details, and performance schedules. Communications pertaining to contractual matters shall be addressed to the CO. No changes in or deviation from the scope of work shall be affected without a written modification to the contract executed by the CO. No oral statements of any person whosoever will in any matter or degree, modify or otherwise affect the terms of this contract.

16.3 The Contractor will receive a copy of Delegation Letter which will identify the COR appointed by the CO.

17.0 Payments and Invoicing

17.1 Billing/Invoicing: The Contractor shall submit invoices on a monthly basis in the arrears. All invoices shall include Contract number, Purchase Order number, Order Date, Period of Performance, and Description of

Services. Invoices shall provide significant detail to enable reconciliation. Billing is mandated to submit electronic invoices via OB10.

17.2 Once awarded, the Contractor shall register with OB10 to submit invoices timely and accordingly. Instructions will be provided in the award letter/email/contract from the CO. First time users should heed the warning that this process is lengthy and detail.

17.3 Adhere to the instructions stated on the Continuation sheet of the SF1449 and VAAR Clause 852.232-72 Electronic Submission of Payment Requests (NOV 2012).