PERFORMANCE WORK STATEMENT (PWS) DEPARTMENT OF VETERANS AFFAIRS Veteran Health Administration Integrated Healthcare Transformation

1.0 INTRODUCTION AND SCOPE

1.1 OVERVIEW

The purpose of the VHA Integrated Healthcare Transformation (IHT) requirement is to provide best value professional and healthcare consulting services to VA through a pool of highly qualified Veteran Integrated contractor Teams (VITs). The resulting acquisition vehicle will be a multiple award Indefinite Delivery Indefinite Quantity (IDIQ) contract. This acquisition solution balances VA's obligation to provide to our Service-Disabled Veteran-Owned Small Businesses (SDVOSBs) direct contracting opportunities and the VA/ VHA National Program need to obtain maximum value from healthcare related professional service expenditures. Opportunities for SDVOSBs are provided through set-aside IDIQ award(s) to Integrated Teams led by SDVOSBs serving as Veteran Integrated Team Agile Leads (VITAL), and SDVOSB teaming partners serving as VIT Eligible Partners (VITEPs) and/or potentially Task Order Leads. VA/VHA National Programs will recognize maximum value from healthcare related professional service expenditures through integrated support crossing various service groups, access to National Healthcare Consulting VIT Partners, and Team Partners with expert knowledge in any of the identified service groups. Additional benefits include a vehicle that is better, faster, and easier to utilize with streamlined ordering procedures and reduced procurement lead times. A description of the VIT and all team requirements are identified in B.1 Contract Administration Data and in Attachment X Ordering Procedures.

1.2 SCOPE

The Veterans Health Administration is America's largest integrated health care system, supported by approximately 300,000 employees providing care at 1,250 health care facilities, including 172 medical centers and 1,069 outpatient sites of care of varying complexity across the continuum, serving 9 million enrolled Veterans each year. VHA facilities are located in all 50 states, Puerto Rico, the U.S Virgin Islands, the Philippines, Guam and American Samoa and serve a diverse population of Veterans.

The Veterans Health Administration (VHA) recognizes the unique problems facing Veterans today. With Congressional and Presidential backing, the VHA has been provided the necessary support to complete an organizational transformation that enables VHA to provide seamless, high-quality, integrated, coordinated healthcare, anytime and anywhere.

A framework has been outlined for developing a clinically-integrated, community-supported, reliable system of healthcare focused on providing the highest-quality and safest outcomes — and restoring trust among Veterans and their families, employees, and anyone who counts on

our health care system. The framework will be responsive to the broader trends affecting all of health care, including advances in information and communications technology. VHA employees have created a culture of service, and VHA must provide the right tools, processes and technologies to bolster its customer experiences; increase long-term satisfaction and pride in working for VHA; and maximize positive impacts on Veteran health and well-being.

The Secretary of the VA established priorities to provide clarity and focus, ensure organizational improvements, and enable culture change. The Secretary's priorities are responsive to the needs of the organization and Veteran population and can shift dependent on multiple factors, but remain focused on providing efficient and effective services to our Nation's Veterans. The current Secretary's priorities: Customer Service, Access to Care, Electronic Health Record Modernization (EHRM), and Business Transformation, as well as the VHA Executive in Charge's priorities: learning organization, modernization, and restore trust, drive the initiatives associated with transformation, as will priorities of successive leadership.

This acquisition is intended to primarily support the needs of all VHA program offices. This vehicle is envisioned as a resource to support implementation and healthcare requirements at all levels of the VA. The Office of Healthcare Transformation (OHT) will be the owner of this vehicle and key user. Currently OHT has 130 FTE, supports over 60 projects including the major transformational initiatives in effort to best accomplish VHA's mission and strategic goals, priorities and initiatives. Much of this work is complex and agile and is best supported through the use of expert contractors which provide critical market-based healthcare industry skills that augment the internal activities of the VHA program offices. This acquisition includes nine service groups, any of which can be integrated into a single task order to reduce the risk to the Government and ensure complete solutions to complex programs. This acquisition will provide a department-wide vehicle for healthcare transformation and organizational change; inherent to the transformation will be the need for a broad range of healthcare focused management and business services and solutions.

Task orders against this IDIQ will require contractor support for vast and complex programs and projects. The VHA healthcare system transforms in response to both the changing needs of the Veteran population and changes in the healthcare industry. These shifts create challenges and require collaboration (internal and external partnerships) as well as new and innovative approaches to healthcare and healthcare delivery. The programs and projects will require diverse healthcare operations knowledge and experience. Subject matter expertise could be required to be rapidly available to provide national support under a potential task order including, but not limited to, the following areas: high reliability organization, electronic health records management, healthcare modernization and transformation (to include integration of artificial intelligence solutions and disruptive models), financial management business transformation in a healthcare setting, healthcare human resources (to include credentialing, privileging and licensing), healthcare regulatory compliance, healthcare analytics, mental health and suicide prevention, access to care, and population health.

The Veteran Integrated Team Agile Lead shall provide the services and labor categories necessary to fulfill the requirements of services groups 1 and 2 and at least one (1) additional from groups 3 through 9 and lead a team that is capable of fulfilling requirements from all nine service groups simultaneously. The Veteran Integrated Team Agile Lead shall ensure the seamless integration of multiple workstreams and functional areas within a task order. For each base contract and any subsequent task order awards, the contractor shall provide the contractor personnel, comprehensive management, materials, equipment, facilities, travel, supervision of contractor resources, and any required deliverables necessary to satisfy the requirement. Each base contract will specify the scope of the service groups for which award is being made. The contractor shall perform the work in accordance with the resultant base contract, and any task order awards.

Information technology development and administrative or clerical tasks which are not strictly incidental to the requirements are outside the scope of this contract.

1.3 AUTHORIZED ORDERING AND ADMINISTRATION

At time of initial award, only warranted Contracting Officers within the Strategic Acquisition Center (SAC-F/ SAC-V) are authorized to solicit and place orders against this IDIQ contract. The Government reserves the right to expand this authority if in the best interest of the Government to do so.

This PWS provides the scope of the base contract and general requirements. Specific requirements will be defined in each individual Task Order (TO). The majority of TOs will include requirements from two or more of the nine service groups. Each TO will be managed by a VA Contracting Officer's Representative (COR) who has direct experience in the business requirement on which the TO is focused.

The healthcare focused services within the scope of this Indefinite Delivery/Indefinite Quantity (IDIQ), as described in Section 3 below, can be used by all VA organizations.

2.0 GENERAL INFORMATION

2.1 Type of Contract

The contract shall be an IDIQ contract. Task orders (TOs) issued under this IDIQ may include firm fixed price and labor hour (or hybrid) orders. Labor Hour (or hybrid) orders will be justified by the Contracting Officer at the order level. Contractors will receive a Task Orders Proposal Request (TOPR) for each task order competition. Contractors may submit a proposal in response to a TOPR, using the terms and evaluation factors found in the TOPR, as well as the terms and conditions set forth in Section B of the contract, as guidance for preparing a proposal. Contractors may be given discretion to propose labor categories and/or specific

subject matter experts that meet the task areas and requirements as outlined in each TOPR. General response requirements are identified in Attachment Y- Task Order Level Response Instructions

2.2 Contract Ordering Period

The ordering period for the base IDIQ contract is five (5) years with one optional period of five (5) years¹. Each TO shall specify the period of performance that will govern a particular task order awarded under the base IDIQ contract.

2.3 Place of Performance

The place of performance will be specified in each task order; task orders may require key personnel to be present in the D.C. area. Work may be required to be performed at a contractor's facility, Government furnished facility, or other location. The contractor may be requested to provide services throughout the continental US, however, services required to be performed at the Department of Veterans Affairs main headquarters will be at the following Government location: U.S. Department of Veterans Affairs, 810 Vermont Ave. NW, Washington, DC 20420.

2.4 Travel

Travel, to include the deployment of multiple teams, simultaneously, within the United States may be necessary. Travel must be approved in advance by the Contracting Officer or the Contracting Officer's Representative (COR) and will be reimbursed in accordance with the Federal Travel Regulations. The Government will not be responsible for any relocation expenses associated with moving contractor personnel to the Washington, D.C. commuting area or other job sites as may be identified in individual TOs either initially, or if necessary, with replacement of personnel, even if replacement of personnel is required. No costs will be reimbursed for travel to or from the place of performance, unless otherwise specified and/or authorized in the task order by the CO. If travel is required, it will be specified at the TO level.

2.5 Hours of Contractor Operations (Government-Provided Work Site)

Work performed on TOs issued under this contract are anticipated to occur Monday through Friday, within the hours of 0600 Eastern Standard Time (EST) and 1800 EST, except as authorized by the COR. VA observes all federal holidays as recognized by the Office of Personnel Management (http://www.opm.gov/fedhol/index.htm). Services performed at the Government's site must not occur on Federal holidays or weekends, unless authorized in advance by the COR, or anytime the Government offices are closed. These parameters may be altered in each task order award.

¹ The Period of Performance will be finalized prior to release of official solicitation.

The contractor may be required to provide back-up coverage during periods of extended absences of assigned contractor personnel (five or more workdays) to ensure continuity of services.

2.6 Government-Furnished Information, Equipment, and Facilities

Government-Furnished Information (GFI), Government-Furnished Equipment (GFE), and Government- Furnished Facilities (GFF), if applicable, will be specified as necessary by each individual task order. VA implemented and enforces two-factor authentication (2FA) for all remote access to its networks. Network access through the Citrix Access Gateway (CAG) will require the use of a personal identity verification (PIV) card to complete the login process. The only method for users to access the VA network is with a PIV card.

The Contractor shall request other Government documentation deemed pertinent to the work accomplishment directly from the Government officials with whom the Contractor has contact. The Contractor shall consider the COR as the final source for needed Government documentation when the Contractor fails to secure the documents by other means. The Contractor is expected to use common knowledge and resourcefulness and when in doubt, shall ask the COR.

3.0 SERVICE GROUPS AND LABOR CATEGORIES

3.1 General Requirements

Contractor personnel shall have the level of experience necessary to accomplish the requirements of this PWS. In addition, contractor personnel shall be acceptable to the Government in terms of personal and professional conduct, and in technical knowledge. Furthermore, contractor personnel are expected to be proficient in using office automation equipment and software and have sufficient written and verbal communication skills to support VA program offices, their customers and any other VA organizations. Should any contractor personnel be determined to be unacceptable in terms of technical competency or unacceptable conduct or behavior while on-site or while working on contract activities, the contractor shall immediately remove and replace the unacceptable on-site personnel at no additional cost to the Government. Contractor personnel are to serve in a support role; therefore, final decisions regarding inherently governmental functions will always be made by Government personnel.

3.2 Service Requirements

Services performed shall be of a non-personal nature. VA organizations will not provide supervision of contractor personnel. Contractor personnel shall at no time allow an employer-employee relationship to develop with VA organizations or their staff. VA organizations will refrain from any activities that create the appearance of such a relationship.

Contractors shall not perform inherently governmental functions including: decision-making, supervision of Government employees, supervision of other contractors on other contracts, and activities that create the appearance of performing such functions.

3.3 Service Groups

The Veteran Integrated Team Agile Lead shall provide services, labor categories, and solutions necessary to fulfill the scope of service groups one (1) and two (2) and at least one (1) other group. The entire contractor team shall collectively provide services, labor categories, and solutions necessary to fulfill the scope of all service groups.

3.3.1 Group 1 - Program and Project Management and Integration

The contractor shall provide services facilitation as they relate to program and project management, strategic planning, and performance measurement in a healthcare environment, as outlined below. Critical to the success of this work is an integrated approach, encompassing all lines of effort.

3.3.1.1 Program and Project Management

The contractor will provide support to assist the Government in implementing disciplined, comprehensive, and flexible program and project management processes, including monitoring of project metrics, rigorous risk management, and prompt reporting on Government-approved cost, schedule, performance, and risk baseline.

When needed the approach must incorporate large integrated (to include governmental) healthcare project management best practices. Program and project management must integrate all functions required for a success.

3.3.1.2 Business Requirements Development

The contractor shall support the development of healthcare business requirements to support strategic implementation of new technology solutions that improve business efficiency while meeting programmatic goals. Tasks may include gathering customer input, identifying measures, assumptions or dependencies, integrating process into larger systems requirements, defining non-universal terms, and interfacing with information technology staff to communicate requirements.

3.3.1.3 Strategic Planning

The contractor shall provide support of healthcare strategic planning, including development of strategic goals, objectives, strategies, performance measures, targets, improved programmatic outcomes, succession plans, and linkages to programming, budgeting and evaluations.

3.3.1.4 Performance Measurement

The contractor shall provide support of strategic performance measurement development based upon healthcare industry standards, including improved linkage between VA-wide strategic goals and VA programmatic outcomes; and implementation of the Government Performance and Results Act (GPRA) Modernization Act (GPRAMA).

3.3.1.5 Program Evaluation

The contractor will employ a systematic method for collecting, analyzing, and leveraging information to evaluate healthcare projects, policies and programs for effectiveness and efficiency.

3.3.1.6 Acquisitions Support

The Contractor shall provide acquisition subject matter expert services to support development of acquisition packages that address portfolio, program, and project-level product and service requirements. See paragraph 8.1 for potential OCI restrictions related to this task area.

Tasks may include the development of a Strategic Acquisition Plan that identifies required acquisitions, corresponding budgets, and gaps, risks, and issues that may impact success and support to the Government in the development of acquisition packages to address program goals.

3.3.2 Group 2 - Improvement and Change Management

The contractor shall provide services and facilitation as they relate to large integrated healthcare business process reengineering, business process improvement, business process management, and change management and transition, as outlined below.

3.3.2.1 Business Process Reengineering, Improvement and Management

The contractor shall conduct studies in support of healthcare system redesign and business process reengineering, improvement and management. The contractor shall develop implementation plan and support the process of implementing and sustaining improvements. The contractor shall use a healthcare systems engineering approach to conduct organizational studies that specifically assess and analyze current organizational states and management systems and perform gap analyses of differences between current and targeted states, including findings and recommendations. Contractor shall provide all business architecture deliverables in accordance with VHA Standards as mandated by VHA Business Architecture.

3.3.2.2 Change Management and Transition

The contractor shall support all activities associated with organizational change, including but not limited to, transition management, implementation of major initiatives, communications associated with major initiatives, risk assessment, and organizational transformation and culture change, to include assessment of organizational health. Additional tasks may include employee engagement strategy and environmental scans. The contractor shall provide Change Management tasks in accordance with the Prosci Change Management Framework, and staff will be Prosci certified change management specialists in support of the labor categories associated with this service group.

3.3.2.3 Quality Management

The contractor shall provide support of quality management systems, tools, and techniques to help organizations transform, including, but not limited to, CMMI, Lean Six Sigma (LSS), ISO 9000/9001, and the Malcolm Baldrige Quality Award criteria.

3.3.3 Group 3 - Data and Analyses

The contractor shall provide services as they relate to studies and analyses, information and records management, and surveys and research, as outlined below.

3.3.3.1 Studies and analyses

The contractor shall provide healthcare studies as they relate to staffing, evaluation, human resources, organization, leadership, efficiency, effectiveness, gap analyses, organization development, timeliness and quality of care, and emergency preparedness. The contractor shall also conduct surveys, focus groups, conjoint analyses, and other VHA accepted techniques for data collection in support of transformation initiatives. Among myriad potential healthcare related study subjects, tasks may include studies of advanced healthcare methodologies and technology (to include the use of Artificial Intelligence in healthcare) and the study and utilization of emerging (disruptive) models in healthcare.

The contractor shall conduct organizational studies and evaluations, design systems and procedures, conduct work simplification and measurement studies, and prepare operations and procedures manuals to assist management in operating more efficiently and effectively.

3.3.3.2 Information and Records Management

The contractor shall evaluate and recommend solutions to compile, evaluate, analyze, control, secure, and disseminate timely, relevant, objective, and accurate data and information to VHA and VHA stakeholders, including, but not limited to, web-based designs, data governance, operational systems, document storage, applications, models, and assessment of existing legacy systems. These services may include the digitization of hard records to electronic media,

disposition of records, and storage of records in accordance with specific regulations. Approaches shall include healthcare industry standards.

3.3.3.3 Data Governance

The contractor shall support in the management of the availability, usability, integrity, and security of the VHA's healthcare data. Services may include consultations, and process improvements.

3.3.4 Group 4 - Training

The contractor shall design, conduct, and evaluate training in support of projects and programs. Training tasks may require development of web-based and in-person training integrated with work performed across all other service groups and may require healthcare expertise.

3.3.4.1 Training Development

The contractor will create training in various mediums for delivery to desired audience.

3.3.4.2 Training Delivery

The contractor will deliver training in various mediums to include: face to face, online, or hybrid formats.

3.3.5. Group 5 – Strategic Communications and Implementation

The contractor shall provide services as they relate to outreach, promotional materials, and advertising for internal and external customers. Communications support will be integrated with work performed across all other service groups and may require healthcare expertise.

3.3.5.1 Strategic

The contractor shall provide support to assist in defining, implementing and executing a communications strategy that establishes consistent messaging, public relations management, and structured internal and external communication practices. Plans will be related to VHA initiatives, priorities, healthcare operations and services and may include inter-agency collaboration, the integration of multiple programs, and national level campaigns. Additionally, the contractor shall assess the return on investment (ROI), effectiveness, and performance of the communication or marketing plan using industry standard best practices and comprehensive metrics/analytics tools and techniques. The communications strategy should closely align with the overall change management approach (Service Group 2), reflected in its target audiences, modalities, and timing of internal and external communications.

3.3.5.2 Executive Support

The Contractor shall provide planning, design, organization and management of healthcare executive correspondence and documentation. Tasks may include the development and preparation of presentation materials and business correspondence for Government approval, to include but not limited to PowerPoint, speeches, and virtual presentations, brochures, posters, templates, Web graphics, fact sheets, talking points, e-Mail blast content and other materials. Tasks may also include the tracking and reviewing of the status and progress of actions related to the correspondence to ensure the timeliness of responses.

3.3.5.3 Advertising Services

The contractor shall develop materials to promote the public and private awareness of the VHA's mission, goals, initiatives and objectives to ensure complete understanding of the complex and technical aspects and social issues of the VHA. Additionally, to disseminate information to industry, consumer advocacy groups, and Veteran Service Organizations and engage in recruitment campaigns.

Services may include the following healthcare related components: advertising objective determination, message decision / creation, media selection, outdoor marketing and media services, broadcast media (radio, TV and public service announcements), direct mail services, web-based media services, media planning, media placement services, advertising evaluation, and related activities to advertising services.

3.3.5.4 Media Buying

The contractor shall assist in the procurement of healthcare related advertising and outreach activities that can be in the form of television stations time, periodicals ads, internet advertisement, radio, social media, billboards, public transportation and etc. for the VHA. The contractor shall provide support in negotiating media in accordance with research and analysis and purchasing paid advertising to impact targeted healthcare markets and audiences; generating excitement and awareness of VHA benefits, healthcare and services.

3.3.5.5 Public Relations Services/Outreach

The contractor shall assist in the healthcare related strategic communication plan that builds beneficial relationships between the VHA, the public, and other entities. The Contractor shall provide support to assist in developing plans for various Department-wide outreach campaigns and recommending the most effective way of communicating a message in print, electronic format, or both, including social media and web-based outreach.

Other related services may fall under the following categories: executing healthcare related media programs, conducting press conferences, scheduling broadcast and/or print interviews, public relations and crisis communications media training, such as, training of agency

healthcare personnel to deal with media and media responses, media alerts and press clipping services related activities to public relations services.

3.3.5.6 Conference, Events, and Planning Services

The contractor shall develop and support the VHA in preparation of healthcare related conferences, seminars, and events planning services by providing materials that can be presented and/or provided to participants of these events. Services may include the following components for an event and/or booth: project management, coordination and implementation of third party participation, collection management of third party payment for participation, liaison support with venue, audiovisual and information technology support, topic and speaker identification, site location research, reservation of facilities, on-site meeting and registration support, editorial services, automation and telecommunications support, design and editing productions; and mailing and other communication with attendees including pre/post meeting mailings/travel support and computer database creation.

3.3.5.7 Healthcare Related Promotional Materials

The contractor shall develop healthcare related promotional materials in multiple medium. This type of medium can include pamphlets, posters, brochures, and etc. Services may include the following components: developing conceptual design and layouts, providing copywriting and technical writing services, creating sketches, drawings, publication designs, and typographic layouts; and furnishing custom or stock artwork (including electronic artwork).

3.3.5.8 Video/Film Production

The contractor shall develop healthcare related video and/or film materials in multiple mediums to include digital media for the use by the VHA. Services may include final editing, copyrights and editing to fit various formats, i.e. High-Definition, streaming, Moving Picture Experts Group (MPEG), etc.

3.3.5.9 Graphics Design

The contractor shall support in the development of healthcare related visual communication for internal and external facing through the use of photography, illustration, visual arts, page layout, etc. Services may include logo design, periodical design, web design, and signage.

3.3.6 Group 6 - Supply Chain

The contractor shall provide services as they relate to the discipline of healthcare supply chain management concepts to include process improvement, cold chain management, delivery and storage of goods, and cost benefit analytical studies.

3.3.6.1 Supply Chain and Healthcare Logistics Analysis

The contractor shall provide support in the analysis of healthcare supply chain efficiency and improvement measures. The services include all phases of planning, acquisition and management of logistics systems. These services may include planning, acquisition, design, development, testing, production, fielding, management, operation, maintenance, sustainment, improvement, modification and disposal.

3.3.6.2 Supply Chain Management

The contractor shall provide support in the management and analysis of the system of the VA, personnel, and resources involved in the moving and procurement of healthcare supplies from the supplier to the VA. These activities may include analysis of the transformation of raw materials to the finished product, the coordination and collaboration with channel partners, and responsibility for linking business functions and processes.

3.3.6.3 Supply Chain Planning

The contractor shall provide support in the process of predicting future healthcare requirements to balance supply and demand of the VA. Services may include the analysis of supply stock, future forecast, etc.

3.3.6.4 Inventory Management and Operation

The contractor shall provide support in the practice of overseeing and controlling the systemic ordering, storage and use of resources in stock of healthcare supplies and inventory for the VA. These activities may include the analysis of mitigating risks to increase value from the vendors used in the procurement process, cost control processes, and analysis of quality measurements of consumables, expendables, and supplies.

3.3.6.5 Supply Chain Optimization

The contractor shall provide support in the analytical study of identifying efficiencies or lack of efficiencies in the healthcare supply chain of the VA. Services may include providing consultation on process improvements of the supply chain, presentation of best practices by industry, quality management and assessment of supply chain.

3.3.7 Group 7 - Financial Management

The contractor shall provide services as they relate to financial services management. Financial management support may be integrated with work performed across all other service groups and may require healthcare finance expertise.

3.3.7.1 Modernization

The contractor shall support program office efforts to modernize the VA's Financial Management System (FMS) and multiple workstreams centered around healthcare financial business processes. The contractor shall provide technical, systems engineering, planning, programmatic support, and resourcing recommendations to support financial management modernization.

3.3.7.2 Internal Controls

The contractor shall support with increasing the efficiency of organizations, detecting and eliminating fraud, and insuring compliance with relevant regulation. Support may include monitoring and measuring organizational resources, policies and procedures and delivering relevant artifacts.

3.3.7.3 Management and Operations

The Contractor shall provide budget and financial management support to include budget tracking, forecasting, analysis, execution, reporting, and actuarial services. Tasks may include analyses to develop recommendations specifically aimed at cost control/cost reduction, support for the Government's budget planning and formulation activities for future year funding needs, and creation of standard operating procedures related to healthcare financial management.

3.3.8 Group 8 - Policy

3.3.8.1 Policy Research and Development

The contractor shall perform tasks related to healthcare policy and regulation analysis and the development of policy recommendations. Tasks may include the analysis of specific issues, identification of alternatives, white paper development, development of policy review papers, development of policy directives and handbooks, and other analytical tasks focused on VA policy. Public Health related policy tasks may require the contractor to complete quantitative predictive modeling to address future needs in the design of a Veteran-centered health system. All recommendations for policy will be reviewed and approved by Government employees.

3.3.8.2 Policy Management

The contractor shall perform tasks related to the management, review, and revision of existing healthcare policy documents. Tasks may include databasing, indexing, revision scheduling, tracking, supporting SME review panels, standardization, and periodic review and analysis of existing policies and procedures for continued applicability, effectiveness and compliance. All recommendations for policy changes will be reviewed and approved by Government employees.

3.3.9 Group 9 – Other Task Areas

3.3.9.1 Research and Development Administration Support

The contractor shall perform tasks related to the administration of healthcare research and Institutional Review Board support. Tasks may include support for the peer review process, literature reviews, Federal Advisory Committee Act (FACA), meeting preparation, travel for non-VA reviewers, portfolio analyses, and other administrative and analytical tasks in support of the VA intramural healthcare research and development program.

3.3.9.2 Human Resources Support

The contractor shall provide human resources and staffing solutions as they relate to supporting development of healthcare position descriptions for Government approval, conduct manpower surveys, and provide workforce consulting in the support of human capital management. The contractor shall provide support in the development of position description and qualification documents for human resource activities specific to the healthcare industry to include document generation for hiring officials and amendments to position description and responsibility documents, by utilizing Office of Personnel Management (OPM) and the Department of Veterans Affairs policies. The contractor shall provide support in the design and analysis of manpower and healthcare staffing studies for the VA. This support is not inclusive of temporary staffing services.

3.4 Labor Categories

Attachment A, Labor Categories, provides a comprehensive list of labor categories, descriptions, minimum education and experience requirements, as well as identification for which service groups the labor categories are applicable. Individual Task Orders may provide additional requirements for experience or education, including certifications.

It is expected that the minimum education and experience will be in a field or specialty that directly relates to the labor category and task order requirements. The CO reserves the right to grant waivers for the education and experience requirements. Waivers for education may be on the basis of additional years of experience, industry certifications, or equivalent trainings. Waivers for experience may be on the basis of additional years of education and exceptionally specialized experience. Individual task orders may cite additional equivalencies that will be recognized. Contractor's request for waiver must be provided in writing to the CO, and the CO's authorization must be provided in writing to the contractor.

4.0 MANDATORY TASKS AND DELIVERABLES

In addition to any specific groups awarded to the contractor, the base contract and any subsequent task orders require general management to manage schedules; monitor costs; assure quality of services, performance and deliverables; and maintain a proper level of

oversight. The contractor may be asked to attend virtual meetings, provide meeting minutes, prepare agendas, review deliverables, and participate in ad hoc communication to discuss contract or task order status. In addition to tasks and deliverables defined in individual task orders, the contractor shall perform the following tasks and provide the following deliverables throughout the performance period. All tasks and deliverables listed in this section shall not be separately priced, nor will separate task orders be issued.

4.1 Management of the IDIQ Contract

The contractor shall institute and maintain a management process that effectively manages the base contract, subsequent TOs, and all contractor personnel and financial resources used to perform the services required by the base contract and TOs. As part of the management process described above, the contractor shall:

- 4.1.1 Employ a management approach that is consistent with project management best practices (e.g., PMBOK).
- 4.1.2 Clearly identify all personnel involved in the management and performance of the contract and clearly define their roles, responsibilities and interaction with the Government.
- 4.1.3 Ensure that all services are compliant with applicable Federal regulations and guidelines.
- 4.1.4 Adhere to the security regulations, policies, and procedures set forth in the base contract and TOs.
- 4.1.5 Attend a post-award kickoff meeting. The contractor shall participate in a post-award kickoff meeting with VA representatives, anticipated to be held within two weeks after award. The Government reserves the right to hold the kickoff meeting in the Washington, DC area. The exact time and location will be determined at time of contract award. Travel costs may not be approved or reimbursed by the Government for the kickoff meeting.

The contractor may be required to participate in a kickoff meeting at the task order level. Details will be specified in each task order, as required.

4.2 IDIQ Monthly Status Report (MSR)

So long as the contractor has at least one active task order, the contractor shall submit an MSR to the IDIQ COR and the CO by the first Monday of every month. The MSR shall provide a comprehensive view of all active task orders by providing the following minimum information:

- a. TO number, project name and brief description;
- b. VA program POC name and contact information;
- c. Contractor POC name and contact information;

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- d. TO period of performance and current value;
- e. For FFP, status of tasks and deliverables, or for LH, status of hours expended; and
- f. Significant issues (e.g., key personnel, schedule delays), suggested resolutions, and implementation status.

The contractor may propose a structure for the report; however, the Government reserves the right to

request changes to the report to guarantee the appropriate level of information is being reported. Should the contractor encounter any technical, financial, personnel, or general managerial problems at any time during the ordering period, the contractor shall immediately contact the CO and respective COR.

4.3 Management of Task Orders (TO)

For each TO, the contractor shall designate a TO Manager who shall be the contractor's primary interface with the CO and TO COR. Any tasks or work products requested by the Government shall be submitted to the TO Manager. The TO Manager shall direct the activities of all TO personnel to meet contract requirements. The TO Managers shall be proactive and responsive to managing contractor resources and meeting requirements of the base contract and the TO.

5.0 DELIVERABLES

The contractor shall provide all deliverables identified in the individual TOs in formats as specified in the TO. All deliverables, unless otherwise specified, shall use Microsoft Office compatible formats.

All deliverables shall be compliant with Section 508, 1998 Amendment to the Rehabilitation Act of 1973 according to the particular requirements for each such deliverable.

6.0 KEY PERSONNEL

The IDIQ Contract Manager is defined as key personnel for the base contract. The IDIQ Contract Manager must have a minimum education of a bachelor's degree in a business or program related field and a minimum of 10 years of experience managing programs, projects, or contracts of comparable size, scope and complexity to this procurement. The IDIQ manager shall have experience managing government contracts.

Additional key personnel may be identified in each task order. Key personnel, at the base contract and TO level, shall not be removed, diverted, or replaced from work without concurrence by the COR, and approval of the CO.

Any personnel the contractor offers as substitutes shall have the ability and qualifications, including education 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 CO for review and approval. All notification of substitutions in key personnel shall be submitted to the CO at least 15 calendar days prior to making any 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 complete biography for the proposed substitute, and any other information requested by the CO. The CO will evaluate such requests and promptly notify the contractor of approval or disapproval thereof in writing.

7.0 QUALITY ASSURANCE

7.1 Quality Assurance Surveillance Plan

In accordance with FAR 37.102, task orders issued under this IDIQ will be performance-based to the maximum extent practicable. Each TO will define the quality assurance surveillance plan, to include specific performance standards and measures at the TO level.

7.2 Contractor Performance

Attachment B, Contractor Discrepancy Report (CDR), may be issued by a CO or COR to document less than acceptable performance by the contractor at any point during the period of performance. It should be noted that issuance of a CDR should not be the first form of communication or plan of resolution unless the seriousness of the situation warrants such formal documentation from onset. The CO, COR and contractor shall maintain open and effective communications to avoid the issuance of CDRs to the maximum extent practicable. All parties acknowledge that a finalized CDR will become part of the official file and will be used to report on annual performance under the IDIQ. If use of a CDR is warranted, the CO/COR shall complete the CDR, citing the IDIQ and/or TO number and the specific IDIQ and/or TO section or clause related to the performance issue. The CO/COR shall provide a detailed and descriptive narrative of the background and issue. Upon receipt of the CDR, the contractor shall provide a timely and detailed response by the contractor. The contractor's response shall include any important or relevant information or justification for the performance issue and a proposed resolution.

The CO/COR will review the response from the contractor and the CO will issue a final recommendation or plan of action. The CO, COR, and contractor will maintain communication to ensure that the recommendation or plan of action is carried out.

The contractor's performance on the IDIQ and any TOs will be reported to the Contractor Performance Assessment Reporting System (CPARS) on an annual basis. The CO and COR will make use of information from CDRs and the Task Order Performance Evaluations, as well as any additional knowledge and information available to them with respect to the contractor's

performance, to complete the CPARS. Contractors shall familiarize themselves with the CPARS process and be prepared to respond to reports entered by the CO and COR.

8.0 SECURITY AND PRIVACY REQUIREMENTS

All Contractors and Contractor personnel shall be subject to the same Federal security and privacy laws, regulations, standards and VA policies as VA personnel, including the Privacy Act, 5 U.S.C. § 552a, regarding information and information system security. Contractors must follow all security and privacy requirements, per Attachment C - VA Information and Information System Security/Privacy Requirements.

8.1 Organizational Conflict Of Interest

All functions related to Acquisition Support shall be on an advisory basis only. Please be advised that awardees of task orders on this IDIQ that include tasks under 3.A.5 may, at the Contracting Officer's sole discretion, be restricted from involvement in future related activities and acquisitions in accordance with FAR 9.5 and the clause entitled, Organizational Conflict of Interest, found in the VAAR 852.209-70 organizational conflict clause. This restriction will be in effect for the life of the IDIQ as well as an additional 12-month period following its expiration. The Contractor and its employees, as appropriate, shall be required to sign Non-Disclosure Agreements (PWS Appendix C).