PERFORMANCE WORK STATEMENT (PWS)

Non-Personal Services: Diagnostic Radiologic Technologist – Computed Tomography (DRT-CT) Indian Health Service | Navajo Area | Northern Navajo Medical Center Shiprock, New Mexico

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SECTION 1.0 — GENERAL

1.1 Background

The Indian Health Service (IHS) is an agency within the U.S. Department of Health and Human Services responsible for providing federal health services to American Indians and Alaska Natives pursuant to the government-to-government relationship between the United States and federally recognized tribes. The Navajo Area Indian Health Service (NAIHS) administers health centers and hospitals serving approximately 201,583 members of the Navajo Nation across more than 25,516 square miles in northern Arizona, western New Mexico, and southern Utah.

The Northern Navajo Medical Center (NNMC), Shiprock Service Unit, is a 60-bed inpatient facility with an Intensive Care Unit (ICU), a Level 4 Trauma-designated Emergency Department (ED) seeing approximately 40,000 patients annually, and a surgical suite performing approximately 1,400 cases per year with 1,600 annual admissions. The Diagnostic Radiology Department performs over 60,000 imaging studies per year, encompassing plain film radiography and computed tomography (CT) scanning across all service lines. The facility is currently experiencing a critical DRT-CT vacancy rate exceeding 50%, directly affecting patient care capacity.

1.2 Scope of Work

The primary scope of this contract is professional DRT-CT staffing services. The Contractor shall recruit, credential, clear, schedule, and provide qualified DRT-CT technologists to fill required coverage positions at NNMC on a continuous basis throughout the period of performance. The Contractor's core obligation is organizational — ensuring that fully qualified, credentialed, and cleared DRT-CT technologists are available and placed in all required shifts in accordance with the scheduling requirements of Section 5.2.

DRT-CT services are required at NNMC across all service lines, including inpatient, outpatient, Emergency Department, ICU, and operative/surgical services. The Diagnostic Radiology Department performs over 60,000 imaging studies per year, encompassing plain film radiography and computed tomography scanning. The facility is a 60-bed inpatient hospital with a Level 4 Trauma-designated Emergency Department seeing approximately 40,000 patients annually and a surgical suite performing approximately 1,400 cases per year. The critical DRT-

CT vacancy rate exceeding 50% at the time of contract award drives the necessity for continuous, reliable contract staffing support.

Once placed, Contractor DRT-CT technologists shall provide diagnostic imaging services at NNMC in accordance with applicable federal law, IHS standards, and the performance requirements set forth in Section 5.0 of this PWS. Clinical services encompass diagnostic CT scanning and plain film radiography, intraoperative and fluoroscopic imaging support, CT imaging in emergency and trauma situations, consultation with radiologists and clinical staff on imaging protocols, completion of all required clinical documentation, and adherence to radiation safety and infection control standards.

The Government is responsible for defining available shifts and the number of coverage positions required. The Contractor is responsible for filling those positions with qualified personnel and for all aspects of recruiting, credentialing, scheduling, and continuity of coverage. This is a non-personal services contract as defined in FAR 37.101. The Government will not exercise supervision or control over contractor personnel in a manner consistent with an employer-employee relationship.

1.2.1 Staffing Management as the Primary Performance Obligation

The Contractor's principal performance obligation under this contract is staffing management — not the direct delivery of clinical imaging services. The Government measures the Contractor's success first and foremost by its ability to:

- Maintain a continuous, fully credentialed pipeline of qualified DRT-CT technologists available for placement at NNMC;
- Achieve and sustain the fill rate standards identified in Section 9.0;
- Submit complete, accurate coverage rosters within the deadlines established in Section 5.2.3;
- Respond to unplanned vacancies within the timeframes established in Section 5.2.4; and
- Ensure zero provider-days are worked by technologists with lapsed or non-compliant credentials.

The clinical tasks described in Section 5.1 define the standards to which placed technologists must perform once on-site. Those clinical standards are secondary to — and dependent upon — the Contractor's successful execution of its staffing management obligations. A Contractor that consistently delivers fully qualified, credentialed, and cleared technologists on schedule satisfies the primary objective of this contract. Failure to meet staffing obligations cannot be remedied by the clinical performance of individual technologists already placed.

1.3 Place of Performance

Services shall be performed at the Northern Navajo Medical Center, Shiprock Service Unit, Shiprock, New Mexico. The exact place of performance shall be identified in the award pricing schedule.

1.4 Period of Performance

The period of performance consists of a base period of twelve (12) months and four option periods of twelve (12) months each, beginning on the date of award, for a total potential period of performance of sixty (60) months if all four option periods are exercised. The Government's decision to exercise any option period is at the sole discretion of the CO and is contingent upon the continuing need for services, the availability of funds, and satisfactory Contractor performance. The period of performance structure accommodates short-term assignments (fewer than seven calendar days), long-term assignments, and intermittent support to meet unplanned needs.

Period	Description	Duration	Estimated Start	Estimated End
Base Period	Base Period of Performance	12 months	Date of Award	12 months from award
Option Period 1	First Option Period	12 months	Month 13 from award	Month 24 from award
Option Period 2	Second Option Period	12 months	Month 25 from award	Month 36 from award
Option Period 3	Third Option Period	12 months	Month 37 from award	Month 48 from award
Option Period 4	Fourth Option Period	12 months	Month 49 from award	Month 60 from award
Total Potential	**If all option periods are exercised**	**60 months**		

1.5 Type of Contract and Pricing Structure

This is a non-personal services contract with firm-fixed unit prices, consistent with the performance-based acquisition requirements of FAR Subpart 37.6 and Executive Order 14402, Promoting Efficiency, Accountability, and Performance in Federal Contracting (April 30, 2026). Fixed-price contracts with performance-based considerations serve as the default and preferred method of procurement for this acquisition.

The hourly rates established at award are firm and fixed and are not subject to adjustment based on the Contractor's actual costs or expenses. Payment under this contract is based solely on the number of hours actually worked by placed DRT-CT technologists, as verified by timesheets submitted in accordance with the deliverables requirements of this contract and accepted by the COR. The Government will not pay for hours not worked, regardless of the reason for the absence.

The all-inclusive fixed hourly rate encompasses all costs of performance including labor, fringe benefits, overhead, general and administrative expenses, recruiting and placement costs, credentialing and pre-placement verification costs, and profit. No separate payment will be made

for any of these cost components. Overtime, if required and authorized in advance by the CO in writing, shall be priced separately at the rate established in the contract pricing schedule.

1.6 Applicable Documents and Regulatory References

Reference	Citation
Federal Acquisition Regulation – Non-Personal Services	FAR 37.101; FAR 37.104
FAR – Contract Terms and Conditions (Commercial)	FAR 52.212-4
FAR – Contractor Personnel Administration	FAR 37.114
FAR – Performance-Based Acquisition	FAR 37.6
FAR – Quality Assurance	FAR Part 46
The Joint Commission	www.jointcommission.org
Centers for Medicare & Medicaid Services (CMS)	www.cms.hhs.gov
Health Insurance Portability and Accountability Act (HIPAA)	45 CFR Parts 160, 164
Privacy Act of 1974	5 U.S.C. § 552a
Crime Control Act of 1990	P.L. 101-647, §231
Indian Child and Family Violence Act	P.L. 101-630, §4087
IHS General Directives	www.ihs.gov/ihm
IHS Computer Security Directives	www.ihs.gov/ISSA
IHS Service Unit Policies, Procedures, and Protocols	See Section 10.0

SECTION 2.0 — DEFINITIONS

2.1 Acceptance: Acknowledgment that services conform to applicable contract quality and quantity requirements, except as provided in FAR Subpart 46.5, and subject to other terms and conditions of the contract.

2.2 Contracting Officer (CO): A Government employee with authority to enter into, administer, and/or terminate contracts and make related determinations and findings pursuant to FAR 1.602-1.

2.3 Contracting Officer's Representative (COR): A federal employee designated by the CO to provide technical assistance and day-to-day contract administration oversight. The COR monitors contractor performance against the standards established in this PWS but does not direct contractor personnel. References in this document to government oversight of performance are vested in the COR acting within the scope of the COR's written designation.

2.4 Contractor: The legal entity awarded a binding contract to provide the non-personal services described herein. The Contractor is solely responsible for the supervision, direction, scheduling,

discipline, and personnel management of its employees or subcontractors performing under this contract.

2.5 Nonpersonal Services: A contract under which personnel rendering services are not subject, either by the contract's terms or by the manner of its administration, to the supervision and control that typically prevails in relationships between the Government and its employees, as defined in FAR 37.101.

2.6 Supervisor (of Key Personnel): For purposes of this contract, the Supervisor of all DRT-CT personnel providing services hereunder is the selected Contractor. The Contractor's designated site lead or program manager shall serve as the day-to-day point of accountability for personnel performance, scheduling, credentialing compliance, and conduct. The Government shall direct all performance concerns to the Contractor's designated representative, not to individual contractor personnel.

2.7 Key Personnel: DRT-CT technologists proposed and approved by the COR to perform clinical imaging services under this contract. Key Personnel substitutions require advance written notification to the COR in accordance with Section 5.2.

2.8 COR: See 2.3. The COR monitors outcomes and performance standards; the COR does not assign work tasks directly to individual contractor employees.

2.9 Tour of Duty: The scheduled shift during which DRT-CT services are rendered. Tours may be 8, 10, or 12 hours as established in the contract, consistent with facility operational needs.

2.10 Valid Patient Complaint: A justifiable accusation made by a patient and supported by documented investigation.

2.11 Verifiable Emergency: An unexpected or unplanned absence by a contractor employee requiring valid documentation to confirm the occurrence, as determined by the Contractor's Supervisor.

2.12 Performance Requirements Summary (PRS): The table in Section 9.0 that lists performance tasks, acceptable quality levels, surveillance methods, and consequences for nonconformance, consistent with FAR 37.604.

SECTION 3.0 — GOVERNMENT FURNISHED PROPERTY AND SERVICES

3.1 Information: The Government shall provide all facility-unique information necessary for contractor performance. The COR is the point of contact for such information.

3.2 Equipment and Supplies: The Government shall provide, for joint use, all imaging equipment, CT scanners, workstations, clinic space, and clinical supplies necessary to perform services under this contract.

3.3 Personal Protective Equipment (PPE): The Government shall furnish appropriate PPE (excluding uniforms and laboratory coats, which are Contractor-furnished per Section 4.0). The Government is responsible for repair, cleaning, and inventory of Government-furnished PPE.

3.4 Identification Badges: The Government shall provide facility-specific contractor identification badges. A minimum replacement fee of $10.00 applies to lost or destroyed badges.

3.5 Information Technology: The Government shall provide access to IHS information technology systems, including the Electronic Health Record (EHR), required for documentation of patient care. Access is contingent upon completion of required security training.

3.6 Orientation: The Government shall provide facility-specific orientation covering operational procedures, IT systems, emergency codes, and applicable IHS policies. Orientation is limited to content necessary for contract performance and does not constitute continuing education or career development training.

SECTION 4.0 — CONTRACTOR FURNISHED PROPERTY

4.1 The Contractor shall furnish all uniforms and laboratory coats conforming to IHS Manual Part 3, Chapter 4, subject to approval of the Clinical Director at NNMC.

4.2 The Contractor shall furnish any personal medical instruments used by its personnel (e.g., dosimetry badges, personal radiation monitoring devices). All contractor-furnished equipment is subject to COR inspection and must be approved prior to use. The Government reserves the right to prohibit use of any materials, supplies, or equipment deemed unsafe or non-compliant.

SECTION 5.0 — PERFORMANCE-BASED REQUIREMENTS

This is a non-personal services contract under FAR 37.101 and FAR 37.104. The Contractor, as the Supervisor of its Key Personnel, is solely responsible for the means and methods of service delivery. The Government defines required outcomes; the Contractor determines how those outcomes are achieved.

5.1 Scope of Clinical Services

The Contractor shall provide qualified DRT-CT personnel to perform the following services at NNMC:

- Diagnostic CT scanning and plain film radiography for inpatient, outpatient, ED, ICU, and surgical patients
- Intraoperative and fluoroscopic imaging support for surgical cases as required
- CT imaging in emergency and trauma situations consistent with NNMC's Level 4 Trauma designation
- Consultation with radiologists, surgeons, and clinical staff on imaging protocols and patient care
- Completion of all clinical documentation in the IHS Electronic Health Record before the conclusion of each shift; delinquent records shall be resolved within the timeframe specified by NNMC Medical Staff Bylaws
- Adherence to radiation safety protocols, infection control standards, and NNMC quality assurance requirements

5.2 Work Schedule and Staffing Coverage

5.2.1 The Contractor shall ensure continuous DRT-CT coverage as follows:

- **Primary Coverage:** A minimum of one (1) qualified DRT-CT technologist on-site during all primary day shift hours, Monday through Friday, 0700–1530, excluding federal holidays
- **On-Call Coverage:** One (1) qualified DRT-CT technologist on-call during all hours not covered by primary shift, including weeknights (1530–0700), weekends, and federal holidays, available to respond on-site within two (2) hours of notification
- **Surge Coverage:** The Contractor shall maintain the capacity to provide additional personnel to address simultaneous high-volume or trauma demands; surge requirements shall be specified in the contract or by written direction of the CO

5.2.2 Government Scheduling Responsibility. The Government will provide the Contractor with a schedule of available shifts no fewer than ninety (90) calendar days prior to the first date of coverage in each scheduling period. The shift schedule identifies the dates, shift windows, and number of DRT-CT coverage positions required. The Government's scheduling obligation is limited to providing this shift availability notice within the 90-day window.

5.2.3 Contractor Scheduling Responsibility and Coverage Roster. Upon receipt of the Government's shift availability notice, the Contractor shall determine how to fulfill all required coverage positions. The Contractor bears full responsibility for:

- Identifying, assigning, and confirming fully credentialed and cleared DRT-CT technologists for each required shift;
- Submitting a completed coverage roster to the CO no fewer than sixty (60) calendar days prior to the first date of the applicable coverage period, identifying by date and shift window which technologist will provide coverage for each position;

- Resolving all internal scheduling conflicts, leave, absences, and personnel changes without Government involvement prior to roster submission;
- Updating the coverage roster and notifying the CO in writing no fewer than fifteen (15) calendar days in advance of any change to a previously submitted roster entry; and
- Providing a confirmed replacement for any roster change within the same notification window, such that no shift position is left unfilled at the time of notification.

The Government will not designate, select, or approve individual technologists for specific shifts. The Contractor has full discretion over personnel assignment, provided all assigned personnel have satisfied all pre-placement verification requirements of Section 7.0 prior to the first date of service.

5.2.4 Unplanned Vacancies. When an unplanned vacancy arises after roster submission — due to resignation, illness, removal, or other cause — the Contractor shall notify the CO in writing within four (4) hours of becoming aware of the vacancy and shall provide a confirmed replacement within seventy-two (72) hours. The Contractor shall not leave a shift position unfilled. Shifts left uncovered without a confirmed replacement and timely notification are subject to the remedies identified in the Performance Requirements Summary at Section 9.0.

5.2.5 Fill Rate Reporting. The Contractor shall maintain a minimum fill rate of ninety-five percent (95%) of all scheduled shifts across the contract period and shall report fill rate performance to the CO monthly. Any month in which the fill rate falls below ninety percent (90%) shall trigger a formal corrective action notification. Fill rate is measured as the percentage of scheduled shift positions actually covered by a credentialed, cleared DRT-CT technologist.

5.2.6 Staffing Methodology and Recruitment Pipeline. The Contractor shall maintain an active recruitment strategy and candidate pipeline sufficient to meet the coverage requirements of this section, including on-call and surge demand, at all times during the period of performance. The Contractor's recruitment approach shall specifically address sourcing, vetting, and placing qualified DRT-CT technologists in rural and underserved locations consistent with NNMC's operational environment. The Contractor shall submit to the COR, within thirty (30) calendar days of contract award, a written Staffing Methodology Document describing its active candidate pool, sourcing strategies, and approach to filling vacancies at difficult-to-staff locations. The Contractor shall update this document annually and upon request of the COR.

5.2.7 Transition and Ramp-Up. Given NNMC's critical DRT-CT vacancy rate (exceeding 50% at the time of contract award), the Contractor shall achieve full required staffing coverage within a defined ramp-up period from contract award. The Contractor shall submit to the CO, within fifteen (15) calendar days of contract award, a written Transition Plan identifying specific staffing milestones and a timeline for achieving full coverage. The Transition Plan shall be realistic and feasible relative to the Contractor's documented candidate pipeline and shall be updated as milestones are met or modified. Failure to achieve transition milestones within the timeframes specified in the approved Transition Plan constitutes a performance deficiency subject to the remedies in Section 9.0.

5.3 Conduct and Professionalism

Contractor personnel shall comply with the IHS Federal Code of Conduct, demonstrate cultural awareness and respect for Navajo and American Indian/Alaska Native practices, and maintain professional, cooperative behavior with NNMC clinical and administrative staff at all times.

5.4 Medical Records and Documentation

5.4.1 One hundred percent (100%) of medical records and required documentation shall meet IHS Medical Facility, Joint Commission, and CMS standards for timeliness, legibility, accuracy, content, date, time, and signature.

5.4.2 The Contractor shall ensure adherence to HIPAA (45 CFR Parts 160 and 164), the Privacy Act of 1974, and all applicable IHS Service Unit policies and protocols governing management of patient information.

5.4.3 The Contractor shall immediately report to the COR any information or circumstances that may violate any applicable statute, policy, or procedure.

5.4.4 Timely Record Completion. The Contractor shall ensure that all DRT-CT technologists performing services under this contract complete all required patient medical records, imaging documentation, and chart entries in accordance with NNMC HIM department requirements and applicable IHS, TJC, and CMS standards. All required documentation shall be completed prior to the conclusion of each technologist's assigned shift or, where documentation requirements extend beyond a single shift, within the timeframe established by the applicable NNMC HIM policy.

No DRT-CT technologist performing services under this contract shall depart the facility at the conclusion of an assignment — whether at the end of a shift, the end of a scheduling period, or upon early departure for any reason — with incomplete patient records, imaging documentation, or chart entries outstanding.

5.4.5 Contractor Organizational Responsibility. The Contractor bears organizational responsibility for ensuring record completion compliance across all technologists placed under this contract. The Contractor shall:

- Communicate NNMC's medical record and imaging documentation completion requirements to all technologists prior to their first shift;
- Incorporate HIM compliance monitoring into its Quality Control Plan under Section 7.5.4, including a process for tracking outstanding incomplete records attributable to its placed technologists;
- Take immediate corrective action when a technologist departs the facility with incomplete records outstanding, including coordinating with the NNMC HIM department to facilitate record completion and notifying the CO of the deficiency within one (1) business day of identification; and
- Treat repeated incomplete record deficiencies by the same technologist as grounds for removal and replacement of that technologist under Section 5.2.4.

5.4.6 Consequences of Incomplete Records. Incomplete medical records and imaging documentation attributable to Contractor technologists may result in billing shortfalls to NNMC through Medicare, Medicaid, and private insurance. Incomplete records attributable to Contractor technologists are a performance deficiency subject to the remedies identified in the Performance Requirements Summary at Section 9.0.

5.5 Information Technology

The Contractor shall ensure its personnel are proficient in the use of IHS IT systems required for performance, including the Electronic Health Record, and shall comply with all IHS IT security policies and procedures made available at the facility.

5.6 Identification

Contractor personnel shall wear a Government-issued contractor identification badge at all times during performance.

5.7 Contingency Planning

The Contractor shall maintain continuous coverage when Key Personnel are unavailable due to resignation, credential lapse, illness, or other unplanned events. The Contractor shall submit to the COR, within thirty (30) calendar days of contract award, a written Contingency Plan describing its backup staffing resources, response timeframes, and the process by which coverage gaps are prevented or resolved. The Contingency Plan shall be updated annually and within ten (10) calendar days of any material change to the Contractor's backup staffing capacity. Failure to maintain and execute an adequate Contingency Plan that results in an unstaffed shift constitutes a performance deficiency subject to the remedies in Section 9.0.

5.8 Point of Contact

The Contractor shall designate a point of contact with full authority to act on all matters relating to daily contract operations. This individual shall be available by telephone twenty-four (24) hours a day, seven (7) days a week, including federal holidays. The Contractor shall designate this individual in writing to the CO before the contract start date and shall identify an alternate point of contact and the circumstances under which the alternate serves as primary.

5.9 Standards of Care and Clinical Governance

All DRT-CT technologists performing services under this contract shall deliver diagnostic imaging services in strict accordance with the standards, protocols, policies, and procedures established by NNMC, NAIHS, and IHS — regardless of prior practice habits, employer preferences, or clinical conventions from other facilities or practice settings. Personal clinical preferences of individual technologists do not constitute an acceptable basis for departing from established facility standards.

The following hierarchy of clinical authority governs all DRT-CT services delivered under this contract:

- Federal law, IHS regulations, and applicable accreditation standards (TJC, CMS); and
- NNMC facility-level policies, procedures, protocols, and imaging standards, as administered by the Chief of Radiology or designee.

The Chief of Radiology, or designee, is the clinical authority responsible for establishing and communicating facility-specific imaging standards, protocols, radiation safety requirements, and operating procedures at NNMC. Placed technologists shall comply with all directions issued by the Chief of Radiology that pertain to clinical standards, patient safety, infection control, imaging protocols, and facility operating procedures. This clinical governance relationship does not constitute supervision or control of the Contractor's workforce for purposes of FAR 37.101 or the personal services prohibition at FAR 37.201. The Contractor retains full responsibility for the staffing management obligations established in this PWS, and the Chief of Radiology's clinical authority is limited to the standards under which imaging services are delivered — not to the scheduling, assignment, or management of individual Contractor personnel.

SECTION 6.0 — DELIVERABLES

The following table identifies all deliverables required under this contract, the applicable PWS section, the deadline or frequency, and the submission recipient. The Contractor is responsible for submitting all deliverables on time and in a format acceptable to the recipient. Late or non-compliant deliverables are subject to the remedies identified in Section 9.0.

#	Deliverable	PWS Reference	Deadline / Frequency	Submitted To
1	Quality Control Plan (QCP)	§7.5.3	Within 15 calendar days of contract award; updated within 10 calendar days of any material change	CO
2	Point of Contact designation	§5.8	Prior to contract start date	CO
3	Transition Plan	§5.2.7	Within 15 calendar days of contract award; updated as milestones are met or modified	CO
4	Staffing Methodology Document	§5.2.6	Within 30 calendar days of contract award; updated annually and upon COR request	COR
5	Contingency Plan	§5.7	Within 30 calendar days of contract award; updated annually and within 10 calendar days of any material change	COR

#	Deliverable	PWS Reference	Deadline / Frequency	Submitted To
6	Corporate Experience Summary	§7.1.1	Within 30 calendar days of contract award; updated annually	COR
7	Site Lead CV	§7.7	At contract award and upon any proposed substitution	COR
8	Coverage Roster	§5.2.3	No fewer than 60 calendar days prior to the first date of each coverage period	CO
9	Notice of roster change with confirmed replacement	§5.2.3	No fewer than 15 calendar days prior to the affected shift	CO
10	Notice of unplanned vacancy with confirmed replacement	§5.2.4	Within 4 hours of becoming aware of vacancy; confirmed replacement within 72 hours	CO
11	Monthly fill rate report	§5.2.5	Monthly	CO
12	Weekly ramp-up status report (transition period only)	§5.2.7	Weekly during the ramp-up period following award	CO
13	Personnel Closeout Checklist (completed, with all required program office sign-offs, for each departing technologist)	§8.4	Within 2 business days of each technologist's departure date	CO

SECTION 7.0 — CONTRACTOR KEY PERSONNEL QUALIFICATIONS AND CREDENTIALING REQUIREMENTS

(Contract Administration and Performance Delivery Standards)

These requirements establish the minimum qualifications that all Contractor Key Personnel must meet and maintain throughout the period of performance. Verification of these standards is a contract administration function. The Government retains the right to reject any proposed contractor employee who does not meet stated qualifications prior to that individual providing services.

7.1 Experience

All Key Personnel shall have a minimum of two (2) years of clinical experience as a DRT-CT technologist within the five (5) years immediately preceding assignment under this contract, with demonstrated competency in CT scanning across a range of patient populations including trauma, surgical, ICU, and emergency patients.

7.1.1 Corporate Experience Documentation. The Contractor shall maintain on file and make available to the COR upon request documentation demonstrating its organizational experience placing DRT-CT or other diagnostic imaging professionals in rural, remote, Tribal, or underserved healthcare settings. Such documentation shall address fill rates achieved, credential compliance rates, and client satisfaction outcomes from prior or concurrent contracts of similar scope. The Contractor shall submit an initial Corporate Experience Summary to the COR within thirty (30) calendar days of contract award and shall update this summary annually.

7.2 Licensure and Registration

All Key Personnel shall possess and maintain throughout the period of performance:

- Current, valid, unrestricted registration with the American Registry of Radiologic Technologists (ARRT) in Radiography (R) and Computed Tomography (CT)
- Compliance with any applicable state licensure requirements for the State of New Mexico

7.3 Certifications

Current Basic Life Support (BLS) certification is mandatory for all Key Personnel.

7.4 Credentialing and Health Requirements

7.4.0 General. The Contractor bears full performance responsibility for ensuring that every individual DRT-CT technologist placed under this contract satisfies all pre-placement verification requirements before being listed on a coverage roster or working a single shift at NNMC. A technologist who has not satisfied all requirements of this section shall not be included on any coverage roster submitted under Section 5.2.3 and shall not perform services under this contract. The Contractor shall treat all pre-placement verification requirements — licensure, background checks, HSPD-12 clearance, health requirements, and orientation — as internal project management obligations and shall build processing timelines for each requirement into its coverage roster planning and ramp-up schedule. Delays in completing pre-placement verification that result in unfilled shifts are the Contractor's responsibility and are subject to the remedies identified in Section 9.0.

Prior to any contractor employee providing services, the Contractor shall submit the following documentation to the COR for verification. No Key Personnel shall begin performance until credentialing documentation has been reviewed and accepted by the COR.

7.4.1 Fitness for Duty: A certificate issued by a licensed physician confirming the individual is able to perform the proposed duties without significant risk to personal health or the safety of others.

7.4.2 Background History: Per IHS credentialing SOP for high-risk findings, Key Personnel shall have no history of:

- Suspension, restriction, revocation, denial, probation, or involuntary relinquishment of any clinical professional license or registration
- Suspension, restriction, revocation, or denial of employment or clinical privileges at any healthcare setting
- Civil, criminal, or administrative action regarding sexual misconduct, child abuse, domestic violence, elder abuse, or other violent crimes
- Arrest, charge, conviction, or sentence for DUI or impaired driving
- Sexual misconduct, illegal drug use prohibited by Federal law, or intimate partner violence

7.4.3 Immunizations: Key Personnel shall provide documentation of:

- Immunity to Rubella, Mumps, and Measles
- Hepatitis B series (or signed declination)
- Varicella history or positive titer
- Tetanus/Diphtheria (Td) within the past five years
- TB Mantoux (PPD) skin test within the past 12 months with follow-up documentation for positive results
- Current influenza vaccination (required)

7.4.4 Background Checks and HSPD-12 Security Clearance. Each DRT-CT technologist placed under this contract shall complete the Homeland Security Presidential Directive 12 (HSPD-12) security clearance process, including fingerprinting and a background investigation, before performing services at NNMC. The Contractor shall:

- Initiate the HSPD-12 process for each technologist sufficiently in advance of the technologist's scheduled first shift to allow for clearance completion;
- Account for HSPD-12 processing timelines — which may require fourteen (14) to thirty (30) calendar days for a complete and acceptable package — in all coverage roster submissions and ramp-up planning;
- Notify the CO immediately if a technologist receives an unfavorable adjudication or if information arises that may affect the outcome of a pending investigation; and
- Remove from performance any technologist who receives an unfavorable adjudication and provide a replacement in accordance with Section 5.2.4.

At a minimum, a technologist may begin work upon receipt of a favorable FBI National Criminal History Check (fingerprint check) result, provided all other pre-placement requirements of this section have been satisfied and a complete background investigation package has been submitted. Key Personnel shall also provide all information required to complete Level I and Level II background checks as directed by the CO. The Contractor shall immediately remove from performance any Key Personnel who receive an unfavorable adjudication.

7.5 Credentialing Verification Process and Quality Control

7.5.1 The Contractor shall maintain a documented internal credentialing verification process confirming ARRT registration, state licensure, immunization compliance, background check

completion, and TJC audit-readiness for all Key Personnel prior to and throughout each assignment. Credentialing documentation for all Key Personnel shall be maintained in a format acceptable for TJC audit, and the Contractor shall cooperate fully with any TJC survey or review.

7.5.2 The Contractor shall notify the COR immediately of any lapse, suspension, or restriction of any credential, license, or certification held by a Key Personnel member.

7.5.3 Quality Control Plan (QCP). The Contractor shall submit a Quality Control Plan to the CO within fifteen (15) calendar days of contract award. The Contractor shall update the QCP within ten (10) calendar days of any material change in operations, staffing methodology, or credentialing processes and shall submit the updated QCP to the CO. The QCP is subject to COR review and shall be revised as directed to address identified performance deficiencies.

7.5.4 Minimum QCP Content Requirements. At a minimum, the QCP shall address:

- The Contractor's internal process for monitoring ARRT registration, state licensure, BLS certification, and all other credential and certification currency for all Key Personnel performing under this contract, including the frequency of checks and the system used to track expiration dates;
- The Contractor's internal process for identifying and responding to a credential lapse, license restriction, or adverse licensure or registration action — including the timeline for notifying the CO and replacing the affected technologist;
- The Contractor's process for verifying that all Key Personnel satisfy the individual pre-placement verification requirements of Section 7.4 prior to roster listing and throughout the period of performance;
- The Contractor's approach to monitoring fill rates and identifying coverage gaps before they result in missed shifts, including how the Contractor tracks roster compliance and on-call availability;
- The Contractor's process for monitoring medical record and imaging documentation completion compliance among placed technologists, including how outstanding incomplete records are identified, tracked, and resolved in coordination with the NNMC HIM department;
- The Contractor's internal complaint and corrective action process, including how performance deficiencies are identified, documented, and resolved; and
- The name and contact information of the Contractor's designated quality control manager, who shall serve as the primary point of contact for all quality-related matters under this contract.

7.6 Language Requirements

Key Personnel shall communicate effectively in English (reading, writing, speaking, and listening) with patients and clinical staff, and shall demonstrate respect for local Navajo and American Indian/Alaska Native cultural practices.

7.7 Site Lead Qualifications

The Contractor shall designate a site lead who serves as the day-to-day point of accountability for personnel performance, scheduling, credentialing compliance, and conduct in accordance with Section 2.6. The site lead shall meet the following minimum qualifications throughout the period of performance:

- Current, valid, unrestricted ARRT registration in Radiography (R) and Computed Tomography (CT)
- A minimum of ten (10) years of experience in the direct provision of patient care in a hospital-based diagnostic imaging setting
- Demonstrated supervisory or lead technologist experience sufficient to manage scheduling, credentialing compliance, and personnel performance for a multi-technologist team

The Contractor shall notify the COR in writing no fewer than fifteen (15) calendar days in advance of any change in the designated site lead, and shall propose a qualified replacement meeting these requirements for COR review prior to the transition. The Contractor shall submit the curriculum vitae (CV) of the designated site lead to the COR at contract award and upon any proposed substitution. The COR shall review the CV to confirm compliance with the minimum qualifications stated above on a pass/fail basis. No proposed site lead who does not meet these minimums shall begin performance; the Contractor shall propose a qualified substitute prior to any determination of non-compliance.

7.8 IT Competency

Key Personnel shall possess sufficient computer proficiency to operate IHS IT systems, including the Electronic Health Record, required for contract performance.

SECTION 8.0 — CONTRACTOR PERSONNEL CLOSEOUT AND DEPARTURE PROCEDURES

8.1 General

The Contractor shall ensure that every DRT-CT technologist performing services under this contract completes all required closeout procedures prior to departing the facility at the conclusion of any assignment — whether at the end of a scheduled period of performance, upon voluntary departure, or upon removal. No Key Personnel shall be considered fully separated from the facility until all closeout requirements have been satisfied and a signed facility clearance has been obtained in accordance with Section 8.2.

8.2 Required Closeout Actions

Prior to departure from the facility, each DRT-CT technologist shall complete the following closeout actions and obtain written sign-off from each responsible program office:

- **Health Information Management (HIM)** — All patient medical records, chart entries, and imaging documentation shall be completed and submitted in accordance with Section 5.4. The HIM department shall confirm in writing that no incomplete records remain outstanding for the departing technologist.
- **Information Technology (IT)** — All Government-issued IT access credentials, system accounts, and electronic access, including access to the IHS Electronic Health Record and imaging workstations, shall be deactivated. The IT department shall confirm in writing that all system access has been terminated.
- **Security — PIV Card and Badge Surrender** — The technologist shall surrender the Government-issued Personal Identity Verification (PIV) card and contractor identification badge to the appropriate security or facility management office. The receiving office shall confirm surrender in writing.
- **Dosimetry and Radiation Monitoring Equipment** — The technologist shall return all Government-furnished dosimetry badges, personal radiation monitoring devices, and any other radiation safety equipment issued during the assignment to the Radiation Safety Officer or designee. The receiving office shall confirm return in writing.
- **Timesheets** — All timesheets for hours worked under this contract shall be completed, certified, and submitted to the COR prior to departure. No timesheet shall remain outstanding at the time of departure.
- **Acquisitions/Contracting** — The Contractor's designated representative shall notify the CO in writing that the technologist has departed and that all contractual closeout obligations have been initiated.

8.3 COR Final Clearance

The COR shall serve as the final clearance authority, confirming in writing that all program office sign-offs required under Section 8.2 have been received and that the technologist's departure is administratively complete.

8.4 Closeout Documentation

The Contractor shall maintain a completed closeout checklist for each departing technologist and shall submit the completed checklist, with all required sign-offs, to the CO within two (2) business days of the technologist's departure date. The closeout checklist shall identify the technologist by name, the dates of service performed, and the date and signature of each program office clearance.

8.5 Contractor Organizational Responsibility

The Contractor bears full organizational responsibility for ensuring that every departing DRT-CT technologist completes all closeout procedures in accordance with this section. The Contractor shall:

- Brief all Key Personnel on NNMC's closeout requirements prior to their first shift, including PIV card and badge surrender, dosimetry equipment return, HIM record completion, IT access deactivation, and timesheet submission requirements;

- Maintain a closeout checklist for each technologist and actively track completion of all required closeout actions as each assignment concludes;
- Submit the completed closeout checklist with all required program office sign-offs to the CO within two (2) business days of each technologist's departure date;
- Notify the CO immediately if a technologist departs the facility without completing required closeout procedures, including PIV card surrender or dosimetry equipment return; and
- Coordinate with the CO, COR, and applicable program offices to remediate any incomplete closeout actions as quickly as practicable following an unauthorized departure.

Failure to ensure complete and timely personnel closeout constitutes a performance deficiency subject to the remedies identified in the Performance Requirements Summary at Section 9.0.

SECTION 9.0 — PERFORMANCE REQUIREMENTS SUMMARY (PRS)

(FAR 37.604; FAR Part 46)

Performance Task	Acceptable Quality Level (AQL)	Surveillance Method	Consequence of Non-Conformance
Provide qualified, credentialed DRT-CT coverage for all required shifts	100% of contracted shifts staffed with a credentialed DRT-CT technologist meeting Section 7.0 requirements	COR shift logs; contractor staffing reports; coverage roster reconciliation	No payment for unstaffed shifts; cure notice; termination for default per FAR 52.212-4
Clinical imaging services — CT and plain film	100% of required imaging tasks performed to NNMC competency standards and Medical Staff Bylaws	Periodic COR inspection; Quality Assurance reports; valid patient complaints	Written notification to Contractor; cure notice for recurring deficiencies; termination for default per FAR 52.212-4 for sustained non-performance
Medical records and documentation	100% of records meet IHS, TJC, and CMS standards for timeliness, legibility, accuracy, content, and signature; zero technologists departing the facility with incomplete patient records or imaging documentation	100% documentation audit on random sampling basis; COR review of HIM department incomplete record reports; periodic inspection of imaging documentation	Written notice and corrective action plan for incomplete records; repeated deficiencies by the same technologist subject to removal and replacement under Section 5.2.4; billing shortfalls directly

Performance Task	Acceptable Quality Level (AQL)	Surveillance Method	Consequence of Non-Conformance
	outstanding; 100% on-time CO notification of any incomplete record deficiency; zero billing shortfalls attributable to incomplete Contractor technologist records not remediated within the timeframe established by NNMC HIM policy	compliance records; CO notification log review	attributable to Contractor incomplete records subject to deduction per FAR 52.212-4
Credentialing compliance	Uninterrupted credentialing per Section 7.0 for all Key Personnel throughout period of performance; no technologist listed on a coverage roster or performing services without full satisfaction of all pre-placement verification requirements; CO notified within 24 hours of any lapse, suspension, restriction, denial, or unfavorable adjudication affecting any Key Personnel member	COR credentialing file review; TJC audit readiness; coverage roster verification against pre-placement records	Any technologist performing services with a lapsed or non-compliant credential constitutes a material breach subject to immediate removal, deduction for all affected shifts, and termination for cause per FAR 52.212-4; cure notice for administrative non-compliance
Patient safety and infection control	Zero substantiated breaches of patient safety, infection control standards, or radiation safety procedures adversely affecting patient outcomes	Customer complaints; incident reports; COR investigation	Written notice; cure notice for recurring deficiencies; breach of contract and remedy per FAR 52.212-4 for substantiated breaches adversely affecting patient outcomes
Conduct and professionalism	100% adherence to IHS Federal Code of Conduct and applicable cultural standards	Customer input; COR observation; valid patient complaints	Written notification; escalating remedies up to removal of personnel and cure notice
Coverage Roster Submission	100% of coverage rosters submitted to CO no fewer than 60 calendar days prior to the first date of	100% inspection of roster submission dates and completeness;	Written notice for late or incomplete roster submission; cure notice for repeated failures;

Performance Task	Acceptable Quality Level (AQL)	Surveillance Method	Consequence of Non-Conformance
	each coverage period; fully populated with a named technologist per shift position; roster updates submitted no fewer than 15 calendar days prior to the affected shift with a confirmed replacement identified at time of notification	comparison of roster entries against shift schedule provided by the Government	termination for default per FAR 52.212-4 for sustained non-performance
Unplanned Vacancy Response	100% of unplanned vacancies reported to CO in writing within 4 hours of the Contractor becoming aware; confirmed replacement provided within 72 hours; zero shift positions left uncovered without timely notification and a confirmed replacement	100% inspection of vacancy notification logs and replacement confirmation records; reconciliation of coverage roster against shifts actually worked	No payment for uncovered shifts; cure notice for repeated failures; termination for default per FAR 52.212-4 for sustained non-performance
Staffing Fill Rate	Minimum fill rate of 95% of all scheduled shifts, measured monthly; monthly fill rate report submitted to CO; any month below 90% triggers formal corrective action notification	100% inspection of monthly fill rate reports; coverage roster reconciliation against shifts actually covered	Written notice for fill rate below 95%; formal corrective action notification for any month below 90%; cure notice for fill rate below 95% for two consecutive months; termination for default per FAR 52.212-4 for sustained non-performance
Staffing Methodology Document	Submitted within 30 calendar days of contract award; updated annually and upon COR request	COR document review	Written notice for late or non-compliant submission; cure notice for failure to submit within 45 calendar days of award
Transition Plan	Submitted within 15 calendar days of contract award; milestones achieved within approved timeline	COR milestone tracking	Written notice for late submission; cure notice for failure to achieve milestones; termination for default per FAR

Performance Task	Acceptable Quality Level (AQL)	Surveillance Method	Consequence of Non-Conformance
			52.212-4 for sustained failure to achieve full staffing coverage
Contingency Plan	Submitted within 30 calendar days of contract award; updated annually and within 10 calendar days of material change	COR document review; incident tracking	Written notice for late or non-compliant submission; no payment for coverage gaps directly attributable to inadequate contingency planning; cure notice for repeated failures
Quality Control Plan (QCP)	Submitted to CO within 15 calendar days of contract award; updated within 10 calendar days of any material change; QCP addresses all minimum content requirements identified in Section 7.5.4	100% inspection of QCP at submission and following each update; COR review for completeness against Section 7.5.4 minimum elements	Written notice for late or non-compliant submission; termination for default per FAR 52.212-4 for failure to submit a compliant QCP within 30 calendar days of award
Site Lead CV	Submitted at contract award and upon any proposed substitution; site lead meets Section 7.7 minimums on a pass/fail basis	COR credential verification	Proposed site lead rejected; Contractor shall submit qualified substitute prior to performance; cure notice for failure to propose a qualified substitute within 15 calendar days
Corporate Experience Summary	Submitted within 30 calendar days of contract award; updated annually	COR document review	Written notice for late or non-compliant submission; cure notice for failure to submit within 45 calendar days of award
Personnel Closeout and Departure Procedures	Zero technologists departing without completing all required closeout actions and obtaining all required program office sign-offs; 100% of closeout checklists submitted to CO within 2 business days of	100% inspection of closeout checklists against each departing technologist; COR verification of program office sign-offs; CO review of PIV card, badge, and	1. Incomplete closeout: written notice and corrective action plan. 2. Unreturned PIV cards, badges, or dosimetry equipment: immediate notification to CO, facility security office, and Radiation Safety

Performance Task	Acceptable Quality Level (AQL)	Surveillance Method	Consequence of Non-Conformance
	departure; 100% on-time CO notification of any unauthorized departure; zero PIV cards, badges, or dosimetry equipment unreturned at time of departure	dosimetry equipment surrender records	Officer. 3. Repeated failures: cure notice. 4. Costs attributable to incomplete closeout: deduction per FAR 52.212-4.

The Government shall conduct quality assurance in accordance with the Quality Assurance Surveillance Plan (QASP) attached to this contract at award.

SECTION 10.0 — LIST OF ATTACHMENTS

Attachment	Description
Attachment 1	Quality Assurance Surveillance Plan (QASP) — to be provided at contract award
Attachment 2	NNMC Medical Staff Bylaws and Rules & Regulations
Attachment 3	Written Competency Assessments (HIPAA/Patient Rights; EMTALA; Emergency Codes; Confidentiality; Navajo Culture Introduction; Verbal/Telephone Orders; Pain Management; Focus Charting)
Attachment 4	IHS Credentialing SOP for High-Risk Findings