Performance Work Statement (PWS)
for Nonpersonal Services

GENERAL AND CHILD & ADOLESCENT PSYCHIATRY

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Performance Work Statement (PWS)
for Nonpersonal Services

ADULT AND CHILD PSYCHIATRY

1.0 General: This performance work statement describes the requirements for **Non-Personal Services for a General and Child & Adolescent Psychiatrist** to support the mission of the Indian Health Service (IHS).

1.1 Background: IHS is an agency within the U.S. Department of Health and Human Services and is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. IHS is the principal federal health care provider and health advocate for the Indian people. The goal is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indians and Alaska Natives. IHS currently provides health services to approximately 1.5 million American Indians and Alaska Natives who belong to more than 557 federally recognized tribes in 34 states.

1.1.1 Navajo Area Indian Health Service (NAIHS) administers health centers and hospitals providing health care to approximately more than 200,000 members of the Navajo Nation. The Navajo Nation is the largest Indian tribe in the United States and has the largest reservation, which encompasses more than 25,516 square miles in northern Arizona, western New Mexico, and southern Utah, with three satellite communities in central New Mexico. NAIHS is the primary provider of inpatient hospitalization, primary care, preventive and community health, and environmental health services for members of the Navajo Nation.

1.2 Scope: The Contractor shall provide outpatient general and child & adolescent psychiatry services in accordance with Section 5.0, performance-based requirements.

1.2.1 Duties and responsibilities shall encompass outpatient general and child & adolescent psychiatry services to IHS patients.

1.2.2 **Place of Performance:** Services are to be performed at Four Corners Regional Health Center (FCRHC), a part of the Shiprock Service Unit. Contractor shall perform clinical duties in person and/or virtually for the FCRHC Mental Health Services Department in Red Mesa, Arizona. Webex is the virtual platform for telehealth.

1.2.3 **Period of Performance**: Part-time from May 1, 2026, through April 30, 2027.

1.3 Applicable Documents: Please see the web link unless document is listed as an attachment.

1.3.1 The Joint Commission
http://www.jointcommission.org/

1.3.2 Centers for Medicare and Medicaid Services (CMS) Standards
http://www.cms.gov/

1.3.3 Accreditation Association for Ambulatory Health Care (AAAHC)
http://www.aaahc.org

1.3.4 Section 231 of Public Law 101-647, the Crime Control Act of 1990
Crime Control Act of 1990 - Public Law 101-647 (bia.gov)

1.3.5 Section 408 of Public Law 101-630, the Indian Child and Family Violence Act.
https://uscode.house.gov/statutes/pl/101/630.pdf

1.3.6 Health Insurance Portability and Accountability Act (HIPAA) of 1996.
Health Insurance Portability and Accountability Act of 1996 | CMS

1.3.7 Privacy Act of 1974
Office of Privacy and Civil Liberties | Privacy Act of 1974 (justice.gov)

1.3.8 IHS Service Unit and Health Center Policies, Procedures and Protocols.
(See section 11.0 for a list of attachments and exhibits)

1.3.9 Computer Security Act of 1987
http://csrc.nist.gov/groups/SMA/ispab/documents/csa_87.txt

1.3.10 IHS Code of Conduct
Chapter 23 - Ethical And Professional Conduct Of Health Care Providers | Part 3 (ihs.gov)

1.3.11 IHS General Directives
The Indian Health Manual (IHM) | Indian Health Service (IHS)

1.3.12 IHS Computer Security Directives ISSA| Indian Health Service (IHS)

2.0 Definitions

2.1 Acceptance: Constitutes acknowledgement that the supplies or services conform to the 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 Approval: Acknowledgment by the designated Government official that submittals, deliverables, or administrative documents (e.g., insurance certificates, installation schedules, planned utility interruptions, etc.) conform to the contractual requirements. Government approval does not relieve the Contractor from responsibility for compliance with contract requirements.

2.3 Area: A defined geographical region for Indian Health Service administrative purposes. Each Area Office may administer several Service Units.

2.4 Code of Ethics: The Code of Ethics for Physicians approved by Indian Health Service Headquarters and the Code of Ethics for Physicians approved by the American Medical Association.

2.5 Contracting Officer (CO): A Government employee with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings.

2.6 Contractor: The individual awarded a legally binding contract to provide supplies and services.

2.7 Contracting Officer's Representative (COR) or Project Officer (PO): A federal employee who assists the ordering/issuing activity contracting officer in the administration of task orders issued under this contract. The COR is primarily responsible for the technical assistance and day-to-day program management of the ordering activity's task orders. Ordering activities may have different designators for this employee (i.e., GTR-Government Technical Representative, COTR-Contracting Officer's Technical Representative, or PO-Project Officer).

2.8 Cooperative Attitude: Behavior that is positive and displays a willingness to perform assigned patient care tasks and to be a team player.

2.9 Cultural Awareness: Realization and respect for American Indian and Alaska Native practices.

2.10 Customer: Patients, staff, and visitors of an IHS facility.

2.11 Customer Evaluation/Input: Written comments made to the Contracting Officer regarding the Contractor's performance. This is one of the criteria used to evaluate the Contractor's performance.

2.12 Dependability: Qualities of being trusted and being able to repeat the same task to yield the same result.

2.13 Federal Acquisition Regulation (FAR): The FAR is the primary regulation for use by all federal executive agencies in their acquisition of supplies and services with appropriated funds.

2.14 Government Vehicle: An IHS-owned motor vehicle or a vehicle leased by IHS through agreements with the General Services Administration (GSA) or through commercial rental agreements.

2.15 Mental Health Services Department: Outpatient mental health clinic located at the Four Corners Regional Health Center, with a full range of mental health services including psychiatry, general and child & adolescent mental health therapy, group counseling, and family counseling.

2.16 Nonpersonal Services: A contract under which the personnel rendering the service are not subject, either by the contract's terms or by the manner of its administration, to the supervision and control usually prevailing in relationships between the Government and its employees, as defined in FAR 37.

2.17 Ordering Activity: An authorized user of IHS that may issue a task order to obtain required services under this contract.

2.18 Ordering Activity Contracting Officer: A Government employee of IHS authorized and warranted to issue task orders and to make subsequent task order modification(s) under this contract. The Ordering Activity CO has the authority to make initial determinations on all matters of dispute regarding task orders.

2.19 Orientation: An activity designed to provide basic familiarization of the facility and transition the psychiatrist into the IHS Service Unit and/or Health Center where the services shall be provided.

2.20 Past Performance Information: Relevant information regarding a Contractor's actions under previously awarded contracts. This includes the Contractor's record of conformance to specifications and to standards of good workmanship; the Contractor's record of containing and forecasting costs on any previously performed cost reimbursable contracts; the Contractor's adherence to contract schedules, including the administrative aspects of performance; the Contractor's history for reasonable and cooperative behavior and commitment to customer satisfaction; and generally, the Contractor's business-like concern for the interest of the customer.

2.21 Patient Outcome: End result of outpatient services provided.

2.22 Performance-based Matrix: An analysis that assesses the Contractor's performance by task, indicator, standard, quality assurance, and incentives.

2.23 Personal Protective Equipment (PPE): The equipment used to protect medical personnel from exposure to biological, chemical, and radioactive hazards.

2.24 Service Unit: The local administrative unit of IHS.

2.25 Standards of Practice and Standards of Care: Authoritative statements by which the medical profession describes the responsibilities for which its practitioners are accountable. The standards provide direction for professional medical practice and a framework for the evaluation of practice. The standards of professional medical practice may pertain to general or specialty practice.

2.26 Tour of Duty: A tour of duty is the hours of a day (a daily tour of duty) and the days of an administrative workweek (a weekly tour of duty) that constitute an employee's regularly scheduled administrative workweek.

2.27 Valid Patient Complaint: Justifiable accusation made by a patient and supported by investigation.

2.28 Verifiable Emergency: An unexpected/unplanned absence by the Contractor requiring valid documentation to confirm the occurrence.

3.0 Government Furnished Information, Property and Services

3.1 Information: Government-unique information related to this requirement, which is necessary for Contractor performance, shall be made available to the Contractor. The Contracting Officer or designee shall be the point of contact for identification of any required information to be supplied by the Government.

3.2 Joint Use by the Government and the Contractor: Except for the property and services listed in Section 3.3 and Section 4, the Government shall provide, for joint use by the Government and the Contractor, all necessary equipment, supplies, and clinic space to perform the services under this contract when services are delivered in person. (4.1.4 provides details about telepsychiatry equipment.)

3.2.1 Government Vehicle: If required by the position, authorization shall be in accordance with IHS Chapter 12, Section 13 Motor Vehicle Management.

3.3 Contractor Exclusive Use:

3.3.1 Personal Protective Equipment (PPE). The Government shall furnish the Contractor with appropriate PPE other than specified in Section 4 of the contract. The Government shall be responsible for any repair, cleaning, and inventory required for the PPE. This does not include any type of uniform or laboratory coat.

3.3.2 The Government shall provide facility specific Contractor identification badges for each Contractor. A minimum fee of $10.00 shall be charged for lost or destroyed badges.

3.4 Training: Facility specific orientation/training necessary for the Contractor to perform the required duties, e.g., IHS information technology (IT) systems and operational procedures. Training shall be provided **ONLY** if the subject matter is necessary to improve or enhance the quality of psychiatry services or includes mandates made by the IHS Service Units/Health Centers while the psychiatrist is working under this contract. Training **shall not** be provided for the purpose of continuing education, career development, or individual development.

4.0 Contractor Furnished Property

4.1 Except for the property specified in Section 3 as government-furnished, the Contractor shall provide all uniforms and other personal medical instruments subject to the following:

4.1.1 Uniforms and Lab Coats: Uniforms and Lab Coats shall conform to the requirements of the Indian Health Service Manual, Part 3 Chapter 4 and meet the approval of the Clinical Director at each IHS facility.

4.1.2 Other personal medical instruments: "Other personal medical instruments" are defined as Contractor-owned items such as a stethoscope. The Contractor shall not use unsafe equipment or supplies at any time during performance of this contract. All Contractor-furnished equipment and supplies shall be subject to inspection by the Government and must be approved by the COR prior to use by the Contractor. The Government reserves the right to prohibit the use of any materials, supplies, or equipment.

4.1.3 Contract providers who prescribe narcotics in an outpatient setting are required to obtain an authentication token to prescribe narcotics through the Indian Health Service EHR. This authentication token must be obtained prior to onboarding at the assigned facility in the Shiprock Service Unit. Contractors may not bypass this requirement by writing outside prescriptions for patients. The IdenTrust certificate and hardware must be obtained from hidglobal.com.

4.1.4 For telepsychiatry services, the Contractor shall be responsible for providing their own remote workstation, computer, and internet services. The Government shall provide the Contractor with remote access to the FCRHC EHR through a VPN account. The Government shall provide patients a secure, private location in the FCRHC Mental Health Services Department to receive telepsychiatry services.

5.0 Performance-Based Requirements. The Contractor shall provide outpatient general and child & adolescent psychiatry services.

5.1 General and Child & Adolescent Psychiatrist Duties:

5.1.1 The Contractor shall perform outpatient psychiatry duties and manage patient needs identified by the Service Unit and as directed by the Mental Health Director.

5.1.2 The Contractor shall perform services in accordance with the competency standards listed in the Shiprock Service Unit Medical Staff Bylaws.

5.1.3 Specific tasks include the following:

1. The Contractor shall provide psychiatric assessments, prescribe psychotropic medications, and provide psychiatric treatment for psychiatric patients.
2. The Contractor shall provide consultation and education for clinical medical and mental health staff regarding assessment and treatment of specific patients and overall mental health issues, as appropriate.
3. The Contractor shall provide services in such a manner as to meet the highest standards of professional ethics and conduct, particularly regarding confidentiality and patient rights.
4. The Contractor shall record patient contacts in the FCRHC medical record following established IHS policies for documentation. The documentation shall be recorded via the comprehensive Electronic Health Record (EHR) using a Mental Health template.
5. The Contractor shall have no weekend, holiday, overtime, or on-call responsibilities.
6. The Contractor will be reachable by phone weekdays to discuss urgent patient issues that arise.
7. The Contractor shall meet all requirements for clinical staff privileges in the Shiprock Service Unit, subject to clinical staff Bylaws and review by the SRSU Credentials Committee.
8. The Contractor should be able to show sensitivity to cross cultural and language differences and be able to work through interpreters as necessary for non-English speaking patients.
9. The Contractor shall adhere to FCRHC and IHS information technology system security policies and procedures.
10. The Contactor shall be subject to technical direction and/or guidance by the designated Government official.

11. The Contractor's provision of psychiatric care shall be monitored by the FCRHC's quality assurance committee.

Contractor Responsibilities:

1. The Contractor shall clearly and accurately complete a timesheet including:
    a. The performance period worked (e.g., July 2026, January 2027).
    b. The date shall match the day of the week.
    c. The hours worked each day, not including a lunch break. If lunch is not taken, justification must be stated by the Mental Health Director on the timesheet.
    d. Total hours in hourly and/or quarter-hour increments in accordance with the purchase order.
    e. Obtain all signatures required by the Contractor and the Mental Health Director.
2. The Contractor is responsible for completing their timesheet and delivering it to the Mental Health Director (or designee) who will review the hours worked and sign the timesheet to verify accuracy of hours worked and charges at the end of each month. The Contractor will enter the signed timesheet in the IPP system where the COR will approve it and payment will then be processed.
3. All state, federal, and local taxes are to be included in the hourly rate.
4. Fingerprinting of Contractors will be cleared and done prior to coming on board at FCRHC. We DO NOT accept fingerprints conducted by the Veterans Administration.
5. Only SRSU Acquisitions personnel are authorized to make financial commitments on behalf of the Federal government.
6. The Contractor shall no longer be needed if the vacant position they are occupying is filled with a permanent employee. The Contractor is here on an "as needed" basis.
7. The Contractor must abide by Standard Precautions. FCRHC provides safety supplies for employees to use to protect themselves.
8. Mandatory requirements are completed the first day prior to working.
9. The identification tag provided by SRSU will be worn at eye level during work hours.
10. The Contractor shall abide by all government regulations, policies, and procedures. Failure to follow any of these requirements could result in termination.
11. The Contractor shall have internet access in order to use the Electronic Health Record. All patient documentation will be completed prior to the end of the Contractor's shift.
12. Delinquent charts will be completed prior to the Contractor's completion of their contract at FCRHC. If the delinquent chart is not completed, the Contractor shall return to FCRHC to complete any outstanding delinquent charts.
13. Falsification of hours, any negative work performance, and/or personal issues brought into the work site will not be tolerated while employed at FCRHC. This practice could result in immediate termination of the Contractor.
14. Complaints pertaining to the Contractor shall be submitted through the Acquisition Office for corrective actions and quality control purposes.

CLINICAL PRIVILEGES:

The Contractor must be credentialed and have clinical privileges granted by the Shiprock Service Unit Credentials Committee, Medical Executive Committee, and Governing Board. The Contractor must provide the following forms to SRSU's credentialing specialist upon award of this contract.

1) Completed Application for IHS Medical Staff Appointment
2) Privileges Request Form
3) Completed NPDB Query Form
4) Medicare/Medicaid Acknowledgement Form
5) Medical Staff Bylaws, Rules & Regulations Acknowledgement Form
6) All Hazards Plan Acknowledgement Form
7) Copies of ALL active state licenses (license must indicate an expiration date)
8) Copy of DEA Registration License / Controlled Substance
9) Copies of ALL Board Certifications
10) Copy of Medical School Degree
11) Copy of Residency Certificate(s)
12) Copy of NPI and UPIN Notification Letter
13) Copies of ECFMG (Educational Commission for Foreign Medical Graduates), if applicable
14) Copies of applicable BLS, ACLS, ATLS, PALS NRP (As indicated in Rules & Regulations)
15) Copies of CME (Continuing Medical Education) for past 2 years
16) Copy(s) of malpractice insurance
17) Current Photo (Driver's License or Passport)
18) Curriculum Vitae

5.2 Work Schedule:

5.2.1 The Contractor shall perform duties at least four days a month at the FCRHC Mental Health Services Department. The clinic hours are 8-4:30PM, Monday through Friday except Wednesdays when they are 12:30-4:30PM. The clinic is closed for federal holidays.

5.2.1.A The Contractor will have additional hours available during the year, approved in advance by the Mental Health Director, to complete mandatory trainings and provide urgent psychiatry services as needed to existing patients.

5.2.2 The Contractor shall notify the Mental Health Director of any leave the Contractor plans to take at least 30 days prior to the days off. Verifiable emergencies are an exception.

5.2.3 The Contractor shall provide written documentation from a qualified health care provider for absences due to illness stating that the Contractor is able to safely return to work.
The Government reserves the right to examine and or re-examine the contract if the Contractor has multiple absences due to illness.

5.3 Conduct: The Contractor shall meet standards as listed in the IHS Code of Conduct.

5.4 Performance Evaluation:

5.4.1 The Contractor's performance shall be evaluated in accordance with the standards set forth in the contract and Performance-based Matrix of section 8.0.

5.4.2 Substantiated reports by a patient that deal with patient safety, infection control, or other procedure that adversely affect patient outcomes constitute a breach of contract.

5.5 Identification of Contractor:

5.5.1 The Contractor shall wear a government-issued Contractor identification badge during performance of duty on site.

5.6 Management of Medical Information: The Contractor shall manage all patient information in accordance with HIPAA standards, Privacy Act, and IHS Service Unit and/or Health Center specific policies and protocols.

5.6.1 Medical Records and Other Required Documentation: 100% percent of all medical records and other required documentation must meet established IHS, Joint Commission, and CMS standards to include, but not limited to, timeliness, legibility, accuracy, content, date, time, signature and designated profession. (Note: Payment shall be withheld for inaccurate or incomplete medical records per Section 8.0 of this performance work statement.)

5.6.2 The Contractor shall ensure adherence to Department of Health & Human Services IT system security policies and procedures. The IT policies and procedures shall be made available to the Contractor.

5.6.3 The Contractor shall immediately report to the Contracting Officer Representative any information or circumstances that may violate any statute, policy, or procedure.

5.7 IHS Information Technology Systems:

5.7.1 In performance of this contract, the Contractor shall adapt to and successfully utilize IHS information technology systems that are deemed by the Mental Health Director as necessary for acceptable Contractor performance.

5.7.2 The Contractor shall ensure that IHS information technology system security policies and procedures are adhered to. The IT policies and procedures shall be made available to the Contractor at each IHS facility.

6.0 Contractor Qualification Requirements:

6.1 Experience.

6.1.1 Doctor of Medicine or Doctor of Osteopathy degree.

6.1.2 The Contractor shall have board certification by the American Board of Psychiatry and Neurology in both General and Child & Adolescent psychiatry.

6.1.3. The contractor shall have experience providing telepsychiatry services.

6.2 License/Registration. The Contractor must have a permanent, full, and unrestricted license to practice medicine in a State, District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States. The selected individual is required to obtain and maintain medical staff clinical privileges, including any licensure requirements, throughout the term of this contract. The Contractor is required to have a federal DEA number.

6.3 Citizenship. The Contractor is required to maintain U.S. citizenship.

6.4 Health Requirements/Conditions of Employment:

6.4.1 Immunization. The Contractor shall provide the following documentation:

- Immunity to Rubella, Mumps, Measles
- Immunity to Hepatitis B series or a signed declination of the Hepatitis B vaccination
- History of chicken pox (varicella) disease or positive titer
- Tetanus Diphtheria (Td) within the last 5 years
- Documentation of receiving a TB Mantoux skin test (PPD) within the past 12 months with documentation of follow-up for a positive test
- Current flu vaccination

6.5 Language Requirements and Cultural Awareness. The Contractor shall read, understand, speak, and write English to effectively communicate with patients and other health care workers and shall be respectful of the American Indian and Alaska Native culture.

6.6 Information Technology Skills. The Contractor shall possess basic knowledge, skills, and abilities to use a computer.

6.7 Orientation. All Contractors providing service under this contract shall attend mandatory orientations and training specified by the government.

6.8 Background Checks: As directed by the Contracting Officer, the Contractor shall provide all requested information necessary to perform Level I and Level II background checks. The Contractor shall comply with the requirement to obtain security investigations. Working with IHS staff, the Contractor shall ensure that the pre-employment screening processes, questionnaires, and forms are completed. All completed forms shall be reviewed by the Contractor and forwarded to the Mental Health Director. The Contractor shall be

immediately removed from the position if at any time the investigation receives unfavorable adjudication or if other unfavorable information that would affect the investigation becomes known.

6.9 To meet the credentialing standards within IHS, all Contractors presented for services must meet the following

1. Have a full and unrestricted license in all states in which licenses are held.
2. Have NEVER been the subject of adverse Medical Staff Action (censure, revocation of privileges).
3. Have no criminal arrests or convictions.
4. Have never been censured by a medical board for opioid use or misuse or sexual misconduct.
5. Have never been terminated early from a Locums Assignment due to behavior or quality of care concerns.

7.0 Challenges to Conflicts: For any inconsistency between Mental Health Director directions, this Performance Work Statement, and attachments and exhibits, the following order of precedence shall apply:

(a) First Priority: Mental Health Director's directions
(b) Second Priority: Performance Work Statement

8.0 Performance – Based Matrix

Performance-based Task	Indicator	Standard	Quality Assurance	Incentives
State the end results or outputs that you, the customer shall formally accept or reject.	For the requirement, state the feature(s) of end result that shall be surveilled.	For each "indicator," state a performance level that, when met, means the task has been performed satisfactorily. This Standard describes "What Success Looks Like."	For each "Standard", state the method used to check performance (i.e. random sampling, 100% inspection, periodic inspection, customer complaints).	List Positive and Negative Incentives. Address method of linking payment to quality of service.
Contractor shall provide outpatient General and Child & Adolescent psychiatry to patients served by the Navajo Area Indian Health Service.	Competency	Perform 100% required tasks at 100% of the required competencies (refer to 11.0)	See QASP. Surveillance systems shall include periodic inspections and customer complaints.	Payment of contract price for satisfactory service. No payment for incomplete work. Contractor performance shall be evaluated using the Contractor's Performance Assessment Report (CPAR). The evaluation shall be considered when future IHS contract selections are made.
	Compliance	100% compliance with IHS Service Units and/or Health Centers published Policies; Procedures; Standards of Care; and hospital and Laboratory Protocols.		
	Patient Outcomes	No reports of breached patient safety, infection control, and other procedures that might adversely affect patient outcome.		
	Professionalism	Performance characterized by continual cultural awareness and focus on customer service. 100 % adherence to the Code of Ethics and Federal Code of Conduct.		
	Credentialing	Uninterrupted credentialing as defined in 6.0 to 6.9 for period of contract.		
	Documentation	100% of all medical records and other required documentation meet established IHS Medical Facility, Joint Commission, and CMS standards to include, but are not limited to, timeliness, legibility, accuracy, content, date, time, signature and designated profession.		
	Service Quality	Satisfaction with quality of service is evidenced by valid customer inputs.		