

CONTENTS

CHAPTER 5. CONTRACTS PROGRAM OPERATIONS

PARAGRAPH	PAGE
5.01 Solicitation and Award of Contracts	5-1
5.02 Eligibility, Referral and Authorization for Counseling Services	5-5
5.03 Contract Monitoring and Oversight Management	5-7

CHAPTER 5. CONTRACTS PROGRAM OPERATIONS

5.01 SOLICITATION AND AWARD OF CONTRACTS

a. Authority. Title 38 U.S.C. 1712A, authorizes VA (Department of Veterans Affairs) to furnish, by contract with approved private-sector providers, readjustment counseling to eligible veterans where VA cannot provide such services. Contract program operations are the responsibility of a coordinated effort by Vet Center staff and VA medical center officials, including:

- (1) Vet Center Team Leader,
- (2) Assistant Regional Manager for Contract Services,
- (3) Chief of A&MM (Acquisition and Materiel Management) Service or designee,
- (4) VA medical center mental health professionals, and
- (5) VA medical center Director.

b. Determination of Need

The determination of need for a readjustment counseling contract is made by RCS (Readjustment Counseling Service) staff in coordination with mental health staff at each VA medical center having contract authority. The main factors for consideration are the demographic distribution and level of need of eligible veterans in a particular area and the lack of geographical availability of readjustment counseling at existing VA facilities.

(1) Regarding the local determination of geographic service areas for this program, contracting officers are advised against issuing solicitations for an overly wide geographic area, since a contract might be awarded to a service provider far removed from a population center, resulting in undue inconvenience to veteran clients.

(2) The RCS Regional Manager or designee must approve solicitation for a contract in areas proximal to those served by existing Vet Centers. Factors affecting this action include veteran population and Vet Center workload.

c. Solicitation of Proposals

(1) The Contracting Officer has full responsibility for soliciting and receiving offers resulting from the RFP (Request for Proposals). In coordination with RCS staff and VA mental health professionals, the Contracting Officer should widely publicize the procurement action to prospective and appropriate service providers. The following sources are considered to be effective contacts in the process:

- (a) Commerce Business Daily,
- (b) VA information service officers,

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

- (c) Veterans' service organizations,
- (d) Civic groups,
- (e) Public media,

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

- (f) Chamber of Commerce,
- (g) Community mental health centers,
- (h) State mental health facilities,
- (i) Mental health professional associations, or
- (j) Any other individuals or organizations deemed appropriate.

(2) At those VA medical centers which administratively support Vet Centers, the Vet Center Team Leader or designee should assist the Contracting Officer in widely publicizing the procurement action. Close collaboration between the Contracting Officer and the RCS staff will facilitate this publicizing process.

(3) Vet Center personnel, however, should participate only in publicizing and must not act as consultants to potential contractors. To ensure the integrity of the contracting process, all questions regarding technical contract issues should be referred by Vet Center personnel to the Contracting Officer.

d. Designation of COTR (Contracting Officer's Technical Representative) and alternate COTR. In most cases, the Vet Center Team Leader, an individual intimately familiar with readjustment counseling, should be appointed COTR by the Contracting Officer. The Contracting Officer will appoint the COTR and will coordinate closely with the RCS Regional Manager in effecting this appointment. At VA medical centers which do not support Vet Centers but do have RCS contract responsibilities, the RCS Regional Manager or designee should provide assistance/consultation in selecting a COTR at the VA medical center and an alternate COTR, when geographically feasible, from the nearest Vet Center or from the VA medical center when that is the most practical.

(1) The duties of the COTR in the monitoring of this program are as follows:

(a) Monitoring the contractor's performance to assure compliance with technical requirements of the contract.

(b) Reviewing and approving clinical records, technical reports, appropriateness of billing and payment procedures, and eligibility and authorization for service, which require government approval.

(c) Notifying the Contracting Officer immediately if performance is not proceeding satisfactorily.

(d) Ensuring that changes in work under the contract are not initiated before written authorization or a contract modification is issued by the Contracting Officer.

(e) Providing the Contracting Officer a written request and justification for contract changes.

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

(f) Furnishing interpretations relative to the meaning of technical specifications and technical advice relative to the approval of sub-contracts by the Contracting Officer.

(g) Visiting the contractor's facilities to check performance, as required, or authorized by the contract's inspection clause. In accordance with RCS quality

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

assurance guidelines, contract providers are visited by the COTR on an annual basis for full administrative and clinical review. This may include, but is not limited to, evaluation and verification of the following:

1. Actual performance versus scheduled and reported performance regarding the number and type of visits provided and the amount billed.

2. Changes in technical performance which may affect financial status, personnel assigned to the contract, over extension of resources, etc.

3. The number of employees charged to the contract are actually performing work under the contract.

(h) Advising the Contracting Officer at the completion of the contract, in writing, of the following:

1. Acceptance. All articles and services required to be furnished and/or performed under the contract have been technically accepted.

2. Compliance. Contractor is in compliance with patent rights and royalty clauses of the contract.

3. Disposition. The recommended disposition of any government owned or furnished property in possession of the contractor is stated.

4. Use. Verification of proper consumption and the use of government furnished supplies/property by the contractor is stated.

(2) Contractors are advised that only Contracting Officers, acting within the scope of the contract and their duties and responsibilities, and, after advice and consultation from the COTR, have the authority to make changes which affect:

(a) Contract prices,

(b) Quality,

(c) Quantities, or

(d) Delivery terms and conditions.

e. Technical Evaluation Board. The procedures for establishing Technical Evaluation Boards to be used in selecting RCS contract providers at those VA medical centers having readjustment counseling contract authority are as follows:

(1) It will be the responsibility of the VA medical center Director, with the technical guidance of the Contracting Officer, to establish the Technical Evaluation Board which will conduct technical reviews, rank proposals, and make recommendations to the Contracting Officer.

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

(2) The Contracting Officer will conduct price evaluations, determine final ranking of proposals, and make contract awards.

(3) The COTR shall be appointed Chairman of the Technical Evaluation Board.

(4) Among the other staff who should be included as members of the Technical

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

Evaluation Board are:

- (a) The Team Leader/COTR of the Vet Center.
 - (b) One counselor from the Vet Center.
 - (c) The Chief of Psychology, Social Work and/or Psychiatry Service, and/or professional staff designated by them.
 - (d) Appropriate additional officials from Vocational Rehabilitation or other VA services as deemed useful and appropriate by the Contracting Officer.
 - (e) The Contracting Officer should not be a member of the Committee.
 - (f) In cases where a VA medical center does not provide administrative support to a Vet Center, the Team Leader and a counselor from the nearest Vet Center within the region should be members of the Technical Evaluation Board.
- (4) The Technical Evaluation Board should not contain more than five members.
- (5) The RCS Regional Manager, or designee, will be available to the Technical Evaluation Board for consultation by telephone. However, unless the Regional Manager or designee is an actual member of the Committee, such assistance will be limited to overall program guidance.
- (6) Travel expenses for Board participation by Vet Center staff will be paid out of the RCS budget.
- (7) The Technical Evaluation Board should rate and rank each proposal in accordance with procedures as set forth in the Technical Evaluation Criteria which incorporates RCS policies. The Contracting Officer shall instruct the Board regarding responsibilities, duties, and obligations. Guidance in the contract review process may be provided by telephone by the RCS Regional Manager or designee.
- (8) In all competitive negotiations, discussions with offerors are expected before award of contract and are required by the FAR (Federal Acquisition Regulations).

f. Award of Contract

- (1) Upon determination by the Contracting Officer that a contract should be awarded, a site visit, before the contract is awarded, to the accepted contractor is strongly recommended.
- (a) This site visit should be conducted by a team including representatives from Readjustment Counseling Service, and/or the COTR, A&MM Service, MAS (Medical Administration Service), and another VA mental health professional.

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

(b) The purpose of the site visit is to determine whether the contractor has the capacity and capability to perform the contract, with particular reference to the evaluation criteria in the RFP.

(2) When a VA facility awards a readjustment counseling contract to a private service provider, the Contracting Officer at the facility shall send a delegation of authority to the appropriate COTR.

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

(3) COTRs remain responsible for advising Contracting Officers regarding the continuing need for contract services with particular attention to contract renewals, nonrenewals, and expirations.

(4) The Contracting Officer should also participate in the acquisition planning process by issuing a memorandum informing the COTRs of the need to advise A&MM Service of their requirements well in advance to allow sufficient time for the required procedures.

(5) COTRs shall give Contracting Officers 75 days advance notice for contract renewals, and 160 days advance notice for contracts that are expiring or for a new acquisition in lieu of exercising the renewal option.

(6) FAR subparagraph 15.1001 requires an offeror to be notified as soon as it is determined that the offer is not acceptable. This action may occur prior to award of the contract.

(7) Offerors whose proposals were not accepted may request, through the Contracting Officer, a debriefing. After review of the offeror's request for debriefing the Contracting Officer will notify the COTR and determine any additional members of the Technical Evaluation Board required to attend the debriefing.

g. Orientation

(1) A post-award orientation must be given to all new service providers. The orientation team should include the:

(a) Contracting Officer,

(b) Team Leader/COTR and/or alternate COTR,

(c) At least one RCS staff member if COTR or alternate are not RCS staff members,

(d) A representative from MAS, and

(e) Any VA mental health professionals who may be making referrals under this contract.

(2) All contract related administrative and clinical responsibilities and duties should be reviewed in the orientation.

(3) The orientation should take place prior to the referral of veterans to the new contract provider.

5.02 ELIGIBILITY, REFERRAL, AND AUTHORIZATION FOR COUNSELING SERVICES

a. Determination of Eligibility

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

(1) By law all veterans of the Vietnam era; veterans of the conflicts in Lebanon, Grenada, and Panama; and veterans of the Persian Gulf war are eligible for readjustment counseling through the contracts program. Provision of readjustment counseling requires determination and verification of the veterans's location and dates of service.

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

(a) A veteran of the Vietnam era is anyone who served on active military duty during the period August 5, 1964, through May 7, 1975.

(b) A veteran of the conflict in Lebanon is anyone who served on active military duty in the conflict zone between August 25, 1982, and February 26, 1984.

(c) A veteran of the conflict in Grenada is anyone who served on active military duty in the conflict zone between October 23, 1983, and November 21, 1983.

(d) A veteran of the conflict in Panama is anyone who served on active military duty in the conflict zone between December 20, 1989, and January 31, 1990.

(e) A veteran of the Persian Gulf war is anyone who served on active military duty in the Persian Gulf war zone from August 2, 1991 until a date to be determined by Presidential proclamation.

(2) Eligible veterans must also have been discharged under honorable conditions or with a character of service for which basic eligibility to receive VA benefits has been established through adjudicative decision by VA (e.g., in the case of veterans possessing Undesirable Discharges, Bad Conduct Discharges, or General Discharges Under Other than Honorable Conditions).

(3) Veterans possessing a Dishonorable Discharge are not eligible for services provided under this program.

(4) Eligibility should be verified through submission of information sufficient to identify the veteran to MAS for verification of basic eligibility to receive VA benefits. MAS will notify the VA referrer, in a timely manner, regarding such eligibility in order to expedite referrals for counseling services under this program.

(5) In those situations where eligibility cannot be verified prior to authorization, the VA employee making the referral may authorize referral to a contract provider on the basis of presumptive eligibility, if it is clinically determined that an emergency exists requiring provision of immediate readjustment counseling services. In such cases, the VA referrer will inform the veteran that if eligibility is not substantiated, the veteran will be billed for all counseling services received.

b. Referrals to readjustment counseling contract providers may be made by:

(1) Qualified Vet Center staff.

(2) VHA (Veterans Health Administration) qualified mental health professionals (psychiatrist, psychologist, social worker, or a psychiatric nurse clinical specialist) at VA health care facilities. All referrals made by VHA mental health professionals who are not Vet Center staff, should be closely

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

coordinated with the Vet Center Team Leader/COTR as the latter will assume responsibility for monitoring the case once the referral is made.

c. Contract readjustment counseling includes the same mix of social and psychological services as provided at Vet Centers with the exception of community outreach. The

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

purpose of the contracts program, as intended by Congress and implemented by VA, is for the provision of readjustment counseling and not for general mental health services. Contract readjustment counseling may include social services and/or psychotherapy, but the services provided must address readjustment difficulties deriving from military duties and/or homecoming experiences. The provision of services for problems not having a clear and distinct relationship to military duty and readjustment to civilian life from military duty, is not authorized.

d. Specifically, the difficulties which comprise war-related readjustment difficulties referable to a contract provider are the following:

(1) Psychosocial problems related to exposure to war-zone trauma, including PTSD.

(2) Psychosocial problems related to other stressful experiences of military duty in a war-zone.

(3) Psychosocial problems related to post-war adjustment to civilian family and work roles.

(4) Psychosocial problems related to type of military discharge.

(5) Psychosocial problems related to substance abuse clinically associated with military duty or post-military readjustment.

(6) Psychosocial problems related to post-war homecoming experiences.

(7) Psychosocial concern over possible exposure to chemical and/or biological agents in the war-zone.

(8) Generalized alienation from society related to interruptions in the normal post-war readjustment process.

e. Prior to making a referral, the veteran must be interviewed by the VA referrer.

(1) Although this may be either in person or by telephone, the referrer is responsible for ensuring that eligibility definitions and clinical assessment requirements are met. The clinical evidence should establish that the veteran's problems are clearly related to the military experience, be reflected in the reason for referral, and be documented in the veteran's record.

(2) Self-referrals and referrals of veterans who were or are in the private contract provider's caseload cannot be authorized, unless the assessment described above is carried out. In no event may VA be billed or required to pay for services delivered prior to the authorization for care.

f. After eligibility has been verified and the need for readjustment counseling clinically established, the Vet Center Team Leader/COTR or other VA referrer will complete and sign VA Form 10-5565B, Viet Nam Veterans Outreach

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

Program Contract Service Authorization, which officially effects a referral to a contract service provider. The completion and disposition of VA Form 10-5565B is to be implemented according to the instructions on the form.

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

5.03 CONTRACT MONITORING AND OVERSIGHT MANAGEMENT

a. Quality control and administrative oversight of the contracts program is the primary responsibility of RCS at all three organizational levels; Vet Center, regional and VA Central Office.

(1) Vet Center Team Leaders (or VA medical center staff so designated at locations without a Vet Center), functioning as the COTR, provide local oversight of basic processes of contract operations as:

- (a) Compliance with technical requirements and billing procedures,
- (b) Eligibility and authorization for services, and
- (c) Budget allocations.

(2) Each RCS regional staff has an Assistant Regional Manager for Contract Services who provides clinical quality assurance and administrative oversight for the Regional Manager through regularly scheduled site visits to Vet Centers operating contracts programs.

(3) Responsibilities for overall contracts program management, system-wide, reside with the Associate Director, RCS, in VA Central Office.

b. Management of contracts program operations requires a closely coordinated effort between RCS officials and other VA officials at supporting medical centers as:

- (1) VA medical center Directors;
- (2) Chiefs, Fiscal Service,
- (3) Chiefs, MAS
- (4) Chiefs, A&MM, and

(5) VA medical center mental health professionals (qualified staff from Psychiatry, Psychology, Nursing and/or Social Work Services).

c. Referrals and ongoing assessment of counseling cases should be managed so as to ensure the availability of services to the largest number of eligible veterans within the limits of available resources. Brief therapy should be provided whenever clinically feasible to facilitate serving the largest number of eligible veterans. Therefore, contract program monitoring must pay particular attention to the number of referrals and the type and frequency of services authorized.

(1) Theater veterans exposed to war-zone stress will be considered the highest priority recipients for contract readjustment counseling.

(2) Group counseling will be encouraged whenever clinically or logistically feasible as this method is both clinically indicated and cost effective for

April 21, 1992

M-12, Part II
Chapter 5

veterans with readjustment difficulties. The composition of such groups should include at least 50 percent eligible war-zone veterans for a contract provider to be reimbursed. Exceptions to this may be granted by the VA referrer when clinically indicated.

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

(3) Due to demographic considerations, some contracts may have been awarded to providers relatively close to existing Vet Centers. Before making a referral to a contract provider, the VA referrer must evaluate the closest VA Vet Center and/or other medical facility as a possible referral source to further ensure that contracts program resources are utilized only for those veterans who have no alternate access to care.

(4) Under normal circumstances, the Vet Center Team Leader/COTR will authorize one visit per week, or less if clinically appropriate.

(a) While up to one visit per week is permitted, local officials are under no obligation to authorize that frequency.

(b) Frequency of visits of less than one time per week, e.g., one per 2 weeks or one per month, may be clinically appropriate in a substantial number of cases. It is the responsibility of VA referrers and oversight officials to ensure that such a frequency is obtained when indicated.

(c) Visits of twice per week may be permitted in clinically exceptional cases when authorized by the Vet Center Team Leader/COTR or other VA referrer.

(d) There is no obligation under any contract for VA to provide any specific number of referrals to any contract provider. The solicitation shall address this issue in detail.

(5) As specified in M-12, part II, chapter 5, subparagraph 5.01 d (1) (g), it is the responsibility of the Vet Center Team Leader/COTR to conduct site visits on an annual basis to the facilities of all contract providers under the Vet Center's administration for full review of compliance with technical requirements of the contract.

(a) The Vet Center Team Leader /COTR maintains responsibility for assuring that the type and quality of services being provided by contract providers are in accordance with the terms of the overall contract agreement and with the authorization details specific for each case.

(b) The Vet Center Team Leader/COTR will also provide ongoing clarification and education to contract providers regarding the nature of post-war readjustment, readjustment counseling and the technical requirements of the contract agreement.

(6) A technical requirement of the contract agreement which requires special mention is contractor commercial advertising. Contract providers are strictly prohibited from the use of commercial advertising of their readjustment counseling services under this contract in such a way as to imply that VA is endorsing or promoting the services. The solicitation shall address this issue in detail.

d. Management of Authorizations

(1) All initial referrals to a contract provider will be for up to three visits for clinical assessment and brief counseling. The VA referrer will

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

specify on VA Form 10-5565B, one, two, or three visits and the type of counseling to be provided (individual, group, etc.).

(a) If additional visits are required upon completion of the three initial visits, the VA

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

referrer will obtain from the contract provider a counseling plan documenting the need for continuing readjustment counseling.

(b) After reviewing the plan, the referrer may authorize the veteran for up to a block of 15 additional visits.

(c) In similar fashion, subsequent re-authorizations are established for a finite period (up to 15 visits) and case counseling plans are subject to evaluation prior to further authorization.

(d) Effective management of case progress and available funding requires that VA referrers specify on the VA Form 10-5565B a time period within which a block of authorized visits must be delivered. For example, a veteran may be authorized a block of 15 weekly sessions to be used within a two quarter period. If the veteran does not use all 15 sessions during the specified time, he may be reviewed and re-authorized for additional visits at the beginning of the next quarter.

(2) Significant others (that is, members of the veteran's immediate family, legal guardian, or individual with whom the veteran lives or certifies an intention to live) may be seen conjointly with a veteran in couple or family counseling by a contract service provider.

(a) This will be limited to counseling for problems which have a distinct relationship to the veteran's readjustment from military duty.

(b) For couple or family counseling, billing and reimbursement will be at the established per session rate as specified in the contract.

(c) Significant others may be seen without the veteran present only when clinically required as an integral part of couple or family counseling. Such visits by significant others without the veteran present, however, are limited to one visit per ten couple or family sessions. Exceptions may be granted to the limitation on significant other visits only when clinically approved by the VA referrer.

(3) As stipulated in the contract document for this program, there is a provision which limits eligibility for readjustment counseling through a contract provider to 1 year from the time of the veteran's first visit.

(a) This provision is based upon existing knowledge regarding the etiology and longitudinal course of war-related readjustment difficulties to include PTSD and upon program experience which indicates that most veterans referred complete services within 1 year.

(b) This provision should not be implemented in an arbitrary manner nor should it be applied in isolation from other indicators for clinical case progress.

(c) In most cases authorization beyond 1 year should be short-term extensions designed to facilitate completing services or appropriate referral.

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

(d) If longer term extension of authorization is necessary, the following procedures will be followed:

1. The Vet Center Team Leader /COTR will interview the veteran (in person or by

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

telephone) to conduct an updated comprehensive psychosocial assessment to ensure continuing clinical need for readjustment counseling.

2. If there is clinical indication for continuing readjustment counseling beyond 1 year, the Vet Center Team Leader/COTR must consult with the Assistant Regional Manager for Contract Services prior to authorizing continuing visits. All requests for readjustment counseling beyond 1 year, for more than brief transitioning purposes, must be reviewed and approved by the RCS regional manager or designee and documented in the veteran's clinical record.

e. Billing Procedures. The VA facility maintaining a contract shall coordinate with the COTR(s) in the following procedures to ensure timely and accurate obligation/de-obligation of funds and contractor billing procedures:

(1) A standardized fund control point has been established for all funds for this program. MAS, in coordination with the COTR, will obligate funds from this special fund control point. The number of veterans and the scope or extent of their care will be necessarily limited by the amount of funds allocated for the RCS contract program. MAS, in coordination with the COTR, and the Contracting Officer will establish procedures to ensure the fiscal integrity of the RCS Contracts Program.

(2) Contract providers will forward invoices regarding veteran clients through the COTR(s) to MAS of the contracting facility at the end of each month. The invoice will include the information prescribed in the contract. MAS personnel will match the names of the invoice against the individual authorizations, the services and number of visits authorized, and the fee charged against the established contract fees. After verification and possible adjustments, MAS will certify the invoice for payment and forward the invoice to Fiscal Service for further processing. Also, MAS shall report quarterly to the Contracting Officer the amount expended against each contract.

(a) Reimbursement will only be for in-person counseling sessions. Reimbursement is not authorized, for example, for telephone calls with the veteran or significant others, or for consultation between the contract counselor and other individuals.

(b) Reimbursement for veteran's travel in connection with contract readjustment counseling is not authorized.

(c) A visit, for reimbursement purposes, will last a minimum of 45 minutes and will be deemed a single visit regardless of length beyond 45 minutes. A group counseling visit, for reimbursement purposes, will be 90 minutes in length. Participation in group counseling session constitutes one visit, regardless of length beyond 90 minutes.

f. Contract Renewal Option. RCS, in collaboration with VA medical center mental health and management officials, shall maintain responsibility for ongoing assessment and determination of the need for readjustment counseling contracts programs.

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

(1) RCS contracts shall be awarded for an initial 12-month period, with an option for two additional 1-year renewals.

(2) The procedures specified in M-12, part II, chapter 5, subparagraph 5.01 f (3) are to be followed regarding notification of the Contracting Officer of continuing and ongoing

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992

requirements for contract services. Particular attention should be paid to renewing a contract or initiating a new acquisition in lieu of exercising the renewal option.

(3) In renewing existing contacts, Contracting Officers will request a current list of those employees working for the contractor under the contract. This listing will be compared with the existing contract. Any changes in personnel or employees proposed by the contractor will be brought to the attention of the Vet Center Team Leader/COTR. The Team Leader/COTR will review the information on the new personnel to ensure that the level and quality of service is consistent with the initial proposal and the terms of the original contact.

(4) There is no allowance for renegotiating rates nor for allowing a contractor to withdraw from the contract at the end of the initial term. The contractor is required to provide services should VA exercise the renewal option.

April 21, 1992

M-12, Part II
Chapter 5

M-12, Part II
Chapter 5

April 21, 1992