

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 14
2. AMENDMENT/MODIFICATION NO. 114	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. 10EM001870	5. PROJECT NO. (If applicable)
6. ISSUED BY Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352	CODE 00601	7. ADMINISTERED BY (If other than Item 6) Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352	CODE 00601
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) COMPUTER SCIENCES CORPORATION Attn: MIKE GAFFNEY 15245 SHADY GROVE ROAD SUITE 200 ROCKVILLE MD 208506247		(x) 9A. AMENDMENT OF SOLICITATION NO.	
CODE 053506312		FACILITY CODE	
		9B. DATED (SEE ITEM 11)	
		x 10A. MODIFICATION OF CONTRACT/ORDER NO. DE-AC06-04RL14383	
		10B. DATED (SEE ITEM 13) 01/06/2004	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. is not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. 52.243-2-Changes Cost Reimbursement (Alternate II, Apr 1984)
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ 0 _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Subj to Retent: N
The purpose of this modification is to issue a change order to AdvanceMed Hanford to immediately begin performing additional beryllium services in accordance with the revised Statement of Work, paragraphs C.9.c.1.iv, C.9.e.2 and C.9.e.3.

a) For purpose of proposal preparation, the Period of Performance of this change will be in effect from receipt of this modification through September 30, 2013 or upon further direction from the Contracting Officer, whichever occurs first. The proposal shall be priced by Fiscal Year in order to facilitate re-pricing of the unexercised contract options.

b) The schedule for definitizing this contract extension is as follows:

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
		Andrew H. Wirkkala	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		Signature on File	04/09/2010
		(Signature of Contracting Officer)	

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
	DE-AC06-04RL14383/114	2	14

NAME OF OFFEROR OR CONTRACTOR
 COMPUTER SCIENCES CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Submission of proposal: May 14, 2010 Initiate negotiations: June 30, 2010 Modification Definitized: July 16, 2010</p> <p>c) If the cost proposal exceeds the threshold contained in FAR 15.403, current cost and pricing data in accordance with FAR 15.408, Table 15-2 is required.</p> <p>d) Pages C-1, C-2 and C-10 through C-19 are attached.</p> <p>e) All other terms and conditions remain in full force and effect pending definitization of this change. FOB: Destination Period of Performance: 01/06/2004 to 09/30/2013</p>				

Section C **Statement of Work**

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- ii. Provide occupational primary care and first aid in the 200 West Health Care Center and the Contractor's main clinic. The purpose is to immediately diagnose and treat minor job-related injury or illness and return the employee to work the same day, or refer the employee for timely and appropriate specialty or follow-up care, and,
- iii. Provide occupational and non-occupational injury and/or illness treatment in accordance with the following requirements:

A. Occupational Injury or Illness

- The management of occupational injury or illness shall be in accordance with applicable Federal, State and local laws and regulations and DOE Directives.
- Diagnosis and treatment, or stabilization and referral, of occupational injury or illness shall be prompt with emphasis placed on rehabilitation and return to work at the earliest time compatible with job safety and employee health.
- Contractor will issue all employees with occupational injuries or illnesses written clearance indicating an employee's suitability to return to work.
- The occupational medical staff shall notify the affected individual(s) and immediate supervisor(s) of unhealthy work situations detected during the course of their duties. The Contractor shall also notify the appropriate Hanford Site health and safety groups (health physics, industrial hygiene, or safety) of these situations.

B. Non-occupational Injury or Illness

- Hanford Site workers are encouraged to utilize the services of a private physician or medical facility, where these are available, for care of non-occupational injuries or illnesses (for example, assistance for minor, non-work-related outpatient or chronic conditions such as allergy shots, suture removal, or blood pressure checks) to minimize employees' time away from the job. However, the Contractor shall assist workers who are ill at work. Care should be available for what is judged a short-term, self-limited condition. Such a policy will contribute to containment of medical costs and encourage an atmosphere of trust for workers. The objective is to return the worker to a state of health in the shortest possible time consistent with modern medical therapy. Long-term treatment of non-occupational injury and illness is not considered to be a responsibility of the Contractor.

NOTE: In emergencies, Hanford workers shall be given the necessary care required for stabilization until referral to a private physician or facility can be provided.

- iv. Collect and analyze split beryllium lymphocyte proliferation tests for all workers whose Employee Job Task Analysis has identified them as beryllium workers and for all workers who participated in the voluntary medical screening program for beryllium.

d. Monitored Care

1. Monitored care of ill or injured employees by occupational medical physicians is highly desirable, to maximize recovery and safe return to work and to minimize lost time and associated costs. Hanford Site contractor and DOE management have the responsibility to advise the Contractor when an employee has been absent because of an illness or injury for 5 or more consecutive workdays, or has experienced excessive absenteeism.
2. Performance Objective No. C.9.d.2. - The Contractor shall:
 - i. Monitor worker's compensation cases, when appropriate, through appropriate return visits, contractor communication with the DOE-RL third party Workers' Compensation claims processor (the third party claims processor for DOE-RL is CCS Holdings, L.P., as of 03/01/03), and physician-to-physician communication with private physicians where applicable. The goal is to assist the employees in their recovery and to facilitate their return to duty at the earliest practical time. Reasonable accommodations or restrictions may be a part of this rehabilitation process and need to be closely coordinated with the human resources department and line management of site contractors and DOE.
 - ii. Include a work conditioning program(s) as part of the monitored care program to support/expedite fulfillment of fitness-for-duty, work capacity, and qualification requirements.
 - iii. Make medical fitness-for-duty recommendations regarding employees for all conditions that may influence performance or work suitability.

e. Legacy Health Issues

1. Performance Objective No. C.9.e.1. - The Contractor shall implement testing and monitoring programs as needed to manage legacy health issues (e.g., chronic beryllium disease/beryllium sensitivity, asbestosis, silicosis, etc.).
2. Inform, via personal letter, all current and past participants in the voluntary medical screening program for beryllium that the results of their examination will be kept confidential unless the individual tests positive for beryllium sensitization or chronic beryllium disease.
3. The risk communication specialist shall engage local medical societies in order to raise awareness of the signs, symptoms and treatment of chronic beryllium disease.

f. Employee Counseling and Health Promotion

1. Performance Objective No. C.9.f.1. - The Contractor shall operate employee counseling and health promotion programs that include:
 - i. Employee Assistance and Wellness Programs,
 - ii. Health and wellness education (e.g., smoking cessation, hearing protection, ergonomics, fitness and diet, etc.), and

iii. An immunization program (e.g., influenza immunizations).

g. Occupational Health Process Improvement

1. Necessary Condition No. C.9.g.1. - The Contractor shall:

i. Assess and implement Hanford Occupational Health Process (HOHP) improvements (e.g., use of technology to improve automation/accessibility/usefulness), and

ii. Operate, maintain and improve the Employee Job Task Analysis (EJTA) system. The EJTA system is a Hanford-developed software system used to document workers' essential job functions, physical job requirements, medical qualifications, potential exposures, etc.

The EJTA's will be prepared by DOE and the Site contractors and provided to the Contractor for processing in the Risk Management Medical Surveillance (RMMS) system.

iii. Operate, maintain and improve the RMMS system. The RMMS system is a Hanford-developed software system that analyzes EJTA data and assigns medical monitoring and qualification requirements.

iv. Confer to DOE all rights of ownership and use of any electronic data management application developed by the Contractor under this contract, including all documentation for the use of the application.

h. Records Management

1. Necessary Condition No. C.9.h.1. - The Contractor shall:

i. Operate, maintain and improve the existing medical records system,

ii. Protect the privacy of employees and the confidentiality and physical security of all employee medical records,

iii. Provide access to employee medical and behavioral health records in a manner consistent with:

A. The Privacy Act as codified in 10 CFR 1008, and

B. "Access to Exposure and Medical Records" as codified in 29 CFR 1910.1020 (OSHA Standard),

iv. Provide copies of medical records to other professional medical and behavioral health providers and third-party medical claims processor(s) as appropriate and in a manner consistent with applicable laws and standards (e.g., the Privacy Act, the Health Insurance Portability and Accountability Act),

- v. Operate and maintain a central Work Restriction Registry documenting worker restrictions,
- vi. Provide support for execution of the Energy Employees Occupational Illness Compensation Program Act and other health initiatives pertaining to current and previous Hanford Site employees, and
- vii. Provide support to DOE and contractor management through the collection and analysis, when requested, of employee health data for the purpose of early detection and prevention of occupational and non-occupational illnesses and injuries, thereby reducing morbidity and mortality and,

viii. Provide indexing of approximately 300 boxes, located at the Federal Building, for retention.

- 2. The rendering of occupational medical services includes the requirement that the Contractor update existing medical records with new examination results. A new medical record is created for all individuals receiving care. However, a few specific circumstances may arise for categories of individuals or services where a new medical record is not required (e.g., persons likely to receive a one-time minimal service, such as an influenza vaccine). Before establishing categories of this type, permission must be obtained from the DOE Contracting Officer. In all cases, even when there is no medical record, documentation of all services shall be maintained in a retrievable format. The medical records shall document all histories obtained, all treatment provided, all tests performed, including laboratory and clinic tests, exams, surveillance protocols, and qualification tests. The medical records of the Hanford workforce shall reside on an occupational health information system (currently a government furnished, Oracle-based system).

- i. Emergency and Disaster Preparedness

- 1. Performance Objective No. C.9.i.1. - The Contractor shall:

- i. Provide emergency response support, [e.g., participate in site exercises and drills, participate in site-wide emergency preparedness planning, establish working relationships/memoranda of agreements with other site emergency service providers (e.g., Hanford Fire Department, local Hospital(s), etc.)],
- ii. Support the Hanford Site integrated emergency and disaster preparedness planning. The Site Medical Director is responsible for the management and implementation of the medical portion of the site emergency and disaster plan. The medical portion shall be closely integrated with, and made a part of, the overall site emergency and disaster preparedness plan,
- iii. Support the integration of community emergency and Hanford Site disaster plans. The occupational medical portion of the site emergency and disaster plan is integrated with surrounding community emergency and disaster plans to the extent consistent with the development of a mutual aid and assistance capability. The Site Medical Director shall advise DOE of the actions needed to manage the integration of Hanford occupational medical emergency and disaster planning with the surrounding

communities' plans. Integration with the local hospitals will be required in these activities, and

- iv. Support emergency and disaster preparedness preplanning and response requirements. The Contractor shall assist DOE to ensure that the medical portion of the site emergency and disaster response capability is adequate to meet the type and severity of accidents and trauma dictated by the character and history of plant operations and conditions, including preplanning and prearrangements for:
 - A. Onsite capabilities for medical aid and triage, which shall include onsite capability for cardiopulmonary resuscitation, cardiac defibrillation and advanced cardiac life support,
 - B. Support to DOE in the arrangements for hospital care, which shall include the capability to evaluate and treat injuries resulting from exposure to radiation and/or toxic materials, including internal and external contamination, as appropriate,
 - C. Services of medical specialists and consultants,
 - D. Medical aid coverage during evacuation operations from facilities and the site, and
 - E. Communication with the DOE Emergency Operations Center for the coordination of fire and rescue units, hospitals and hospital teams, and local and State police.

2. Necessary Condition No. C.9.i.2. - The Contractor shall:

- i. Ensure that emergency preparedness and response support are overseen by a licensed physician. In this context, the phrase "overseen by a licensed physician" means that a licensed physician actively participates and has ultimate responsibility for the rendering of the Contractor's emergency preparedness and response support from a Site occupational medical standpoint, and
- ii. Provide services, as required, in the Emergency Operations Center located in the Richland Federal Building, at the local hospitals, in the contractor's main clinic, or at other locations as specified by the Government. In addition to emergencies, this service includes participation in training, drills, and exercises.

j. Health Care Cost Management

1. Necessary Condition No. C.9.j.1. - The Contractor shall:

- i. Provide cost-effective health care recommendations, where available, to DOE and site contractor management. These recommendations shall not be limited to the assigned activities/responsibilities of the Site occupational medical service provider. The Site Medical Director may request information regarding lost-time data, workers' compensation case costs, medical and surgical costs by common diagnosis, and inpatient versus outpatient costs from site contractors and DOE, and

- ii. Provide the Site Medical Director as a resource to site contractor and DOE benefits personnel in managing health care costs and providing advice on the quality and availability of community health care resources.

k. Field/Facility Visits

1. Performance Objective No. C.9.k.1. - The Contractor shall:

- i. Ensure that Occupational Health Examiners (i.e., physicians and physicians' assistants) are familiar with employee job tasks, worksite environments, and existing or potential health hazards. Familiarization shall be accomplished by reviews of employee job task analyses (EJTAs), interviews with workers and supervisors, and by visits to work sites and facilities,
- ii. Ensure that visits, when appropriate, are coordinated with industrial hygiene, health physics, and safety personnel and management, and should include a review of materials, processes, and procedures used with emphasis on chemical, physical (including ionizing radiation), biological and ergonomic hazards. The information obtained from these interviews and visits may form the basis for recommendations to Hanford contractors and/or DOE for corrective actions or preventive measures,
- iii. Ensure that these visits are conducted at least once a month by each Occupational Health Examiner, who shall document the results of the visit on a Report of a Facility/Site Visit Form, and
- iv. Ensure that visiting personnel have L security clearances when visiting facilities that require such clearances.

l. Case Management

1. The purpose of case management is to assist employees' return to work after a medical absence.
2. Performance Objective No. C.9.l.2. - The Contractor shall:
 - i. Provide case management at the Contractor's main clinic, and
 - ii. Ensure that case management includes the preparation of an electronic daily report of work restrictions sent to the employee's management and safety organization(s).

m. Records and Data Extraction

1. From time to time, the Government and other organizations may perform studies of Hanford health data. The instructions regarding the Contractor's participation in these activities may specify the methods and provisions for addressing the privacy issues of the information provided.
2. Necessary Condition No. C.9.m.2. - The contractor shall:
 - i. Provide the necessary personnel to search for, extract and print or transfer via electronic media such records as directed by the Contracting Officer, or designee,

- ii. Ensure that the DOE Contracting Officer (CO) and/or Contracting Officer's Representative (COR) is appraised of any requests received from entities other than DOE-RL, and
 - iii. Take no action without prior authorization from the DOE CO or COR.
- n. Other Occupational Medical Services
- 1. On occasion, the Government may require the Contractor to provide additional occupational medical services not otherwise described in this contract. Specific direction will be provided by the DOE CO or designee.

o. Reporting

The following information regarding the Site Medical Director's Annual Report is provided to clarify the reporting requirement cited in Section F.3. Further information regarding the requirements for the Quality Assurance Plan can be found in DOE Order 414.1A, Change 1 (see Section J.7).

1. Site Medical Director's Annual Report

- i. Necessary Condition No. C.9.o.1. - For each fiscal year of the contract, the Contractor shall:
 - A. Prepare and submit a written Site Medical Director's Annual Report assessing the state of worker health.
 - B. Submit the report to the Contracting Officer (CO) no later than January 31st of each year, or as designated by the DOE CO.
 - C. Ensure that the report provides/presents:
 - Information on the relationship of site activities to the health and safety of site personnel,
 - Any trends and an analysis of their effects,
 - Conclusions of the medical surveillance analyses and recommendations to the DOE for improvements in protecting worker safety and health,
 - The results of any special studies directed by the DOE CO, or designee,
 - A description of the analyses, the bases for conclusions, a discussion of the urgency of the recommendations, and
 - An explanation of the benefits to the health and safety of the site workers and the DOE.
 - D. Ensure that the report meets the standards for analyses and report preparation comparable to that required for acceptance by a peer-reviewed medical journal.
 - E. Present the results verbally to the Government at a time specified by the DOE CO after the report has been submitted.

2. Contractor Quality Assurance Plan

- i. Necessary Condition No. C.9.o.2. - The Contractor shall:
 - A. Develop, implement, and submit to DOE for approval a Quality Assurance Plan in accordance with the applicable DOE Directive, as cited in Section J, Paragraph J.7 (List of Applicable Directives).
 - B. Routinely conduct self-assessments and report the results to DOE.
 - C. Report the Quality Assurance outcomes and improvement actions taken, to the DOE Program Manager¹ as part of the Site Medical Director's Report.
 - D. Ensure that the report includes trending, analyses, a detailed improvement plan where indicated by predetermined thresholds, and assessments of how well the Contractor is meeting performance improvement goals.
 - E. Ensure that, in addition to the Contractor's own performance indicators, the following DOE indicators are addressed:
 - Unusual Events: At a minimum the following must be included in the Quality Assurance Plan and reports: needle sticks, blood borne pathogen and body fluid exposures, medication errors, falls within the clinics or adjacent walking and parking areas, all customer complaints, injuries attributable to or associated with care or services, and any event that puts the Government or the Contractor at medical/legal risk. Note: In addition to scheduled reporting, all unusual events shall be brought to the attention of the DOE Program Manager.
 - Customer Satisfaction Surveys: Customer satisfaction surveys must be available to all clients in all major areas that deliver direct services. At a minimum, satisfaction surveys must include: efficiency in scheduling appointments, prompt attention upon arrival, courtesy of staff, explanation of procedures, privacy/confidentiality of the environment, explanation of results, answers to questions, clarity of follow-up actions that the client is to take, helpfulness of education and information provided, and overall satisfaction of services.

p. Transition Requirements

1. Necessary Condition No. C.9.p.1. - The Contractor shall:
 - i. Accomplish transition from the existing provider of occupational health services from the time of contract Notice to Proceed with transition, to December 31, 2003. During the transition period, the incumbent contractor will be responsible for delivery of occupational health services,
 - ii. Assume full responsibility for delivery of occupational health services at the end of the transition period,

¹ The DOE Program Manager is the Director, DOE-RL Site Services Division.

- iii. During the transition period, plan and prepare for an orderly transfer of responsibilities and accountability from the incumbent contractor,
- iv. Implement its proposed Transition Plan, as approved by the Contracting Officer, and
- v. Ensure that the following activities to be accomplished are included in the Contractor-prepared transition plan:
 - A. Determine staffing needs and make offers to and arrange to transition incumbent employees to the Contractor, as applicable,
 - B. Complete all specific milestones identified in the Transition Plan,
 - C. Perform a complete inventory of all DOE-owned property for transfer to the Contractor,
 - D. Execute any necessary transition agreements with the incumbent contractor; obtain DOE approval before execution by the Contractor,
 - E. Submit periodic transition reports as directed by the Contracting Officer,
 - F. Prepare and submit the Quality Assurance Plan, and
 - G. Establish an accounting/billing system that is acceptable to DOE.

q. EEOICPA Requirements

1. Performance Objective No. C.9.q.1. – The Contractor shall:

i. Contribute to the achievement of DOE's goal to provide Hanford EEOICPA claimants with Hanford related information necessary for the claimants to receive complete and fair claims adjudication with the Department of Labor.

ii. Prepare a comprehensive evaluation of potential opportunities available to assist Hanford EEOICPA claimants in obtaining the information necessary to receive a complete and fair claims adjudication with the Department of labor. This evaluation should include both obvious and innovative solutions to assist Claimants. The Contractor's evaluation shall include, but not necessarily be limited to providing:

- A. Clearinghouse of information relating to known contaminants, known hazards, etc. at Hanford;
- B. Medical diagnosis for current workers;
- C. Medical diagnosis, medical screening tests, or other medical support to current/former workers; and
- D. Outreach and/or education within the local and/or regional medical community, including DOL/NIOSH professionals, and/or claimants to claimants/and/or potential claimants.

iii. This evaluation will be conducted in two phases and should include recommendations on any activities that are proposed for implementation, along with a proposed cost and schedule for approval. Phase I will be a comprehensive plan to address Section C.9.q.1.ii to be submitted NLT

September 15, 2009. Costs to conduct Phase II shall be included in the Phase I plan. Phase II will be a comprehensive evaluation of the elements of the plan to include but not limited to the elements identified in Section C.9.q.1.ii. Upon review and acceptance of the evaluation plan by DOE-RL, a Change Order to the contract to implement Phase II will be processed by DOE and Contractor shall be prepared to execute Phase II at the start of FY 2010. This evaluation should also include a description of those activities evaluated, but deemed inappropriate, medically unethical or inappropriate, out of contract scope, or not feasible due to other concerns.

C.10 Accreditation Requirements

a. Necessary Condition No. C.10.a. - The Contractor shall:

1. Achieve and maintain accreditation for occupational health services from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or the Accreditation Association for Ambulatory Health Care (AAAHC), in accordance with the Contractor's accreditation plan, and
2. Achieve such accreditation no later than 24 months after the beginning of the contract performance period.

b. Necessary Condition No. C.10.b. - The Contractor shall:

1. Submit to the DOE Program manager all communications to and from the JCAHO or the AAAHC, including but not limited to, all Type I and Type II recommendations, reports, letters and comments from surveyors and other accrediting officials.
2. Submit to the DOE Program Manager an action plan with timelines outlining how all Type I (or high priority) recommendations will be corrected with monthly progress reports until all Type I recommendations have been corrected to the satisfaction of the accrediting body and the DOE Program Manager.
3. Submit a similar plan (see C.5.b.17.ii.B above) for correcting all Type II (or secondary priority) recommendations with monthly progress reports until the Type II recommendations have been corrected to the satisfaction of the DOE Program Manager.

Note: While Type I recommendations are most critical, and must be addressed as a priority of the program, Type I and Type II recommendations may be addressed concurrently if appropriate.

4. Submit all quality indicators submitted to the JCAHO or AAAHC, to the DOE Program Manager.