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Acquisition & Assistance Policy Directive (AAPD)

From the Director, Office of Acquisition & Assistance Issued: **December 1, 2023**

AAPD 18-02 **Revision 3**

Revisions to Medevac Policies for USPSCs and TCNPSCs

Subject Category:	Personal Services Contracts
Type:	POLICY

AAPDs provide information of significance to all agency personnel and partners involved in the Acquisition and Assistance process. Information includes (but is not limited to): advance notification of changes in acquisition or assistance regulations; reminders; procedures; and general information. Also, AAPDs may be used to implement new requirements on short-notice, pending formal amendment of acquisition or assistance regulations.

AAPDs are EFFECTIVE AS OF THE ISSUED DATE **unless otherwise noted in the guidance below**; the directives remain in effect until this office issues a notice of cancellation.

This AAPD: Is New Replaces/ Amends **AAPD 18-02 Revision 2**

Applicable to:

Existing awards; Modification required

No later than

As noted in guidance below*

All applicable solicitations and new awards issued after the effective date of this AAPD.

Other

Precedes change to:

FAR Part(s)

AIDAR Part(s) **Appendices D and J**

USAID Automated Directives System (ADS) Chapter

Other Code of Federal Regulations

Other

No change to regulations

New Provision/Clause Provided Herein: If checked, scheduled update to GLAAS: *(clause remains unchanged)*

/s/

Deborah Broderick
Acting Director, Office of Acquisition and Assistance

I. PURPOSE:

This AAPD implements the renewed class deviation from AIDAR **Appendix D** for the Medevac clause for all U.S. personal services contractors (USPSCs) performing abroad, including when on official travel status for temporary duty (TDY) or training, and AIDAR **Appendix J** for the Medevac clause for all third country national PSCs (TCNPSCs.) This AAPD 18-02 was originally issued on May 23, 2018. Revision 1 to this AAPD issued on December 18, 2019 substantively updated the Medevac clauses for both USPSCs and TCNPSCs, and Revision 2 issued February 16, 2022 renewed the 2019 deviation.

This AAPD Revision 3 is issued pursuant to approved class deviation no. **M-OAA-DEV-AIDAR-24-2c** to renew the 2022 deviation, taking effect from the previous expiration date of **December 17, 2023 through December 16, 2025**, pending final rulemaking or other Agency policy direction.

II. REQUIRED ACTION:

1. Contracting Officers (COs), including warranted EXOs, must incorporate the revised **AIDAR Appendix D, General Provision contract clause (GP) 25, “Medical Evacuation (Medevac) Services”** or the **Appendix J, GP 21, “Medical Evacuation (Medevac) Services”**, in **Attachment 1**, as applicable, in all new solicitations and awards for USPSCs or TCNPSCs effective as of the **issuance date of this AAPD**, since the clauses taking effect under this AAPD are unchanged from the prior approved deviation.
2. If not done so already, COs must also modify existing awards to USPSCs and TCNPSCs to include the revised AIDAR Appendix D, GP 25 or Appendix J, GP 21 clause as applicable, relying on the prior approved deviation and its renewal that takes effect under this AAPD. COs, at their discretion, may replace the applicable GP immediately or when executing the next modification.

III. BACKGROUND:

As approved on May 23, 2018 under class deviation number M-OAA-DEV-AIDAR-18-3c, USAID revised the AIDAR Appendix D and J contract clauses to provide USPSCs and TCNPSCs Medevac services directly through the Department of State, Bureau of Medical Services (MED). The deviated clauses also require all USPSCs and TCNPSCs to obtain international health insurance coverage to ensure that medical care costs will be covered in countries outside the contractor’s primary place of performance. As subsequently approved on Dec. 18, 2019, class deviation number M-OAA-DEV-AIDAR-20-3c and AAPD Revision 1 amended the AIDAR Appendix D changes to extend the provision of Medevac services to U.S.-based and Resident-Hire USPSCs while on official travel status abroad for temporary duty or training. The 2019 deviation also revised AIDAR Appendix J to reinstate and refine the existing AIDAR Appendix J clause in the code of federal regulations (CFR) that requires TCNPSCs to obtain their own private Medevac insurance based on M/OAA consultations with MED after AAPD 18-02 was initially issued. In those meetings MED informed M/OAA that complications in obtaining visas for TCNPSCs can make it impossible in some cases for MED to directly provide Medevac services to TCNPSCs. The 2019 deviation refinements to the Appendix J clause were necessary to ensure logistical feasibility for TCNPSCs to receive Medevac services to both State MED and non-MED Medevac countries through private providers. Lastly, the 2019 revised TCNPSC clause also provides that USAID will reimburse the cost of private Medevac coverage for the duration of the contract.

The 2019 deviation was renewed on February 16, 2022 under class deviation number M-OAA-DEV-AIDAR-22-3c and AAPD Revision 2, and this new class deviation number **M-OAA-DEV-AIDAR-24-2c** and AAPD Revision 3 extends the deviation effective date an additional two years, pending final rulemaking or other Agency policy direction.

IV. GUIDANCE:

The revised AIDAR Appendix D, GP 25 and the revised Appendix J, GP 21 contract clauses the CO must use are included in **Attachment 1** to this AAPD.

V. POINT OF CONTACT:

USAID COs may direct questions regarding this AAPD to the [PSC Policy Mailbox](#), citing this AAPD number.

Title 48 of the Code of Federal Regulations (CFR) Chapter 7
USAID Acquisition Regulation (AIDAR)

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APPENDIX D--DIRECT USAID CONTRACTS WITH A U.S. CITIZEN OR A U.S. RESIDENT ALIEN FOR PERSONAL SERVICES ABROAD

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12. General Provisions for a Contract With a U.S. Citizen or a U.S. Resident Alien for Personal Services Abroad

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25. Medical Evacuation (Medevac) Services

[Insert the following clause in all USPSC contracts.]

Medical Evacuation (Medevac) Services [Deviation (DEC 2019)]

A contractor who is required to relocate abroad and accompanying eligible family members; or a contractor on official travel status abroad on temporary duty or training, will be provided Medevac services through the Department of State, Bureau of Medical Services, similar to that provided to U.S. Government employees in 16 FAM 300 Medical Travel. Medevac costs that will be covered by USAID include travel and per diem, but do not include medical care costs.

To be eligible for Medevac services covered by the Department of State Medevac program, the contractor and accompanying eligible family members must obtain and maintain international health insurance coverage in accordance with the clause of the contract entitled, "Insurance."

[END CLAUSE]

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APPENDIX J--DIRECT USAID CONTRACTS WITH A COOPERATING COUNTRY NATIONAL AND WITH A THIRD- COUNTRY NATIONAL FOR PERSONAL SERVICES ABROAD

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12. General Provisions for a Contract With a Cooperating Country National or With a Third-Country National for Personal Services

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21. Medical Evacuation (Medevac) Services

[Insert the following clause in all TCNPSC contracts.]

Medical Evacuation (Medevac) Services [Deviation (DEC 2019)]

(a) The contractor, and accompanying eligible family members based on the status defined in **16 FAM 122.2**, must obtain and maintain comprehensive Medevac insurance throughout the contract period of performance abroad. The contractor must ensure that the Medevac insurance policy includes coverage for Medevac to Department of State's Bureau of Medical Services (MED) Medevac center(s) designated for the post in order for MED to assist with coordination. The contractor and accompanying eligible family

members must obtain and maintain international health insurance coverage in accordance with the clause of the contract entitled, "Insurance."

USAID will reimburse the contractor for the total cost of Medevac insurance. The contractor must provide proof of Medevac insurance to the contracting officer in order to receive reimbursement.

(b) For the contractor or eligible family members with Health Unit access, MED may coordinate Medevac services with the contractor's private Medevac insurance provider. In such cases, the individual must be able to obtain the required visa for the country where the nearest MED Medevac center is located. If the contractor or eligible family member is not able to obtain the required visa for the country where the nearest MED Medevac center is located, MED will attempt to find an acceptable alternate Medevac site. If MED cannot find an alternate site, depending on the specific medical need, the individual may be medically evacuated to the home country of record, or may be required to remain at the current location for continuing treatment.

If the contractor or eligible family member is medically evacuated, MED may assist in coordinating medical care, and will determine if the individual is cleared to return to the Mission. If MED determines it is not able to coordinate the medical care, either at an alternate Medevac site or the home country of record, the contractor will be responsible for contacting MED Medical Clearances to obtain clearance for return to post. The contractor must provide MED the required medical documentation of diagnosis, a treatment plan and statement by the treating providers clearing the contractor or eligible family member to return to post, for MED to make a clearance decision.

(c) If the contractor has exhausted all earned leave and cannot return to post in a reasonable period of time, as determined by the contractor's supervisor, the contracting officer may terminate the contract.

(d) *Exceptions.* (1) A contractor and eligible family members with a health insurance policy that includes sufficient Medevac coverage as approved by the contracting officer are not required to obtain separate Medevac insurance.

(2) The Mission Director at the place or performance may make a written determination to waive the requirement for Medevac insurance. The determination must be based on findings that the quality of local medical services or other circumstances obviate the need for such insurance for the contractor and eligible family members located at post.

[END CLAUSE]