AAPD 18-02 is archived because it has been replaced by AAPD 18-02 REVISED as of December 18, 2019.
# Acquisition & Assistance Policy Directive (AAPD)

From the Director, Office of Acquisition & Assistance  
**Issued:** May 23, 2018

## AAPD 18-02

**Changes to the Medevac Policy for USPSCs and TCNPSCs**

**Class Deviation to AIDAR – no. M-OAA-DEV-AIDAR-18-3c**

<table>
<thead>
<tr>
<th>Subject Category:</th>
<th>Personal Services Contracts</th>
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<tr>
<td>Type:</td>
<td>POLICY</td>
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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.

<table>
<thead>
<tr>
<th>This AAPD:</th>
<th>☑ Is New ☐ Replaces/ ☐ Amends CIB/AAPD</th>
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<tr>
<th>Applicable to:</th>
<th>Precedes change to:</th>
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<tr>
<td>☑ Existing awards; ☑ Modification required</td>
<td>☐ FAR Part(s)</td>
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<tr>
<td>☑ No later than</td>
<td>☑ AIDAR Part(s) <strong>Appendices D and J</strong></td>
</tr>
<tr>
<td>☑ As noted in guidance below*</td>
<td>☐ USAID Automated Directives System (ADS) Chapter</td>
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<tr>
<td>☑ All applicable RFPs and new awards issued after the effective date of this AAPD.</td>
<td>☐ Other Code of Federal Regulations</td>
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<td>☐ Other</td>
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<tr>
<td>☐ No change to regulations</td>
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| ☑ New Provision/Clause Provided Herein: If checked, scheduled update to GLAAS: | June 1, 2018 |

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Mark A. Walther
I. PURPOSE:

The purpose of this AAPD is to announce a change to the Medevac policy for U.S. Personal Services Contractors (USPSCs) and Third-Country National Personal Services Contractors (TCNPSCs) performing services abroad. These changes are authorized by class deviation number M-OAA-DEV-AIDAR-18-3c approved by the Director, Office of Acquisition and Assistance, Bureau for Management (M/OAA) on May 23, 2018 and effective through May 22, 2020.

II. REQUIRED ACTION:

1. Contracting Officers (COs, including warranted EXOs) must incorporate the revised AIDAR Appendix D, General Provision (GP) 25, “Medical Evacuation (MEDEVAC) Services” or Appendix J, GP 21, “Medical Evacuation (MEDEVAC) Services”, as applicable, included in Attachment 1, in all new solicitations and awards for USPSCs or TCNPSCs performing services abroad as of the issuance date of this AAPD.

2. COs/EXOs must also modify existing awards for USPSCs and TCNPSCs performing services abroad to incorporate the revised AIDAR Appendix D, GP 25 or Appendix J, GP 21 (as applicable). This revised GP may be incorporated into an existing contract when the next modification is executed or earlier, at the discretion of the CO/EXO.

III. BACKGROUND:

USAID previously required USPSCs and TCNPSCs performing services abroad to obtain private Medevac insurance which was reimbursed in full by the Agency. In accordance with class deviation number M-OAA-DEV-AIDAR-18-3c, USAID will now pay directly for Medevac services that the Department of State Medical Services (State MED) provides to USPSCs and TCNPSCs serving abroad. USPSCs and TCNPSCs will no longer be required to obtain private Medevac insurance. USAID will no longer reimburse USPSCs and TCNPSCs performing services abroad for private Medevac insurance obtained after the issuance date of this AAPD, or the modification of the contract.

Class deviation #M-OAA-DEV-AIDAR-18-3c, currently in effect, was approved on May 23, 2018 for a period of two years, expiring May 22, 2020, or earlier when the AIDAR rule becomes effective.

IV. GUIDANCE:

Revised AIDAR Appendix D, GP 25 and Appendix J, GP 21, as authorized by class deviation #M-OAA-DEV-AIDAR-18-3c are included in Attachment 1 to this AAPD 18-02. These General Provisions must be included in new awards, as applicable, and current awards containing these General Provisions must be modified to include the revised General Provisions.
V. POINT OF CONTACT:

USAID Contracting Officers may direct questions regarding this AAPD to the PSC Policy Mailbox at pscpolicymailbox@usaid.gov.
ATTACHMENT 1

Class Deviation M-OAA-DEV-AIDAR-18-3c

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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25. MEDICAL EVACUATION (MEDEVAC) SERVICES (MAY 2018)

USAID will provide Medevac services to the contractor and authorized dependents, through the Department of State’s Bureau for Medical Services (MED), similar to those provided to U.S. Government employees in accordance with 16 FAM 300 Medical Travel. Medevac costs include travel and per diem, but do not include medical care costs. To be covered by the Medevac program, the contractor and authorized dependents must obtain and maintain international health insurance coverage that includes overseas hospitalization, and must provide proof of such insurance to the contracting officer prior to relocation abroad.

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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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21. MEDICAL EVACUATION (MEDEVAC) SERVICES (MAY 2018)
[For TCN Contracts Not Subject to the Local Compensation Plan Only]

USAID will provide Medevac services to the contractor and authorized dependents through the Department of State’s Bureau for Medical Services (MED), similar to those provided to U.S. Government employees in accordance with 16 FAM 300 Medical Travel. Medevac costs include travel and per diem, but do not include medical care costs. To be covered by the Medevac program, the contractor and authorized dependents must obtain and maintain international health insurance coverage that includes overseas hospitalization, and must
provide proof of such insurance to the contracting officer prior to relocation abroad.

For the contractor or authorized dependents to receive Medevac services through State MED, the individual must be able to obtain the required visa for the country in which the nearest State MED Medevac center is located. If the contractor or authorized dependent is not able to obtain the required visa for the country in which the nearest State MED Medevac center is located, State MED will attempt to find an acceptable alternate Medevac site. If State MED cannot find one, depending on the specific medical need, the individual may be medically evacuated to his/her home country of record, or may be required to remain at his/her current location for continuing treatment. Once the contractor or authorized dependent is medically evacuated, State MED will manage his/her medical situation, and determine when he/she is cleared to return to the Mission. If State MED is not able to manage the medical situation, either at the alternate Medevac site or the home country of record, the contractor will be responsible for contacting State MED Medical Clearances to obtain clearance for return to the Mission. If the contractor has exhausted all earned leave and cannot return to the Mission in a reasonable period of time, as determined by the his/her supervisor, the contracting officer may terminate the contract.

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