

Michigan Department of Labor and Economic Opportunity (LEO)

REQUEST FOR PROPOSAL (RFP)

Maximum Award: \$420,000.00 – estimated	RFP Number: RMS 22-9901
Year 1: \$140,000.00 – estimated	Agreement Type: <input checked="" type="checkbox"/> Actual Cost <input type="checkbox"/> Unit Rate/Actual Cost <input type="checkbox"/> Unit Rate <input type="checkbox"/> Unit Rate/Per Diem
Year 2: \$140,000.00 – estimated	
Year 3: \$140,000.00 – estimated	
Anticipated Begin Date: 11/01/2021	Through: 09/30/2024

Proposal Submission: Proposals and subsequent attachments must be submitted via email to LEO-RefugeeServices@michigan.gov by **11:59 pm EDT October 1, 2021** (Section 1.5).

Service Area: Kalamazoo County (Section 2.3)

Service Title: Refugee Medical Screening (RMS)

Disqualifying Criteria: The Bidder will be disqualified, and the proposal will not be reviewed if Bidder:

- Does not submit a completed proposal on or before 11:59 pm EDT October 1, 2021.
- Is determined to be ineligible for funding (Section 1.6).

Authority: P.A. 2080 of 1939. Completion: Mandatory. Penalty: Agreement invalid.	The Michigan Department of Labor and Economic Opportunity (LEO) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to LEO.
---	---

PART I – REQUEST FOR PROPOSAL OVERVIEW2

PART II – DESCRIPTION OF SERVICE SPECIFICATIONS10

PART III – PROPOSAL NARRATIVE.....18

 3.0 Bidder Information18

 3.1 CATEGORY A: Bidder Experience & Past Performance23

 3.2 CATEGORY B: Agency Organization, Staffing, and Location.....26

 3.3 CATEGORY C: Proposed Work Plan.....32

 3.4 CATEGORY D: Budget Narrative.....38

APPENDIX.....40

PART I – REQUEST FOR PROPOSAL OVERVIEW

1.0 Introduction

Domestic medical screenings are federally required for all newly arrived refugees. The medical screenings must be initiated within 30 days of arrival to the U.S. and completed no more than 90 days after the refugee's arrival to the U.S. Initial domestic medical screening ensures communicable diseases of public health importance and other health issues are recognized and treated. Additionally, health care providers administering the medical screenings can offer immunizations as necessary, make referrals for follow-up appointments, and establishing medical homes. Due to the nature of refugee medical screening, close collaboration and partnerships with local refugee resettlement agencies and local health department(s) are essential.

1.1 Statement of Purpose

The purpose of this RFP is to invite healthcare practitioners and facilities in Kalamazoo County to provide comprehensive initial medical screenings for newly arrived refugees resettling in Kalamazoo County.

1.2 Questions

Questions regarding the content of this RFP must be submitted by email to Dawn Arwood at arwoodd2@michigan.gov. LEO staff are not allowed to respond to questions regarding the content of the RFP that are made via telephone or teleconference.

1.3 Response Preparation

Bidders must follow these response preparation instructions and provide a complete response to be considered for review.

Bidders must complete PART III – Proposal Narrative and attach additional pages, as necessary. If additional pages are added, the related category should be indicated at the top of the page with an attachment number. The pages should be numbered in sequence under each attachment. (For example, “Category A: Bidder Experience & Past Performance, Attachment A, page 1 of 4, page 2 of 4,” etc.)

Bidders are expected to use the form and format provided in PART III – Proposal Narrative to complete the proposal. Under each question in PART III, there is a box titled “Bidder Response” for Bidders to respond to each question. Bidder's response should have a font size no smaller than 12-point. Each box will automatically expand according to the amount of text entered. The shaded boxes that are titled “Evaluator Comments” should not be completed by the Bidder.

1.4 Evaluation Process & Criteria

Proposals will be evaluated by a grant review committee based on rating criteria identified within each question. Proposals that receive a score of 80 points or more will be considered for grant award. The maximum number of points that a proposal can receive is 100 points. The maximum number of points for each of the categories is as follows:

Category	Maximum Points
A. Bidder Experience & Past Performance	20
B. Agency Organization, Staffing & Location	40
C. Proposed Work Plan	40
Total Points Available	100

LEO reserves the right to establish the criteria by which it will evaluate each Bidder's response, and by which it will determine the most responsive, capable, and qualified Bidder(s). Factors considered in evaluating proposals relate to:

- Reliability and Bidder's past performance
- Bidder's ability to respond to all requirements outlined in the RFP
- Financial stability
- Continuity and stability in provision of service
- Knowledge transfer activities
- Bidder's presence in the community
- The population the Bidder serves

If LEO determines in its sole discretion that contracting with or awarding a grant to a Bidder presents an unacceptable financial risk to LEO, LEO reserves the right to not award an agreement to that Bidder.

LEO may, but is not required to, conduct an on-site visit to tour and inspect the Bidder's facilities, require an oral presentation of the Bidder's proposal, conduct interviews with Bidders, or request additional concessions at any point during the evaluation process.

If it is determined that a Bidder purposely or willfully submitted false information, the Bidder will not be considered for award, LEO may pursue debarment of the Bidder, and any resulting agreement that may have been established may be terminated.

1.5 Delivery of Proposal

The Bidder must submit its proposal, all attachments, and any modifications or withdrawals by email to LEO-RefugeeServices@michigan.gov. Bidder's failure to submit a proposal as required may result in

disqualification of such proposal. The proposal and attachments must be fully uploaded and submitted on or before 11:59 pm EDT October 1, 2021. Do not wait until the last minute to submit the bid.

1.6 Bidder Eligibility

Bidders must meet the requirements listed in [PART II – DESCRIPTION OF SERVICE SPECIFICATIONS](#).

State of Michigan employees may not act as Bidders. Proposals from Bidders who are current state of Michigan employees will be disqualified and will not be reviewed. Policy in Civil Service Rule 2-8, Ethical Standards and Conduct, states an employee cannot represent or act as an agent for any private interests, whether for compensation or otherwise, in any transaction in which the state has a direct and substantial interest and which could reasonably be expected to result in a conflict between the employee’s private interests and official state responsibilities.

1.7 Amendment to the RFP

LEO may modify the RFP at any time prior to the deadline submission date. Changes will be posted on https://www.michigan.gov/ogm/0,9597,7-394-93237_93234_93235---,00.html via a “proposal amendment.” This is the only method by which the RFP may be modified. Amendments posted before the deadline submission date may include documentations such as questions and answers, revisions, and/or clarifications to the initial RFP. Amendments posted after the deadline submission date may include documentation such as the award recommendation letter.

1.8 Notice of Deficiency

If LEO determines, after the deadline to submit proposals, that there is an area of the RFP that was deficient, unclear, or conflicting, LEO may issue a request (“Notice of Deficiency”) to Bidders. Failure to respond to a Notice of Deficiency may be cause for disqualification.

1.9 Clarification Request

If LEO determines, after the deadline to submit proposals, that a Bidder’s proposal is not clear, LEO reserves the right to issue a request (“Clarification Request”) to a Bidder to clarify its proposal. Failure to respond to a Clarification Request may be cause for disqualification.

1.10 Reservations

LEO reserves the right to:

- A. Discontinue the RFP process at any time for any or no reason. The issuance of an RFP, preparation, and submission of a proposal, and LEO's subsequent receipt and evaluation of a proposal does not commit LEO to award an agreement, even if all the requirements in the RFP are met.
- B. Consider late proposals: (i) if no other proposals are received; (ii) if there are no complete proposals received; (iii) if LEO received complete proposals, but they did not pass the evaluation process; or (iv) if the award process fails to result in an award.
- C. Consider an otherwise disqualified proposal if no other qualified proposals are received.
- D. Disqualify a proposal based on the information provided or if it is determined that a Bidder purposely or willfully submitted false information in response to the RFP.
- E. Consider Bidders' prior performance with the state of Michigan in making its award decision.
- F. Consider overall economic impact to the state of Michigan when evaluating the proposal pricing and in the final award recommendation. This includes, but is not limited to considering principal place of performance, number of Michigan citizens employed or potentially employed, dollars paid to Michigan residents, Michigan capital investments, job creation, tax revenue implications, economically disadvantaged businesses, etc.
- G. Consider total cost of ownership factors (e.g., transaction costs, training costs, etc.) in the final award recommendation.
- H. Refuse to award an agreement to any Bidder that has failed to pay state of Michigan taxes or has any outstanding debt with the state of Michigan.
- I. Enter negotiations with one or more Bidders on price, terms, technical requirements, or other deliverables.
- J. Award multiple, optional use agreements, or award by agreement activity.
- K. Evaluate the proposal outside the scope identified in Section 1.4, Evaluation Process, if LEO receives only one RFP response.
- L. Evaluate proposals using a method that establishes the relative importance of each deliverable.

1.11 Award Recommendation

Award recommendation will be made to the responsive and responsible Bidder who offers the best value to the state of Michigan. Best values will be determined by the Bidder meeting the minimum point threshold as demonstrated by its proposal and other principal factors. LEO may utilize all proposals, without regard to a proposal's technical score, to determine fair market value. Award recommendations will be posted on https://www.michigan.gov/ogm/0,9597,7-394-93237_93234_93235---,00.html.

1.12 State Administrative Board

The State Administrative Board must approve all grants in excess of \$500,000. The decision of the State Administrative Board is final; however, approval does not constitute a grant. The award process is not complete until the awarded Grantee receives a properly executed grant.

1.13 General Proposal Conditions

The state of Michigan will not be liable for any costs incurred by the Bidder in preparation of its proposal, delivery of a proposal, and any follow-up discussions with the state of Michigan. The Bidder agrees that its proposal will be considered an offer to do business with the state of Michigan in accordance with the provisions of its proposal, including the Standard Terms, and that the proposal will be irrevocable and binding for a period of 90 calendar days from date of submission. If a grant is awarded to the Bidder, the state of Michigan may, at its option, incorporate all or any part of the proposal into a grant. This RFP is not an offer to enter into a grant. This RFP may not provide a complete understanding of the state of Michigan's environment, or contain all matters upon which an agreement must be reached.

1.14 Freedom of Information Act

Under [MCL 18.1261\(13\)\(b\)](#), records containing “a trade secret as defined under section 2 of the uniform trade secrets act, 1998 PA 448, [MCL 445.1902](#), or financial or proprietary information” are exempt from disclosure under FOIA. And under [MCL 18.1470\(3\)](#), “proprietary financial and accounting” information is also exempt from disclosure under FOIA. If information within a Bidder's proposal falls under the aforementioned exemptions, and the Bidder seeks to have it withheld from disclosure under FOIA, then by the proposal deadline, the Bidder must: (1) save exempt information in a separate file (i.e., document); (2) name the file/document “FOIA-EXEMPT”; (3) label the header of each page of the file/document “Confidential–Trade Secret,” “Confidential–Financial,” or “Confidential–Proprietary” as applicable; (4) clearly reference within the file/document the RFP schedule, section, and page number to which the exempt information applies; and (5) verify within the FOIA-EXEMPT file/document that the information meets the FOIA exemption criteria. The State reserves the right to determine whether information designated as exempt by a Bidder falls under the FOIA exemptions. Resumes, pricing, and marketing materials are not trade secrets or financial or proprietary information. **Do not** identify your entire proposal as “FOIA-EXEMPT,” and **do not** label each page of your proposal “Confidential.” If a Bidder does so, the State may require the Bidder to resubmit the proposal to comply with steps (1) – (5) above. The State reserves the right to disqualify a Bidder for failure to follow these instructions.

1.15 Rights to Information Contained in Proposals

All proposals will be considered the property of LEO.

1.16 Subgrantees

If awarded the contract, Grantees may subgrant this funding. Subgrantees shall be subject to all conditions and provisions of the agreement including Internet Criminal History Access Tool (ICHAT) and Central Registry background checks when applicable.

If sub-granting, the Grantee must obligate the subgrantees to maintain the confidentiality of LEO' client information in conformance with state and federal requirements.

If portions of the services are being sub-granted, the Bidder must identify the services the subgrantee will perform and provide all information requested, as it applies to both the Bidder and the subgrantee(s).

LEO may, at its discretion, require information on the process of an awarded subgrantee proposal.

A Grantee is responsible for the performance of any subgrantees who are held to the same standard of quality and performance as the Grantee. Evaluators of proposals will consider the qualifications of both the Grantee and subgrantee when making agreement award recommendations.

1.17 Qualified Disabled Veteran Preference

1984 PA 431 establishes an up to 10% price preference for businesses owned by qualified disabled veterans. Information related to qualified service-disabled veteran preference is located at <http://michigan.gov/micontractconnect/0,4541,7-225-48677-123519--,00.html>.

1.18 Standard Terms

Awards made resulting from this RFP will require execution of an agreement with LEO. The agreement will contain standard terms.

1.19 Options to Renew

At the discretion of LEO, an awarded agreement may be renewed in writing by an amendment.

1.20 Criminal Background Check

If the resulting agreement will be with an individual, LEO will complete the criminal background check on the Grantee, and the following language will be included in the agreement:

The Grantee shall notify LEO in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring.

If the resulting agreement will be with an agency, the following language will be included in the agreement:

As a condition of this Agreement, the Grantee certifies that the Grantee shall, prior to any individual performing work under this Agreement, conduct or cause to be conducted an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subgrantee, subgrantee employee or volunteer who, under this Agreement, works directly with clients or has access to client information.

Information about ICHAT can be found at <http://apps.michigan.gov/ichat>.

The Michigan Public Sex Offender Registry website address is <http://www.mipsor.state.mi.us>.

The National Sex Offender Public website address is <http://www.nsopw.gov>.

As a condition of this Agreement, the Grantee certifies that the Grantee shall, prior to any individual performing work under this Agreement, conduct or cause to be conducted a Central Registry (CR) check for each new employee, employee, subgrantee, subgrantee employee, or volunteer who, under this Agreement, works directly with children.

Information about CR can be found at http://www.mi.gov/dhs/0,1607,7-124-5452_7119_48330-180331-,00.html.

The Grantee shall require each new employee, employee, subgrantee, subgrantee employee, or volunteer who, under this Agreement, works directly with clients or who has access to client information to notify the Grantee in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the Central Registry as a perpetrator, at hire or within 10 days of the event after hiring.

The Grantee further certifies that the Grantee shall not submit claims for or assign duties under this Agreement to any new employee, employee, subgrantee, subgrantee employee, or volunteer based on a determination by the Grantee that the results of a positive ICHAT and/or a CR response or reported criminal felony conviction or perpetrator identification make the individual ineligible to provide the services.

The Grantee must have a written policy describing the criteria on which its determinations shall be made and must document the basis for each determination. The Grantee may consider the recency and type of crime when deciding. Failure to comply with this provision may be cause for immediate cancellation of this Agreement. In addition, the Grantee must further have a clearly defined written policy regarding acceptable screening practices of new staff members and volunteers who have direct access to clients

and/or client's personal information. These screening practices serve to protect the organization and its clients. The Grantee must also assure that any subgrantees have both written policies.

If LEO determines that an individual provided services under this Agreement for any period prior to completion of the required checks as described above, LEO may require repayment of that individual's salary, fringe benefits, and all related costs of employment for the period that the required checks had not been completed.

1.21 E-Verify

Section 291 of the fiscal year 2017 Omnibus Budget, PA 268 of 2016, requires verification that all new employees of the Grantee and all new employees of any approved subgrantee, working under this agreement, are legally present to work in the United States. All Grantees shall perform this verification using the E-Verify system (<http://www.uscis.gov/portal/site/uscis>).

PART II – DESCRIPTION OF SERVICE SPECIFICATIONS

When writing their proposal, the Bidder must provide support and justification that they can meet and perform the following requirements and services, respectively.

2.0 Refugee Medical Screening Administration (RMS) Services

The Grantee (or it's subgrantee – from here on “Grantee” and “subgrantee” are synonymous) shall adhere to the following requirements when providing or arranging for RMSA Services:

- A. Maintain weekly communications with partnered refugee resettlement agencies and staff with the goal of establishing and evaluating procedures for:
 - i. Sharing future refugee arrival information to assist with appointment preparations. This information may include family size, country of origin, ages, languages spoken, overseas medical screening documentation, special requirements, those with Class A or B conditions, and urgent medical needs.
 - ii. Receiving referrals for the initial Refugee Medical Screening (RMS) Service (Section 2.1) and providing referrals for follow-up services recommended by the client's provider.
 - iii. Providing updates regarding new or changed federal RMS recommendations, emergent disease trends, or notifications of abnormal test results.
- B. Establish a referral process in coordination with partnered refugee resettlement agencies for:
 - i. Receiving referrals for an initial RMS Service.
 - ii. Providing referrals resulting from a client's initial RMS Service.
 - iii. Scheduling future RMS Services with respect to available transportation, staff schedules and availability, language service availability, clinic hours, holidays, clients who were identified in their overseas medical exam as having a [Class A](#) or [Class B](#) medical condition, and clients in need of urgent medical attention.
 - iv. Ensuring those with having a [Class A](#) or [Class B](#) medical condition are referred for immediate RMS Service
 - iv. Providing or arranging for language-appropriate and culturally relevant services for all clients.
- C. Establish a referral process with local health departments to ensure:
 - i. Clients who arrive with a [notifiable](#) Class A medical condition are reported to the local health department within 24 hours of notification.
 - ii. Clients who arrive with a Class B TB medical condition are referred to the local health department within three (3) days of RMS Service completion.
 - iii. Clients who have a positive TB test resulting from their initial RMS Service are referred to the local health department within five (5) days of receiving the test result.
- D. Prepare a case file for each client with overseas medical exam records from either the Electronic Disease Notification (EDN) System or provided by the refugee resettlement agency for physician review prior to the RMS service.

- E. Maintain case files per Section 2.5.
- F. Create and maintain a Refugee Health Assessment (RHA) case in the Michigan Disease Surveillance System (MDSS) for each client served by:
 - i. Entering demographics and all medical screening results from the domestic RMS Service.
 - ii. Updating the RHA case as test results arrive.
 - iii. Documenting reportable conditions and immunization referrals to the local health department.
- G. Provide reports per Section 2.6.
- H. Confirm clients are covered by Medicaid (if eligible) prior to billing for RMS Service.
- I. Bill for the RMSA Service appropriately per Section 2.12 A.
- J. Bill for the RMS Service appropriately per Section 2.12 B.

2.1 Refugee Medical Screening (RMS) Service

The Grantee shall adhere to the following requirements when providing or arranging for RMS Services:

- A. Employ or subcontract credentialed staff as indicated in Section 2.4, to administer the RMS service.
- B. Follow and remain up to date on the most current federal requirements for RMS:
 - i. Federal Office of Refugee Resettlement's (ORR) [Domestic Medical Screening Guidelines Checklist](#).
 - ii. The Centers for Disease Control and Prevention's (CDC) [Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees](#).
- C. Prior to the RMS service, thoroughly review each client's overseas medical exam records (Section 2.0 D).
- D. Provide one quality, comprehensive RMS Service per client within the following parameters:
 - i. Initiated within 30 days of arrival to the United States.
 - ii. Completed within 90 days of arrival to the United States.
- E. Review the DS-3025 and offer age-appropriate, ACIP (Advisory Committee on Immunization Practices) [recommended](#) immunizations in accordance with Michigan school enrollment [requirements](#). The Grantee may be required to provide additional immunizations identified by local public health to address specific populations and health needs. It is currently recommended to offer the SARS-CoV-2 vaccine for the prevention of COVID-19 disease during the initial RMS Service to vaccine eligible clients. Follow current [State](#) and [CDC recommendations](#).
- F. Provide population-specific laboratory examination services, according to [CDC guidelines](#). This may include, but is not limited to urinalysis, complete blood count, metabolic screening (infant), serum lipid profiles, cancer screening, uric acid (Hmong clients), and lead levels (infants, children < 16 years old, and pregnant or lactating clients).
- G. Provide age-appropriate testing for Viral Hepatitis (B and C) based on country of origin, vaccination status, and risk factors.

- i. Provide subsequent vaccination against Hepatitis B Virus if Viral Hepatitis B infection is not found.
 - ii. Test for Hepatitis D virus if client is HBsAg-positive.
 - iii. Provide Hepatitis A Virus vaccination in accordance with ACIP recommendations.
- H. Review local confidentiality laws with adult and adolescent patients regarding sexual and reproductive health histories, examinations, and testing. Provide or testing as appropriate for the following: syphilis, other skin-to-skin contact *T. pallidum* subspecies, chlamydia, gonorrhea, chancroid, granuloma inguinale/donovanosis, lymphogranuloma venereum, genital herpes, genital warts, trichomoniasis, counseling and testing for HIV (Human Immunodeficiency Virus), and pregnancy (urine).
- I. Provide presumptive treatment and screening for strongyloidiasis, infections caused by other soil-transmitted helminths, and schistosomiasis, based on region of origin.
- J. Provide culturally appropriate mental health screening and support:
 - i. Review overseas medical exam records for documentation of trauma, harmful behaviors, and substance-use disorders.
 - ii. Ask directly about symptomology and functionality.
 - iii. Screen clients for depression, substance abuse, post-traumatic stress disorder, and other mental health disorders using the standardized [RHS-15 mental health screening tool](#). More information can be found at the [Refugee Health Technical Assistance Center](#).
 - iv. Provide support and referrals for those in need of mental health assistance.
- K. For clients relocating from Sub-Saharan Africa, provide presumptive treatment of *P. falciparum* for malaria.
- L. For child clients, provide a complete evaluation of their nutritional status and growth through history and physical examination, laboratory testing, education, and counseling.
- M. Review the DS-3030 and identify the pre-departure tuberculosis (TB) classification for each client. Provide [CDC recommended](#), age-appropriate TB testing (PPD skin test or an IGRA blood test) according to the client's pre-departure TB classification and TB tests used to determine the TB classification.
 - i. Refer clients with Class A or B waivers, and those with a positive TB test to the local health department.
 - ii. Notify the [State Refugee Health Coordinator](#) when a referral is made.
- N. Provide additional laboratory examination services if the client's health history reveals that the client is at high risk for communicable diseases of potential public health importance.
- O. [Report notifiable diseases](#) to your [local health department](#) and notify the State Refugee Health Coordinator.
- P. Provide community referrals, as appropriate, (e.g., primary medical care, dental care provider, or mental health provider) for further evaluation if any screening tests are significantly abnormal, including developmental level/mental health issues, and for routine

medical and dental care. Provide a copy of both the written referral and DHHS-3775 to the client and the sponsoring resettlement agency with the client's written release of information.

2.2 Client Eligibility

All newly arrived refugees, asylees, entrants, Special Immigrant Visa (SIV) holders, Amerasians, Victims of Human Trafficking, and/or Unaccompanied Refugee Minors (URM) are eligible for the RMS Service within 90 days of arrival to the United States. Use the Appendix to determine client eligibility. Eligible statuses include:

- A. [Refugees](#), [SIVs](#), [Amerasians](#), [Victims of Human Trafficking](#), and [URMs](#) – All eligible to receive ORR benefits and services beginning on their date of their entry into the U.S.
- B. [Asylee](#) – Eligible to receive ORR benefits and services beginning on the date of final grant of asylum.
- C. [Cuban & Haitian Entrant](#) – Eligible to receive ORR benefits and services beginning on the date they first enter Cuban/Haitian Entrant status (which for Cuban Parolees will be the date of grant of parole, or first parole if more than one parole was granted).

The Grantee shall adhere to the following client eligibility requirements:

- A. Accept and provide services to all clients with eligible immigration statuses (listed above) within 90 days of arrival to the United States.
- B. Retain documentation of client eligibility for all clients served (Section 2.5).
- C. Serve clients in the selected service area(s) (Section 2.3) either as walk-ins, secondary migrants, or as referees from a resettlement agency.

LEO does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, disability, or for any other reason.

2.3 Service Area(s)

The Grantee shall provide services in the following geographic location(s): Kalamazoo County.

2.4 Credentials

The Grantee shall ensure appropriately credentialed staff perform the functions under this Agreement:

- A. A Medical Physician, Registered Nurse, Nurse Practitioner, or a Physician Assistance certified by the appropriate medical licensing authority should administer the RMS Service.
- B. Medical translation/interpretation shall be provided by a certified medical translator and/or interpreter or an appropriately credentialed interpretation/translation service.

2.5 Records Maintenance

The Grantee shall maintain appropriate case records and procedures to document the delivery of services.

Client case records should include, but are not limited to:

- A. Client immigration status, date of entry into the U.S., and alien number.
- B. Verification and documentation of client eligibility (Section 2.2) prior to providing services.
- C. Overseas medical exam records (Section 2.0 D).
- D. Verification and documentation of medical referrals and follow-ups, resulting from the initial RMS.
- E. Completed RHA case in the MDSS.
- F. Documentation of interpretation services and resources used.
- G. Documentation of notification to the appropriate resettlement agency if the RMS Service cannot be completed within 90 days.
- H. Any other case notes that may be related to the RMS Service.

2.6 Reporting

- A. The Grantee shall submit semi-annual performance reports to the Grant Administrator as communicated by the OGM. Reports will consist of measures chosen to evaluate the effectiveness of Grant Activities. Reports will reflect client and program specific numerical and descriptive data in a narrative format.
- B. The Grantee shall submit one “Financial Status Report” (FSR) to the Grant Administrator each month. The FSR will reflect actual expenses for RMSA Services. The FSR will accurately represent the total actual costs being claimed. All RMSA Services will be reimbursed as actual costs. The FSR must be submitted to LEO within 30 days from the end of the monthly billing period. For the month of September, billing shall be submitted as reasonably directed by the Grant Administrator to meet fiscal year-end closing deadlines.

2.7 Expected Performance Outcomes

Progress of Grant Activities will be measured through performance outcomes. Performance outcomes will be measured monthly by the State Refugee Health Coordinator, and the results of which will be shared with Grantees. Performance outcomes will be evaluated annually and updated to reflect growing improvements or identification of unrealistic benchmarks.

- A. Refugee Medical Screening Administration (RMSA) Service
 - i. 100% of clients who arrive with a [notifiable](#) Class A medical condition will have documentation in their MDSS RHA case of being reported to the local health department within 24 hours of their notification.
 - ii. 80% of clients who receive the RMS Service will have a new RHA case created in the MDSS within ten (10) days of RMS Service completion.

- iii. 95% of clients who received the RMS Service will have a completed RHA case in the MDSS within ninety (90) days of RMS Service completion.
 - iv. 100% of clients who receive the RMS Service will have documentation of being offered, or referred to their local health department, in their MDSS RHA case to receive age appropriate ACIP recommended immunizations.
 - v. 100% of clients who receive the RMS Service will have documentation of being offered, or referred to their local health department, in their MDSS RHA case to receive the SARS-CoV-2 vaccine.
 - vi. 100% of clients with a Class B TB medical condition will have documentation in their MDSS RHA case of being referred to the local health department within three (3) days of RMS Service completion.
 - vii. 100% of clients who have a positive TB test resulting from their initial RMS Service will have documentation of referral (for follow-up testing) in their MDSS RHA case within five (5) days of receiving the test result.
- B. Refugee Medical Screening (RMS) Service**
- i. 90% of clients who receive the RMS Service will have initiated the RMS within thirty (30) days of arrival to the U.S.
 - ii. 100% of clients who receive the RMS Service will have completed the RMS within ninety (90) days of arrival to the U.S.
 - iii. 90% of clients with a [Class A](#) medical condition will receive their initial RMS Service within three (3) days of arrival to the U.S.
 - iv. 85% of clients with a [Class B](#) medical condition will receive their initial RMS Service within five (5) days of arrival to the U.S.
- C. OGM Case File Monitoring**
- i. 100% of all case files reviewed during monitoring will have overseas medical screening documentation.
 - ii. 100% of all case files reviewed during monitoring will contain all relevant records listed in Section 2.5.
 - iii. 80% of all case files reviewed during monitoring who were identified on the RHA MDSS form as needing additional medical follow-up or a referral will contain documentation of the referral and/or documentation of communications with the refugee resettlement agency regarding the recommended medical follow-up or referral.

2.8 Monitoring

- A. The Grantee shall monitor their performance to assure that time schedules are being met and projected work by period is being accomplished.
- B. The State Refugee Health Coordinator shall share measured performance outcomes monthly with Grantees (Section 2.7 A-B for expected performance outcomes).

- C. The Grantee shall participate in OGM monitoring at a minimum of once per fiscal year (Section 2.7 C for expected performance outcomes).

2.9 Communications

- A. Communicate weekly with partnered refugee resettlement agencies (Section 2.0 A).
- B. Attend and provide medical screening updates at quarterly consultation meetings held by the OGM.
- C. Attend additional medical screening meetings held by OGM, as needed.
- D. The Grantee authorizes LEO to use contact information to send Agreement related notifications/information. The Grantee shall provide LEO with updated contact information if it changes.

2.10 Federal Requirements

The Grantee shall adhere to the following Federal Requirements found in the final Social Services Formula Allocation to States in the Federal Register.

- A. Funds shall be used in accordance with the latest regulations published by the ORR in the Federal Register, [45 CFR Parts 400 – 401](#).
- B. Services shall be provided to the maximum extent feasible in a manner that is culturally and linguistically compatible with a client’s language and cultural background.
- C. Services shall be provided to the maximum extent feasible in a manner that includes the use of bilingual/bicultural women on service agency staff to ensure adequate service access by female clients.

2.11 Budget and Spending

The Grantee shall adhere to the following budget and spending requirements:

- A. Grantee must obtain prior written approval for project changes from the Grant Administrator.
- B. Travel expenses will not be reimbursed at rates greater than the State Travel Rates, without the prior written consent of the Grant Administrator.
- C. Changes in the Budget of less than 5% of the total line-item amount do not require prior written approval, but Grantee must provide notice to the Grant Administrator.
- D. Changes in the Budget equal to or greater than 5% of the total line-item amount will be allowed only upon prior review and written approval by the Grant Administrator. A formal grant amendment must be signed by both the Grantor and Grantee.
- E. For mileage incurred related to services provided under this Agreement, the Grantee may bill LEO the premium state rate, or Grantee's usual reimbursement rate for employees, whichever is less. State of Michigan travel rates may be found at the following website: http://www.michigan.gov/dmb/0,1607,7-150-9141_13132---,00.html. The point of origin for mileage shall be the Grantee’s home or normal place of business, whichever is closer to the

location of the scheduled client appointment. The Grantee may bill for mileage incurred by the Grantee driving to/from a scheduled client appointment. The Grantee may not bill for mileage incurred by the Grantee driving to/from their home to/from their normal place of business. LEO shall reimburse the Grantee for mileage incurred by the Grantee for:

- i. Providing transportation to a referred client.
- ii. Driving to or from a referred client's home.
- iii. Driving to or from a court hearing, at the request of the referring worker.
- iv. Driving to or from sites other than the client's home for purpose of advocacy on behalf of the client.

2.12 Billing and Payments

The Grantee shall adhere and agree to the following billing and payment requirements:

A. Refugee Medical Screening Administration (RMSA) Service

- i. **The RMSA Service shall be billed to OGM-LEO.**
- ii. The Grantee shall bill LEO for services provided under this Grant using the Refugee Services Data Management System (DMS).
- iii. The Grantee cannot charge LEO more for a provision of service than is charged to other entities for whom the Grantee provides services.
- iv. Costs incurred outside of the term of this Agreement shall not be eligible for reimbursement. The actual cost established in this Agreement (Budget - Attachment A) shall remain fixed for the initial term of the Grant.
- v. In no event shall LEO make payment to the Grantee for billings submitted more than 90 days after the end of a billing period.
- vi. Payments shall be sent to the Grantee's legal address on page one of this Grant. If a different payment mailing address is required, the Grantee must email the Grant Administrator.
- vii. [Public Act 279 of 1984](#) states that the state shall take all steps necessary to assure that payment for goods or services, is mailed within 45 days after receipt of the goods or services, a complete invoice for goods or services, or a complete Agreement for goods or services, whichever is later.

B. Refugee Medical Screening (RMS) Service

- i. **The RMS Service shall be billed to Medicaid** (when eligible). RMS Services should only be billed to the Grant if a client is determined ineligible for Medicaid. Services provided to individuals ineligible for Medicaid will be reimbursed at the current Medicare rate in place at the time-of-service provision. The Grantee will only bill the actual costs incurred at the Medicare rates for those clients who they have confirmed have been determined ineligible by Michigan Department of Health and Human Services (MDHHS) for Medicaid and are not active on Refugee Medical Assistance (RMA).

PART III – PROPOSAL NARRATIVE

3.0 Bidder Information

All information requested below is required. By submitting a proposal, the Bidder hereby assures that the RFP has been reviewed by the organization’s governing body, and that body has authorized submission of a proposal; that the person identified below as “Bidder’s representative who is the authorized negotiator” has been authorized by the governing body to represent the organization for the purposes of the submission of a proposal and agreement negotiation; and that the organization intends to provide services according to the information contained in this Request for Proposal, if selected and issued an agreement to do so.

1. Bidder Legal Name

2. Bidder Legal Address (include 9-digit zip code)

Bidder E-mail Address

Bidder Website Address

3. Bidder Mail Code (identified when registering on Contract & Payment Express)

4. Bidder DUNS Number

5. Bidder’s business is incorporated in what state?

6. Number of years in business

7. Number of employees

8. Legal business name of any applicable parent company

9. Legal address of any applicable parent company (include 9-digit zip code)

10. Type of Organization (individuals are private proprietary)

Private, non-profit Private, proprietary Public University

11. Bidder's fiscal year begin date (month and day)

12. Bidder's representative who is the authorized negotiator for the Bidder

Telephone Number

13. Is the Bidder an Iran-linked business as defined in [MCL 129.312](#).

Yes No

14. Has there been a recent change in the organizational structure (e.g., management team) or a change of control (merger or acquisition)?

Yes No

If yes, why, and how has it affected the company?

15. Provide the history of the company and if growth has been organic, through mergers and acquisitions, or both.

16. Has Bidder ever been debarred, suspended, or otherwise disqualified from bidding, proposing, or contracting with any governmental entity, including the state of Michigan?

Yes No

If yes, provide the date, governmental entity, and details surrounding the action.

17. Has Bidder ever been sued by the state of Michigan?

Yes No

If yes, provide the date, case caption, case number, and identify the court in which the case was filed.

18. Has Bidder ever sued the state of Michigan?

Yes No

If yes, provide the date, case caption, case number, and identify the court in which the case was filed.

19. Within the past five years, has Bidder defaulted on a government contract or been terminated for cause by any governmental entity, including the state of Michigan?

Yes No

If yes, provide the date of action, contracting entity, type of contract, and details surrounding the termination or default.

20. Within the past five years, has Bidder defaulted on a contract or been terminated for cause by any private entity in which similar service or products were being provided by Bidder?

Yes No

If yes, provide the date of action, contracting entity, type of contract, and details surrounding the termination or default.

-
21. “Qualified Disabled Veteran,” as defined by [Public Act 431 of 1984](#), means a business entity that is at least 51% owned by one or more veterans with a service-connected disability. The Act defines “Service-Connected Disability” as a disability incurred or aggravated in the line of active military, naval, or air service as defined in [38 USC 101 \(16\)](#).

The Bidder represents that **it is**, or **is not**, a disabled veteran-owned business.

Is Is not

The Bidder represents and warrants that the company meets the above criteria (when checked) and has provided the following supportive documentation:

- A. Proof of service and conditions of discharge: DD214 or equivalent
- B. Proof of service-connected disability: DD214 if the disability was documented at discharge or Veterans Administration (VA) Rating Decision Letter or equivalent if the disability was documented after discharge.
- C. Proof of ownership: Appropriate legal documents setting forth the ownership of the business entity.

In lieu of the documentation identified above, Bidder may also provide a copy of the business entities National Veterans Business Development Council (NVBDC) certification.

-
22. Did Bidder, or an employee of Bidder, participate in developing any component of the solicitation?

Yes No

If yes, describe how Bidder, or an employee of Bidder participated.

-
23. Will Bidder, or an employee of Bidder, participate in the evaluation of the proposals received in response to this solicitation?

Yes No

If yes, describe how Bidder, or an employee of Bidder will participate in the evaluation process.

-
24. Identify gross annual sales for the last five years.
-

-
25. If the award of any resulting contract will increase Bidder's gross revenue by more than 25% from the last year's sales, explain how Bidder will scale up to manage this increase.
-

26. The Bidder must affirm that it **agrees**, or **does not agree**, with the standard terms (Section 1.18).

Agrees Does not agree

LEO strongly encourages strict adherence to the standard terms. LEO reserves the right to deem a proposal non-responsive for failure to honor the standard terms. Nevertheless, the Bidder may submit proposed changes to the standard terms accompanied by a detailed explanation as to each change for LEO consideration; failure to do so will constitute the Bidder's acceptance of the standard terms. General statements, such as that the Bidder reserves the right to negotiate the standard terms, may also be considered non-responsive.

3.1 CATEGORY A: Bidder Experience & Past Performance

A1. Describe your experience in providing medical screening services similar in size and scope to those detailed in this RFP. List the agreements that are relevant to the type of services in this RFP, whether provided for LEO or any other purchaser, for the past three years. Include identifiable contract or grant numbers, they type of service, timeframe the service was provided in, who the contract or grant was with or through, and name of a contact person for each contract/grant. Use **Chart A1** below. An example is provided in the first row.

Bidder Response:

Chart A1

Contract/Grant number	Service type	Timeframe	Agreement with	Contact
<i>Ex: RMS19-9901</i>	<i>Refugee Medical Screening</i>	<i>10/1/17 - 9/30/20</i>	<i>LEO/Office of Global MI</i>	<i>Dawn Arwood</i>

For Evaluator Use Only (Shaded Areas)

A1.

Did the Bidder provide a list of contracts or grants from the past three years that are relevant to the service identified in this RFP? *(1.5 points)*

Did the Bidder include the service type, timeframe, who the contract/grant was with or through, and contact information? *(1.5 points)*

Evaluator Comments:

A2. Provide a description for each of the service(s) identified in column 2 of Chart A1 above. Identify the *expected* performance outcome(s) established in each contract/grant and the *actual* measured performance outcome(s). Provide reasoning if the *actual* measured performance outcomes were not met (if applicable). Use **Chart A2** below.

Bidder Response:

Chart A2				
Contract/Grant number	Description of service	Expected performance outcomes	Actual performance outcome	Performance outcome discussion (if applicable)
<i>Ex: RMS19-9901</i>	<i>Provide refugee medical screening to referred refugees within 90 days of arrival to the U.S.</i>	<ol style="list-style-type: none"> 1. 100% of referred refugees will be screened within 90 days of U.S. arrival. 2. 90% of referred refugees will be screened within 30 days of U.S. arrival. 3. Etc. 	<ol style="list-style-type: none"> 1. 98% of referred refugees were screened within 90 days of U.S arrival. 2. 94% of referred refugees were screened within 30 days of U.S arrival. 3. Etc. 	<i>The COVID-19 pandemic caused medical screening delays beyond our control; two families were screened 90 days after their arrival in April 2020.</i>

A2.
 Did the Bidder provide a description of the services provided? *(2 points)*
 Did the contract or grant numbers align with those listed in Chart A1? *(1 point)*
 Did the Bidder provide expected and actual performance outcomes for the services provided? If performance outcomes were not met, was justification given? *(5 points)*

Evaluator Comments:

A3. For the contracts or grants listed in **Chart A1**, describe the principal characteristics of the target population(s) for whom services were provided.

Bidder Response:

A3.
 Did the Bidder describe the principal characteristics of the target population? *(0.5 points)*
 Is the Bidder’s target population consistent with what is required for this RFP? *(1.5 points)*

Evaluator Comments:

A4. Describe the medical referral process for the services listed in **Chart A2**. Detail communication strategies with referral partners and other efforts taken to ensure referrals were completed in an efficient and timely manner. Describe if client participation, engagement, and investment in the referral process were achieved and maintained.

Bidder Response:	
<p>A4. Did the Bidder describe the medical referral process for the services listed in Chart A2? <i>(0.5 points)</i> Did the Bidder describe communication strategies and other efforts taken to ensure referrals were completed in an efficient and timely manner? <i>(1.5 points)</i> Did the Bidder describe if client participation, engagement, and investment in the referral program were achieved and maintained? <i>(2 points)</i></p>	
Evaluator Comments:	
<p>A5. Describe relationships with relevant community organizations, specifically the refugee resettlement agencies, local health departments, clinics, and other health care providers for the areas in which the services are provided. Include the types of service they provide, history of working relationships, and how those working relationships assisted in the success of clients served.</p>	
Bidder Response:	
<p>A5. To what degree has the Bidder demonstrated the ability to collaborate with, or otherwise utilize, relevant organization's resources within the local community to enhance outcomes for current or past clients? <i>(2 points)</i> Did the Bidder include the type of service each organization provides? <i>(1 point)</i></p>	
Evaluator Comments:	
MAXIMUM NUMBER OF POINTS FOR THIS CATEGORY:	20
EVALUATOR'S SCORE FOR THIS CATEGORY:	

3.2 CATEGORY B: Agency Organization, Staffing, and Location

<p>B1. Provide an agency-wide organization chart that includes position titles and languages spoken (if English is not the only language).</p>															
<p>Bidder Response:</p>															
<p>B1. Did the Bidder provide an organization chart of the agency? <i>(0.5 points)</i> Does the organization chart include position titles and languages spoken? <i>(2 points)</i> Are position titles and names consistent with those identified elsewhere within the RFP? <i>(1 point)</i></p>															
<p>Evaluator Comments:</p>															
<p>B2. Identify the number of staff needed to fulfill the terms of services identified in this RFP. Describe the method used to determine the amount of staff time that will be dedicated to this RFP.</p>															
<p>Bidder Response:</p>															
<p>B2. Has the Bidder identified the number of staff needed to fulfill the terms of the services? <i>(0.5 points)</i> Has the Bidder described an acceptable method to determine if the level of staffing identified is necessary? <i>(1 point)</i> Does the estimated number of staff seem realistic and reasonable for the required services to be provided? <i>(3 points)</i></p>															
<p>Evaluator Comments:</p>															
<p>B3. Provide a description of the administrative staff, supervisors, and medical personnel who would be assigned to the services, including the provider who will perform refugee medical screening. Provide the name, educational credentials, current title, and relevant experience that demonstrates qualifications to provide the proposed services. Do not provide resumes. Use Chart B3 below.</p>															
<p>Bidder Response:</p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f2f2f2;"> <th colspan="4" style="text-align: left; padding: 5px;">Chart B3</th> </tr> <tr style="background-color: #f2f2f2;"> <th style="width: 20%; padding: 5px;">Name</th> <th style="width: 15%; padding: 5px;">Credential(s)</th> <th style="width: 20%; padding: 5px;">Title</th> <th style="width: 45%; padding: 5px;">Relevant experience</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><i>Ex. Ernest Johnson</i></td> <td style="padding: 5px;"><i>MD, FACPM</i></td> <td style="padding: 5px;"><i>Clinic Physician</i></td> <td style="padding: 5px;"><i>Civil Surgeon, Fellow of the ACPM, graduate University of Michigan Medical School. Dr. Johnson has been the Clinic Physician for over 40 years and has worked with a variety of</i></td> </tr> </tbody> </table>				Chart B3				Name	Credential(s)	Title	Relevant experience	<i>Ex. Ernest Johnson</i>	<i>MD, FACPM</i>	<i>Clinic Physician</i>	<i>Civil Surgeon, Fellow of the ACPM, graduate University of Michigan Medical School. Dr. Johnson has been the Clinic Physician for over 40 years and has worked with a variety of</i>
Chart B3															
Name	Credential(s)	Title	Relevant experience												
<i>Ex. Ernest Johnson</i>	<i>MD, FACPM</i>	<i>Clinic Physician</i>	<i>Civil Surgeon, Fellow of the ACPM, graduate University of Michigan Medical School. Dr. Johnson has been the Clinic Physician for over 40 years and has worked with a variety of</i>												

			<i>immigrant and refugee populations. He is well-known within the community as a trusty-worthy primary care physician, etc.</i>

B3.
 Does the number of listed staff align with the number identified in Question B2? *(0.5 points)*
 Are position titles and names consistent with those identified elsewhere within the RFP? *(0.5 points)*
 Has the Bidder identified appropriate credentialed RMS provider staff? *(2 points)*
 Does the Bidder possess the experience, qualifications, capacity, and skills to provide the services described in this RFP? *(2 points)*

Evaluator Comments:

B4. Provide information on staffing for the services to be provided. Divide the positions by *Supervisory*, *Direct Service* (RMS Service – Section 2.1), and *Support Staff* (RMSA Service – Section 2.0). Include the position title, annual salary, number of hours worked per week, number of weeks worked per year, and the number of FTEs that would be supported with RMS funding. Do not exceed the award amounts, as indicated in this RFP. If a position falls into more than one category, place the position in the category where the bulk of the individual’s time will be spent. **Use Chart B4** below.

Bidder Response:

Chart B4					
Position Category	Position title	Annual salary	# hours/week	#weeks/year	# of FTE's
MANAGERIAL/ SUPERVISORY					
DIRECT SERVICE (RMS Service)					
SUPPORT STAFF (RMSA Service)					

B4.

Did the Bidder complete the chart? *(0.5 points)*

Are position titles consistent with those identified elsewhere within the RFP? *(0.5 points)*

Does the division of work (among the position categories and the estimated number of hours working per week and year) seem realistic? *(2 points)*

Evaluator Comments:

B5. Describe the amount and nature of supervisory oversight your program requires to perform the RMSA Service. Include:

1. Name and title of the supervisor.
2. Number of staff the supervisor would be responsible for the RMSA Service.
3. Number of staff the same supervisor is responsible for under other programs.
4. Back-up supervisor arrangement for this service.

Bidder Response:**B5.**

Did the Bidder describe:

1. Name and title of the supervisor? *(0.5 points)* Is the name and position title consistent with that identified elsewhere within the RFP? *(0.5 points)*
2. Number of staff the supervisor would be responsible for the RMSA Service? *(1 point)*
3. Number of staff the same supervisor is responsible for under other programs? *(1 point)*
4. Back-up supervisor arrangement for this service? *(1 point)*

Evaluator Comments:

B6. Describe the amount and nature of supervisory oversight your program requires to perform the RMS Service. Include:

1. Name and title of the supervisor.
2. Number of staff the supervisor would be responsible for the RMS Service.
3. Number of staff the same supervisor is responsible for under other programs.
4. Back-up supervisor arrangement for this service.

Bidder Response:**B6.**

Did the Bidder describe:

1. Name and title of the supervisor? *(0.5 points)* Is the name and position title consistent with that identified elsewhere within the RFP? *(0.5 points)*
2. Number of staff the supervisor would be responsible for the RMS Service? *(1 point)*
3. Number of staff the same supervisor is responsible for under other programs? *(1 point)*
4. Back-up supervisor arrangement for this service? *(1 point)*

Evaluator Comments:

B7. Describe your plan to continue to provide services if staff turnover occurs.

Bidder Response:

B7.
 Has the Bidder described a plan that describes how they will continue to provide services if staff turnover occurs? *(0.5 points)*
 Is the described plan realistic and sustainable? *(3 points)*

Evaluator Comments:

B8. Describe the plan to provide accessibility and availability to your RMS clients. Include the following:

1. The agency’s normal hours of operation.
2. Emergency (24 hour per day, 7 days per week, 365 days per year) clinic accessibility, if necessary.
3. Emergency (24 hour per day, 7 days per week, 365 days per year) communication (i.e., phone, on-call service, text, email, etc.) availability, if necessary.

Bidder Response:

B8.
 Did the Bidder describe:

1. The agency’s normal hours of operation? *(0.5 points)*
2. Emergency 24/7/365 clinic accessibility? *(2 points)*
3. Emergency 24/7/365 communication availability? *(2 points)*

Evaluator Comments:

B9. Identify each location where services will be provided. Include the street address, city, and zip codes for all locations. If sub-granting, provide address of medical screening provider. Use **Chart B8** below.

Bidder Response:

Chart B8		
Street Address	City	Zip Code

B9.	
Has the Bidder identified the location(s) where the services will be provided? <i>(1 point)</i>	
Evaluator Comments:	
B10. Is/are the facility/facilities listed in Question B9 accessible to public transportation? If so, describe the type of public transportation (i.e., bus, trolley, train, ride share, etc.) proximity and frequency of the routes. Describe whether public transportation is available to all clients within the service area (Section 2.3) to be served.	
Bidder Response:	
B10.	
Has the Bidder identified a facility/facilities that is/are accessible by public transportation? <i>(2 points)</i>	
Has the Bidder described the type of public transportation, proximity to the facility/facilities, and the frequency of routes? <i>(1 point)</i>	
Is the described public transportation available to all clients within the service area? If not, has the Bidder identified an alternative and realistic method of transportation? <i>(2 points)</i>	
Evaluator Comments:	
B11. Is/are the facility/facilities listed in Question B9 accessible to persons with disabilities?	
Bidder Response:	
B11.	
Has the Bidder identified a facility/facilities that is/are accessible to persons with disabilities? <i>(2 points)</i>	
Evaluator Comments:	
MAXIMUM NUMBER OF POINTS FOR THIS CATEGORY	40
EVALUATOR'S SCORE FOR THIS CATEGORY	

3.3 CATEGORY C: Proposed Work Plan

C1. Describe recent demographics (within the past three years) of the proposed service area. Include population types (i.e., refugee, asylee, URM, SIV, etc.), languages spoken, and a short description of priority health concerns. Use **Chart C1** below.

Bidder Response:

Chart C1		
Population type	Languages spoken	Priority health concerns
<i>Refugee</i>	<i>Kinyarwanda, Burmese, Swahili</i>	<i>Mental health, reproductive/sexual health, lead exposure</i>

C1.
 Are the listed population types comparable to the target population to be served with this RFP? **(3 points)**
 Has the Bidder demonstrated an understanding of the service area and the priority health concerns of local target populations? **(3 points)**

Evaluator Comments:

C2. Describe other (non-medical) needs for the populations listed in Chart C1, specifically in relation to:

1. Language access
2. Cultural barriers
3. Transportation
4. Disabilities

Bidder Response:

C2.
 Did the Bidder describe other (non-medical) needs for the populations listed in Chart C1, in relation to:
 1. Language access? **(1 point)**
 2. Cultural barriers? **(1 point)**
 3. Transportation? **(1 point)**

<p>4. Disabilities? <i>(1 point)</i></p> <p>Has the Bidder demonstrated an understanding of the service area and the cultural and accessibility needs of the targeted population? <i>(3 points)</i></p>
<p>Evaluator Comments:</p>
<p>C3. Describe and provide specifics regarding service delivery for the <u>RMSA Service</u> identified in this RFP. Address all activities that the Bidder is expected to perform, including:</p> <ol style="list-style-type: none"> 1. Communicating and coordinating with refugee resettlement agencies. 2. Billing the RMS Services to Medicaid. 3. Utilizing the Electronic Disease Surveillance (EDN) system and the Michigan Disease Surveillance System (MDSS). 4. Providing follow-up care and referrals for further diagnostics.
<p>Bidder Response:</p>
<p>C3. Has the Bidder demonstrated their ability to fully implement and maintain the RMSA Services described in the RFP, including:</p> <ol style="list-style-type: none"> 1. Communicating and coordinating with refugee resettlement agencies? <i>(1 point)</i> 2. Billing the RMS Services to Medicaid? <i>(1 point)</i> 3. Utilizing the Electronic Disease Surveillance (EDN) system and the Michigan Disease Surveillance System (MDSS)? <i>(1 point)</i> 4. Providing follow-up care and referrals for further diagnostics? <i>(1 point)</i>
<p>Evaluator Comments:</p>
<p>C4. Describe and provide specifics regarding service delivery for the <u>RMS Service</u> identified in this RFP. Address all activities that the Bidder is expected to perform, including:</p> <ol style="list-style-type: none"> 1. Successfully providing a culturally and linguistically appropriate medical screening within 30 days, and no longer than 90 days, of the refugee’s arrival to the U.S. 2. Educating clients about the importance of follow-up care and referrals. 3. Strategies for integrating the medical screening program services into <i>existing</i> clinic processes.
<p>Bidder Response:</p>

C4. Has the Bidder demonstrated their ability to fully implement and maintain the RMS Services described in the RFP, including:

1. Successfully providing a culturally and linguistically appropriate medical screening within 30 days, and no longer than 90 days, of the refugee’s arrival to the U.S? *(1 point)*
2. Educating clients about the importance of follow-up care and referrals? *(1 point)*
3. Strategies for integrating the medical screening program services into *existing* clinic processes? *(1 point)*

Evaluator Comments:

C5. Provide a plan for communicating with refugee resettlement agencies and recently arrived clients to ensure RMS appointments are scheduled and attended. Include a timeline for communications with the refugee resettlement agency prior to, and after, refugees have arrived. Describe what steps will be taken when timelines cannot be met, and steps taken when appointments are cancelled or there are no-shows.

Bidder Response:

C5.
 Did the Bidder provide a plan for communicating with resettlement agencies and newly arrived refugees? *(0.5 points)*
 Did the Bidder provide a timeline for communications and scheduling RMS appointments? *(1 point)*
 If so, is the timeline acceptable, per the RFP specifications? *(2 points)*
 Did the Bidder describe what steps will be taken if a required contact is not made, appointments are cancelled, or a screening not completed as scheduled? *(1 point)*

Evaluator Comments:

C6. Describe how clients are referred for further treatment (if necessary) and how the client will be engaged in the referral process. Describe the steps that will be taken if the clients are not successful in following referrals and follow-up appointments.

Bidder Response:

C6.
 Did the Bidder describe how applicable clients are referred for further treatment? *(1 point)*
 Did the Bidder describe how they plan to engage the client in the referral process? *(1 point)*
 Did the Bidder describe steps that would be taken to ensure client engagement? *(1 point)*

Evaluator Comments:

C7. Describe how it will be determined whether the program is successful in meeting performance outcomes and agreement requirements. Describe the steps that will be taken if the program is not successful in meeting the agreement requirements.

Bidder Response:

C7.

Did the Bidder describe how they will determine whether the program is successful in meeting expected performance outcomes and agreement requirements? *(1 point)*

Did the Bidder describe steps that would be taken if they are not successful in meeting performance outcomes and agreement requirements? *(1 point)*

Evaluator Comments:

C8. Estimate the anticipated number of clients to be served in a 12-month period.

Bidder Response:

C8.

Did the Bidder include a realistic estimated number of clients to be served in a 12-month period? *(2 points)*

Evaluator Comments:

C9. Describe the plan for notifying resettlement agencies, prospective clients, community stakeholders, etc. of service availability and coordinating RMS Services.

Bidder Response:

C9.

Did the Bidder describe an effective approach for notification of service availability and coordination of medical screening services? *(1 point)*

Evaluator Comments:

C10. Describe how collaboration will be developed and maintained with refugee resettlement agencies, relevant organizations and resources within the local community that will assist with successful implementation of this service, including:

1. Identifying specific resources within the proposed service area that are available to assist clients.
2. The process for connecting clients to identified resources.
3. Advocating for the client in need of services or resources.
4. Coordination of services for clients served by multiple systems.

For those agencies without a current presence in the community, Bidder's response should thoroughly describe the plan to collaborate and develop relationships with relevant organizations and resources within the local community.

Bidder Response:

C10.

Did the Bidder describe how collaboration will be developed and maintained with refugee resettlement agencies, relevant organizations and resources within the local community that will assist with successful implementation of this service, including:

1. Identifying specific resources within the proposed service area that are available to assist clients? *(1 point)*
2. The process for connecting clients to identified resources? *(1 point)*
3. Advocating for the client in need of services or resources? *(1 point)*
4. Coordination of services for clients served by multiple systems? *(1 point)*

Evaluator Comments:

C11. Describe a plan to adapt or change RMS and RMSA Service deliveries, as necessary, due to the COVID-19 pandemic.

Bidder Response:

C11.

Has the Bidder described an acceptable plan to continue to provide RMS and RMSA Services as the COVID-19 pandemic changes? *(2 points)*

Evaluator Comments:

C12. Identify the date services will begin. Include a plan that ensures services will begin on that date.

Bidder Response:**C12.**Has the Bidder identified a begin date? *(0.5 points)*Has the Bidder included an acceptable and realistic plan to ensure services will begin on that date? *(1 point)***Evaluator Comments:****MAXIMUM NUMBER OF POINTS FOR THIS CATEGORY:**

40

EVALUATOR'S SCORE FOR THIS CATEGORY:**EVALUATION SCORE FOR ALL CATEGORIES:**

3.4 CATEGORY D: Budget Narrative

Provide a narrative description of all resources the Bidder proposes to meet the requirements of the RFP. Do not include figures that would indicate the dollar amount of the proposal.

Resource	Description
Employee Fringe Benefits Itemize the benefits offered and for which positions, including, but not limited to: Social Security, Medicare, Unemployment, Worker's comp., Insurances, etc.	
Occupancy Square feet and number of facilities, heat, utilities, etc. State if renting or own.	
Communications Internet, fax, telephone, number of lines and phones, number of cell phones, etc.	
Supplies General, program, duplicating, etc., include number of computers, printers, etc., if any.	
Equipment Any non-consumable item costing \$5,000 or more and not included as part of the cost of the facility.	
Transportation Costs Number of miles for transportation, meals, lodging, etc. List the mileage rate being used.	
Contractual Services Compensation paid by the Contractor to a third party.	

Specific Assistance to Individuals Amount of money or other items of value purchased for a specific client.	
Miscellaneous Expenses related to the agreement, which are not chargeable to other line items.	

APPENDIX

Determination of Client Eligibility

The client's eligibility status must be considered to qualify for all ORR-funded services. The Grantee shall determine eligibility for ORR-funded services by reviewing the following documents, listed by immigration status: Immigration statuses listed below are granted by the United States Citizenship and Immigration Services (USCIS).

- i. **Refugee** – Acceptable documents for refugees admitted under [§ 207](#) of the Immigration and Nationality Act (INA):
 - a. I-94 arrival/departure card noting that the individual has been admitted under § 207 of the INA.
 - b. RE-1 admission code on the I-94 (principal refugee)
 - c. RE-2 admission code on the I-94 (spouse of principal refugee)
 - d. RE-3 admission code on the I-94 (child of principal refugee)
 - e. RE-4 admission code on the I-94 (collateral relatives of principal refugee)
 - f. RE-5 admission code on the I-94 (certain Haitian refugees)
 - g. I-766 Employment Authorization Document with code A03.
 - h. Department of Homeland Security (DHS) Form I-571
 - i. Visa 93 (V-93) on the I-94 Arrival/departure card.
- ii. **Asylee** – Acceptable documents for asylees admitted under [§ 208](#) of the INA:
 - a. I-94 arrival/departure card noting that the individual has been admitted under §208 of the INA.
 - b. AS-1 admission code on the I-94
 - c. AS-2 admission code on the I-94
 - d. AS-3 admission code on the I-94
 - e. DHS Form I -571
 - f. I-766 Employment Authorization Document with code A05.
 - g. Order of an immigration judge granting asylum under § 208 of the INA.
 - h. Asylum approval letter from a DHS/USCIS asylum office.
 - i. Written decision from the Board of Immigration Appeals.
 - j. I-730 approval letter
 - k. Visa 92 (V-92) on the I-94 arrival/departure card.
- iii. **Cuban/Haitian Entrant** – Acceptable documents for Cuban and Haitian Entrants (as defined under [45 CFR § 401.2](#)):
 - a. Individuals granted parole status as a Cuban/Haitian Entrant (Status Pending) or granted any other special status:
 - i. I-94 arrival/departure card with a stamp showing parole at any time as a “Cuban/Haitian Entrant (Status Pending)”.
 - ii. CH6 adjustment code on the I-551

- iii. An I-94 arrival departure card with a stamp showing parole into the U.S. on or after April 21, 1980.
 - iv. A Cuban or Haitian passport with a [§ 212\(d\)\(5\)](#) stamp dated after October 10, 1980.
 - b. A Cuban or Haitian national who was paroled into the U.S. and has not acquired any other status under the INA, and who a final, non-appealable, and legally enforceable order removal, deportation, or exclusion has **not** been entered:
 - i. I-94 arrival/departure card showing parole into the U.S.
 - ii. I-766 Employment Authorization Document with code A04 or C11.
 - c. A Cuban or Haitian national who is the subject of removal, deportation, or exclusion proceedings under the INA and who a final, non-appealable, and legally enforceable order removal, deportation, or exclusion has **not** been entered:
 - i. DHS Form I-221
 - ii. DHS Form I-862
 - iii. DHS Form I-220A
 - iv. DHS Form I-222
 - v. DHS Form I-221S
 - vi. Copy of DHS Form I-589 date stamped by the Executive Office.
- iv. **SIV Holder** – Acceptable documents for Iraqi and Afghan special immigrants:
 - a. Iraqi passport with an immigrant visa stamp with one of the following Immigrant Visa categories and a DHS stamp or notation on their passport or I-94 showing date of entry. Acceptable Immigrant Visa categories are as follows:
 - i. S11 or SQ1 (principal applicant Iraqi special immigrant)
 - ii. S12 or SQ2 (spouse of principal applicant Iraqi special immigrant)
 - iii. S13 or SQ3 (unmarried child under 21 years of age of principal applicant Iraqi special immigrant)
 - b. DHS Form I-551 (“green card”) showing Iraqi nationality (or Iraqi passport), with one of the following Immigrant Visa categories:
 - i. S16 or SQ6 (principal applicant Iraqi special immigrant adjusting status in the U.S.)
 - ii. S17 or SQ7 (spouse of principal applicant Iraqi special immigrant adjusting status in the U.S.)
 - iii. S13 or SQ3 (unmarried child under 21 years of age of principal applicant Iraqi special immigrant adjusting status in the U.S.)
- v. **Amerasian** – Acceptable documents for certain Amerasians:
 - a. AM-1 admission code on the I-94
 - b. AM-2 admission code on the I-94
 - c. AM-3 admission code on the I-94
 - d. AM-6 adjustment code on Form I-551 Permanent Resident Card (or Resident Alien Card)
 - e. AM-7 adjustment code on Form I-551 Permanent Resident Card (or Resident Alien Card)

- f. AM-8 adjustment code on Form I-551 Permanent Resident Card (or Resident Alien Card)
 - g. Vietnamese Exit Visa with codes AM-1, AM-2, or AM-3
 - h. Vietnamese passport with codes AM-1, AM-2, or AM-3
 - i. United States passport with codes AM-1, AM-2, or AM-3
- vi. **Victim of Human Trafficking** – Acceptable documents for victims of human trafficking:
- a. Adult (age 18 and older): A Certification Letter issued by ORR is required before an adult victim of human trafficking can receive ORR-eligible services. To receive a Certification Letter, adult victims of human trafficking must:
 - i. Be a victim of a severe form of trafficking as defined by the [Trafficking Victims Protection Act of 2000](#).
 - ii. Be willing to assist in every reasonable way in the investigation and prosecution of severe forms of trafficking or be unable to cooperate due to physical or psychological trauma.
 - iii. Have made a bona fide application for a T visa that has not been denied.
 - iv. Have received Continued Presence from the Department of Homeland Security to contribute to the prosecution of human traffickers.
 - b. Child (under the age of 18): A certification document is **not** required.
- vii. **URM** – Children under the age of 18, are unaccompanied, and are either a refugee, entrant, asylee, victim of trafficking, minor with Special Immigrant Juvenile Status (SIJS), and/or a U visa holder.