

Michigan Department of Labor and Economic Opportunity

**REQUEST FOR PROPOSAL (RFP)**

Maximum Award: \$2,670,000.00 - estimated	RFP Number: RMS22-9901
Year 1: \$890,000.00 - 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: \$890,000.00 – estimated	
Year 3: \$890,000.00 - estimated	
Anticipated Begin and End Dates: <b>10/01/2021</b> Through: <b>09/30/2024</b>	

**Proposal Submission**  
 All proposals with related material must be submitted electronically in Word Format to [LEO-RefugeeServices@michigan.gov](mailto:LEO-RefugeeServices@michigan.gov) by 11:59pm EST June 25, 2021.

**Geographic Area:** See Attachment A – County Detail Sheet.

The Grantee (awarded bidder) must deliver services to referred clients both virtually and in-person in the proposed geographic area (See below in Additional Information).

**Service Title(s):** Refugee Medical Screening

**Disqualifying Criteria:**  
 The bidder will be disqualified, and the proposal will not be reviewed if there is failure to:

- Submit a complete proposal, including sub-section, to [LEO-RefugeeServices@michigan.gov](mailto:LEO-RefugeeServices@michigan.gov) on or before 11:59pm EST June 25, 2021.
- Stay at or below the maximum award amount per agreement year (see Additional Information) per Attachment A - County detail sheet.

Proposals from bidders who are current state of Michigan employees are also disqualified and will not be reviewed.

**Additional Information:**

This RFP contains 4 service areas. Bidders shall identify the proposed service area as identified on Attachment A - County Detail Sheet.

1. RMS22 - 5101 — Macomb County — estimated \$250,000.00 award per year
2. RMS22 - 6301 — Oakland County — estimated \$250,000.00 award per year
3. RMS22 - 8101 — Washtenaw County — estimated \$140,000.00 award per year
4. RMS22 - 8201 — Wayne County — estimated \$250,000.00 award per year

**PLEASE NOTE:**

Service #1 shall be billed and reimbursed at actual costs.

Service #2 must be billed to Medicaid.

<p><b>Authority:</b> P.A. 2080 of 1939.  <b>Completion:</b> Mandatory.  <b>Penalty:</b> Agreement Invalid</p>	<p>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</p>
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**Table of Contents**

This RFP provides interested bidders with sufficient information to prepare and submit proposals for consideration by the Michigan Department of Labor and Economic Opportunity (LEO) and contains the following sections:

**Section I: PROPOSAL OVERVIEW**.....4

**Section II: DESCRIPTION OF SERVICE SPECIFICATIONS** .....11

    1. *Introduction*..... 11

    2. *Program Requirements*..... 11

    3. *Grantee Responsibilities*..... 17

    4. *Other* ..... 23

**Section III: INSTRUCTIONS for BIDDERS** .....25

    1. *Proposal Checklist for Submission* ..... 25

    2. *Evaluation Criteria*..... 25

**Section IV: PROPOSAL NARRATIVE** .....26

    1. *Bidder Information*..... 26

    2. *CATEGORY A: Bidder Experience & Past Performance*..... 30

    3. *CATEGORY B: Agency Organization, Staffing, and Location* ..... 33

    4. *CATEGORY C: Staff Credentials, and Qualifications* ..... 38

    5. *CATEGORY D: Program Implementation (Work Plan)* ..... 40

    6. *CATEGORY E: Proposal Budget Narrative*..... 46

**Section V: ATTACHMENTS**.....48

    1. *Attachment A: County Detail Sheet* ..... 48

    2. *Attachment B: ORR Refugee Domestic Medical Screening Checklist*..... 49

## **Section I: PROPOSAL OVERVIEW**

### 1. Questions/Inquiries

Questions regarding the content of this RFP must be made by email to Dawn Arwood at arwoodd2@michigan.gov on or before 11:59 pm EST June 18, 2021. LEO staff are not allowed to respond to questions regarding the content of the RFP that are made via telephone or teleconference.

### 2. 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](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.

### 3. Response Preparation

Bidders must follow these proposal instructions and provide a complete response. Uniform Resource Locator (URL) links to information will not be considered for evaluation. Bidder should include its company name in the header of all response documents.

### 4. Delivery of Proposal

The bidder must submit its proposal, all attachments, and any modifications or withdrawals electronically through [LEO-RefugeeServices@michigan.gov](mailto:LEO-RefugeeServices@michigan.gov). The bidder must provide the documents in Microsoft Word format, but has the option to also provide copies of any documents in a non-modifiable form (e.g., PDF). 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 prior to 11:59pm EST June 25, 2021. Do not wait until the last minute to submit the bid.

### 5. Evaluation Process

In awarding the agreement, proposals will be evaluated by a grant review committee. Only those proposals receiving a score of 80 points or more will be considered for award. All qualified proposals will be evaluated based on rating criteria identified in the RFP.

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
- Bidder’s past performance
- Bidder’s ability to respond to all requirements outlined in the RFP
- Bidder’s ability to maintain a presence in providing services
- Financial stability
- Continuity and stability in provision of service
- Knowledge transfer activities

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.

#### 6. 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.

#### 7. 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.

#### 8. 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 5, Evaluation Process, if LEO receives only one RFP response.
- l. Evaluate proposals using a method that establishes the relative importance of each deliverable.

## 9. 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](https://www.michigan.gov/ogm/0,9597,7-394-93237_93234_93235---,00.html).

#### 10. 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.

#### 11. 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.

#### 12. 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.

### 13. Rights to Information Contained in Proposals

All proposals will be considered the property of LEO.

### 14. Subgrantees

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.

### 15. 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>.

### 16. Standard Terms

Awards made as a result of this RFP will require execution of an agreement with LEO. The agreement will contain standard terms.

### 17. Options to Renew

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

### 18. 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](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.

#### 19. State of Michigan Employees

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.

#### 20. 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>).

## Section II: DESCRIPTION OF SERVICE SPECIFICATIONS

### 1. Introduction

Provide a comprehensive medical screening to newly arrived refugees to ensure communicable diseases of public health importance and other health issues are recognized and treated. Administer immunizations as necessary and make referrals to local health care providers for follow-up. Medical screenings must be initiated within 30 days and be completed no more than 90 days after the refugee's U.S. arrival. A domestic health screening form will be provided, and all medical screening data must be entered into the Michigan Disease Surveillance System (MDSS).

Close collaboration and partnerships with the local refugee resettlement agencies is essential. The resettlement agencies will refer clients for the medical screening.

**NOTE: Administrative functions to run the program are billable to the grant.  
All refugee medical screenings must be billed to Medicaid.**

Award of the grant will be based on demonstration of the ability to provide these services fully, while demonstrating:

- The ability to provide medical screenings and administer immunizations to newly arrived refugees to ensure communicable diseases of public health importance and other health issues are recognized and treated.
- The ability to include cultural and linguistically appropriate methods to providing refugee medical screening.
- Strategies for successful local collaboration with resettlement agencies and other health care providers/clinics, ensuring ongoing communication about a client's health and health care needs.

### 2. Program Requirements

#### 2.1 Client Eligibility Criteria

##### a. Definition of Eligibility

The Grantee or its sub-grantee shall accept and provide services to all eligible immigration statuses, as described below. Clients will be served in the selected service area either as walk-ins, secondary migrants, or as referred by the resettlement agencies. All newly arrived entrants, refugees, asylees, or adult victims of human trafficking are eligible for medical screening services within ninety (90) days of arrival into the United States (U.S.).

Note: Full coverage of services will be delivered to all eligible refugees in the primary county.

- b. Eligible Immigration Statuses
  - i. The immigration statuses discussed below are granted by the United States Citizenship and Immigration Services (USCIS). To be eligible for services under this Agreement, a client must meet requirements found in the Federal Register under 45 CFR Part 400 and public law 110-181 the Refugee Resettlement Program, or Part 401, the Cuban/Haitian Entrant Program, section 1244 of the Public Law 110-181 and Trafficking Victims Protection Act of 2000 (TVPA).
- c. To be eligible for Refugee Medical Screening under 45 CFR Part 400, a client must be:
  - i. Admitted as a conditional entrant under section 203(a)(7) of the Immigration and Nationality Act (INA) prior to passage of the Refugee Act of 1980.
  - ii. Admitted as a refugee under Section 207 of the Immigration and Nationality Act (INA).
  - iii. Granted asylum under Section 208 of the Immigration and Nationality Act (INA). An applicant for asylum under Part 400 is not eligible for refugee assistance.
  - iv. Paroled as a refugee or asylee under Section 212(d)(5) of the Immigration and Nationality Act (INA). This does not include those admitted for humanitarian or public interest reasons.
  - v. Admitted for permanent resident status, provided the individual previously held one of the statuses above.
  - vi. Admitted pursuant to provisions of the Amerasian Homecoming Act, Public Law 100 – 202. This includes a few Amerasians admitted to the U.S. as American citizens or as petition cases (“second preference or IOR visas”). Only Amerasians from Vietnam are eligible for services under Part 400.
- d. To be eligible for Refugee Medical Screening under Part 401, the Cuban/Haitian Entrant Program, a client must be:

- i. Any national of Cuba or Haiti granted parole status as a Cuban/Haitian Entrant (Status Pending) or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided, and any other national of Cuba or Haiti who:
  1. Was paroled into the U.S. and has not acquired any other status under the Immigration and Nationality Act; the I-94 of a Cuban and Haitian national who has been paroled into the U.S. for humanitarian reasons or in the public interest will include the word “paroled” or a reference to “Section 212 (d)(5)”; or
  2. Is the subject of exclusion of deportation proceedings under the Immigration and Nationality Act (INA); letters or notices which indicate ongoing exclusion or deportation proceedings are sufficient to meet the documentation requirements; or
  3. Has an application for asylum pending with United States Citizenship and Immigration Services the I-94 of a Cuban or Haitian who has filed a claim of political asylum may include the notation “Form I-589 Filed”, and
  4. With respect to whom a final, non-appealable, and legally enforceable order of deportation has not been entered Cuban and Haitian nationals who meet the requirements listed above are collectively known as “entrants”. Entrants who gained permanent resident status under the Cuban Refugee Adjustment Act of 1966 or Cuban/Haitian Adjustment Act continue to be eligible for refugee services.
- e. To be eligible for Refugee Medical Screening under Section 1244 of Public Law 110-181, a client must be:
  - i. Admitted as an Afghan or Iraqi refugee granted Special Immigration Status (SIV) under Section 101 (a)(27) of the Immigration and Nationality Act (INA).
- f. To be eligible for Refugee Medical Screening under The Trafficking Victims Protection Act of 2000 (TVPA), a client must be:
  - i. A documented victim by a letter of Certification from the federal Office of Refugee Resettlement (ORR) or hold a T Visa.

## 2.2 Determination of Eligibility

- a. The Grantee shall determine refugee status by reviewing one of the following:
  - i. The individual's Arrival/Departure Record Form I-94 which indicated that the person:
    1. Was admitted as a refugee under Section 207 of the Immigration and Naturalization Act (INA); or
    2. Was granted asylum under Section 208 of the Immigration and Naturalization Act (INA); or
    3. Was admitted as conditional entrant under Section 203 (a)(7) of the Immigration and Naturalization Act (INA); or
    4. Was admitted as an Amerasian with Immigrant status. The I-94 shall contain one of the following identifier codes: AM1, AM2, or AM3; or
    5. Was admitted as a Cuban/Haitian entrant or parolee under section 212(d)(5).
- b. The individual's Permanent Resident Card I-151 or I-551 (also known as a "green card") for:
  - i. Persons who formerly held refugee status and have surrendered their I-94 in order to obtain permanent resident alien status. The I-151 or I-551 shall contain one of the following codes as proof of former refugee status: IC6-9, RE1-3, 6, or 8, AS1-3 and 6, -8; or
  - ii. Persons who were admitted as an Amerasian, or close family member of an Amerasian, with immigrant status. The I-151 or I-551 shall contain one of the following identifier codes: AM1-3 and 6, -8; or
  - iii. Persons who formerly held Cuban/Haitian entrant status. The I-151 or I-551 shall contain the code of CH6 or CU6 and shall be proof of former Cuban/Haitian status.

- iv. Persons who were admitted under Special Immigrant Visa (SIV) status showing they are of Iraqi or Afghan nationality and the I-551 with an IV code of SI or SQ.
  
- c. The individual's official letter:
  - i. Person who possesses an Asylum Letter from an Immigration and Naturalization Act (INS) Asylum Office
  - ii. Person who possesses a Certification Letter from The Office of Refugee Resettlement (ORR) stating the individual is a Victim of Trafficking.
  
- d. The individual's visa or passport:
  - i. Persons who were admitted under Special Immigrant Visa (SIV) status who are of Iraqi or Afghan nationality. The passport shall have an immigrant visa stamp noting the individual has been admitted under IV (Immigrant Visa) Category SI or SQ.
  - ii. Persons who were issued a T Visa, including relatives of the person who was trafficked issued derivative T visas. The visa designated as T1-5.

Note: For purposes of the remainder of this document, the term "refugee" will be used to indicate any of the above identified eligible immigration statuses, unless otherwise noted.

### 2.3 Federal Requirements

- a. The Grantee shall adhere to the following federal requirements:
  - i. Funds shall be used in accordance with the latest regulations published by the Office of Refugee Resettlement (ORR) in the Federal Register, 45 CFR Parts 400 – 401.
  - ii. Services shall be provided to the maximum extent feasible in a manner that is culturally and linguistically compatible with a refugee's language and cultural background.
  - iii. 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 refugee women.

## 2.4 State Requirements

- a. The Grantee shall adhere to the following state requirements.
  - i. Attend quarterly consultation meetings and other meetings that may be determined by the Office of Global Michigan (OGM).
  - ii. Maintain appropriate case records and procedures to document the delivery of medical services to clients. Client case records shall include (but are not limited to):
    1. Verification and documentation of client eligibility for receipt of services prior to providing services, and maintenance in each client case record of appropriate forms which document refugee immigrations status, date of entry into the U.S. and alien number.
    2. Overseas medical exam records from the Electronic Disease Notification (EDN) system or the referring refugee resettlement agency.
    3. Verification and documentation of any medical referral and follow-up.
    4. Completed Refugee Health Assessment Form in the MDSS, including the date the domestic medical screen was started.
    5. Documentation of interpretation services and resources used.
    6. Notification to resettlement agency if screening cannot be completed within 90 days.
    7. Case notes related to refugee medical screening.
  - iii. Submit semi-annual reports that indicate the effectiveness of activities performed under the grant. Evaluation reporting requirements shall consist of these reports, which reflect:
    1. Client specific statistical data.
    2. Program specific statistical data.
    3. General program activities reported in a narrative format.



4. Other data defined as necessary by OGM.

3. Grantee Responsibilities

3.1 Geographic Area

- a. The Grantee shall provide services described herein in the following geographic area: See Attachment A – County Detail Sheet.

3.2 Credentials

- a. The Grantee shall assure that appropriately credentialed or trained staff under its control, including Grantee employees and/or subgrantees, shall perform functions under this Agreement.
  - i. A Medical Physician, Public Health Nurse, Registered Nurse, Nurse Practitioner, or a Physician Assistant certified by the appropriate medical or licensing authority shall administer the refugee medical screen and immunization services.
  - ii. Medical translation/interpretation shall be provided by a certified medical translator/interpreter or an appropriately credentialed interpretation/translation service.

3.3 Services to be Delivered

NOTE: Service #1 is billable to the contract; **Service #2 must be billed to Medicaid**. If the client is ineligible for Medicaid the grantee will be reimbursed at the current *Medicare* rate in effect 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 found ineligible by DHHS for Medicaid.

- a. **Service #1: Medical Screening Administrative Services**
  - i. Establish weekly electronic and/or verbal means of communication with the refugee resettlement agencies with established procedures for:
    - 1. Receiving referral of eligible clients for medical screening services.
    - 2. Scheduling medical screening appointments.

3. Providing information and education to resettlement staff and newly arrived refugees about medical screening.
  - ii. Establish a referral process to include coordination for provision of follow-up services needed as a result of the clients' medical screening.
  - iii. Meet quarterly with the refugee resettlement agencies to share information and to review anticipated arrivals and the adequacy of the medical screening process and health plan enrollment.
  - iv. Assure that referrals of newly arrived refugees who have a Class A or B medical condition identified during the overseas medical exam and reported on the U.S. Department of State Medical Examination for Immigrant or Refugee form DS-2053 are given priority for medical screening appointments.
  - v. Provide or arrange for language-appropriate and culturally relevant services to each client. Provide certified adult interpreters for the purpose of assisting in communication between clients who are limited in the English language and the licensed medical personnel who are doing the medical screening and follow-up services.
  - vi. Create a Refugee Health Assessment case in the MDSS for each client served. Enter demographics and all medical screening results from the domestic medical screen into the system. Data shall only include tests/assessments done during the domestic medical screening.
  - vii. Utilize the EDN system to review all overseas medical exam records prior to the refugee medical screening.
  - viii. Maintain case files per Section 2.4.a.ii.
  - ix. Ensure any service provided to fulfill *Service 2 – Refugee Medical Screening* is billed to Medicaid. If a client is ineligible for Medicaid, the grantee shall bill the OGM at the current *Medicare* rate for those services provided in accordance with the required medical screening protocol.
  - x. Provide reports as indicated in Section 3.5, Reporting Requirements.

b. **Service #2:** Refugee Medical Screening

- i. Provide or arrange for refugee medical screening. The screening shall follow the ORR's Domestic Medical Screening Guidelines Checklist (see attachment B) and the CDC's [Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees](#). The screening shall be completed by credentialed staff as indicated in Section 3.2. The grantee or subgrantee shall:
1. Initiate one quality, comprehensive medical screening per newly arrived refugee, within 30 days of arrival within the United States, and complete the refugee medical screening no later than 90 days of arrival within the United States.
  2. Review overseas medical exam records provided in EDN or by the referring refugee resettlement agency to obtain a detailed history.
  3. Provide an initial age-appropriate history and physical examination to each new patient, including documentation of a comprehensive medical history and thorough physician exam.
  4. Review the DS-3025 and offer age-appropriate, [ACIP recommended](#) immunizations in accordance with Michigan school enrollment requirements. Additionally, the grantee may be required to provide additional immunizations identified by local public health to address specific populations and specific illnesses. It is recommended that all refugee medical screening providers offer the SARS-CoV-2 vaccine for COVID-19 during the refugee medical screening.
  5. Provide population-specific laboratory examination services, according to state 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  $\leq$  16 years old, and pregnant or lactating clients).
  6. Provide age-appropriate testing for viral hepatitis (B and C) based on country of origin, vaccination status, and risk factors.
    - a. Provide subsequent vaccination against Hepatitis B virus if HBV infection is not found.

- b. Test for hepatitis D virus if client is HBsAg-positive.
  - c. Provide Hepatitis A virus vaccination in accordance with ACIP recommendations.
7. 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, and pregnancy (urine).
8. Provide presumptive treatment and screening for strongyloidiasis, infections caused by other soil-transmitted helminths, and schistosomiasis, based on region of origin.
9. Provide culturally appropriate mental health screening and support:
  - a. Review overseas medical exam records for documentation of trauma, harmful behaviors, and substance-use disorders.
  - b. Ask directly about symptomology and functionality.
  - c. 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 on the [Refugee Health Technical Assistance Center](#).
  - d. Provide support and referrals for those in need of mental health assistance.
10. For clients relocating from Sub-Saharan Africa, provide presumptive treatment of *P. falciparum* for malaria.
11. For child clients, provide a complete evaluation of their nutritional status and growth through history and physical examination, laboratory testing, education, and counseling.

12. 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 IGRA blood test) according to the client's pre-departure TB classification and TB tests used to determine the TB classification.
  - a. Refer clients with Class A or B waivers, and those with a positive TB test to the local health department.
  - b. Notify the State Refugee Health Coordinator when a referral is made.
13. 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.
  - a. [Report notifiable diseases](#) to your [local health department](#) and notify the State Refugee Health Coordinator.
14. 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.

c. Volume of Service

- i. Services are to be provided to all eligible referred clients. No minimum or maximum number of units shall be established or guaranteed for this service.

Refugee medical screenings shall be billed as described in Service #2 of 2. The total LEO grant budget amount must not exceed the maximum amount of the Agreement for a 12-month period.

- d. Strive to achieve the expected performance outcomes discussed in Section 3.4.

### 3.4 Expected Performance Outcomes

- a. During the Agreement, the Grantee shall at minimum demonstrate measurable progress toward the achievement of the outcomes listed below:
  - i. 100% of newly arrived refugees referred by the refugee resettlement agencies to the grantee or sub-grantee would have refugee medical screening completed within ninety (90) days of arrival and 90% within thirty (30) days of arrival.
    - 1. 100% of refugee medical screenings provided shall be entered into the Refugee Health Assessment form in the MDSS.
    - 2. 80% of all case files reviewed and who were identified on the REFUGEE HEALTH ASSESSMENT form as needing additional medical or dental treatment would have in the Contractor's case file, a copy of a referral form to the refugee resettlement agency identifying what additional service is needed and recorded in the case notes.
    - 3. 100% of case files shall include elements as described in Section 2.4.

### 3.5 Reporting Requirements

- a. The Grantee shall comply with all program and fiscal reporting procedures as are or may hereinafter be established by LEO. The Grantee shall also comply with all reporting procedures established by LEO in completion of progress reports at time intervals, on forms, in formats, and by means specified by LEO. Reports or billing documents denoting event dates shall include the month, day and year as specified by LEO. In electronic filings, four digits shall be used to designate period. Any additional reports as deemed necessary by LEO shall be made and submitted by the Grantee upon request.
- b. The Grantee shall submit to LEO semi-annual reports that indicate the status and effectiveness of activities performed under this Agreement as indicated:

- i. Statistical Data, client-specific statistical data, program specific statistical data, and other data defined as necessary by LEO-OGM provided semi-annually.
  - ii. Grantees should note that refugee services medical screening statistical data reporting is computer-based. Refugee medical screenings shall be reported on the Refugee Health Assessment form within the MDSS.
- c. General program activities shall be reported in narrative format also submitted electronically. Information to be recorded and submitted will be provided by LEO-OGM.

### 3.6 Audit Requirements

- a. Grantee Relationship
  - i. This Agreement constitutes a grantee relationship with LEO. No financial audit is required under this Agreement by LEO. No financial audit costs can be billed to this Agreement. In the event the Grantee elects to have a financial audit performed, the submission of the audit report to LEO is not required nor desired unless there is a finding of a Going Concern.

## 4. Other

### 4.1 Mileage

- a. 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](http://www.michigan.gov/dmb/0,1607,7-150-9141_13132---,00.html)
- b. 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.

- c. 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.



**Section III: INSTRUCTIONS FOR BIDDERS**

Bidders must complete Section IV 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: 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 Section IV to complete the proposal. Under each category in Section IV, there is a box titled “Bidder Response” for bidders to respond to each question. Font size should be 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.

**Proposals will only be accepted through email to [LEO-RefugeeServices@michigan.gov](mailto:LEO-RefugeeServices@michigan.gov).** Proposals submitted in person, by mail, or by fax will not be considered for award. To be considered, the proposal must be received by **June 25, 2021, 11:59 pm EST**.

Bidders who want to serve more than one geographic area (county) must submit a separate proposal for each geographic area that they wish to serve. Proposals that combine more than one geographic area will not be considered for award.

1. Proposal Checklist for Submission

To be considered:

- Complete section IV: Proposal Narrative.
- Attach additional documents according to the instructions above.
- Email proposal to [LEO-RefugeeServices@michigan.gov](mailto:LEO-RefugeeServices@michigan.gov) by June 25, 2021, 11:59 pm.

2. Evaluation Criteria

The maximum number of points that a proposal can receive is 100 points. Proposals that receive a score of 80 points or more will be considered for award. The maximum number of points for each of the categories is as follows:

<b>Category</b>	<b>Maximum Points</b>
A. Bidder Experience and Past Performance	20
B. Education, Credentials & Qualifications	20
C. Staffing, Training, Agency Organization & Location	20
D. Program Implementation (Work Plan)	40
<b>Total Points Available</b>	<b>100</b>

**Section IV: PROPOSAL NARRATIVE**

1. Bidder Information

All information requested below is required. By submitting a proposal, the bidder hereby assures that the Request for Proposal 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:

(must 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:

(must include 9-digit zip code)

- 10. Type of Organization: (Check one). 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. The bidder certifies that  **it is**, OR  **is not** an Iran-linked business as defined in [MCL 129.312](#).

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.

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 attached standard terms.

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.

2. 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 agreement numbers, service type, timeframe, who the agreement was with, and name of the contact person for each agreement. Use **Chart A1** below.

**Bidder Response:**

**Chart A1**

Agreement 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 agreements for the past three years that are relevant to the service identified in this RFP? Did the bidder include the service type, the timeframe the service was provided, who the agreement was with, and contact information? **(3 points)**

**Evaluator Comments:**

**A2.** Provide a description for each of the service(s) identified in Chart A1 above. Identify the expected performance outcome(s) established in each agreement, the actual performance outcome(s), and discuss the quantifiable method used to determine each performance outcome. Use **Chart A2** below.

**Bidder Response:**

**Chart A2**

Description of service	<i>Expected performance outcomes</i>	<i>Actual performance outcome</i>	<b>Performance outcome measure</b>
<i>Provide refugee medical screening to referred refugees within 90 days of arrival to the U.S.</i>	<ol style="list-style-type: none"> <li>1. 100% of referred refugees will be screened within 90 days of U.S. arrival.</li> <li>2.</li> <li>3.</li> </ol>	<ol style="list-style-type: none"> <li>1. 98% of referred refugees were screened within 90 days of U.S. arrival.</li> <li>2.</li> <li>3.</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of refugees screened within 90 days of U.S. arrival / number of refugees referred for medical screening.</li> <li>2.</li> <li>3.</li> </ol>

**A2-a.** Did the bidder provide a description of the services provided? **(3 points)**

**Evaluator Comments:**

**A2-b.** Did the bidder provide performance data for the services provided? Were the performance outcome(s) met? Did the bidder identify a quantifiable method used to measure each performance outcome? **(5 points)**

**Evaluator Comments:**

**A3.** For the agreements 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(s) served? Are the principal characteristics comparable to the population to be served with this RFP? **(2 points)**

**Evaluator Comments:**

**A4.** Describe the referral process used for the agreements listed in **Chart A1**. Describe the efforts taken to ensure referral sources had knowledge of service availability to clients. Describe how a high degree of client participation, engagement, and investment in the program were achieved and maintained.

**Bidder Response:**

**A4-a.** Did the bidder describe the referral process and the efforts taken to ensure referral sources had knowledge of service availability? Was the referral process effective? *(1 point)*

**Evaluator Comments:**

**A4-b.** Did the bidder describe how a high degree of client participation, engagement, and investment in the program were achieved and maintained? *(3 points)*

**Evaluator Comments:**

**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, including the types of service they provide, history of working relationships, and how those working relationships assisted in the success of current or past clients served.

**Bidder Response:**

**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? Did the bidder include the type of service each organization provides? *(3 points)*

**Evaluator Comments:**

**MAXIMUM NUMBER OF POINTS FOR THIS CATEGORY:**

20

**EVALUATOR'S SCORE FOR THIS CATEGORY:**



### 3. CATEGORY B: Agency Organization, Staffing, and Location

**B1.** Provide an agency-wide organization chart that includes position titles and languages spoken (if English is not the only language). The organization chart must include all organizational units supervised by positions included in this narrative.

**Bidder Response:**

**B1.** Did the bidder provide an organization chart of the agency? Does the organization chart include position titles and languages spoken? Does the organization chart include all organizational units supervised by positions included in the narrative? **(1 point)**

**Evaluator Comments:**

**B2.** Identify the number of staff needed to fulfill the terms of the service identified in this RFP. Describe the method used to determine the amount of staff time (both management, support & direct service, and/or subgrantees) that will be dedicated to this RFP.

**Bidder Response:**

**B2.** Has the bidder identified staff (both management, support & direct service staff and/or subgrantees) needed to fulfill the terms of the services? Has the bidder described an acceptable method to determine if the level of staffing identified is necessary? **(2 points)**

**Evaluator Comments:**

**B3.** Provide information on staffing for the services to be provided. Include the position title, annual salary, number of hours worked per week, number of weeks worked per year, and the # of FTEs that will be paid for with this RFP funding only. Do not exceed the award amounts, as indicated in this RFP. Position titles should be consistent with titles identified in question B1 and budget narrative (Category E). Managerial/supervisory refers to administrative positions. If a position is both administrative and direct services, place the position in the category where the bulk of the individual's time will be spent. **Use Chart B3** below.

**Bidder Response:**

<b>Chart B3</b>					
<b>CATEGORY</b>	<b>Position title</b>	<b>Annual salary</b>	<b># hours/ week</b>	<b>#weeks/year</b>	<b># of FTE's</b>
<b>MANAGERIAL/ SUPERVISORY</b>					
<b>DIRECT SERVICE</b>					
<b>SUPPORT STAFF</b>					

**B3.** Did the bidder complete the chart and are the titles consistent with those identified elsewhere within the RFP and budget narrative? *(6 points)*

**Evaluator Comments:**

**B4.** Describe the amount and nature of supervisory oversight for this RFP. Include:

1. Amount of supervisory time dedicated to this agreement.
2. Number of staff each supervisor is responsible for under this program.
3. Number of staff the same supervisor is responsible for under other programs.
4. On-site availability of supervisor for emergencies and during non-traditional hours (where appropriate).
5. Supervision plan for direct service workers.
6. Back-up supervisor arrangement for direct services staff.

Describe the monitoring plan if sub granting the medical screening service portion of this RFP.

**Bidder Response:**

**B4.** How well has the bidder described the amount and nature of supervisory oversight? Did the bidder address questions 1-6 in B4? Did the bidder describe a monitoring plan for sub granted medical screening provider (if applicable)? **(3 points)**

**Evaluator Comments:**

**B5.** Describe the training plan for new and existing direct service staff that includes:

1. Number of training hours,
2. The training curriculum,
3. Frequency of training, and
4. The minimum number of training hours required.

**Bidder Response:**

**B5.** Did the bidder detail a training plan for new and existing staff? Did the bidder address questions 1-4 in B5? **(2 points)**

**Evaluator Comments:**

**B6.** Describe your plan to continue to provide services if staff turnover occurs.

**Bidder Response:**

**B6.** Has the bidder described a plan that describes how they will continue to provide services if staff turnover occurs? **(1 point)**

**Evaluator Comments:**

**B7.** Describe the plan to provide accessibility/availability to clients (e.g., staff, communication, transportation). Including the following:

1. The agency's normal hours of operation.
2. Emergency 24/7/365 accessibility/availability, if necessary.
3. Accessibility/Availability during non-traditional work hours.

**Bidder Response:**

**B7.** Did the bidder describe an acceptable plan to provide accessibility/availability to clients? Did the bidder address questions 1-3 in B7? **(2 points)**

**Evaluator Comments:**

**B8.** 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

**B8.** Has the bidder identified the locations where services will be provided? **(1 point)**

**Evaluator Comments:**

**B9.** Is the facility (facilities) accessible to public transportation? If so, describe the proximity and frequency of the routes and whether public transportation is available to all clients within the geographical area to be served.

**Bidder Response:**

**B9.** Has the bidder identified a location that is accessible by public transportation? Is the proximity and frequency acceptable to meet the client needs? *(1 point)*

**B10.** Identify the date services will begin. Include a plan that assures services will begin on that date.

**Bidder Response:**

**B10.** Has the bidder identified a begin date and the process they would go through to ensure services will begin on the identified date? Has the bidder demonstrated that necessary medical personnel will be available on the begin date? Is the process acceptable? *(1 point)*

**Evaluator Comments:**

<b>MAXIMUM NUMBER OF POINTS FOR THIS CATEGORY</b>	20
<b>EVALUATOR'S SCORE FOR THIS CATEGORY</b>	

4. CATEGORY C: Staff Credentials, and Qualifications

**C1.** Provide a description of the administrative staff, supervisors, and medical personnel who would be assigned to refugee medical screening, including the provider who will perform refugee medical screening. Provide the name, educational credentials, current title, knowledge, skills, abilities, and relevant experience that demonstrates qualifications to provide the proposed services. Position titles must match those listed in the organizational chart (Question B1) and budget narrative (Category E). Do not provide resumes. Use **Chart C1** below.

**Bidder Response:**

<b>Chart C1</b>			
<b>Name</b>	<b>Credential(s)</b>	<b>Title</b>	<b>Knowledge, skills, abilities</b>
<i>Ex. Ernest Johnson</i>	<i>MD, FACPM</i>	<i>Clinic Physician</i>	<i>Civil Surgeon, Fellow of the ACPM, graduate of UM Medical School, etc.</i>

**C1.** Has the bidder provided the requested description(s) that show possession of necessary credentials, knowledge, skills, and abilities that demonstrate qualification to provide the services described in this RFP? **(2 points)**

**Evaluator Comments:**

**C2.** Provide a description of each of the staff's (Chart B2) experience with refugee medical screening, refugee health, or similar services to demonstrate their ability to provide the services described in the RFP. Use **Chart C2** below.

**Bidder Response:**

**Chart C2**

Name	Relevant Experience
<i>Ex. Ernest Johnson</i>	<i>Dr. Johnson has been the Clinic Physician for over 40 years and has worked with a variety of immigrant and refugee populations. He is well-known within the community as a trusty-worthy primary care physician.</i>

**C2. Does the bidder possess the experience and qualifications, capacity, and skills to provide the services described in this RFP? (18 points)**

**Evaluator Comments:**

<b>MAXIMUM NUMBER OF POINTS FOR THIS CATEGORY:</b>	20
<b>EVALUATOR'S SCORE FOR THIS CATEGORY:</b>	

5. CATEGORY D: Program Implementation (Work Plan)

**D1.** Describe recent demographics (within the past three years) of the service area. Include population types, ethnicities, languages spoken, and a description of health concerns and disparities noted. Use **Chart D1** below.

**Bidder Response:**

Chart D1				
Population type	Ethnicities	Languages spoken	Priority health concerns	Noted disparities
<i>Ex. SIV</i>	<i>Iraq</i>	<i>Arab, Kurd</i>	<i>Mental health</i>	<i>Poor transportation</i>

**D1.** Did the bidder complete the chart? Is the data feasible and realistic? **(4 points)**

**Evaluator Comments:**

**D2.** Describe the needs of the targeted population to be served in relation to language and language access, cultural barriers, medical needs, and transportation.

**Bidder Response:**

**D2.** Has the bidder demonstrated an understanding of the service area and the needs of the targeted population? **(5 points)**

**Evaluator Comments:**



**D3.** Explain how the services provided in this RFP will address the needs of the target population with respect to:

1. Transportation needs
2. Eligible client characteristics
3. Disabilities (physical and mental)
4. Language barriers
5. Cultural barriers
6. Medical needs

**Bidder Response:**

**D3.** Has the bidder provided a plan that is adequate to accommodate client needs as listed in D3? If not a home-based service, is the facility where services will be provided accessible to disabled clients? **(3 points)**

**Evaluator Comments:**

**D4.** Provide specifics regarding service delivery for all services identified in this RFP. Include each step of the process, or activity that the bidder will perform to initiate and maintain services to include:

1. Coordinating medical screening services with refugee resettlement agencies and other relevant agencies.
2. 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.
3. Coordination of administrative services related to partnerships with resettlement agencies; scheduling appointments; ensuring medical screening protocol is followed; billing the medical screening to Medicaid; utilizing the Electronic Disease Surveillance (EDN) system and data reporting in MDSS.

Bidder must address the ability to provide these services fully, while working with the OGM Program Analyst to ensure:

- Innovative approaches to ensure client success in obtaining a medical screening and understanding the importance of follow up care if a referral is needed.
- Strategies for integrating the medical screening program services into *existing* local processes and services provided by local refugee resettlement agencies, local medical and mental health providers/clinics, and community-based agencies.

**Bidder Response:**

**D4.** Has the bidder demonstrated their ability to fully implement and maintain the services(s) within the RFP, while ensuring:

- Innovative approaches to ensure client receives a medical screening and understands the importance of follow up care if needed.
- Strategies for integrating the medical screening program services into *existing* local processes and services from the refugee resettlement agencies; local community partners and medical and mental health providers/clinics. **(7 points)**

**Evaluator Comments:**

**D5.** Provide a timeline for contacts with the referral source and clients. Describe what steps will be taken when timelines cannot be met, and steps taken when appointment cancellations are made.

**Bidder Response:**

**D5.** Did the bidder include a timeline for contacting clients and the referral source? According to the RFP specifications, is the timeline accurate? 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:**

**D6.** Describe the method of providing and completing a medical screening to include medical testing and referrals.

**Bidder Response:**

**D6.** Did the bidder describe a method of completing a medical screening? Has the bidder identified appropriate credentialed refugee medical screening provider staff? For medical screening sub-grantees has the bidder provided letters of commitment or memorandums of understanding? **(2 points)**

**Evaluator Comments:**

**D7.** Describe how clients are referred for further treatment if needed 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 treatment goals.

**Bidder Response:**

**D7.** Did the bidder describe how they will engage the client in the referral process and the steps that would be taken to ensure client participation in their treatment plan? Did the bidder describe how the referral process is integrated with the medical screening process? **(2 points)**

**Evaluator Comments:**

**D8.** Describe how it will be determined whether the program is successful in that it meets the expected performance outcomes and agreement requirements. Then describe the steps that will be taken if the program is not initially successful.

**Bidder Response:**

**D8.** Did the bidder describe how they will determine whether the program is successful (based on the expected performance outcomes and agreement requirements) and what steps would be taken if it is not successful? **(2 points)**

**Evaluator Comments:**

**D9.** Estimate the anticipated number of clients to be served in a 12-month period per service category.

**Bidder Response:**

**D9.** Did the bidder include a realistic estimated number of clients to be served in a 12-month period per each category of service in the RFP? **(2 points)**

**Evaluator Comments:**

**D10.** Describe the plan for notifying resettlement agencies, prospective clients, community stakeholders, etc. of service availability and coordinating medical screening services.

**Bidder Response:**

**D10.** Has the bidder described an effective approach for notification of service availability and coordination of medical screening services? **(0.5 points)**

**Evaluator Comments:**

**D11.** Describe how, by whom, and when clients' eligibility will be determined.

**Bidder Response:**

**D11.** Has the bidder described the process for accurately determining client eligibility? **(0.5 points)**

**Evaluator Comments:**

**D12.** 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 identified service area(s) that are available to assist the family.
2. The process for connecting the family to identified resources.
3. Advocating with the client for needed services or resources.
4. Creating and maintaining formal and informal working relationships with relevant community agencies and staff.
5. 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:**

**D12.** Did the bidder address questions 1-5 in D12? Does the bidder currently have a presence in the local community where services will be provided? Did the bidder thoroughly describe the plan to collaborate and develop relationships with relevant organizations and resources within the community? **(8 points)**

**Evaluator Comments:**

**D13.** Describe the plan to provide services remotely, in clients' homes, and/or mutually agreed-upon locations.

**Bidder Response:**

**D13.** Has the bidder described an appropriate method to provide services remotely, in clients' homes, and/or mutually agreed-upon locations? **(1 point)**

**Evaluator Comments:**

**D14.** Describe the plan for use of Specific Assistance, including:

1. The annual number of clients receiving specific assistance.
2. The annual amount of specific assistance each client will receive.
3. Approval process for Specific Assistance.
4. Normal method(s) of distribution.
5. Method of distribution during a crisis and/or during non-traditional hours.

**Bidder Response:**

**D14.** Has the bidder described a plan for use of Specific Assistance funds that is reasonable and appropriate to achieve program goals?  
Did the bidder address questions 1-5 in D14? **(2 points)**

**Evaluator Comments:**

<b>MAXIMUM NUMBER OF POINTS FOR THIS CATEGORY:</b>	40
<b>EVALUATOR'S SCORE FOR THIS CATEGORY:</b>	

<b>EVALUATION SCORE FOR ALL CATEGORIES:</b>	
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6. CATEGORY E: 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.

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

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

## **Section V: ATTACHMENTS**

1. Attachment A: County Detail Sheet
  1. RMS22- 5001 – Macomb County
  2. RMS22-6301 – Oakland County
  3. RMS22-8201 – Wayne County
  4. RMS22-8101 – Washtenaw County



2. Attachment B: ORR Refugee Domestic Medical Screening Checklist

Activity	All	Adults	Children
<b>History &amp; Physical Exam</b>			
History (includes review of overseas medical records)	✓		
Physical Exam & Review of Systems (includes mental health, dental, hearing, and vision screening; nutritional, reproductive assessment; health education and anticipatory guidance, etc.)	✓		
<b>Laboratory Tests</b>			
Complete Blood Count with Differential	✓		
Serum Chemistries	✓		
Urinalysis	✓		
Cholesterol		✓ In accordance with the US Preventive Services Task Force guidelines	
Pregnancy Testing		✓ Women of childbearing age; using opt-out approach	✓ Girls of childbearing age; using opt-out approach or with consent from guardian
HIV Testing	✓ Opt-out approach		
Hepatitis B Testing	✓		
Hepatitis C Testing		✓ Individuals with risk factors (e.g., persons who have body art, received blood transfusions, etc.)	✓ Children with risk factors (e.g., hepatitis C -positive mothers, etc.)
Blood Lead Level			✓ Children 6 months to 16 years
Syphilis Testing		✓	✓ Children 15 years or older; children under 15 years old with risk factors
Syphilis Confirmation Test		✓ Individuals with positive VDRL or RPR tests	✓ Children with positive VDRL or RPR tests
Chlamydia Testing		✓ Women ≤ 25 years who are sexually active or those with risk factors	✓ Girls 15 years or older who are sexually active or children with risk factors

Newborn Screening Tests <sup>1</sup>			✓ Within first year of life
<b>Preventive Health Interventions &amp; Other Screening Activities</b>			
Immunizations <sup>2</sup>		✓ Individuals with incomplete or missing immunization records	✓ Children with incomplete or missing immunization records
Tuberculosis Screening <sup>3</sup>	✓		
Stool Ova and Parasite Testing <sup>4</sup>		✓ Individuals who had contraindications to albendazole at pre-departure (e.g., women in the first trimester of pregnancy)	✓ Children who had contraindications to albendazole at pre-departure (e.g., under 1year)
Strongyloidiasis Presumptive Treatment <sup>2, 5</sup>		✓ Individuals who did not receive pre-departure presumptive treatment. Currently, only Burmese refugees originating from Thailand are treated prior to arrival. Therefore, all groups of refugees PLUS Burmese originating from Thailand who had contraindications at departure (e.g., pregnant) should be presumptively treated after arrival	✓ Children who did not receive pre-departure presumptive treatment. Currently, only Burmese refugees originating from Thailand are treated prior to arrival. Therefore, all groups of refugees PLUS Burmese originating from Thailand who had a contraindication (e.g., <15 kg) at departure should be presumptively treated after arrival
Schistosomiasis Presumptive Treatment <sup>2, 6</sup>		✓ Individuals from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., pre-existing seizures) that are not resolvable should be tested rather than treated	✓ Children from sub-Saharan Africa who had contra-indications to presumptive treatment at pre-departure (e.g., under 4 years)
Malaria Testing <sup>4, 6</sup>		✓ Individuals from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., pregnant, lactating)	✓ Children from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., < 5 kg)
Vitamins		✓ Individuals with clinical evidence of poor nutrition	✓ All children 6-59 months of age; children 5 years and older with clinical evidence of poor nutrition