



NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Healthcare Provider Agencies for the Refugee Health Program

RFP Prospective Bidders Presentation

Agenda

1. Introductions
2. Housekeeping
3. Procurement Timeline
4. Refugee Health Program – RFP Summary
5. RFP Components and Requirements
6. Proposal Requirements

Introductions

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Housekeeping



This presentation is intended to provide an overview of the RFP and is for informational purposes only. Live transcript is also available for this webinar.



The purpose of the chat box is to obtain a list of attendees and as a mechanism to report technical difficulties.



We are unable to answer questions on today's conference. All prospective bidders can submit questions in writing as outlined in the RFP by April 24 2023 11:59pm ET to Jenny Wong (jenny.wong@dhs.nj.gov).

Procurement Timeline

Activity	Date
Notice of Funding Availability	April 6, 2023
Prospective Bidder Presentation	April 17, 2023 11am
Prospective Bidder Questions on RFP	April 24, 2023, by 11:59pm
Deadline for receipt of proposals	June 1, 2023, by 11:59pm
Preliminary award announcement	August 1, 2023
Appeal deadline	August 15, 2023, by 11:59pm
Final award announcement	August 23, 2023
Anticipated contract start date	October 1, 2023

Refugee Health Program – RFP Summary

- **This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Office of New Americans (ONA) Refugee Resettlement Program to provide health screening services as part of the Health Program offered to eligible refugee populations in the State of New Jersey.** The Refugee Health Program administers and provides the required Domestic Medical Screening (DMS) to all eligible new arrivals under the federal Refugee Resettlement Program. DHS, through partnerships with healthcare providers, administers the DMS per CDC guidelines and requirements of the Refugee Health program.
- DHS-ONA anticipates making multiple awards to ensure statewide coverage with priority given to areas with higher numbers of refugees and other eligible populations. **Awards will be based on each bidder's overall capacity to provide services to a geographical area. Awards may range from \$180,000 to \$555,000.** All costs will be funded through cost reimbursement through the contract award to provide the full services described in the Contract Scope of Work section of this RFP. All funding is subject to Federal and/or State appropriations.
- **The contract term will be for three years with a contract end date for this initiative of September 30, 2026 pending federal appropriations, and the potential for two one-year extensions, at DHS' sole discretion.** At the start of Federal Fiscal Year 2024, October 1, 2023, successful bidders will begin providing comprehensive DMS to all eligible patients according to their capacity.

RFP Purpose and Intent

Funding is available to licensed healthcare facilities in the State of New Jersey that are able to conduct Domestic Medical Screening (DMS) to all eligible new arrivals under the federal Refugee Resettlement Program.

- The funding will be available to licensed health care centers with strong community presence, able to administer the DMS and participate in the contract partnership with the DHS for the implementation of the State Refugee Health Program, serving vulnerable refugee and other humanitarian newcomer populations (as defined by the Federal Office of Refugee Resettlement) through the DMS and Refugee Health, including conducting full health screenings and submitting timely reports of all clients and screenings provided into DHS databases and systems.
- DHS-ONA anticipates making multiple awards to ensure statewide coverage with priority given to areas with higher numbers of refugees and other eligible populations including but not limited to the following counties: *Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Somerset, and Union*. Awards will be based on each bidder's overall capacity to provide services to a geographical area.

Note: Awards may range from \$180,000 to \$555,000.

Who Can Apply?

To be eligible for consideration for this RFP, the bidder must satisfy the following requirements:

The bidder must be a licensed health care facility or site;

The bidders can include but not be limited to: Federally Qualified Health Centers (FQHCs), Local Health Departments, other non-profit community health care centers or clinics;

The bidder will sustain the provision of physical exams, vaccinations, and laboratory work through Medicaid, child vaccination funding, or other public health funding; providers cannot require self-pay for clients eligible for the Refugee Health program outside of any co-pays that may be related to Health insurance coverage;

The bidder must have a current license as an ambulatory care facility issued by the Department of Health, and/or be an approved Medicaid provider with a valid Medicaid number issued by the Department of Human Services;

The bidder must have the ability to provide or facilitate access/referral to physical exams, vaccinations, and laboratory testing.

Additional Requirements – Experience & Location

Bidders must meet the following requirements related to their experience:

- ✓ The bidder must have a strong provider presence in community, providing care in a clinic setting;
- ✓ The bidder must have experience providing culturally competent health care services to refugees, immigrants, and limited-to-no English-speaking populations.
- ✓ There is a strong preference for the bidder to have a presence in and/or near the counties listed in the RFP: *Atlantic, Bergen, Burlington, Camden, Essex, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Somerset, and Union.*

RFP Scope of Work

Successful bidders must be able to implement all of the following activities:

Administering the DMS

- ü Providing Comprehensive DMSs to all eligible patients referred to the healthcare facility within 30-90 days of their arrival to NJ, per the [CDC DMS](#) guidelines, inclusive of the following:
 - ü Prior Medical History
 - ü Tuberculosis Screening
 - ü Vaccination History and Completion
 - ü Lead screening for children 6 months-16 years of age
 - ü Comprehensive Blood Test Panel
 - ü Intestinal Parasitic Screening (stool samples)
 - ü Brief Mental Health Screening
 - ü Dental Oral Exam
 - ü Visual and Auditory Testing
 - ü Initial Referral to ongoing or urgent care
- ü Collecting patient history and documentation and entering all DMS data and other patient files into the state data systems timely

DMS Case Coordination

- ü Supporting first referral appointments to complete the clinical requirements of the DMS
- ü When appropriate and as needed evaluate eligibility and applicable patient referrals to other refugee services and supports
- ü Establishing Patient communication systems to provide appointment access, reminders and patient supports for individuals served
- ü When necessary and as available coordinating and providing Transportation to and from the DMS screenings is preferred.

RFP Scope of Work – Continued

Successful bidders must be able to implement all of the following activities:

Cultural Competence & Language Accessibility

- ü Providing culturally competent, trauma-informed care to all eligible patients
- ü Providing adequate and consistent language interpretation for all portions of the exam and services, when necessary
- ü Establishing and ensuring accessible communication methods that are culturally and linguistically appropriate and adequate for patient registration, onboarding, clinical appointments, and any follow-up interactions

Reporting, Meetings, and Trainings

- ü Submitting monthly reporting on all DMS conducted and completed to ONA
- ü Submitting quarterly and annual financial reporting of actual expenses
- ü Attending biweekly & quarterly meetings
- ü Attending ongoing training on refugee populations, cultural competency, and best practices, as needed

Financial Compliance and Budget

- ü Ensuring that Refugee Health Program funding and dedicated full-time and part-time staff are only allocated toward the administration of the DMS and required services for Refugee Health Program for ORR-eligible populations
- ü Only billing for allowable costs (next slide)

RFP Budget: Allowable and Unallowable Costs

Budgets must adhere to allowable cost parameters as set by the federal funders.

Allowable Costs

- ✓ Administration, staff time, and case coordination as outlined in the scope of work, costs for the specific services outlined in the Domestic Medical Screening (DMS), completed in 1-2 visits. This can include:
 - ✓ Staff time for eligibility screening, registration, and initial referrals from the DMS
 - ✓ Staff time for medical providers for the scope of the DMS only
- ✓ Transportation costs to and from the DMS only
- ✓ Language interpretation costs during the DMS only
- ✓ Indirect costs at the approved or standard rate

Unallowable Costs

- ✗ Administration and case management beyond the scope of the DMS
- ✗ Lab work and vaccination costs already covered by Medicaid or other programs
- ✗ Dental costs beyond a brief routine dental/oral exam as defined in the scope of the DMS
- ✗ Transportation beyond the DMS
- ✗ Medical supplies already covered by Medicaid or other grants

RFP Components and Requirements

Responses should include the following components and will be evaluated based on the criteria provided in the RFP:

Evaluation Criteria	Weighting
Program Implementation and Administration Experience	35
Capacity and Staffing	35
Costs and Funding	30
TOTAL	100

Program Implementation and Administration Experience – 35%

- Overview of health programs, including primary, dental, behavioral, and specialty services that the organization has implemented previously for specific vulnerable populations, including description of the target population, size of these programs, number of patients served, and type of benefits provided.
- List of medical and other healthcare services offered by the health care provider.
- Providers must outline how they support vulnerable populations, particularly patients with limited English proficiency and with histories of trauma, including any staff training and other resources needed for culturally competent provision of services.
- Providers must outline how they manage federal and state reporting requirements and other compliance requirements for other existing programs.

Capacity and Staffing– 35%

- Outline what counties and number of individuals are served annually by the organization.
- Demonstrate capacity to serve refugee populations in a dedicated manner, noting an estimated number of eligible patients the clinic can screen during the fiscal year.
- Outline the number of full-time and part-time staff that will be dedicated to this contract and any other additional resources that the provider has available for this contract.
- Demonstrate staff capacity to review program eligibility per Federal (ORR) guidelines with ONA training and support if applicable. This may include reviewing immigration documentation, attending trainings for updated eligibility guidelines and following Federal guidance.
- Summary of resource capacity, including clinical and medical equipment, technological capacity, transportation and other resources available to accomplish the Scope of Work. Outline in detail any existing transportation infrastructure and/or current public transportation to facility.
- Outline of Language accessibility plan and resources to provide accessibility to non-English speakers, including use of in-person, virtual or telephonic translation and interpretation. This includes establishing and ensuring accessible communication methods that are culturally and linguistically appropriate and adequate for the registration, onboarding, clinical appointments, and any follow-up interactions.
- Current or proposed Patient communication systems to provide appointment access, reminders and patient supports for individuals served under this program. These types of communications may include text messaging, telephone calls, online portal, etc. Please indicate if these systems are language accessible.

Costs and Funding – 30%

- Outline public and external funding, including Medicaid and child vaccination coverage to cover costs such as physical examinations, vaccinations, laboratory service fees, and any other applicable medical services.
- Using the template provided, submit proposed fees expressed as total operating costs (to the nearest whole dollar) to operate the Refugee Health program, which includes all clinical staffing, administrative costs, equipment and supplies, other staffing, support, and service provision costs associated with this contract. Payments under this contract will be based solely on the quarterly expenditure reports of actual allowable costs for the DMS program.

Proposal Requirements

All interested providers must submit a written response that addresses each organization's role in the Refugee Health program; overview of organization's work, programs, and initiatives; profile of experience providing services to similar populations; short narrative; and capacity to implement this program in no more than 3-5 pages.

1. Proposal Cover Sheet
2. Completed materials from the list of appendices
3. Completed budget template

1 – Proposal Cover Sheet

The bidder should use Attachment A in the RFP as the application form template.

Attachment A – Proposal Cover Sheet

_____ Date Received

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**
Office of New Americans
Proposal Cover Sheet

Name of RFP: **Refugee Health Program**

Incorporated Name of Bidder: _____

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number (if applicable) _____

DUNS Number: _____

Address of Bidder: _____

2 - Completed Materials from the List of Appendices and Attachments

The following items must be included as appendices within the bidder’s proposal:

Required Attachments

1. Department of Human Services Statement of Assurances (RFP Attachment C);
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
3. Disclosure of Investment in Iran;
4. Certification of Non-Involvement in Prohibited Activities in Russia or Belarus;
5. Statement of Bidder/Vendor Ownership Disclosure;
6. Pursuant to Policy Circular P.11, a description of all pending and in-process audits identifying the requestor, the firm’s name and telephone number, and the type and scope of the audit;
7. Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years;
8. All interim financial statements prepared since the end of the bidder’s most recent fiscal year. If interim financial statements have not already been prepared, provide interim financial statements (balance sheet, income statement and cash flows) for the current fiscal year through the most recent quarter ended prior to submission of the bid; and
9. Department of Human Services Commitment to Defend and Indemnify Form (Attachment F).

Appendices

1. Copy of documentation of the bidder’s charitable registration status
2. Bidder mission statement;
3. Organizational chart showing where responsibility for the Refugee Health Program will reside. Insert names of hired staff and indicate to-be-hired staff;
4. Job descriptions of personnel designated to the program;
5. Resumes of proposed designated personnel if on staff, limited to two (2) pages each;
6. List of the board of directors, officers and terms;
7. Original and/or copies of letters of commitment/support;
8. Cultural Competency Plan
9. Documentation verifying that you will be able to legally fulfill the requirements in the Contract Scope of Work

Please note that if Required Attachments #1 through #5 are not submitted and complete, the proposal will not be considered. Required Attachments #6 through #8 are also required with the proposal unless the bidder has a current contract with DHS and these documents are current and on file with DHS.

3 - Completed Budget Template

The Budget Template should be in Microsoft Excel format as a separate document attached to the application transmittal email

Total Estimated Clients to be Served Annually:					
Cost Type	Cost Amount	Calculations			Responsibilities/Purpose
Personnel (total salary)		Rate (cost per unit, or percentage of total)	# of estimated Patients	# of estimated minutes	<i>Personnel can be clinical or administrative staff.</i>
1					Description and responsibilities of personnel
2					Description and responsibilities of personnel
3					Description and responsibilities of personnel
4					Description and responsibilities of personnel
5					Description and responsibilities of personnel
6					Description and responsibilities of personnel
7					Description and responsibilities of personnel
8					Description and responsibilities of personnel
Salaries Subtotal	\$0				
Fringe	#REF!	fringe percentage rate			Provide fringe as percentage calculation of salaries.
Interpretation during DMS	#VALUE!	cost per minute	# of estimated patients	# of estimated minutes	minute, for x # of estimated patients, for x # of estimated minutes.
Transportation to and from DMS					Provide detail/justification. Breakdown into per-unit cost permitted.
Supplies/equipment					Cost breakdown/explanation of supplies required. Must not be funded by Medicaid or other existing funding sources.
Administrative Costs					Non-personnel administrative costs solely for the DMS. Provide detail/justification. Can be itemized or can be provided as indirect costs as a percentage of direct costs at the approved or standard rate.
Total	#REF!				
Additional Information:					



Thank You