



BUILDING CAPACITY IN REFUGEE HEALTH SERVICES FOR FEDERAL FISCAL YEAR 2025

Request for Proposal:
Prospective Bidders Presentation

October 17, 2024

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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 and the recording will be posted after this webinar.
- We are unable to answer questions on today's conference. All prospective bidders can **submit questions in writing** as outlined in the RFP by email no later than **11:59 ET on November 1, 2024**. to Tanika Harper (Tanika.Harper@dhs.nj.gov)
- Use the chat box is to report technical difficulties.
- Any additional information about the RFP, including dates that are currently TBD and answers to submitted questions, will be posted on [DHS' Request for Proposals/Information Webpage](#).

PROCUREMENT TIMELINE

Activity	Date
Notice of Funding Availability	October 2, 2024
Prospective Bidder Presentation	October 17, 2024 11:00am
Prospective Bidder Questions on RFP	November 1, 2024 by 11:59pm
Deadline for receipt of proposals	January 6, 2025 by 11:59pm
Preliminary award announcement	TBD
Appeal deadline	TBD – 10 days after the preliminary award announcement
Final award announcement	TBD

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 Refugee 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 eligible new arrivals under the federal Refugee Resettlement Program. ONA, through partnerships with healthcare providers, administers the DMS per Centers for Disease Control and Prevention (CDC) guidelines and requirements of the Refugee Health Program.

REFUGEE HEALTH PROGRAM – RFP SUMMARY

ONA anticipates making multiple awards to healthcare centers to each serve at least 75 and up to 600 clients with budgets ranging from \$35,000 to \$275,000 per healthcare center contract, per calendar year. All costs will be funded through fee for service and cost reimbursement as applicable through the contract award to provide the full services described in the Scope of Work. All funding is subject to Federal and/or State appropriations.

The contract term will be for three years, with the potential for two one-year extensions. Healthcare centers shall be available to begin the onboarding process with ONA when contracts are finalized and begin providing DMS services no later than 60 days after agreements are finalized, exact timeline to be determined.

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) for eligible new arrivals under the federal Refugee Resettlement Program, and have at least one location in the following counties:

- Atlantic
- Camden
- Cumberland
- Essex
- Gloucester
- Mercer
- Middlesex
- Monmouth
- Ocean
- Union

RFP PURPOSE AND INTENT

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 ONA 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) including conducting full health screenings and submitting timely reports of all clients and screenings provided into ONA databases and systems.

WHO CAN APPLY?

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

Be a Federally Qualified Health Center, Local Health Department, and other community healthcare center or clinics;

Have the technological resources needed to access the state and federal databases and reporting systems, and all technology to perform other duties, web access, e-mail, equipment, and technology for remote meetings (i.e. over Zoom or Teams);

Sustain the provision of physical exams, vaccinations, and laboratory work through Medicaid, child vaccination funding, or other public health funding; healthcare center 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;

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;

WHO CAN APPLY?

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

Have a strong presence in the community, providing care in a clinic setting;

Have experience providing culturally competent health care services to refugee, immigrants, and limited-to-no English-speaking populations;

Have the ability to provide or facilitate access/referral to physical exams, vaccinations, and laboratory testing;

Meet all other requirements outlined in the Scope of Work;

WHO CAN APPLY?

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

Be in good standing with DHS if it has an existing grant or contract in place. If applicable, the Provider must have all outstanding Plans of Correction for deficiencies submitted to DHS for approval prior to submission;

Be fiscally viable based upon an assessment of the provider's audited financial statements. If a provider is determined, in DHS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DHS will deem the proposal ineligible for contract award; and

Must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds.

RFP SCOPE OF WORK

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

Administering the DMS

Provide Comprehensive DMSs to all refugees and other ORR-eligible patients arriving to New Jersey and referred to the healthcare facility within 30-90 days of their arrival or onset of program eligibility, per the [CDC DMS](#) guidelines, inclusive of the following:

- Prior Medical History
- Tuberculosis Screening
- Vaccination History and Completion
- Lead screening for Children 6 months-16 years and other advised patients
- Comprehensive Blood Test Panel
- Intestinal Parasitic and Malaria Presumptive Treatment or Screening (if indicated)
- Mental Health Screening
- Dental Screening
- Visual and Auditory Screenings
- Referral to primary care
- Initial referral to ongoing and/or urgent care for chronic or emergent conditions

Enter all DMS data and documentation into the state data systems.

RFP SCOPE OF WORK

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

Administering the DMS (Continued)

Maintain up to date knowledge of the CDC DMS guidelines and incorporate new guidelines in a timely manner

Collect patient history and documentation, and enter all DMS data and other relevant patient files into the state data systems within a specified timeframe

RFP SCOPE OF WORK

DMS Case Coordination

- Provide case coordination in support of completion of the clinical requirements of the DMS for patients who need additional support in navigating Refugee Health Program services:
 - Establish and ensure accessible communication methods that are culturally and linguistically appropriate and adequate for patient registration, onboarding, clinical appointments, and any follow-up interactions.
 - When appropriate, and as needed, evaluate DMS eligibility
 - Provide applicable patient referrals to other refugee services and supports
 - Establish 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.

RFP SCOPE OF WORK – CONTINUED

Cultural Competence & Language Accessibility

Provide culturally competent, trauma-informed care to all eligible patients

Provide adequate and consistent language interpretation for all portions of the exam and services, when necessary, through consistent free of cost (to the patient) language interpretation.

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

RFP SCOPE OF WORK – CONTINUED

Reporting, Meetings, and Trainings

Through ONA's Refugee Health Tracking System, submit data in real-time whenever possible on DMS appointment requests and scheduling, or within maximum one week of the activity; and update all DMS clinical and completion details within maximum one week of activity.

Attend biweekly, quarterly and other meetings as requested.

Attend ongoing training on refugee populations, cultural competency, and best practices, as needed.

Financial Compliance and Budget

Submit quarterly financial reporting of actual expenditures.

Use data and financial reporting templates provided by ONA.

FUNDING ALLOCATIONS

Selected bidders shall:

Ensure that Refugee Health Program funding expenditures are only for the additional time and resources spent above the reimbursement received from Medicaid. The reimbursement should only be allocated toward the administration of the DMS and required services for the Refugee Health Program for ORR-eligible populations.

Ensure no duplication of payments by the Refugee Health Program and Medicaid for DMS services.

Engage with ONA staff with any inquiries for clarification of allocation of costs or program details for budget and strategic planning.

RFP BUDGET: ALLOWABLE COSTS

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

Allowable Costs

1st and 2nd DMS Visit costs above Medicaid reimbursement, inclusive of:

Administrative, clinical and case coordination staff time as outlined in the scope of work, and costs for the specific services outlined in the DMS. This should be captured in the visit costs of the proposal. This can include staff time for intake and registration, processing of Presumptive Eligibility as needed, eligibility screening if appropriate, initial referrals from the DMS, and staff time for medical providers conducting the DMS.

Clerical cost for program coordination, data submission in the RHTS, and meetings with ONA staff as outlined in the scope of work.

Transportation costs to and from the DMS.

Language interpretation costs during the DMS.

Miscellaneous costs associated with a DMS incurred by necessary DMS components and not covered by Medicaid. Must be approved by ONA on a case-by-case basis.

Unallowable Costs

Administration, case coordination or management, and clinical services beyond the scope of the DMS.

Lab work, vaccination costs, and medical supplies already covered by Medicaid or other programs.

Transportation to appointments outside of the DMS.

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	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 what medical and other healthcare services are offered by the health care provider.

Healthcare centers 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.

Healthcare centers 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 numbers are to be served annually during the contract period.

Demonstrate capacity to serve refugee populations in a dedicated manner, noting an estimate number of eligible patients the healthcare clinic can screen during the project period.

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.

CAPACITY AND STAFFING– 35%

Summary of resource capacity, including clinical and medical equipment, technological capacity, transportation capacity, 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 – 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. Cost should be for services performed above the reimbursement from other insurance (i.e. Medicaid) and public programs for costs incurred above a standard patient visit. Reimbursement can be made for services not covered by Medicaid or other existing funding.

Use ONA provided budget template and submit provided invoices for fees for additional cost for 1st visit, additional cost for 2nd visit, clerical costs, interpretation costs (if utilized), transportation cost (if provided), and miscellaneous costs for any allowable services not reimbursed under the above categories. ONA may request documentation.

PROPOSAL REQUIREMENTS

All interested healthcare centers must submit a written response that addresses the healthcare center's role in the Refugee Health program; overview of healthcare center'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
Division of Mental Health and Addiction Services
Proposal Cover Sheet

Name of RFP:

Building Capacity in Refugee Health Services for Federal Fiscal Year 2025

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

Required Attachments

- Department of Human Services Statement of Assurances (RFP Attachment C);
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
- Disclosure of Investment in Iran;
- Certification of Non-Involvement in Prohibited Activities in Russia or Belarus
- Statement of Bidder/Vendor Ownership Disclosure;
- Disclosure of Investigations and Other Actions Involving Bidder
- Pursuant to Policy Circular P 1.11, 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;
- Audited financial statements and Single Audits (A133), prepared for the two (2) most recent fiscal years;
- 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
- Department of Human Services Commitment to Defend and Indemnify Form (Attachment G).

2 - COMPLETED MATERIALS FROM THE LIST OF APPENDICES AND ATTACHMENTS

Required Appendices:

Copy of documentation of the [bidder's charitable registration status](#);

Bidder mission statement;

Organizational chart;

Job descriptions of key personnel;

Resumes of proposed personnel if on staff, limited to two (2) pages each;

List of the board of directors, officers and terms;

Original and/or copies of letters of commitment/support;

Cultural Competency Plan; and

Include additional attachments that were requested in the written narrative section.

3 - COMPLETED BUDGET TEMPLATE

The Budget Template should be in Microsoft Excel format as a separate document attached to the application transmittal email. The RFP Attachment E includes detailed instructions for how to use the budget template.

Cost	Charge	# of units	Total*	Explanation
1st DMS Visit - Cost Per Appointment	\$		\$	Visit charge should represent the cost as it relates to the DMS above reimbursement from Medicaid.
2nd DMS Visit - Cost Per Appointment	\$		\$	Visit charge should represent the cost as it relates to the DMS above reimbursement from Medicaid. 2nd DMS Visits are typically shorter than 1st DMS Visits.
Base Administrative Cost for Program Maintenance	\$	12	\$	This represents the time of a staff person assigned as the program coordinator that interacts with DHS-ONA and attends necessary meetings. This is a fixed payment of maximum \$1,000/month for sites 75-199 clients/month or \$2000/month for sites 200+ clients/month. Additional costs should be accounted for in additional clerical cost per appointment. This payment is fixed and paid each quarter regardless of the actual number patients seen.
Additional Clerical Cost per Appointment	\$		\$	This is the cost of administrative personnel that work on the program to perform tasks associated with the DMS and above Medicaid reimbursement, such as staff time needed above routine administrative needs for additional intake paperwork and time, presumptive eligibility processing, etc. This is paid per DMS appointment.
Interpretation Fee	\$		\$	This is the cost of interpretation for outside personnel/services. Services provided by healthcare center staff members should not be added. A list of clients that used interpretation must be included when invoicing. (In the notes, indicate the rate per minute, average number of minutes per visit, and the number of visits.)
Transportation Fee	\$		\$	Show Invoicing broken down by patient by trip. A list of clients served should be included when invoicing. Indicate the rate per ride.
Miscellaneous Expenses	\$		\$	Miscellaneous costs associated with a DMS incurred by necessary DMS components and not covered by Medicaid. Must be approved by DHS-ONA on a case by case basis.
TOTAL *			\$	<i>*This total reflects is the maximum projected annual amount that could be reimbursed based on actual costs incurred. Costs will be paid based on actual patients seen and staff time/resources used that are not covered by Medicaid. Refer to the Request for Proposals for allowable costs.</i>



THANK YOU

THE OFFICE OF NEW AMERICANS WAS CREATED TO BETTER SERVE THE DIVERSE IMMIGRANT COMMUNITIES THAT CALL NEW JERSEY HOME. FOR MORE INFORMATION ON OUR PROGRAMS AND INITIATIVES PLEASE VISIT OUR WEBSITE - [NEWAMERICANS.NJ.GOV](https://www.newamericans.nj.gov).